

EIM Reference Guide – Conducting Administrative Reviews

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Provider Administrative Review

The Provider Administrative is the last stage of the ODP's incident investigations that are completed by a Department – certified investigator. The purpose of the administrative review is to ensure the competency and qualify of an investigation, as well as determine investigatory findings, develop recommendations, and recommend and ensure implementation of corrective actions.

The Provider Administrative Review screens allows users with the Admin Review role (PW-EIM- Incident-AdminRev) to data enter information about the Administrative Review activities for incidents. To have the role added to your profile you will need to contact your organization's Business Partner Administration (BP Admin). Each organization must have at least one user in their respective agency with the Admin Review role in order to complete this activity.

Below are pages that are contained in the Provider Administrative Review document.


Administrative Review Information

The screenshot displays the 'Provider Administrative Review' interface. At the top, a header bar contains the following information: 'Provider Administrative Review' (link), 'In Progress' status, a date of '6/24/2021', 'VALIDATE' and 'SUBMIT' buttons, another date of '6/22/2021', the user 'ThreeCI, PCG', a date of '6/22/2021', the role 'AdminReviewer, PCG', and an unchecked checkbox. Below the header is a table with the following pages listed:

	Page Name
+ ✓	Administrative Review Information
+ ✓	Administrative Review Summary
+ ⚠	Preventative Corrective Action
+ ✓	Additional Corrective Actions
+ ⚠	Administrative Review Committee

The *Administrative Review Information* page (the first page of the administrative review) serves to ensure that the administrative review committee has sufficient information to refer to in the course of reviewing a Provider CIR.

The screenshot below illustrates this EIM page.



Administrative Review Information

ID: [91904](#)
Version: 9
Type: Individual Incident
Primary Category: Sexual Abuse
Status: Open


Individual: [PCG-EIMMR_MIKE](#)
MCI: [927847067](#)

Provider: [PCG-ODP-EIM-PROVIDER-THREE](#)
Discovery Date: 04/22/2021

Expand Details

Go To Administrative Review Information

Administrative Review Information

Administrative Review Date: ★ 

Does the CIR provide the necessary information for the administrative review committee to make a determination and develop appropriate corrective actions? ★

If no, please explain

4000 characters remaining

Select the date of the Provider Administrative Review using the calendar data picker for the *Administrative Review Date* . Select **Yes** or **No** in the mandatory field to indicate if the CIR provides the necessary information for the administrative review committee to make a determination and develop appropriate corrective actions. If **No** is selected, you must enter an explanation in the large text-box field in order to communicate to the CI a request for additional information . In addition, if you select **No** to this question, no other *Provider Administrative Review* pages appear for use and the CIR will be returned to the assigned investigator for additional information. If the response to this question is **Yes**, the other pages in the Provider Administrative Review will appear and data entry of the Provider Administrative Review can continue.

Administrative Review Summary

The *Administrative Review Summary* page allows reviewers to document important actions related to the management of an incident, including the immediate response, notifications, proper categorizations, and timeliness. Additionally, the investigation determination is also recorded on the *Administrative Review Summary* page.

Below are detailed discussions and instructions for each of the fields and questions that appear on the *Administrative Review Summary* page. Note: that the values for *Was assistance offered to the alleged victim..* and the *Victims assistance services offered* automatically appear because they are copied over from another document and page of the incident.

Administrative Review Summary

Operation Successful

ID: [91904](#)
Version: 9
Type: Individual Incident
Primary Category: Sexual Abuse
Status: [Open](#)

Individual: [PCG-EIMMR_MIKE](#)
MCI: [927847067](#)

Provider: [PCG ODP EIM PROVIDER THREE](#)
Discovery Date: 04/22/2021

[Expand Details](#)

Go To

Administrative Review Summary

Was assistance offered to the alleged victim to protect the immediate and ongoing health, safety and welfare of the individual (including victims services)?

★ Yes

Please describe the assistance offered:
Describe the assistance offered here.
3963 characters remaining

Victims assistance services offered:

★
☐ Contacted Local Domestic Violence Provider
☐ Contacted Local Rape Crisis Center
☒ Crime Victim Services
☐ Local Behavioral Health Crisis Intervention
☐ Other
☐ N/A

If the incident involved target(s), was the target separated from potential contact with all individuals receiving services until the incident investigation was completed?
★ Yes

If there were injuries, wounds, illness to the individual that required prompt medical attention, did the individual receive the necessary treatment?
★ Yes

Date and Time the injury/wound/illness was discovered:

The information provided in these two fields is copied over from the *Actions to Protect Health, Safety and Rights* screen of the First Section.

Was assistance offered to the alleged victim to protect the immediate and ongoing health, safety and welfare of the individual (including victims services)?

Select **Yes**, **No** or **N/A**, as appropriate in this *Was assistance offered to the alleged victim...* drop-down box. If **Yes**, is the selection in the drop-down box, describe the assistance offered in the *Please describe the assistance offered* text box. Leaving this text box blank when **Yes** is your selection generates an EIM validation error message. If your selection is **No** or **N/A**, provide details on why assistance was not offered.

Administrative Review Summary

Operation Successful

ID: [91904](#) Version: 9 Type: Individual Incident Primary Category: Sexual Abuse Status: Open

Individual: [PCG-EIMMR, MIKE](#)
MCI: [927847067](#)

Provider: [PCG ODP EIM PROVIDER THREE](#)
Discovery Date: 04/22/2021

Expand Details

Go To Administrative Review Summary

Administrative Review Summary

Was assistance offered to the alleged victim to protect the immediate and ongoing health, safety and welfare of the individual (including victims services)? ★ Yes

Please describe the assistance offered:

Describe the assistance offered here.

3963 characters remaining

Victims assistance services offered:

★ ☐ Contacted Local Domestic Violence Provider
☐ Contacted Local Rape Crisis Center
☒ Crime Victim Services
☐ Local Behavioral Health Crisis Intervention
☐ Other
☐ N/A

If the incident involved target(s), was the target separated from potential contact with all individuals receiving services until the incident investigation was completed? ★ Yes

If there were injuries, wounds, illness to the individual that required prompt medical attention, did the individual receive the necessary treatment? ★ Yes

Date and Time the injury/wound/illness was discovered: 04/22/2021 3:24 PM

Explanation of treatment:

Provide an explanation of treatment here.

3959 characters remaining

Select **Yes**, **No** or **N/A** as appropriate. If **Yes** is selected, describe the assistance that was offered.

Victims assistance services offered

Check the check boxes of any victim assistance services that were offered to the individual who is the subject of the incident. You may select more than one – check all that apply. If you check **Other**, provide details on the services in the *Please describe the assistance offered* text box. If you select N/A, you cannot check any of the other five check boxes. This is illustrated with the screenshot below.

Enterprise Incident Management

HOME
 SEARCH
 REPORTS
 HELP

Administrative Review Summary

ID: [91904](#)
Version: 9
Type: Individual Incident
Primary Category: Sexual Abuse
Status: Open

Individual: [PCG-EIMMR, MIKE](#)
MCI: [927847067](#)

Provider: [PCG ODP EIM PROVIDER THREE](#)
Discovery Date: 04/22/2021

Expand Details

Go To Administrative Review Summary

Administrative Review Summary

Was assistance offered to the alleged victim to protect the immediate and ongoing health, safety and welfare of the individual (including victims services)? ★ Yes

Please describe the assistance offered:

Describe the assistance offered here.

3963 characters remaining

Victims assistance services offered:

★ ☐ Contacted Local Domestic Violence Provider
☐ Contacted Local Rape Crisis Center
☒ Crime Victim Services
☐ Local Behavioral Health Crisis Intervention
☐ Other
☐ N/A

If the incident involved target(s), was the target separated from potential contact with all individuals receiving services until the incident investigation was completed? ★ Yes

If there were injuries, wounds, illness to the individual that required prompt medical attention, did the individual receive the necessary treatment? ★ Yes

Date and Time the injury/wound/illness was discovered: 04/22/2021 3:24 PM

Explanation of treatment:

Provide an explanation of treatment here.

3959 characters remaining

The Victim assistance services offered are listed here. Click the checkbox to select a service or services.

If the incident involved target(s), was the target separated from potential contact with all individuals receiving services until the incident investigation was completed?

Select **Yes**, **No** or **N/A**, as needed in the *If the incident involved target(s)...* drop-down box. This is illustrated in the screenshot below.

Administrative Review Summary

Was assistance offered to the alleged victim to protect the immediate and ongoing health, safety and welfare of the individual (including victims services)? ★ Yes

Please describe the assistance offered:

Describe the assistance offered here.

3963 characters remaining

Victims assistance services offered:

★ ☐ Contacted Local Domestic Violence Provider
☐ Contacted Local Rape Crisis Center
☒ Crime Victim Services
☐ Local Behavioral Health Crisis Intervention
☐ Other
☐ N/A

If the incident involved target(s), was the target separated from potential contact with all individuals receiving services until the incident investigation was completed? ★ Yes Select **Yes**, **No** or **N/A** from the drop-down box.

If there were injuries, wounds, illness to the individual that required prompt medical attention, did the individual receive the necessary treatment? ★ Yes

Date and Time the injury/wound/illness was discovered:

Explanation of treatment:

Provide an explanation of treatment here.

3959 characters remaining

If no treatment was provided, please explain:

If no treatment provided explain here

3963 characters remaining

If no injuries, wounds, or illnesses were discovered, please explain:

If no injuries, wounds, or illnesses were discovered explain here.

If there were injuries, wounds, illness to the individual that required prompt medical attention, did the individual receive the necessary treatment?

Select **Yes**, **No** or **N/A**, as appropriate in the *If there were injuries, wounds, illness to the individual...* drop-down box. Use the date-and-time-picker in the *Date and Time the injury/wound/illness was discovered* field to select the date and time of this discovery. If **Yes** is the selection in the drop-down box, describe the treatment for the individual in the *Explanation of treatment* text box. If **No** is the selection in the drop-down box, you must state the reason the individual was given no treatment in the *If no treatment was provided, please explain* text box. If **N/A** is the selection in the drop-down box, you must state the reason the injuries, wounds or illness were not detected in the *If no injuries, wounds, or*

illnesses were discovered, please explain text box. The screenshot below is a continuation of the Administrative Review Summary screen and illustrates this section of the screen.

Mandatory Responses to the question: If there were injuries, wounds, illness to the individual that required prompt medical attention, did the individual receive the necessary treatment?	
Response Value	*Required Text-box explanation
Yes	Explanation of Treatment:
No	If no treatment was provided, please explain:
N/A	If no injuries, wounds, or illnesses were discovered, please explain:

Victims assistance services offered:

☒ Contacted Local Domestic Violence Provider
☐ Contacted Local Rape Crisis Center
☒ Crime Victim Services
☐ Local Behavioral Health Crisis Intervention
☐ Other
☐ N/A

If the incident involved target(s), was the target separated from potential contact with all individuals receiving services until the incident investigation was completed? ★ Yes

If there were injuries, wounds, illness to the individual that required prompt medical attention, did the individual receive the necessary treatment? ★ Yes

Date and Time the injury/wound/illness was discovered: 04/22/2021 3:24 PM

Explanation of treatment:
 Provide an explanation of treatment here.

3958 characters remaining

If no treatment was provided, please explain:
 Provide an explanation if no treatment here.

3953 characters remaining

If no injuries, wounds, or illnesses were discovered, please explain:
 If no injuries, wounds, or illnesses were discovered explain here.

3934 characters remaining

Did the investigation start in a timely manner? ★ Yes

If no, please explain:

4000 characters remaining

Select **Yes**, **No**, or **N/A** from the drop-down boxes. If **Yes** is selected, provide an explanation. Depending on the answer to this question, an explanation must be provided. Please refer to the chart above to understand which text boxes would need to be filled out.

Leaving any of the corresponding text-box fields blank on the Administrative Review Summary screen when any of these drop-down box options are selected, generates an EIM validation error message.

Did the investigation start in a timely manner?

Select **Yes** or **No**, as appropriate in the *Did the investigation start in a timely manner?* drop-down box. If you select **No** in the drop-down box, explain why the investigation did not start in a timely manner in the *If no, please explain* text box. Leaving this text-box field blank when **No** is the selection generates an EIM validation error message.

Did the investigation start in a timely manner? ★ Yes

If no, please explain:

If no please explain here.

Select **Yes** or **No** from the Did the investigation start in a timely manner? drop-down box. If **No** is selected, provide an explanation.

Was the family/guardian/individual's designee notified of the incident?

The selection in this drop-down box and the related text box following will be copied over from the corresponding fields on the "Incident Classification" fields. (see the illustration on the previous page). These copied-over values from the First Section are able to be edited. . You can edit them after they are copied over. The values are copied when the "Provider Administrative Review" document is initiated after creation.

Select **Yes** or **No**, as appropriate in this mandatory *Was the family/guardian/individual's designee notified...*? drop-down box. If **No** is the selection in the drop-down box, explain why the family, guardian or designee was not notified of the incident in the "If no, please explain" text box. Leaving this text-box field blank when **No** is the selection generates an EIM validation error message.

Was the family/guardian/individual's designee notified of the incident? ★ Yes

If no, please explain:

If no please explain here.

3974 characters remaining

Was the appropriate notification made related to the Adult Protective Services Act, Older Adult Protective Services Act and Child Line Protective Services Law? ★ Yes

Please explain (if no or not applicable):

If no please explain here.

3974 characters remaining

The selection appearing here is copied over from the *Was the family/guardian/individual's designee...* field on the *Incident Classification* page in the first section. The choice is either **Yes** or **No** from the drop-down list.

Text appearing here is copied over from the *If no, please explain* field on the *Incident Classification* page in the first section. In this example, no explanation was given because the answer to the *Was the family/guardian, individual's designee notified of the incident?* question, was Yes.

Was the appropriate notification made related to the Adult Protective Services Act, Older Adult Protective Services Act and Child Line Protective Services Law?

Select **Yes**, **No** or **N/A**, as needed in this *Was the appropriate notification made related to the Adult Protective...* drop-down box. If you select **No** or **N/A** in this drop-down box, relate the reasons for not notifying these agencies in the *Please explain (if no or not applicable)* text box. Leaving this text-box field blank when **No** or **N/A** is the selection generates an EIM validation error message.

Was the family/guardian/individual's designee notified of the incident? ★ Yes

If no, please explain:

If no explain here.

3981 characters remaining

Was the appropriate notification made related to the Adult Protective Services Act, Older Adult Protective Services Act and Child Line Protective Services Law? ★ Yes

Please explain (if no or not applicable):

If no or N/A explain here.

3974 characters remaining

If there was reason to suspect that a crime had been committed, was law enforcement contacted? Please explain (if no or not applicable):

If no or N/A explain here.

3974 characters remaining

Did the investigation find all policies, procedures, rules and regulations to be properly implemented? ★ Yes

If no, please explain:

If no explain here.

3981 characters remaining

Based on the information provided in the CIR, is the initial incident category correct? ★ Yes

Please explain: ★

Provide explanation here.

Select **Yes**, **No**, or **N/A** from the drop-down box.

If **No** or **N/A** was selected from the *Was the appropriate notification made related to the Adult Protective Services Act, Older Adult Protective Services Act and Child Line Protective Services Law?* drop-down box, an explanation must be provided.

If there was reason to suspect that a crime had been committed, was law enforcement contacted?

Select **Yes**, **No** or **N/A**, as needed in this *If there was a reason to suspect that a crime had been committed ...* drop-down box. If you select **No** or **N/A** in this drop-down box, relate the reasons for not contacting law enforcement in the *Please explain (if no or not applicable)* text box. Leaving this text-box field blank when **No** or **N/A** is the selection generates an EIM validation error message.

Did the investigation find all policies, procedures, rules and regulations to be properly implemented?

Select **Yes** or **No**, as appropriate in the *Did the investigation find all policies, procedures...?* drop-down box. If **No** is the selection in the drop-down box, explain why these policies, etc., were not properly implemented in the *If no, please explain* text box. Leaving this text-box field blank when **No** is the

selection generates an EIM validation error message. The screenshot on the following page illustrates this section of the Administrative Review Summary screen.

The screenshot displays three sections of the Administrative Review Summary screen, each with a mandatory question and an explanation text box. Red boxes highlight the questions and text boxes. Yellow callout boxes provide instructions for the drop-down menus.

Section 1: "If there was reason to suspect that a crime had been committed, was law enforcement contacted?" (Yes/No/N/A). Explanation: "If no or N/A explain here." (3974 characters remaining).

Section 2: "Did the investigation find all policies, procedures, rules and regulations to be properly implemented?" (Yes/No/N/A). Explanation: "If no or N/A explain here." (3974 characters remaining).

Section 3: "Based on the information provided in the CIR, is the initial incident category correct?" (Yes/No). Explanation: "Provide an explanation here." (3972 characters remaining).

Section 4: "Investigation Determination:" (Confirmed/Not Confirmed/Inconclusive). Explanation: "Provide an explanation here." (3972 characters remaining).

Based on the information provided in the CIR, is the initial incident category correct?

Select **Yes** or **No**, as appropriate in the *Based on the information provided in the CIR ...?* drop-down box. Explain fully the validity of your determination of the category's correctness in the *Please explain* text box. Since this text box is mandatory, the user must enter a full explanation in the text box.

Investigation Determination

Select **Confirmed**, **Not Confirmed** or **Inconclusive** in the *Investigation Determination* drop-down box as you determine and explain your reasoning, evaluation and judgements in the mandatory *Please explain* text box. If the incident's primary category is Death, leave the Investigation Determination field and the associated text box blank. Otherwise, EIM will display an error message during the validation process: *Error: If the primary category is Death, Investigation Determination must be blank.* If the incident's primary category is not Death, this field is mandatory and the user must enter a full explanation of their reasoning for selecting the investigation determination. The user must also enter a full explanation in the text box. Otherwise, EIM will display an error message during the validation process: *Error: Investigation Determination: Response is mandatory.*

If there was reason to suspect that a crime had been committed, was law enforcement contacted? ★ Yes

Please explain (if no or not applicable):

If no or N/A explain here.

3974 characters remaining

Did the investigation find all policies, procedures, rules and regulations to be properly implemented? ★ Yes

If no, please explain:

If no or N/A explain here.

3974 characters remaining

Based on the information provided in the CIR, is the initial incident category correct? ★ Yes

Please explain: ★

Provide an explanation here.

3972 characters remaining

Investigation Determination: Confirmed

Please explain:

Provide an explanation here.

3972 characters remaining

CHECK SPELLING UNDO CHANGES

← BACK

When finished, click **Save & Continue.**

SAVE

SAVE & CONTINUE →

Select **Yes** or **No** from the drop-down box. Complete the **Please explain:** field. This is a mandatory field.

Select **Confirmed**, **Inconclusive** or **Not Confirmed** from the drop-down box. Complete the **Please explain:** field. This is a mandatory field unless the incident's Primary Category is **Death**.

When finished with the fields on the Administrative Review Summary page, click **Save & Continue**.

Preventative Corrective Action

The *Preventative Corrective Action* page allows the user to identify one preventative corrective action that will be taken to prevent a recurrence of the incident type being submitted. This EIM page allows the user to select only one action. Note: when adding a Preventative Corrective Action, all fields are mandatory.

If there are additional actions that can be taken, or were taken, to respond to the incident, you may list them in the next page in the EIM workflow, the *Additional Corrective Actions* page.

When the *Provider Administrative Review* document is submitted, EIM automatically copies information entered on this page over to the *Preventative Corrective Action* page in the Incident Final Section and overwrites any information that may have been entered in the Final Section. .

Preventative Corrective Action

Describe the Preventative Action Step that has been taken to prevent reoccurrence of this incident type

Preventative Corrective Action: Select a **Preventative Corrective Action** from the drop-down list. Retrain appropriate staff on existing policy and/or procedure and evaluate ef... ▼

Description of Preventative Corrective Action:
Provide description of preventative corrective action here.
3941 characters remaining

Completed Date: 04/22/2021

Responsible Party (First Name): Mark

Responsible Party (Last Name): Sloan

Provide a description of the **Preventative Corrective Action**.

Provide the **Completed Date**, and the first and last name of the **Responsible Party**.

CHECK SPELLING UNDO CHANGES

← BACK

SAVE

SAVE & CONTINUE →

Select the single preventative corrective action from the first drop-down box on the page. Describe this action and provide details on the application of the action to this situation. Click the date-picker icon and select the date when the action was completed. You cannot enter a future date in this field because the action must be completed before the Provider Administrative Review and the Final Section of the incident can be submitted. There are many other data-conditional constraints built into this page to determine when certain fields become mandatory, and these constraints are summarized below.

If the incident is categorized as “Abuse,” “Sexual Abuse,” “Neglect,” “Rights Violation,” or “Exploitation,” AND the provider investigation determination is **Confirmed**, the following fields are mandatory:

- *Preventative Corrective Action*
- *Description of Preventative Corrective Action*
- *Completed Date*
- *Responsible Party - First Name*
- *Responsible Party - Last Name*

Enter the first and last names of the person who is responsible for performing the preventative action.

Additional Corrective Actions

The *Additional Corrective Actions* page gives you a system location to document additional actions beyond the preventive corrective action conducted to respond to the incident. The screenshots on the next several pages will present different parts of the Additional Corrective Actions screen. A full screen of all the sections will be presented at the end of this section.

Is there an additional corrective action for this incident? ★ Yes

Type of concern - Concerns Identified by CI	Requires Corrective Action - Additional Corrective Action	Additional Corrective Action - Additional Corrective Action	Expected Completion Date - Additional Corrective Action	Responsible Party First Name - Additional Corrective Action	Responsible Party Last Name - Additional Corrective Action
Staff Training					

DELETE EDIT ADD +

Concerns Identified by CI

Type of concern: Staff Training

If other, please specify:

4000 characters remaining

Investigative concern:

Staff were not Trained properly.

3968 characters remaining

Select **Yes** in the “*Is there an additional corrective action for this incident?*” drop-down box at top of the page to open the text fields and the drop-down boxes where you enter the relevant information.

Under the heading “Concerns Identified by CI” three read-only label fields may appear when you open the page. These fields are copied over from the “*Concerns Identified by CI*” page, which is part of the *Certified Investigator Report* document. These fields are brought over to the page when the [Initiate] button is clicked to initiate the Provider Administrative Review. The screenshot on the page below illustrates this section of the Additional Corrective Actions screen.

Concerns Identified by CI

Type of concern: Staff Training

If other, please specify:

4000 characters remaining

Investigative concern:

Staff were not Trained properly.

3968 characters remaining

Requires Corrective Action: Yes

If no, please explain:

4000 characters remaining

Additional Corrective Actions

Describe each corrective action step that has been or will be taken in response to the incident and/or investigation including modifications to the individual's plan:

Additional Corrective Action: Select One

Description of Additional Corrective Action:

If there are concerns identified by the Certified Investigator, a corrective action answer is required. If an action must be taken, indicate this in the **Requires Corrective Action** drop-down box.

Select an action name in the “*Additional Corrective Action*” drop-down box that best fits the action taken or planned. If none of actions listed here describe the action(s) taken or planned, select **Other** from the drop-down box, and then identify and describe the action in the “*Description of Additional Corrective Action*” text box.

If you select an action from the drop-down box, describe that action and provide details on the application of the action to this situation in the “*Description of Additional Corrective Action*” text box. Click the Calendar icon and select the date when the action was completed or will be completed. You CAN enter a future date in this field on this page. The screenshot illustrates this section of the Additional Corrective Actions screen.

Enter the Completed/Expected Completion Date, and the first and last names of the Responsible Party for the action you have identified and described in the previous fields. Click the **[Save & Continue]** button to save the data on the first additional corrective action into the table in the middle of the page.

Requires Corrective Action: Yes

If no, please explain:

4000 characters remaining

Additional Corrective Actions

Describe each corrective action step that has been or will be taken in response to the incident and/or investigation including modifications to the individual's plan:

Additional Corrective Action: Changes made to roommate/bedroom assignment/home, etc.

Description of Additional Corrective Action:

Describe additional corrective action here.

3957 characters remaining

Completed/Expected Completion Date: 05/27/2021

Responsible Party (First Name): John

Responsible Party (Last Name): Smith

Enter the **Completed/Expected Completion Date**.

If you select an action from the **Additional Corrective Action** drop-down box, provide details of the action in the **Description of Additional Corrective Action** text box.

CHECK SPELLING **UNDO CHANGES** **SAVE**

← BACK **SAVE & CONTINUE →**

To add more actions, enter and select data as described above and click **[Save]**. . If you later find you need to edit or delete a record from the table, click the record to fix and then click **[Edit]** or **[Delete]** as needed. Clicking **[Edit]** inserts the record's data back into the fields, where you can edit and resave it. Clicking **[Delete]** removes the record entirely from the table. The screenshot on the page below illustrates this section of the Additional Corrective Actions screen.

Enterprise Incident Management

HOME
 SEARCH
 REPORTS
 HELP

Additional Corrective Actions

ID: [91904](#)
 Version: 9
 Type: Individual Incident
 Primary Category: Sexual Abuse
 Status: Open

Provider: [PCG ODP EIM PROVIDER THREE](#)
 Discovery Date: 04/22/2021

Expand Details

Go To Additional Corrective Actions

Is there an additional corrective action for this incident? ★ Yes

Type of concern - Concerns Identified by CI	Requires Corrective Action - Additional Corrective Action	Additional Corrective Action - Additional Corrective Action	Expected Completion Date - Additional Corrective Action	Responsible Party First Name - Additional Corrective Action	Responsible Party Last Name - Additional Corrective Action
	Yes	Changes made to roommate/bedroom assignment/home, etc.	05/27/2021	John	Smith

DELETE
 EDIT
 ADD

Concerns Identified by CI

Type of concern: Select One

If other, please specify:

4000 characters remaining

Investigative concern:

4000 characters remaining

Requires Corrective Action: Select One

To delete a corrective action, highlight the field you want to delete, then click the **Delete** button.

Additional corrective actions can be added by clicking the **Add** button.

The screenshot on the following page illustrates the entire, completed Additional Corrective Actions section.

Enterprise Incident Management

[HOME](#)
[SEARCH](#)
[REPORTS](#)
[HELP](#)

Additional Corrective Actions

ID: [91904](#)
Version: 9
Type: Individual Incident
Primary Category: Sexual Abuse
Status: Open

Individual: [POG-EIMMR, MIKE](#)
Provider: [POG-ODP-EIM PROVIDER THREE](#)

MCI: [927847067](#)
Discovery Date: 04/22/2021

Expand Details

Go To Additional Corrective Actions

Is there an additional corrective action for this incident?
★ Yes

Type of concern - Concerns Identified by CI	Requires Corrective Action - Additional Corrective Action	Additional Corrective Action - Additional Corrective Action	Expected Completion Date - Additional Corrective Action	Responsible Party First Name - Additional Corrective Action	Responsible Party Last Name - Additional Corrective Action
	Yes	Changes made to roommate/bedroom assignment/home, etc.	05/27/2021	John	Smith

DELETE
EDIT
ADD

Concerns Identified by CI

Type of concern:
Select One

If other, please specify:

4000 characters remaining

Investigative concern:

4000 characters remaining

Requires Corrective Action:
Select One

If no, please explain:

4000 characters remaining

Additional Corrective Actions

Describe each corrective action step that has been or will be taken in response to the incident and/or investigation including modifications to the individual's plan:

Additional Corrective Action:
Select One

Description of Additional Corrective Action:

4000 characters remaining

Completed/Expected Completion Date:
MM/DD/YYYY

Responsible Party (First Name):

Responsible Party (Last Name):

CHECK SPELLING
UNDO CHANGES
SAVE

BACK
SAVE & CONTINUE

[HCSIS](#) | [Privacy Policy](#) | [Logout](#)

Administrative Review Committee

The *Administrative Review Committee* page lets you identify and record who participated in the meeting of the committee, which reviews the findings on the Provider CIR and the incident itself. Listing the names on this page and submitting the Provider Administrative Review serve as confirmation of the reviewers' participation.

Select **Yes** in the mandatory *Please specify Administrative Review Committee members (Select 'Yes' to proceed)* drop-down box at the top of this EIM page to open the text fields where you enter the reviewers' information. Given the necessity of this committee, do not select **No** in this drop-down box. Clicking **No** does not display the fields,. If the minimum of two Administrative Review Committee members is not met, an EIM validation error message will be generated, and the Provider *Administrative Review Document* can not be submitted.

EIM Enterprise Incident Management HOME SEARCH REPORTS HELP

Administrative Review Committee

Operation Successful

ID: [91904](#) Version: 9 Type: Individual Incident Primary Category: Sexual Abuse Status: Open

Individual: PCG-EIMMR_MIKE Provider: PCG-ODP EIM PROVIDER THREE
MCI: 927847067 Discovery Date: 04/22/2021

Expand Details

Go To Administrative Review Committee

Please specify Administrative Review Committee members * **Yes**
(Select 'Yes' to proceed):

First Name - Administrative Review Committee	Last Name - Administrative Review Committee	Title - Administrative Review Committee	External Agency - Administrative Review Committee
Ken	Adams	Tester	

DELETE EDIT ADD

Administrative Review Committee

First Name: John
Last Name: * Smith
Title: * Nurse
External Agency:

Entering names on this screen and submitting this document in EIM attests that the people listed participated in the Administrative Review Committee meeting for this incident.

UNDO CHANGES SAVE

Enter the first and last name of the first reviewer in the mandatory *First Name* and *Last Name* fields. Enter the reviewer's title in the mandatory *Title* field and identify any external agency to which the reviewer is associated in the *External Agency* field. This optional field can be used to record the agency name if a participant on the Provider Administrative Review Committee is from an agency other than the filing organization.

EIM Enterprise Incident Management HOME SEARCH REPORTS HELP

Administrative Review Committee

Operation Successful

ID: [91904](#) Version: 9 Type: Individual Incident Primary Category: Sexual Abuse Status: Open

Individual: PCG-EIMMR_MIKE Provider: PCG ODP EIM PROVIDER THREE
 MC#: 927847067 Discovery Date: 04/22/2021

Expand Details

Go To Administrative Review Committee

Please specify Administrative Review Committee members (Select 'Yes' to proceed): Yes

First Name - Administrative Review Committee	Last Name - Administrative Review Committee	Title - Administrative Review Committee	External Agency - Administrative Review Committee
Ken	Adams	Tester	

DELETE EDIT ADD

Administrative Review Committee

First Name: * John

Last Name: * Smith

Title: * Nurse

External Agency:

Enter the first and last name of the first reviewer, and the title of the reviewer. **Note:** all fields are mandatory.

Entering names on this screen and submitting this document in EIM attests that the people listed participated in the Administrative Review Committee meeting for this incident.

UNDO CHANGES

← BACK

To save the data, click the **Save** button.

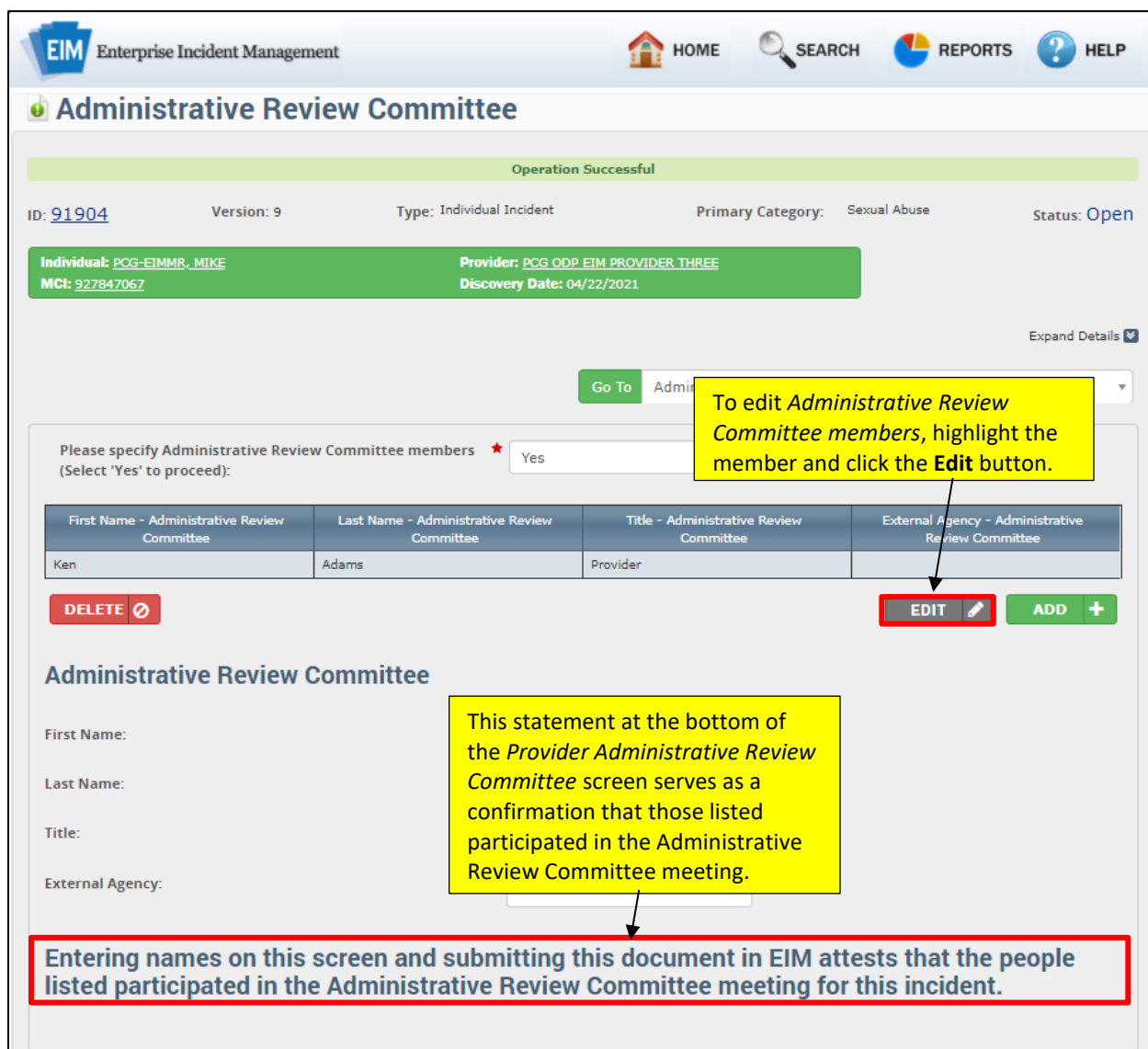
SAVE SAVE & CONTINUE

Click the **[Save]** button to save the data on this first reviewer into the table in the middle of the page. To add more reviewers, enter data as described above and click **[Save]**. There must be a minimum of two reviewer records in the table for EIM to allow the *Administrative Review Committee* page to be saved. You can ignore the **[Add]** button

If the minimum of two committee members is not met, EIM generates an error messages at the time the *Provider Administrative Review* document is validated or submitted, as shown in the screenshot below.



If you later find you need to edit or delete a record from the table, click the record to fix and then click **[Edit]** or **[Delete]** as needed. The screenshot on the page below illustrates this section of the Administrative Review Committee screen.



The attestation statement that appears at the bottom of the *Provider Administrative Review Committee* screen serves as confirmation that a review meeting took place and was conducted by the reviewers whose names appear in the table.