

## Instructions for completing 552x Form by Vendor /Long –Term Health Care Facility

**Make sure the SIR is complete and has included all of the below information before you submit it to the SIR Desk.** If the SIR Desk receives an incomplete SIR, they will contact the reporter of the incident and require they submit a new “complete” SIR.

**Remember the Vendor and Long-Term Health Care Facilities have 48 hours (calendar days) from the time the incident occurs to submit written report (ACRC 552X or ACRC 552D Death Report) to ACRC SIR Desk.**

Please submit to: SIR DESK:

\*E-mail: [sdesk@altaregional.org](mailto:sdesk@altaregional.org) (preferred method)\*

Fax: (916) 978-6619

**REPORTS SHOULD BE TYPE.**

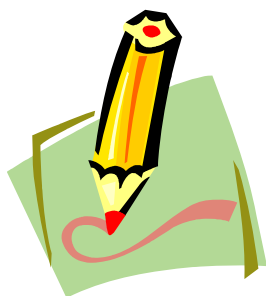
### **Report Submitted by-Information:**

1. Check the appropriate box indicating the person who is submitting the SIR. (For example, Vendor or Long- Term Health Care Facility)
2. Report submitted By: The name of person submitting the SIR
3. Title: What is the position of person submitting the SIR (For Example, Program Director, Administrator, etc.)
4. Phone # (The best number for the SIR Desk to contact you for questions).
5. Date Notified: This is the date that agency learned of the incident (Care Home, Supported Living, Independent Living Agency, Day Program, etc.)
6. Date Submitted: Date writer is completing the SIR.

### **Client Information:**

7. **Client's Name:** Provide client's first and last name (no nicknames). Complete name how it is written in all of client's documentation. i.e. referral packet.
8. **Sex:** Check if male or female.

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9. **UCI #:** Provide client's unique client individual number (UCI).
10. **Date of Birth:** Provide client's date of birth.
11. **Date of incident:** Provide the date when incident occurred.
12. **Time of Incident:** Provide what time the incident occurred. If the time is approximate, write approx. after the time. If you do not know the time, write "unknown"

### **Medical Information:**

13. Check whether the client received medical treatment. If they received medical treatment provide the following information:
  - a. Location of the medical facility that consumer was treated at.
  - b. What was the name of the medical professional who treated client? (For example, Jonathon Jones, M.D. at Kaiser on Morse Ave.).

What is the follow up treatment? (For example: were they advised to schedule an appointment with their Primary Care Physician?)

### **Alleged Perpetrator:**

14. If reporting suspected abuse, suspecting neglect, or victim of a crime, indicate the relationship between the alleged perpetrator and the client. For example, vendor, family, another client, etc.

### **Location of Incident:**

15. Check the appropriate box for the location where incident occurred. (For example, Day Program, Community Setting, Client's residence, Community Care Facility, etc.) Include the physical address of the location.

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### **Vendor Information:**

16. Name of Vendor at the time of incident, or the vendor who was responsible at the time incident occurred.
17. The name of staff person who is in charge at the time the incident occurred.
18. Vendor's telephone number
19. Vendor's address ( for care homes –address of facility; for Day Programs or other type of agencies the address of the vendored program)
20. ACRC vendor #: the number assigned to your agency or facility for your vendorization.
21. Type of Facility: If the facility is a licensed facility indicate who the licensing agency and the facility #

### **Agencies Contacted:**

22. Check the box for all individuals that were notified of the incident and provide the following information
23. Name of Person contacted, Telephone number, date of contact

### **Law Enforcement Information:**

24. If incident was reported to law enforcement then provide the following information:
  - a. Which law enforcement agency was contacted? (For Example, Elk Grove Police Department, and Sacramento County Sheriff Department etc.).
  - b. Officer's name
  - c. Badge Number
  - d. Officer's telephone number
  - e. Date of Contact
  - f. Comments

### **Residence Type:**

25. Check the appropriate box to consumer's living situation. (For example, if client lives with family or independently, at Residential Facility, or Supported Living.
26. **Facility / Provider Responsible:** If the Client lives in a licensed facility, or receives supported living then indicate the name of facility or agency providing

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services. If the client lives with family then list names of the family/relatives residing with. If the client lives independently then can leave blank.

**Name:** List name of staff person who was responsible for client at the time of incident.

27. **Address:** The address of facility, Supported Living Agency, or family/ relative

28. The telephone number for facility , Supported Living agency, or family/relative

### **Incident Information:**

30. Check the boxes that apply for type of incident reporting on. For **injuries beyond first aid** the client should have been seen by a medical professional (For example, physician, nurse, paramedic, etc.) If the treatment of the injury did not require assessment / treatment by a medical for the categories listed then no SIR is necessary and should be reported through the Shared Information Process to the assigned Service Coordinator directly. For **Serious Injury/Accident** if the incident occurred under vendored care then submit an SIR.

**Description of Incident:** When describing the incident makes sure it includes the following information:

31. Who was involved with the incident?
  - a. If other clients were involved please refer to them by using their initials or client #1, client #2 etc., or UCI #'s.
  - b. Provide first and last names of staff and their positions.
  - c. Provide first and last names of representatives of other agencies and their title.
32. Where did the incident occur?
  - a. Describe the location of the incident, be specific.
33. When did the incident occur?
  - a. Provide the date and time of when the incident occurred.
  - b. Provide the date and time of when you were notified of the incident and how you learned of the incident.
34. How did the incident occur?
  - a. Please provide what led up to the incident.

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- b. Provide the detailed information of what took place.
35. Make sure the description makes sense to someone who was not at the incident and to someone who is not familiar with the client.
36. Include details as known, using objective language.
37. **Action Taken/ Planned:** Include person responsible, and how incident was resolved).
38. **What steps will be taken to prevent this incident from occurring again?** What is the planning team's plan to prevent this type of incident to occur in the future.

