Alta California Regional Center Special Incident Report

Please check the appropriate box below:

Report Submitted By: ☐ Service Coordinator ☐ Vendor ☐ Long-Term Health Care Facility

Report Submitted By:	Title:	Telephone #:
Reporting Agency's Name:	Date Vendor or Other Entity Learned of the Incident:	Date Vendor or Other Entity Notified the Regional Center of the Incident:

Client Information:

Client's Name:	Sex: ☐ Male ☐ Female	UCI Number:
Date of Birth:	Date of Incident:	Time of Incident:
Conserved: ☐ Yes ☐ No ☐ Unknown	Self Determination Program: ☐ Yes ☐ No ☐ Unknown	

ACRC Special Incident Reporting Requirements: **Vendors or Long-Term Health Care Facilities are required to notify Service Coordinators and submit the written report (SIR) to the ACRC SIR Desk within 24-hours of learning of the incident.** It is ACRC's preference that all SIRS are typed and submitted to the SIR Desk e-mail at sdesk@altaregional.org. If you do not have access to e-mail you may fax it to 916-978-6619.

Mandated Reporting Requirements: For suspected child abuse or neglect the mandated reporter is required to report the incident to the responsible agency immediately or as soon as practically possible by telephone and shall prepare written report within 36 hours of receiving the information concerning the incident (PC Section 11166(a)). For Suspected Abuse of Dependent Adults and Elderly the mandated reporter is required to report the incident to the responsible agency immediately or as soon as practically possible by telephone and shall submit written report within 2 working days of making the report to the responsible agency(WIC Section 15610).

AB40 Assembly Bill: In September 2012 the Governor of California passed the AB40 law into effect which amends Sections 15630 and 15631 and adds 15610.67 to the Welfare and Institutions Code related to elder and dependent adult abuse:

Section 2 Section 15630 of the Welfare and Institutions Code is amended to read: (A) If the suspected or alleged abuse is physical abuse, as defined in Section 15610.63 and the abuse occurred in a long-term care facility, except a state mental health hospital or a state development center, the following shall occur:

(i) If the suspected abuse results in serious bodily injury, a telephone report shall be made to the local law enforcement agency immediately, and no later than within two hours of the mandated reporting observing, obtaining knowledge of, or suspecting the physical abuse, and a written report shall be made to the local ombudsman, the corresponding licensing agency, and the local law enforcement agency within two hours of the mandated reporter observing, obtaining knowledge of, or suspecting the physical abuse.

(ii) If the suspected abuse does not result in serious bodily injury, a telephone report shall be made to the local law enforcement agency within 24 hours of the mandated reporter observing, obtaining knowledge of, or suspecting the physical abuse, and a written report shall be made to the local ombudsman, the corresponding licensing agency, and the local law enforcement within 24 hours of the mandated reporter observing, obtaining knowledge of, or suspecting the physical abuse.

(iii) When the suspected abuse is allegedly caused by a resident with a physician's diagnosis of dementia, and there is no serious bodily injury, as reasonably determined by the mandated reporter, drawing upon his or her training or experience, the reporter shall report to the local ombudsman or law enforcement agency by telephone immediately or as soon as practicably possible, and by written report, within 24 hours.

Medical Information:

Medical Treatment Necessary: ☐ Yes ☐ No If yes, give nature of treatment:	
Administered by:	Location Administered:
Follow- up Treatment, if any:	

Alleged Perpetrator:

If reporting Suspected Abuse, Suspected Neglect and /or Victim of a Crime:

☐ Vendor, Employee of Vendor ☐ Employee of Non-vendor ☐ Relative/Family member
☐ Regional Center Client ☐ Self ☐ Unknown
☐ Other Individual Known to Client ☐ Not Applicable

Location of Incident:

Location of Incident: ☐ Community Care Facility ☐ Long-Term Facility (ICF/SNF) ☐ Day Program ☐ Job Site ☐ Community Setting ☐ Consumer's Own Residence ☐ School ☐ Other:
Address:

Vendor Information:

Vendor at Time of Incident:	Staff Person in Charge at Time of Incident:	Vendor Telephone #:
Vendor Address:		
ACRC Vendor #:	Type of Facility: ☐ CCL ☐ DPH ☐ Foster Care Facility #:	

Agencies Contacted:

Agencies/Individuals Notified:	Name of Person Contacted:	Telephone Number:	Date of Contact:
☐ Service Coordinator:			
☐ Community Care Licensing			
☐ Department of Public Health Service			
☐ Parent/Guardian/Conservator			
☐ Physician/ Hospital:			
☐ Adult Protective Services			
☐ Child Protective Services			
☐ Long Term Care Ombudsman			
☐ Department of Developmental Services (DDS)-*Only for SB188 Reporting Requirements*			
☐ Other:			

Law Enforcement Information: (Please complete if Law Enforcement was contacted):

Agency Contacted:	Officer:	Badge #:	Telephone #:
Date of Contact:	Report #:	Comments:	

Residence Type:

Consumer Residence:
☐ Self/Spouse ☐ Parent/Family ☐ Residential (CCF/ICF/SNF) ☐ SLS ☐ Other:
Facility/Provider Responsible:
Name:
Address:
City/ZIP:
Phone Number:

Incident Information:

Type of Incident (Only Check Boxes that Apply):

☐ Disease Outbreak ☐ Sexual Incident-Client Aggressor ☐ Choking ☐ Fire Setting

☐ Suicide Attempts/Threats ☐ Client is Arrested ☐ Hospital Admission ☐ Media Attention

☐ Missing Person-Law Enforcement Notified ☐ Physical Restraint ☐ Transportation Incidents

☐ Death ☐ HIPAA Violation ☐ Other:

Suspected Abuse/Exploitation:
☐ Physical ☐ Sexual ☐ Fiduciary ☐ Emotional/Mental ☐ Physical or Chemical Restraint

Suspected Neglect and Failure to:
☐ Provide Medical Care for Physical or Mental Health Needs ☐ Prevent Malnutrition or Dehydration

☐ Protect from Health and Safety Hazards ☐ Assist in Personal Hygiene

☐ Provide Food, Clothing, & Shelter ☐ Provide Care Elder/Adult

Victim of a Crime (Law Enforcement <u>Must</u> be Contacted):
☐ Aggravated Assault ☐ Burglary ☐ Personal Robbery ☐ Larceny ☐ Rape/Attempted Rape

<u>Medication Error:</u> **(**Check all that apply)	**<u>Medical Attention for Medication Error:</u>** (Check all that apply)
☐ Missed Dose ☐ Wrong Dose ☐ Wrong Medication ☐ Wrong Person ☐ Wrong Time ☐ Wrong Route ☐ Documentation Error (for use in combination with another error) ☐ Other:	☐ Consulted RN/RPH/MD ☐ Consulted Poison Control ☐ Emergency Room/Urgent Care Visit ☐ Observed/Reported ☐ None ☐ Other:

Injuries Beyond First Aid: (*Received treatment by a medical professional.)*	**Serious Injury/Accident:**
☐ Burns Requiring Medical Treatment	☐ Fractures
☐ Medication Reaction	☐ Injury Accident-Dislocation
☐ Bites Break the Skin	☐ Lacerations req. Sutures/Staples/Glue
☐ Internal Bleeding- *(which includes bruising requiring medical treatment)*	
☐ Puncture Wounds	

Description of Incident:

Description of Incident (Please describe the incident, including specific information leading up to the event, location, harm to client/others, persons involved in incident, who was notified when and by whom, etc.):
Action Taken/Planned (Include person responsible, and how incident was resolved):
What steps will be taken to prevent this incident from occurring again?