

Instructions for Completing 552x Form

REMEMBER: Vendors and Long-term Health Care Facilities should notify the regional center (Service Coordinator) of the special incident immediately, but not more than 24 hours of learning of the incident.

And

Vendors and Long-term Health Care Facilities should submit written report (SIR) to the regional center (SIR DESK) within 24 hours of learning of the special incident.

Please review the instructions below to make sure the SIR you submit to the SIR Desk has included all of the necessary information and is complete

Incomplete SIRs cause a delay in processing and if received, the reporter of the incident will be contacted and required to submit a whole new "complete" SIR.

Submit complete SIR's to: SIR DESK

E-mail: sdesk@altaregional.org (preferred method)

Fax: (916) 978-6619 (use only if email is not available)

REPORTS SHOULD BE TYPED

Report Submitted by-Information:

1. **Check the appropriate box** indicating the person who is submitting the SIR. (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. **Telephone #** (Vendors or Long –term Health Care Facilities add the best number for the SIR Desk to contact you for questions).
5. **Reporting Agency's Name:** (Vendors and Service Providers it should be the name of your agency)
6. **Date Vendor or Other Entity Learned of the Incident:** This is the date that the Vendor or any Service Provider working with an ACRC Client learned of the incident (Care Home, Supported Living, Independent Living Agency, Day Program, etc.)
7. **Date Vendor or Other Entity Notified the Regional Center of the Incident:** This the date the Vendor or any Service Provider of an ACRC client informed an ACRC staff

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member of the incident. In most cases this would be reported to the Service Coordinator or the Client Services Manager who is assigned to the ACRC Client.

Client Information:

1. **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).
2. **Sex:** Check if male or female.
3. **UCI #:** Provide client's unique client individual number (UCI).
4. **Date of Birth:** Provide client's date of birth.
5. **Date of incident:** Provide the date when incident occurred.
6. **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"
7. **Conserved :** Please indicate if the client is conserved yes, no , or unknown.
8. **Self Determination Program:** Please indicate if the client is participating in the Self-Determination Program; yes, no or unknown

Medical Information:

1. Check whether the client received medical treatment. If they received medical treatment provide the following information:
2. Location of the medical facility that the client was treated at.
3. What was the name of the medical professional who treated client? (For example, Jonathon Jones, M.D. at Kaiser on Morse Ave.
4. What is the follow up treatment? (For example: were they advised to schedule an appointment with their Primary Care Physician?)

Alleged Perpetrator:

If reporting suspected abuse, suspected 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:

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:

1. Name of Vendor at the time of incident, or the vendor who was responsible at the time incident occurred.
2. The name of staff person who is in charge at the time the incident occurred.
3. Vendor's telephone number
4. Vendor's address (for care homes –address of facility; for day programs or other type of agencies the address of the vendored program.
5. ACRC vendor #: the number assigned to your agency or facility for your vendorization.
6. Type of Facility: If the facility is a licensed facility indicate who the licensing agency and the facility #

Agencies Contacted:

1. Check the box for all individuals that were notified of the incident and provide the following information
2. Name of person contacted, telephone number, date of contact

Law Enforcement Information:

If incident was reported to law enforcement then provide the following information:

1. Which law enforcement agency was contacted? (For example, Elk Grove Police Department, and Sacramento County Sheriff Department etc.).
2. Officer's name
3. Badge number
4. Officer's telephone number
5. Date of contact
6. Comments

Residence Type:

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

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3. **Name:** List name of staff person who was responsible for client at the time of incident.
4. **Address:** The address of facility, supported living agency, or family/ relative
5. The telephone number for facility, supported living agency, or family/relative

Incident Information:

1. Check the boxes that apply for type of incident reporting
 - a. **Suspected Abuse / Exploitation:** Please check the type of suspected abuse you are reporting.
 - b. **Suspected Neglect:** Please check the type of suspected neglect that you are reporting
 - c. **For both Suspected Abuse and Suspected Neglect a mandated report must be completed and submitted with the SIR.**
 - d. **Victim of a Crime:** Please check the category you are reporting and confirm that a police report has been filed.
 - e. **Medication Errors:** Please indicate the type of medication error that occurred.
 - f. **Medical Attention for Medication Error:** Please check the appropriate box if the client received medical attention.
 - g. **Injuries beyond first aid:** Please check the appropriate boxes if the client was seen/ assessed by a medical professional (For example, physician, nurse, paramedic, etc.
 - h. **Serious injury/accident:** Please check the appropriate boxes which apply if the incident occurred under vendored care.

Description of Incident:

1. Document an incident in terms that are specific, observable and easily understood. Accurate documentation is written in simple language and is free of opinions, technical terms, jargon and obscure abbreviations.
2. A complete report is based on the points contained in a good newspaper story: Who, Where, When, What, How and Why? It should read clearly and make sense to someone who was not at the incident and/or is not familiar with the client.
3. When describing the incident makes sure it includes the following information:
 - a. **Who** was involved with the incident?

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- i. If other clients were involved please refer to them by using their initials or client #1, client #2 etc., or UCI #'s.
 - ii. Provide first and last names of staff and their positions.
 - iii. Provide first and last names of representatives of other agencies and their title.
- b. **Where** did the incident occur? Describe the location of the incident, be specific.
- c. **When** did the incident occur?
- i. Provide the date and time of when the incident occurred.
 - ii. Provide the date and time of when you were notified of the incident and how you learned of the incident.
- d. **How** did the incident occur?
- i. Please provide what led up to the incident.
 - ii. Provide the detailed information of what took place.
 - iii. **For hospitalizations***: it is important to include the following:
 1. When describing the incident on the Special Incident Report it is important that it is clear whether the client is treated in the Emergency Room and then returned to their living environment or if the client is actually admitted the hospital.
 2. The details of the treatment they received while in the hospital at the time of reporting the incident. For Psychiatric Hospitalizations whether a client was held on a 5150 and admitted or if they were assessed and then released.
 3. **When a client is admitted to the hospital it is important that medical records are requested; if you are with the client at the hospital please have them sign a release of information.*
- iv. **For Injuries:** please include the following information:
1. Describe the type of injury the client sustained
 2. Describe the type of treatment the client received and where it was provided (i.e. Emergency Room or Urgent Care) and whether it was treated by a medical professional.

Action Taken/ Planned:

Include person responsible, and how incident was resolved.

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?