

ADULT PROTECTIVE SERVICES REGISTRY POLICY AND PROCEDURE

Policy: APS Registry

Purpose: APS Registry contains the name and date of birth of the person determined to have abused, neglected or exploited a vulnerable adult and the description of the allegation made. This registry is to prevent any individuals being victimized.

Mandated Reporters

Medical personnel including a physician, physician assistant, registered nurse practitioner, licensed practical or registered nurse, certified nursing assistant, emergency medical technician, home health provider, hospital intern or resident, surgeon, dentist, psychiatrist, psychologist, pharmacist, speech, physical or occupational therapist, long-term care provider, social worker, peace officer, medical examiner, guardian, conservator, fire protection personnel, developmental disabilities provider, employee of the Department of Economic Security or other person who has responsibility for the care of a vulnerable adult.

Information needed to report

1. The names and addresses of the resident and any persons having control or custody of the person, if known.
2. The resident's age and the nature and extent of the adult's vulnerability.
3. The nature and extent of the abuse, neglect or exploitation.
4. Any other information that the person reporting believes might be helpful in establishing the cause of the abuse, neglect or exploitation.
5. Any person other than one required to report or cause reports to be made who has a reasonable basis to believe that abuse, neglect or exploitation of a vulnerable adult has occurred may report the information to a peace officer or to the adult protective services central intake unit.

Procedure to Pre- Hire and Annual registry verification:

1. Before the employer decides to hire an employee, a review of the Adult Protective Services Registry will be checked whether to employ a person to provide care for vulnerable populations.
2. This link information [Adult Protective Services Registry \(azdhs.gov\)](http://azdhs.gov) can be utilized to search by first name, last name, date of birth or by case. The decision to hire a person listed on the APS registry is solely up to the hiring manager of the facility.
3. Annual verification check with Adult Protective Services Registry will be done after the anniversary date of employment and thereafter.
4. Documentation of verification will be included in each employee's file.
Ex. No APS Registry Records found for First Name: _____ Last Name:
_____ DOB: _____

**ADULT PROTECTIVE SERVICES REGISTRY
VERIFICATION FROM**

PRE HIRE:

Employment Date: _____

Verification Date: _____

Employee's Name: _____

Date of Birth: _____

Case number (if Any) _____

Name of Person Verifying: _____

Position: _____ **Phone:** _____

Status:

- No APS Registry Records found
- APS Registry Records found, Case # _____
- Employee stays employed

Manager Signature: _____

ANNUAL VERIFICATION:

Date: _____

Starting employment date: _____

Employee's Name : _____

Date of Birth: _____

Case number (if Any) _____

Person Verifying: _____

Position: _____ **Phone:** _____

Status:

- No APS Registry Records found
- APS Registry Records found, Case # _____
- Employee stays employed

Manager Signature: _____

**INCIDENT REPORT FORM
(ABUSE, NEGLECT OR EXPLOITATION)**

NAME OF INVOLVED PERSON _____

DATE & TIME OF INCIDENT _____

LOCATION OF INVOLVED PERSON _____

WHAT IS THE ILLNESS, INJURY OR ISSUE BEING REPORTED: _____

DESCRIPTION OF INCIDENT or PROBLEM (Please include names of individuals involved, nature of the incident, problem, injury or illness give details of what was discovered and how incident, problem, injury or illness was discovered, happened, if known; if illness, describe what the illness is, describe nature of problem or incident. List any witnesses, and write a brief narrative of what occurred)

Immediately following the incident, accident, injury or illness you must notify the appropriate people. Follow checklist to ensure that all people who need to be involved are notified. You must document the date and time you notified each person.

911(if serious): _____	Date: _____,	Time: _____
Manager: _____	Date: _____,	Time: _____
Hospice: _____	Date: _____,	Time: _____
Emergency Contact: _____	Date: _____,	Time: _____
Doctor (if not hospice) : _____	Date: _____,	Time: _____
Case Manager _____	Date: _____,	Time: _____
Family Member: _____	Date: _____,	Time: _____

PRINT NAME OF PERSON SUBMITTING REPORT _____

Date: _____

SIGNATURE OF PERSON SUBMITTING REPORT _____

(Attach additional pages to answer the questions below, if necessary.)

Describe the incident and any injury or adverse effect to the resident(s): _____

What immediate measures were taken to protect the resident(s)? _____

Has this happened before to the same resident(s) or others? Yes No If yes, describe: _____

Who else was contacted (such as law enforcement, ombudsman, licensing board, etc.)? _____

How do you prevent this from happening in the future? _____

Reviewed and Approved by: _____ Date: _____