

Types of Incidents to Report to ACRC SIR Desk

Vendor Special Incident Reporting Requirements:

Vendors and Long-term Health Care facilities shall report Special Incidents which occurred to an ACRC client to the regional center as follows:

- a. Notify the Assigned Service Coordinator immediately, but no later than 24 hours of the Vendor, Long-term Health Care Facility learning of the incident.
- b. Submit the Written Report (SIR) to the ACRC SIR Desk within 24 hours of the Vendor, Long-term, Health Care Facility learning of the incident.
- c. If the vendor, Long-term Health Care Facility is a licensed facility then a report should also be filed with licensing agency.
- d. If there is suspicion of abuse or neglect then a mandated report is required to be filed with the appropriate protective agency (Child Protective Services (CPS), Adult Protective Services (APS), Long-term Care Ombudsman and/or the Local Law Enforcement Agency) in addition to submitting an SIR to ACRC's SIR Desk.

Under Vendored Care: Title 17, Section 54327 (d): All vendors and long-term care facilities shall report to the regional center the following special incidents if they occurred during the time the individual was receiving services and supports from any vendor or long-term health care facility.

Universal Special Incident Reporting: Title 17, Section 54327 (c)- All vendors and long-term care facilities shall report to the regional center the following special incidents regardless of when and where they occurred:

1. Missing Person Reporting-Law enforcement notified
2. Reasonably Suspected Abuse Other than use of Restraint
 - a. Physical
 - b. Sexual
 - c. Financial
 - d. Emotional or mental
 - e. Exploitation
 - f. Verbal
 - g. Isolation, or
 - h. Any incident of alleged abuse reported pursuant to the Elder Abuse and Dependent Adult Civil Protection Act commencing with Welfare and Institution Code section 15600 or the Child Abuse and Neglect Reporting Act commencing with Penal Code section 11164.
3. Reporting of Physical, Mechanical, or Chemical Restraint Use.
 - a. Reasonable suspected abuse or exploitation including, but not limited to, the following:
 1. Use of physical, mechanical, or chemical restraint, when:
 1. The restraint technique is inconsistent with the program's approved program plan, restraint training curriculum, or restraint policy.
 2. Used in response to behavior of the individual and the individual's behavior does not pose an imminent risk of harm.
 3. Restraint is a part of an individual's plan and the used restraint is not an approved intervention in the individual's plan.
 4. The chemical or mechanical restraint is inconsistent with the physician's orders.
4. Reasonably Suspected Neglect including but not limited to the negligent failure to:
 - a. Provide medical care for physical and mental health needs, including failing to administer required health care interventions
 - b. Prevent malnutrition or dehydration
 - c. Protect from health and safety hazards, including failing to prevent two or more falls in a (30) day period
 - d. Assist in personal hygiene, including failure to assist with toileting or incontinence needs, or the provision of food, fluids, clothing or shelter
 - e. Exercise the degree of care that a reasonable person in a like position of having care or custody of an individual served would exercise
 - f. Abandonment
 - g. Any incident of alleged neglect reported to the Elder and Dependent Adult Abuse Reporting Act commencing with Welfare and Institutions Code section 15600 or the Child Abuse and Neglect Reporting Act commencing with the Penal Code section 11164

1. Death
2. *Victim of a Crime- (Law Enforcement required):
 - a. Robbery
 - b. Aggravated assault
 - c. Larceny
 - d. Burglary
 - e. Rape/ including attempted Rape
 - f. Simple assault
 - g. Battery
 - h. Fraud
 - i. Identity or credit theft
 - j. Attempted or actual homicide or manslaughter
 - k. Human Trafficking
 - l. Stalking
 - m. Hate Crime

**This regulation requires reporting any crime committed against an individual served. It is not limited to the crimes listed. All crimes against an individual must be reported.*
3. Mandated report of suspected abuse or neglect has been made to Adult Protective Services (APS), Child Protective Services (CPS), the long-term care ombudsman or law enforcement.

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5. Injuries requiring medical treatment beyond first aid
 - a. Lacerations requiring sutures, staples, wound adhesive, or other closure beyond first aid.
 - b. Puncture wounds requiring medical treatment beyond first aid
 - c. Bites that break the skin and require medical treatment beyond first aid.
 - d. Medication reactions that require medical treatment beyond first aid
 - e. Burns that require medical treatment beyond first aid.
 - f. Internal bleeding requiring medical treatment beyond first aid
 - g. Injury resulting from a seizure requiring medical treatment beyond first aid
 - h. Injury resulting from aggressive contact from another individual requiring medical treatment beyond first aid

6. Serious Injury / Accident
 - a. Fractures
 - b. Dislocations
 - c. Medication Error
 - d. Bruising, contusions, or hematomas regardless of size, to:
 1. The head, eyes, or neck
 2. The breasts, genitals, rectal or anal area.
 - e. Bruising, contusions, or hematomas 2 inches or greater
 - f. Pressure injuries stage 2 or greater or unstageable
 - g. Any head injury, including concussion, requiring medical attention
 - h. This regulation requires the reporting of any incident of serious injury or accident involving an individual served it is not limited to the serious injuries or accidents listed.

7. Unplanned Medical Hospitalizations-any unplanned or unscheduled hospitalization due to the following:
 - a. Respiratory Illness, including but not limited to asthma; tuberculosis and chronic obstructive pulmonary disease
 - b. Seizure- related
 - c. Cardiac -related, including but not limited to congestive heart failure; hypertension; and angina
 - d. Internal Infection, including but not limited to ear, nose and throat; gastrointestinal; kidney; dental; pelvic; or urinary tract
 - e. Diabetes, including diabetes-related complications
 - f. Wound/Skin Care, including but not limited to , cellulitis and decubitus
 - g. Nutrition Deficiencies, including but not limited to anemia and dehydration
 - h. Bowel obstruction
 - i. Involuntary Psych Admission

8. Extended Emergency Room Stays-
 - a. Any stay in the hospital emergency room lasting 5 days or more

ACRC Best Practice Special Incidents-
These are incidents that are being tracked by Alta California Regional Center, but not tracked by DDS:

Under Vended Care

Universal Reporting

- a. Other Hospital Admissions
- b. Choking Incidents
- c. Disease Outbreak
- d. Transportation Incidents
- e. Physical Restraints

- a. Client is arrested
- b. Suicide Attempts/Threats
- c. Fire Setting
- d. Sexual Incident-Client Aggressor
- e. Media Attention
- f. HIPAA Violation