

Wyoming Department of Health
Aging Division - Healthcare Licensing and Surveys
6101 Yellowstone Rd, Ste 186C, Cheyenne, WY 82002
Fax: (307) 777-7127 - Telephone: (307) 777-7123
E-mail: WDH-OHLS@wyo.gov - Website: www.health.wyo.gov/ohls

Certified Nurse Aides - Nursing Care Facilities and Swing Beds
Checklist for Reporting and Investigating
Allegations of Abuse, Neglect, or Misappropriation of Resident Property

| | |
|-------------------------------------------------------------------|-------------------------|
| Date of Abuse, Neglect, or Misappropriation of Resident Property: | <i>Format: 00/00/00</i> |
|-------------------------------------------------------------------|-------------------------|

| | | | |
|-------------------|--------|--|--------------------------------|
| Facility name: | | | |
| Facility contact: | Name: | | Telephone number: (307) |
| | Title: | | |

Please note that this form is to be completed for incidents involving one or more CNA(s), not when the incident involves a Graduate Nursing Assistant (GNA) only.

Provide the following information for the CNA(s) named in the allegation *(attach additional sheet, if necessary):*

| | | | |
|---------------|--|-------------------|--|
| Name: | | CNA Number: | |
| Home address: | | Telephone number: | |

| | | | |
|---------------|--|-------------------|--|
| Name: | | CNA Number: | |
| Home address: | | Telephone number: | |

| | | | |
|---------------|--|-------------------|--|
| Name: | | CNA Number: | |
| Home address: | | Telephone number: | |

1. Assess for Injury/Harm

- Physical assessment
- Changes in behavior

2. What action(s) were taken against the CNA following the incident:

- Increased supervision
- Immediate suspension
- Termination
- Education
- Other (list)

3. Notify Administrator and Appropriate Agencies—as required by State or Federal Law *(within 24 hours)*

| | | | | |
|------------------------------------------------------------|------|--|------|--|
| <input type="checkbox"/> Healthcare Facility Administrator | Date | | Time | |
| <input type="checkbox"/> State Survey Agency (HLS) | Date | | Time | |
| <input type="checkbox"/> DFS or law enforcement | Date | | Time | |
| <input type="checkbox"/> Wyoming State Board of Nursing | Date | | Time | |

4. Immediately initiate and document a thorough investigation and report results to the State Survey Agency (HLS) within five working days of the incident and include copies of the document from the investigation. (check those that apply):

- Written statements from the CNA(s) and other witnesses
- Interviews conducted
- Resident assessments
- Progress notes
- ER records
- Police reports
- Other

5. For the CNA(s) involved in the allegation include evidence in the investigation package of:

- Satisfactory pre-employment screening
- Abuse training
- Work history (if applicable)

Please provide the following information for key witnesses (attach an additional sheet, if necessary):

| | | | |
|---------------|--|----------------|--|
| Name: | | Telephone No.: | |
| Home address: | | | |
| Name: | | Telephone No.: | |
| Home address: | | | |
| Name: | | Telephone No.: | |
| Home address: | | | |
| Name: | | Telephone No.: | |
| Home address: | | | |
| Name: | | Telephone No.: | |
| Home address: | | | |
| Name: | | Telephone No.: | |
| Home address: | | | |

Within five (5) working days of the incident, send this checklist, and a written summary of the results of the investigation, to the State Survey Agency (HLS).

(1) Submit by fax:
(307) 777-7127

(2) Or submit by USPS mail:
**Healthcare Licensing and Surveys
Attn: Nurse Aide Registry
6101 Yellowstone Rd, Ste 186C
Cheyenne WY 82002**