

# Adult Care Home Program

Aging, Disability & Veterans Services • Department of County Human Services

## Adult Care Home Incident Report

- Include only one resident name on each form.
- If two or more residents are involved in an incident, complete separate reports for each.
- Some questions only apply to MHA or I/DD residents.

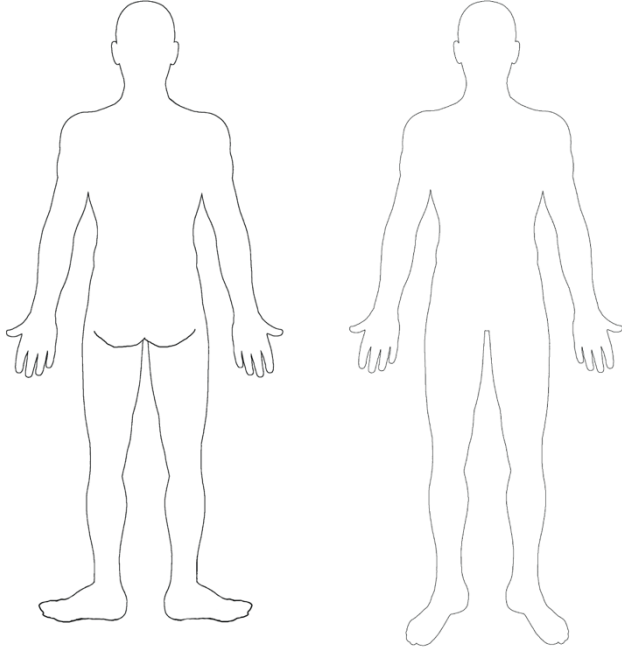
Operator:		Staff reporting incident:	
Adult care home address:			
Resident's service population: <input type="checkbox"/> APD <input type="checkbox"/> I/DD <input type="checkbox"/> MHA			
Resident legal name:		Birthdate:	Prime #:
Resident's chosen/preferred name:			Pronouns:
Date of incident:		Time of incident: <input type="checkbox"/> AM <input type="checkbox"/> PM	
<b>Type of Incident:</b> <input type="checkbox"/> Use of protective physical interventions (PPI) Must complete additional section on page 3. <input type="checkbox"/> Major behavioral event or act of physical aggression, including self-harm and assault <input type="checkbox"/> Use of physical restraints without an applicable Individually-Based Limitation (IBL) <input type="checkbox"/> Significant, unexpected change in a resident's condition, including medical or behavior <input type="checkbox"/> Accident, injury or illness that require a non-routine visit to a healthcare practitioner or hospitalization <input type="checkbox"/> Death of a resident <input type="checkbox"/> Resident suicide attempt <input type="checkbox"/> Using a short-acting, non-injectable, opioid antagonist, such as Narcan, on a resident <input type="checkbox"/> The resident's unexplained or unanticipated absence from the home (elopement) <input type="checkbox"/> Missing resident money or property, including treatments or adaptive equipment <input type="checkbox"/> Suspected, alleged, or actual abuse/neglect of a resident, or any incident requiring abuse investigation. Date reported to Adult Protective Services: _____ <input type="checkbox"/> Resident or adult care home staff contact police, or police contact resident <input type="checkbox"/> Fire that requires contact with fire department <input type="checkbox"/> Medication error (provide more info on page 2)		<input type="checkbox"/> Individuals being prohibited from visiting the adult care home due to health, safety or welfare concerns for residents or others. Notify the ACHP immediately. <input type="checkbox"/> Other:  <b>MHA Residents Only:</b> <input type="checkbox"/> Fall — both injury or non-injury falls <input type="checkbox"/> Drug or alcohol use <input type="checkbox"/> Smoking violation <input type="checkbox"/> Intimidation, making threats, using hate speech <input type="checkbox"/> Contraband <input type="checkbox"/> Inappropriate behavior <input type="checkbox"/> Financial exploitation <input type="checkbox"/> Sexual exploitation <input type="checkbox"/> Property harm, theft or loss <input type="checkbox"/> Unlocked windows or doors in care home <input type="checkbox"/> Unsecured equipment or supplies  <b>MHA Resident Only – Who was Notified:</b> <input type="checkbox"/> Case manager <input type="checkbox"/> Call center <input type="checkbox"/> Physician <input type="checkbox"/> Family/guardian <input type="checkbox"/> County residential specialist <input type="checkbox"/> Non-emergency police <input type="checkbox"/> 911 <input type="checkbox"/> County Adult Protective Services <input type="checkbox"/> Other staff <input type="checkbox"/> Other:	

<p><b>Type of Medication Incident:</b></p> <p><input type="checkbox"/> Wrong drug</p> <p><input type="checkbox"/> Wrong dose</p> <p><input type="checkbox"/> Wrong time</p> <p><input type="checkbox"/> Missed med: staff forgot to give medication</p>	<p><input type="checkbox"/> Adverse reaction</p> <p><input type="checkbox"/> Med refusal (MHA residents only)</p> <p><input type="checkbox"/> MAR error (MHA residents only)</p> <p><input type="checkbox"/> Med count discrepancy (MHA residents only)</p> <p><input type="checkbox"/> Other med error:</p>
<p>Where did the incident occur?</p> <p>People involved in incident (do not list resident names):</p>	<p>Was the incident witnessed? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If so, by whom? Include names and positions of any staff who witnessed the incident:</p>
<p>Does the resident have a behavior support plan in place? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>Description of incident, including how the incident occurred. Include a description of any injuries or property damage. Do not include more than one resident name. See FAQ below for more info:</p>	
<p>Describe what specific actions were taken by the operator or staff:</p>	
<p>Outcome for resident:</p>	
<p>Describe the follow-up plan (what are you doing to prevent this from happening again, and any additional follow-up):</p>	

**Incident Injuries:**

Was anyone injured?  Yes  No If yes, who?

Mark and describe any areas injured (i.e., bruises, cuts, abrasions, broken bones, etc.)



Family/Guardian notified?  Yes  No

Name: \_\_\_\_\_  
Notified by:  Phone  Fax  
 Mail  Secure Email

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Primary care provider notified?  Yes  No

Name: \_\_\_\_\_  
Notified by:  Phone  Fax  
 Mail  Secure Email

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Case manager/service coordinator?  Yes  No

Name: \_\_\_\_\_  
Notified by:  Phone  Fax  
 Mail  Secure Email

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Mental health provider notified?  Yes  No

Name: \_\_\_\_\_  
Notified by:  Phone  Fax  
 Mail  Secure Email

Date: \_\_\_\_\_ Time: \_\_\_\_\_

ACHP (private pay only)?  Yes  No

Name: \_\_\_\_\_  
Notified by:  Phone  Fax  
 Mail  Secure Email

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Other:  Yes  No

Name: \_\_\_\_\_  
Notified by:  Phone  Fax  
 Mail  Secure Email

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Other:  Yes  No

Name: \_\_\_\_\_  
Notified by:  Phone  Fax  
 Mail  Secure Email

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Print name of person completing form:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Operator signature acknowledging review of incident report: \_\_\_\_\_

Date of review: \_\_\_\_\_

Date signed: \_\_\_\_\_

**Protective Physical Intervention (PPI) Additional Questions**

Name of the resident on whom PPI was used:

Type and length of the PPI:

Was the type of PPI used included in this behavior support plan?  Yes  No  NA

Names and positions of the providers or caregivers applying the PPI:

Names and positions of the providers who witnessed the PPI:

Name and position of the person conducting the review of the incident:

# Incident Report Frequently Asked Questions

**Question:** Who should complete the incident report form?

Forms should be completed by the providers who witnessed the incident, or have knowledge of the incident. This includes the operator, resident manager, caregiver or any staff.

**Question:** When should the incident be reported, and who do I report the incident to?

**Answer:** All incidents must be reported immediately either by phone or email to the resident's:

- Physician or nurse
- Representative or family
- Case manager or other appropriate individuals

If a resident is unaware of an incident, such as a medication error or missing property, the resident must be told immediately.

All incidents must be documented on the ACHP Incident Report form.

Within five working days of the incident, the operator must submit a completed Incident Report to the:

- Case manager for Medicaid APD residents
- Services coordinator for I/DD residents
- Residential specialist for MHA residents
- ACHP licenser for private pay residents

**However, if use of PPI resulted in an injury, or if the PPI was not included in the behavioral support plan, the written Incident Report must be submitted within one working day of the incident.**

**Question:** What if more than one resident was involved in the incident?

**Answer:** For compliance with HIPAA, only one resident name can be used in each Incident Report form. If two or more residents are involved in an incident, a separate report must be completed for each resident, outlining the role of the resident and excluding the names of the other residents.

When referring to the other residents in the report, do not use their names, just call them "other resident," or "resident 1," "resident 2," etc.

**Question:** What if a restraint or use of PPI is necessary?

**Answer:** Except in an emergency situation, restraints may be used only after consideration of all other alternatives. Restraints can be used only when required to treat a resident's medical or behavioral symptoms. If it is determined that a restraint is necessary, then the least restrictive restraint must be used as infrequently as possible. (MCAR 023-080-700).

Physical restraints are not allowed for MHA residents. (MCAR 023-130-540)

For I/DD residents, staff should only use PPI techniques that are included in the current Oregon Intervention Systems curriculum, or as approved by the OIS Steering Committee (MCAR 023-120-595)