

# Updated Web Reporting Application Quick Start Guide

## Contents

Welcome/Background .....	2
User Management .....	3
Website Access.....	3
Initial SUPER-USER Login.....	3
Attestation Page .....	3
Main Menu.....	4
Creating Other USER (Incident Submitter) Logins .....	4
Disabling User Accounts.....	5
Initial USER (Incident Submitter) Login .....	5
Creating Incident Reports .....	5
View Drafted, Submitted, and Closed Incident Reports.....	10
Creating, Submitting, or Updating Investigative Summary Reports.....	11
Definitions and Terms (per MN Statute 626.5572).....	11
Support Contact .....	17

## Welcome/Background

The goal of the updated Nursing Home Web Reporting application is to improve ease of use for you as the Facility making the report, but it will also capture more information for the Minnesota Department of Health (MDH). The submitted information is sent directly to the Minnesota Common Entry Point call center the Minnesota Adult Abuse Reporting Center (MAARC). The report process is now streamlined to decrease the amount of information you as the facility will need to manually type. Many of the new features include checkboxes and drop-down menus to select information rather than filling in a blank box. Although more information is being requested, the data remains the same. This Quick Start Guide will include an overview of the new system and steps to walk your Facility through the updated reporting process.

The Minnesota Department of Health owns the data contained within this system. For the purpose of protecting the rights and property of the Department, and to monitor compliance with all applicable statutes, regulations, agreements and policies; data access, entry and utilization may be monitored, intercepted, recorded, copied, audited, inspected or otherwise captured and/or analyzed in any manner.

Use of this system by any user, authorized or unauthorized, constitutes consent to this monitoring, interception, recording, copying, auditing, inspecting or otherwise capturing and/or analyzing of data access, entry and/or utilization through this system.

Unauthorized access is prohibited. Unauthorized access or use of this computer system may subject violators to criminal civil and/or administrative action. Department personnel may give any potential evidence of crime found on this computer system to law enforcement officials.

System users are required to adhere to all applicable statutes, agreements and policies governing their access to and use of the data contained within this system including, but not limited to, Private data (as defined in Minn. Stat. §13.02, subd. 12), confidential data (as defined in Minn. Stat. §13.02, subd. 3), welfare data (as governed by Minn. Stat. §13.46), medical data (as governed by Minn. Stat. §13.384), Minnesota Statutes §144.291- §144.298, and the Health Insurance Portability Accountability Act (HIPAA), 45 C.F.R. § 160.103.

**Note:** *Users will have the best experience with the application with the following browser versions or higher:*

- *Internet Explorer 10 and 11*
- *Chrome 5.0 and up*
- *Firefox 46.0 and up*

- *Safari 9 and 10 for mobile device*

## User Management

### Website Access

Direct Link: <https://nhir.web.health.state.mn.us/>

### Initial SUPER-USER Login

- Select "Forgot Password" on the login page.
- Follow prompt, enter "*USERNAME or EMAIL ADDRESS*", and hit submit.
- An email will be sent with instructions to log into the system to change the PASSWORD to the email address on file.
- System security will only allow 10 minutes to complete this task.
- If not completed in the allotted time, go through the "Forgot Password" process again.
- Username and password cannot be the same.
  - Passwords must contain:
    - 10 characters.
    - One Lower case letter.
    - One Upper case letter.
- Passwords cannot be repeated within three cycles.
- Password reset is required after 60 days.
- The account will be locked after 10 failed attempts within 12 hours.
- The session will timeout after 30 minutes of no activity.



HEALTH REGULATION DIVISION - NURSING HOME INCIDENT REPORTING - REALM

Email

Password

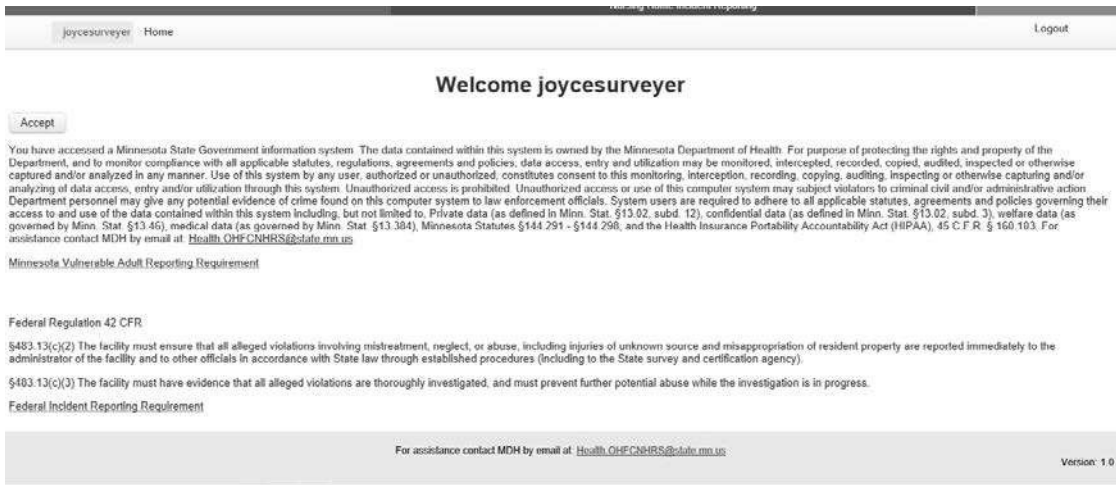
[Forgot Password?](#)

- SUPER-USERS will need to log into the system at least every 30 days to keep their account active and passwords will need to be updated annually.

### Attestation Page

- Upon login, you will be prompted to "Accept" an attestation.

- This attestation will act as your signature when signing into the site for the first time to affirm your user information.



## Main Menu

- Home
- Incident Reporting
  - Create Report - to submit a new incident
  - Drafted Reports - to view new incidents that have not yet been submitted or saved as drafts
  - Submitted Reports - to view incidents that have been submitted, and to create and submit investigation reports
  - Closed Reports - to view incidents that have been closed by MOH (e- dispositions)
- User Management
  - Search Users - to search all users at the facility, and disable users
  - Add User - to add a new user or super user

## Creating Other USER (Incident Submitter) Logins

1. Select "User Management" from the Main Menu
2. Select "Add User" from the drop-down list
3. Add User Info
  - Create Username
  - Fill in Email, First and Last Name, and Phone Number
  - Add Alt. Phone and Job Title (if available)
4. Select the Users Role {Incident Submitter or Super User}

5. Select Enabled and Save User.

**Add User**

**User Info**

Username: \*  Email: \*

First Name: \*  Last Name: \*

Phone: \*  Alt Phone:

Job Title:

Roles:

Facility Incident Submitter

Facility Super User

Enabled:

Cancel Save

## Disabling User Accounts

1. Go to "User Management" in the Main Menu
2. Select "Search Users" from the drop-down menu
3. Select User to disable
4. Select Disable
5. It is recommended to remove a user within 24 hours of the end of their employment at the facility.

[Edit](#) [Disable](#)

### User Info

Username:  
facilityadmin

Email:  
facilityadmin@email.com

## Initial USER (Incident Submitter) Login

- Select "Forgot Password" on the login page.
- Follow prompt, enter "*USERNAME or EMAIL ADDRESS*", and hit submit.
- An email will be sent with instructions to log into the system to change the PASSWORD to the email address on file.
- System security will only allow 5 minutes to complete this task.
- If not completed in the allotted time, go through the "Forgot Password" process again.
- Username and password cannot be the same. Passwords must contain:
  - 10 characters:
    - One Lower case letter.
    - One Upper case letter.

## Creating Incident Reports

1. Go to Website: <https://nhir.web.health.state.mn.us/>
2. Select "Login" under "Menu" on the left side of the Welcome Screen.
3. Enter your Username and Password on the login page.
4. To enter a **NEW** Incident, select "Incident Reporting" from the Main Menu and then "Create Report" from the drop down menu.
5. Create Incident Report Page Features:
  - The Facility Name, HFID, Etc. will auto-populate at the top of the page with the Date/Time, Incident Status and an Incident Tracking ID#.

## Incident Report

Submit to MDH
Save as Draft

Incident tracking ID	0	Incident status	draft
Date and time submitted to MDH		Incident created by	facilityadmin
Facility name	HIGHLAND CHATEAU HCC	Facility HFID	00494

6. All Sections will need to be reviewed and potentially completed (all sections include **\*Required Fields**):

- **Resident 1** - The resident involved in the incident.
  - This section contains **\*Required Fields**

**Resident 1**

Check if resident 1 is a current resident

First name\*

Last name\*

Date of birth (MMDD/YYYY)\*

Gender\*  
Select One

Facility type where the resident is receiving services\*  
Select One

---

Ethnicity/Race  
Select One

Check if the resident identifies as Hispanic or Latino

Pertinent diagnosis\*

1000 characters remaining.

**Current location of alleged victim**

Check if the resident has been transferred to hospital (if apt/bld name is then required)

Hospital name

255 characters remaining.

Check if the resident has been discharged (discharge location is then required)

Discharge location name and address

255 characters remaining.

Discharge city

Discharge state  
Select One

Discharge zip

- **Resident Two** - Used ONLY for resident-to-resident altercations (fields are the same as RI).
  - For a resident-to-resident altercation, the victim would be RI and

the aggressor would be R2.

- Be sure to code it as "Resident to Resident Altercation" (under Neglect)
- Please note that a resident is never an alleged perpetrator in a resident-to- resident altercation. Select "There is not an alleged perpetrator".

- **Initial Reporter** (Information auto-populates if Submitter and Reporter are the same).

- **Submitter**= Person entering the information into the system.
- Only different from the Submitter if the person entering the information was not involved in the incident.

Initial Reporter

Check if initial reporter and submitter are the same person

Date/Time of when staff became aware of incident \*

Relationship or staff position to resident 1 \*

---

Select One

If other please specify

First name

Last name

Address

City

State

Select One

Zip

Date/Time administrator was notified of the incident \*

Administrator was notified by whom \*

100 characters remaining.

- **Allegations** (Includes Checkboxes to select descriptions that are more detailed. You can check all allegation applicable, but you must select **at least one allegation**. If you select multiple allegations the Alleged Perpetrator and Resident will be associated with all those allegations):

- Sexual Abuse
- Physical Abuse
- Neglect
- Emotional or Mental Abuse
- Self-Neglect
- Financial Exploit (non-fiduciary)
- Financial Exploit (fiduciary) with Alleged Perpetrators Financial Relationship the VA

**Note:** Please continue to report directly to MAARC if:

- The VA is not a facility resident.
- The VA discharges from facility (AMA) and you are concerned about their safety (self- neglect). The report must include the VA's cognitive status, decision making ability, and if a guardian or alternative decision maker is in place.

- The alleged maltreatment occurred prior to facility admission.

- **Incident Details**

- Includes **\*Required Fields**.

**Note:** Please use the Save as Draft option at the top or bottom of the incident screen to periodically save your work and ensure information is not lost.

**Incident Details**

Check if the incident resulted in serious bodily injury to the resident

Check if the incident resulted in death of resident

Description of physical injury or pain \*

512 characters remaining.

Description of any mental anguish outcome, including but not limited to crying, expressions or displays of fear, cowering, anger, withdrawal, difficulty sleeping, etc. \*

500 characters remaining.

Date and time of incident (MM/DD/YYYY HH:MM:SS) \*

Who made the allegation (Indicate if anonymous), and their relationship to the alleged victim \*

Location of incident \*

County that the incident occurred in  
 Select One ▾

Description of incident \*

5000 characters remaining.

Provide all steps taken immediately to ensure resident(s) are protected (See Examples Below): \*

5000 characters remaining.

Examples:

- Immediate assessment of the alleged victim and provision of medical treatment as necessary;
- Evaluation of whether the alleged victim feels safe and if he/she does not feel safe, taking immediate steps to protect the resident, such as a room relocation and/or increased supervision;

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- Immediate notification to the alleged perpetrator's (if a resident) and/or the alleged victim's physician and the resident representative when there is injury, a significant change in condition;
- If the alleged perpetrator is facility/gency staff, removal of the alleged perpetrator's access to the alleged victim and other residents and assurance that ongoing safety and protection is being maintained;
- If the alleged perpetrator is a resident or visitor, removal of the alleged perpetrator's access to the alleged victim and, as appropriate, other residents and assurance that ongoing safety is being maintained;
- Other measures the facility is taking to prevent further potential abuse, neglect, exploitation, and misappropriation of resident property.

- **Alleged Perpetrator (AP) Information**

- **\*Required Field** - Relationship to Resident drop down
- If the AP is **UNKNOWN** - select **UNKNOWN** from the drop down

**Note:** There are 3 sections for AP information, but you may only need to enter



**Alleged perpetrator 1 information**

Relationship to resident 1 *	Select One ▾
If other please specify	<input type="text"/>
First name	<input type="text"/>
Middle name	<input type="text"/>
Last name	<input type="text"/>
Estimated age	0 <input type="text"/>
Gender	Select One ▾
Address	<input type="text"/>
City	<input type="text"/>
State	Select One ▾
Zip	<input type="text"/>
Check if there is evidence of previous incident(s) by the alleged perpetrator	<input type="checkbox"/>
Nature of previous incident(s)	<input type="text"/>

- **Responsible Persons Information**
  - I.e. Guardian/Conservator/Power of Attorney
  - Enter contact information if it is available.
- **County Case Manager Information**
  - Enter contact information if it is available.
- **Additional Contact Information**
  - Enter contact information for other family members, friends or caregivers who regularly spend time with the resident.
- **Referral Information**
  - If the incident involved law enforcement, the ombudsman, medical examiner, or the resident was sexually assaulted, is at immediate risk, and/or action has been taken to protect the resident. Please enter all available information.

Referral Information

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Check if there is suspected criminal activity

Check if the police were contacted

Type of crime

Date and time of police notification

Police report number

Name of police department

Police department phone

Name and position of staff who reported to police if different than submitter

100 characters remaining.

Were other agencies notified (e.g. Adult Protective Services, NA registry, Board of Nursing)? If yes, which agency, who was notified at that agency, and what was the date and time of notification?

250 characters remaining.

Check if the medical examiner was notified

Check if the ombudsman for long term care was notified

Check if an incident of sexual assault is alleged within the past three weeks and resident has not received a sexual assault examination

Check if the resident is likely to be physically abused or sexually assaulted within the next 72 hours

Check if the resident is likely to be a victim of abuse, neglect or exploitation which will likely result in serious injury, harm or loss of health requiring medical care by a physician within the next 72 hours

- **Witness Information (1- 5)**
  - Enter data in this section only if others witnessed the incident.
  - Enter as much contact information as possible.
- Once you have entered your incident information, we recommend that you first "Save as Draft" so that no work is lost and then select "Submit to MDH". Upon submission to MDH, the system will highlight missing fields and will not accept submission to MDH until complete.
- Confirm that the report is being made in good faith and if no errors remain the incident will be submitted.

Alternate phone

**Confirmation**

**▲** I affirm this report is being made in good faith into the best of my knowledge the content is accurate.

Yes
  No

## View Drafted, Submitted, and Closed Incident Reports

- This section can be used to:
  - Check what incident reports are in a draft state and have not been submitted.
  - Edit a Drafted Incident Report by clicking on the Incident Tracking ID number
  - View the details of a submitted incident by clicking on the Incident Tracking ID number.

- Print a copy of the Incident Report Summary by clicking on the Incident Tracking ID number and selecting Print Submit an Investigation Report by clicking on the Incident Tracking ID number and selecting Investigation Report - see below for submitting investigative reports.
- Verify Closed Incident Reports by selecting Closed Incident Reports from the Main Menu and viewing the list of Closed Incidents.

## Creating, Submitting, or Updating Investigative Summary Reports

### Incident Reports

Incident tracking ID	Resident 1 First name	Resident 1 Last name	Date and time submitted to MDH	Date and time of incident (MM/DD/YYYY HH:MM:SS)	Investigation Report Status
<a href="#">3</a>	test	test	12/15/2016 14:17:51	12/04/2016 00:00:00	Create Report

1. Select "Incident Reporting" from the Main Menu on the top of the screen, then select "Submitted reports" from the drop-down menu. This view will provide an investigation report status for each incident.
2. To edit or submit an Investigative Report, locate the incident, and click on the "Incident Tracking ID" number for the incident to be able to view the incident report or you can select "Create Report" for the incident in question.
3. Select the "Create Report" button.
4. If no report exists, then the page will be titled "Investigation Report" with text boxes to fill in and check boxes to select. **Note:** *If a report already exists, then the page will be titled "Investigation Report Summary" and there will be an option to print it.*
  - a. The Investigation Status will say *Draft*.
  - b. The facility Name, HFID and Incident Tracking ID will auto-populate.
5. The investigation report requires that you include at least one attachment be uploaded and sent with each report.
  - a. For example:
    - i. Falls - Care Plan and/or Fall Assessment
    - ii. Medication Error - Physician Order and/or Medication Error Report Form
    - iii. Abuse - Care Plan and/or Policy and Procedure related to abuse
6. Document upload is a two-part process:
  - a. **"Select the Document"** and then **"Upload Selected Document"**.
  - b. Allowed file types include text files, MS Word documents and pdfs.

**Note:** You may need to scan a document and save it as a pdf if it does not already exist in one of the above formats.

# Investigation Report

File Upload

Allowed file types: txt, doc, docx, pdf  
Allowed file size: 10MB  
The care plan at the time of the incident is a required document.

+ Select Document

Download File: Remove File:

<b>Incident tracking ID</b>	3	<b>Facility name</b>	OAK TERRACE HEALTH CARE CENTER
<b>Facility HFID</b>	00619	<b>Investigation status</b>	draft

List of documents reviewed\*

1500 characters remaining.

Check if the care plan at the time of the incident was followed

Check if the care plan was modified to prevent reoccurrence

Explain the element(s) of the care plan that were not followed

1000 characters remaining.

**Summary of interview(s) with the alleged victim and/or the victim's responsible party, if applicable. Indicate any visual cues from the resident of psychosocial distress and harm and the resident's perspective on incurred psychological harm and distress \***

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5000 characters remaining.

**Description of any additional physical injury and/or mental outcome since initial report**

**Summary of interview(s) with witness(es), what the individual observed or knowledge of the alleged incident or injury \***

5000 characters remaining.

**Summary of interview(s) with the alleged perpetrator(s) (staff, resident, visitor, contractor, etc.) \***

**Summary of interview(s) with other residents who may have had contact with the alleged perpetrator \***

5000 characters remaining.

**Summary of interview(s) with staff responsible for oversight and supervision of the location where the alleged victim resides \***

5000 characters remaining.

**Summary of interview(s) with staff responsible for oversight and supervision of the alleged perpetrator, if staff or a resident \***

Provide summary information from the investigation related to the incident from the resident's clinical record, such as relevant portions of the RAI, the resident's care plan, nurses' notes, social services note, lab reports, x-ray reports, physician or other practitioner reports or reports from other disciplines that are related to the incident. If a resident to resident altercation occurred, provide any relevant details that may have caused the alleged perpetrator's behavior, such as habits, routines, medications, diagnosis, how long he/she may have lived at the building, or BIMS score \*

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5000 characters remaining.

If available within the five business day timeframe, provide summary information of other documents obtained, such as hospital/medical progress notes/orders and discharge summaries, law enforcement reports, and death reports as applicable \*

5000 characters remaining.

**Conclusion**

Provide a brief description of the conclusion of the investigation and indicate if findings were:

**Verified - The allegation was verified by evidence collected during the investigation. Indicate if the allegation was verified by evidence collected during the investigation \***

500 characters remaining.

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**Not Verified - The allegation was refuted by evidence collected during the investigation. Indicate and describe why the allegation was unable to be verified during the investigation \***

500 characters remaining.

**Inconclusive - The allegation could not be verified or refuted because there was insufficient information to determine whether or not the allegation had occurred. If this was identified as inconclusive, indicate and describe how this was determined \***

500 characters remaining.

**Corrective Actions Taken**

**Since the initial report, has this allegation been reported to any additional agencies, if so which agency? \***

250 characters remaining.

**What date/time has this allegation been reported to any additional agencies reported?**

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**Outcome to any agency investigation? \***

500 characters remaining.

**Was the allegation reported to the resident representative? \***

250 characters remaining.

**if allegation reported to the resident representative, enter date/time**

**Names and positions of facility individuals who had the primary responsibility for conducting the investigation \***

500 characters remaining.



Investigation Report submitted by: \*

250 characters remaining.

Phone for follow-up: \*

Email address for follow-up: \*

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250 characters remaining.

**Describe any action(s) taken as a result of the investigation or allegation, including and not limited to action taken to prevent reoccurrence to the subjected resident and other residents. \***

1000 characters remaining.

**Describe the plan for oversight of implementation of corrective action, if the allegation is verified \***

1000 characters remaining.

**As a result of a verified finding of abuse, such as physical, sexual or mental abuse, identify counseling or other interventions planned and implemented to assist the resident \***

**If systemic actions (e.g., changes to facility staffing patterns, changes in facility policies, training) were identified that require correction, identify the steps that**

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**have been taken to address the systems \***

1000 characters remaining.

**Check if this was an isolated incident**

**Description of similar incidents that have occurred in the past 6 months**

1000 characters remaining.

People Interviewed

**First name \***

**Last name \***

**Relationship or staff position to resident 1 \***

Final Steps:

-Submit to MDH and/or Save as a Draft

-Once you have entered your Investigation Report Information, we recommend that you first "Save as Draft" so that no work is lost and then select "Submit to MDH".

- i. Upon submission to MDH, the system will highlight missing fields and will not accept submission to MDH until complete.

**List of documents reviewed: Validation Error: Value is required.**  
**Investigation summary: Validation Error: Value is required.**  
**Action taken to prevent reoccurrence to the subjected resident : Validation Error: Value is required.**  
**Action taken to prevent reoccurrence to the other resident : Validation Error: Value is required.**  
**interviewee1FirstName: Validation Error: Value is required.**  
**interviewee1LastName: Validation Error: Value is required.**  
**Relationship to resident 1: Validation Error: Value is required.**

Confirm that the report is being made in good faith and if no errors remain the incident will be submitted.

- ii. **Note:** §483.13(c){4} The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.

## Definitions and Terms (per MN Statute 626.5572)

<i>Term</i>	<i>Definition</i>
<p>Abuse <i>(differs from criminal definitions)</i></p>	<ul style="list-style-type: none"> <li>• Physical Assault *1st -5<sup>th</sup> Degree Criminal Sexual Conduct* - pt -5<sup>th</sup> Degree Criminal</li> <li>• Any sexual contact by facility staff or licensed provider. 609.341 Exceptions: when capacity to consent if prior consensual relationship or PCA services.</li> <li>• Use of drugs to injure or to facilitate a crime;</li> <li>• Inducement/solicitation/promotion of prostitution.</li> <li>• Forced services for another.</li> <li>• Conduct that produces pain, injury, emotional distress ex. hitting, kicking, pinching, biting, corporal punishment; 245.825.</li> <li>• Malicious oral, written or gestured language considered by a reasonable person to be disparaging, derogatory, humiliating, harassing, threatening.</li> <li>• Aversive or deprivation procedure for people.</li> <li>• Use of Restraints: physical or chemical.</li> <li>• Involuntary seclusion or forced separation from others.</li> </ul>
<p>Accident</p>	<p>Means a sudden, unforeseen, and unexpected occurrence or event which:</p> <p>(1) is not likely to occur and which could not have been prevented by exercise of due care; and</p> <p>(2) If occurring while a vulnerable adult is receiving services from a facility, happens when the facility and the employee or person providing services in the facility comply with the laws and rules relevant to the occurrence or event.</p>

**Allegation:** Verbal or written statement claiming that someone **MAY HAVE** done something wrong or illegal relating to the maltreatment of a vulnerable adult.

**Alleged Perpetrator:** An individual, who may have abused, neglected or financially exploited a vulnerable adult.

**AMA:** Against Medical Advice -*See Self-Neglect.*

<i>Term</i>	<i>Definition</i>
Caregiver	Individual or Facility responsible for the care of a vulnerable adult as result of a family relationship or assumed responsibility for all or a portion of the care of a VA by contract or agreement.
Chemical Restraint	Using a Drug or medication as a restriction to manage the patient's behavior or restrict the patient's freedom of movement and is not a standard treatment or dosage for the patient's condition.

<i>Term</i>	<i>Definition</i>
County Case Manager	County professional responsible for assessment, planning, facilitation, care coordination, evaluation, and advocacy for options and services to meet an individual's comprehensive health needs through communication and available resources to promote quality, cost-effective outcomes. EX: Adult Protective Services.
Emotional or Mental Abuse	Form of abuse, characterized by a person subjecting, or exposing, another person to behavior that may result in psychological trauma, including anxiety, chronic depression, or post-traumatic stress disorder.
Exploitation	Fraudulent or otherwise illegal, unauthorized, improper act or process of an individual, including a caregiver or fiduciary, that uses the resources of an elder for monetary or personal benefit, profit, or gain, or that results in depriving an elder of rightful access to, or use of benefits, resources, belonging, or assets.
Facility	<p>A facility or service required to be licensed under chapter <b>245A</b>; a home care provider licensed or required to be licensed under section <b>144A.46</b>; a hospice provider licensed under sections <b>144A.75</b> to <b>144A.755</b>; or a person or organization that offers, provides, or arranges for personal care assistance services under the medical assistance program as authorized under section <b>256B</b></p> <p>(b) For services identified in paragraph (a) that are provided in the vulnerable adult's own home or in another unlicensed location.</p> <p>The term "facility" refers to the provider, person, or organization that offers, provides, or arranges for personal care services, and does not refer to the vulnerable adult's home or other location at which services are rendered.</p>
Financial Exploit (fiduciary)	Occurs when a person spends funds without authorization, fails to use resources of the VA to provide for food, shelter, clothing, health care or supervision, acquires control of funds or property through undue influence, harassment, duress, deception, or fraud and failure likely to result in detriment to the VA.

<i>Term</i>	<i>Definition</i>
Financial Exploit (non-fiduciary)	Occurs when a person obligated by contract withholds disposes of funds or property of VA, wrongfully profits from VA's funds or property, acquires control of funds or property through undue influence, harassment, duress, deception, or fraud, or forces VA to perform services for profit.
Forced Separation	Use of any deprivation procedure, unreasonable confinement, or involuntary seclusion, including the forced separation of the vulnerable adult (VA) from other persons against the will of the VA or the legal representative of the VA; and use of any aversive or deprivation procedures for persons with developmental disabilities or related conditions not authorized under section 245.825.
Initial Reporter	Individual who witnessed the incident first-hand.
Investigative Summary Report	Submitted online with supporting documents 5 working days of the Incident.

<i>Term</i>	<i>Definition</i>
Maltreatment <i>(federal definitions may be different)</i>	Abuse (physical, sexual, emotional or mental) including (but not limited to) hitting, slapping, sexual contact, oral or written gestures, etc.  Neglect (caregiver or self) which is the failure to provide for basic needs: food, clothing, shelter, health care or supervision, absence of essential services, etc.  Financial Exploitation (with or without legal relationship) which is the failure to spend for the benefit of the VA, unauthorized spending, withholding or disposing funds, etc.
Mandated Reporter	A person who is a professional/delegate: Social Services, Law Enforcement, Education, Care of Vulnerable Adults, + Licensed by Health Board under 214.01 and/or is an employee at an MOH or OHS licensed facility/service and all MA enrolled providers.
Neglect (Caregiver)	Failure or omission by caregiver to supply a VA with necessary care or services; food, shelter, clothing, health care or supervision and/or failure or omission to maintain VA's health or safety.
Physical Abuse	Conduct which is not an accident or therapeutic conduct as defined in this section, which produces or could reasonably be expected to produce physical pain or injury or emotional distress including, but not limited to, the following: hitting, slapping, kicking, pinching, biting, or corporal punishment of a vulnerable adult

<i>Term</i>	<i>Definition</i>
Power of Attorney <b>(POA)</b>  Self-Neglect	An individual responsible to represent or act on another's behalf in private affairs, business, or some other legal matter, sometimes against the wishes of the other.  Absence or likelihood of the absence of care or services, including food, shelter, clothing, health care or supervision a reasonable person would deem essential to maintain health, safety or comfort.  <i><b>Note:</b> Leaving Against Medical Advice falls into this category.</i>
Serious Bodily Injury   Sexual Abuse	An injury involving extreme physical pain; involving substantial risk of death; involving protracted loss or impairment of the function of a bodily member, organ, or mental faculty; or requiring medical intervention such as surgery, hospitalization, or physical rehabilitation.  <b>Any</b> sexual contact between a vulnerable adult and a facility staff person, unless a consensual sexual personal relationship existed prior to the caregiving relationship; or staff is a personal care attendant, regardless of whether the consensual sexual personal relationship existed prior to the caregiving relationship.
Sexual Abuse - 15 <sup>1</sup> Degree	Sexual penetration of anyone (vaginal, oral, anal sex, any intrusion of victim's genital/anal openings by any part of defendant or an object) OR sexual contact with a person under 13 (intentional touching of victim's bare genitals/anus by defendant/ another's genitals/anus with sexual or aggressive intent) in the following circumstances:

<i>Term</i>	<i>Definition</i>
Sexual Abuse - 2 <sup>nd</sup> Degree	<ul style="list-style-type: none"> <li>• Victim is under 13 y/o and defendant is more than 3 years older than victim is.</li> <li>• Victim is 13-16 y/o; defendant is 4 years older and in a position of authority over victim.</li> <li>• Circumstances placed victim in reasonable fear of imminent physical harm to him/herself or another.</li> <li>• Defendant was armed with a dangerous weapon/threatened victim with a weapon.</li> <li>• Defendant causes injury to victim and uses force/coercion for sexual penetration or knows the victim is mentally/physically impaired.</li> <li>• Defendant is helped by another person to make victim submit or the accomplice is armed with a weapon.</li> <li>• Defendant has a significant relationship with victim and victim is under 16 at time of sexual penetration.</li> </ul> <p>Engaging in sexual contact (intentional touching of victim's intimate parts, touching of another's parts by coercion, touching can be over the clothes) under any of the same circumstances as listed under the 1<sup>st</sup> Degree.</p>
Sexual Abuse - 3 <sup>rd</sup> Degree	<p>Engaging in sexual penetration under these circumstances:</p> <ul style="list-style-type: none"> <li>• Victim is under 13 and defendant is no more than 3 years older.</li> <li>• Victim is 13-15 and defendant is more than 2 years older, but no more than 10 years older.</li> <li>• Defendant: <ul style="list-style-type: none"> <li>○ Uses force or coercion to sexually penetrate victim.</li> <li>○ Knows/should know victim is mentally/physically incapacitated.</li> <li>○ Has a significant familial/living with relationship with victim who is at least 16, but under 18 at the time of the sexual penetration.</li> <li>○ Is a psychotherapist of victim when the sexual penetration occurred during a session/while the professional relationship existed Unlawful if a former patient/victim is emotional dependent on therapist/sex occurred by deception.</li> <li>○ Accomplishes the sex by means of deception/false representation that it has a medical purpose.</li> <li>○ Is a clergy, victim is not married to him/her, and sex occurs during a spiritual advice meeting.</li> <li>○ Is an employee/volunteer at a correction/juvenile facility and victim is in custody/treatment there.</li> <li>○ Works for a special transportation service and has sex with victim, who is a client before/after transporting him/her.</li> <li>○ Is a massage therapist and victim used the services and nonconsensual sex occurred during/immediately before/after the massage.</li> </ul> </li> </ul>
Sexual Abuse - 4 <sup>th</sup> Degree	<p>Engaging in sexual contact (not penetration) in any of the same situations as the 3<sup>rd</sup> Degree.</p>

<i>Term</i>	<i>Definition</i>
Sexual Abuse - 5 <sup>th</sup> Degree	Engaging in nonconsensual sexual contact (not including a clothed butt, but including attempts to remove clothing covering victim's intimate parts if done

<i>Term</i>	<i>Definition</i>
Source for Sexual Abuse Degrees: <a href="https://www.findlaw.com/state/minnesota-law/minnesota-rape-and-sexual-assault-laws.html">Minnesota Rape and Sexual Assault Laws (https://www.findlaw.com/state/minnesota-law/minnesota-rape-and-sexual-assault-laws.html)</a>	with sexual or aggressive intent} or knowingly masturbating or exposing one's genitals in the presence of a child under 16.
Submitter	Individual who presents information for the approval, consideration, or decision of another or others; Individual who submits the Incident Report/Creates an Incident.
Super-User	Responsible to create/manage/maintain and removing users and roles in the application, training users, troubleshooting, product knowledge and product maintenance. This role will have save, update, submit and review access for their own role and to act on behalf of other users from the same facility, with the ability to perform all available actions. A facility administrator, social service representative, and director of nursing, assistant director of nursing type of role should fulfill this role. <ul style="list-style-type: none"> <li>• User role creation and maintenance</li> <li>• Act on behalf of another facility user</li> <li>• Accuracy and timely reporting</li> <li>• Training</li> <li>• Troubleshooting</li> <li>• Production knowledge</li> <li>• Submit and update permissions</li> <li>• Awareness of project maintenance as applicable</li> </ul>
Therapeutic Conduct	The provision of program services, health care, or other personal care services done in good faith in the interests of the vulnerable adult by: (1) an individual, facility, or employee or person providing services in a facility under the rights, privileges and responsibilities conferred by state license, certification, or registration; or (2) a caregiver.



<i>Term</i>	<i>Definition</i>
User (Incident Submitter}	Responsible for being knowledgeable about the application, having the ability to add, save, update, submit, view and delete incidents that have not been submitted. The Facility User is responsible for the accuracy and timely reporting of incidents. Once a record has been submitted, this user will not be able to make any changes.
Vulnerable Adult (VA}	A person, 18 years of age or older, who is a resident or inpatient in a facility; hospital, nursing home, ICFDD, residential or non-residential facility regulated by MDH or DHS, or a person who receives services from a facility or service regulated under MN§245A (including PCA}, or is a recipient of home care or hospice services from a provider regulated by MDH under in MN§144A; includes Customized Living. A person may also be a functional vulnerable adult regardless of facility residence or licensed services.
Witness	Individual who sees something (such as a crime} happen, or a person who is present at an event, and can say that it happened

## Support Contact

For questions and support, email the Office of Health Facility Complaints at [health.ohfcnhrs@state.mn.us](mailto:health.ohfcnhrs@state.mn.us)