

Provider Quarterly Report of Human Rights Activities

Name of Provider: _____

Local Human Rights Committee: _____

Name of Provider LHRC Liaison: _____

Name of Licensing Specialist: _____

Number of individuals served by provider in this quarter: _____

Quarter : _____

Status of Allegations of Abuse and Neglect

Number of Abuse Allegation cases: _____

Cases Pending: _____

Cases Closed: _____

Total Counts Alleged by Type:

Physical: _____ Sexual: _____

Verbal: _____ Neglect: _____

Neglect (Peer to Peer): _____

Exploitation: _____

Other: _____ Restraint: _____

Total Counts Occurred by Type:

Physical: _____ Sexual: _____

Verbal: _____ Neglect: _____

Neglect (Peer to Peer): _____

Exploitation: _____

Other: _____ Restraint: _____

Provide details, by date of occurrence, of all cases. Include any required Corrective Action.

Status of Complaint Cases

Total of Complaint Cases: : _____
Number of cases resulting in a violation: _____
Cases Pending: _____
Cases Closed: _____

Complaint Category Totals:

Assurance of Rights: _____
Dignity: _____
Services: _____
Participation in Decision Making; _____
Confidentiality: _____
Access to and Amendment of Services record: _____
Restrictions on Freedoms of Everyday Life: _____
Use of Seclusion Restraint and Time Out: _____
Work: _____
Research: _____
Complaint and Fair Hearing; _____
Determination of Capacity to give consent: _____
Authorized Representatives: _____
Complaint Resolution: _____
Reporting Requirements: _____

Complaint Resolution Level:

Number of complaints resolved in the Informal Process: _____
Number of complaints resolved in the Formal Process: _____

Below Director: _____
Director: _____
Commissioner: _____
LHRC: _____
SHRC: _____

Provide details, by date of occurrence, of all cases that resulted in the following:

- a violation,
- a request for fact-finding (LHRC hearing)
- a Corrective Action Plan

Additional reporting and review requirements as applicable:

Please provide information about your efforts to ensure that allegations of abuse and neglect and human rights complaints are captured and reported as required by the regulations.

Provide information about any changes to your DBHDS licensing status including citations, service additions and closures.

Provide information about any new or amended policies, procedures or program rules that could potentially impact the human rights of individuals receiving services through your organization including but not limited to, restrictions, restraints, seclusions and time-outs.

Please list the actions you have taken to meet the provider's requirements under section 12 VAC 35-115-250 (A) related to support of the LHRC and recruitment of members as needed.

Quarterly Review of any Behavioral Plans involving the use of restraint or time out: