2070.0 Incident Reporting

2070.1 Policy Approval Clearance Record

☐ Rural Services Policy ☐ Rural Clinics Policy ☒ Rural Regional Center Policy	This policy supersedes: n/a	Number of pages in Policy: 25
Review by Representative from the Office of the Attorney General: n/a	Date: n/a	Date Policy Effective: 06/01/2012
Rural Services Director Approval Signature: *Barbara Legier*	Date: 7/26/12	Policy Lead: Jessica Adams, QAS III

2070.2 Statement of Purpose

2070.2.1 Policy Statement: To promote the health and safety of individuals served through timely, written incident reporting.

2070.2.2 Purpose: To establish procedures for a) the prompt discovery and reporting of incidents; b) an immediate response in implementing appropriate measures to remediate, rectify and minimize the risk of future incidents; and c) a system for tracking and trending of incidents.

2070.3 Authority

Medicaid Chapters 100, 2100, and MSM Addendum
NRS 433
NRS 435
MHDS CRR 1.2 – Prohibition of Abuse or Neglect of Consumers and Reporting Requirements
MHDS CRR 1.4 – Reporting Serious Incidents

2070.4 Unique Definitions and Acronyms

2070.4.1 Incident: An event that compromises the safety, health or welfare of an individual served by Rural Regional Center.

2070.4.2 Serious Incident: An event that may represent a high risk to the safety of individuals served or staff or liability to the State.

2070.5 Procedures

2070.5.1 General Requirements

A. Rural Regional Center (RRC) and community provider employees must be oriented to this policy prior to working independently with individuals and on an annual basis. A training record including date and total time of training must be maintained for each employee.

B. For the purposes of this policy, incidents will be categorized as either “incident” or “serious incident.”

C. All incidents as defined by this policy require the completion of an incident report form.

1. “Serious Incidents” will be reported on Attachment A: Division of Mental Health Developmental Services Serious Incident (SIR) initial form and Attachment D: Developmental Services Initial Incident Report (IR) form, if applicable.

- The assigned Developmental Specialist III (DS III) or other appropriate RRC staff member is responsible for completing the SIR form.
- Contract community provider staff are responsible for completing the IR form.

2. "Incidents" will be reported on Attachment D: Developmental Services Initial (IR) Incident Report form.

- Contract community provider staff are responsible for completing the IR form.

D. Incident report forms will be completed by the RRC employee or contracted provider staff who was witness to or who was initially made aware of the incident.

E. All incident report forms must include the action(s) taken to assure corrective measures have been taken to minimize the risk of future occurrences.

2070.5.2 Serious Incidents

A. The list below outlines incidents that are considered to be "serious incidents." (Note: This list is not all inclusive.)

1. Allegations and/or suspicions of abuse, neglect or exploitation, regardless of the alleged perpetrator's relationship to the service recipient, such as staff, family member, friend or stranger. All allegations of abuse, neglect or exploitation will be reported and investigated, regardless of an individual's history of making false allegations;

2. Serious illness and injuries of unknown origin that cannot be correlated to the functional or medical status of the individual. Examples include, but are not limited to:

- A serious injury or pattern of injury such as bruising or scratching/burns or friction burns;
- Unusual bruising or marks such as on inner thighs and inner arms, clustered bruising, bruises/marks shaped similarly to objects or finger/hand prints;
- Bruising or marks that do not match details of the reported incident;
- Bone breaks, fractures or sprains;
- Hospital admissions or emergency room visits that are of unusual concern;

3. Sexual assault, non-consensual or other illegal sexual activity;

4. Sexual activity involving person's under age 18;

5. Absence of a person (missing or AWOL) who:

- Is under criminal charges;
- Is a danger to self or others;
- For whom a search procedure must be initiated;
- Is missing from a 24-hour living environment with a contracted community provider;

6. Major injury of RRC staff or visitor on RRC grounds or offices;

7. Major property damage greater than $250.00 per incident;

8. Any incident likely to receive media coverage;
9. Any incident requiring notification of an outside agency including, but not limited to ambulance, police, fire department, child protective services, Medicaid, and Social Security;
10. Death of person served;
11. Suicide attempt of person served;
12. Assault/Violence/Threat made by or to a person receiving services;
13. Physical injury or illness incurred while a person is under staff or provider supervision that requires major medical care and/or hospital admission;
14. Unlawful or criminal behavior resulting in an arrest, police report or possible lawsuit;
15. Vehicle accident of staff and/or person served in a state-owned vehicle;
16. Theft greater than $250 per incident;
17. HIPAA violation constituting a breach of protected health information;
18. Medication error resulting in medical intervention, such as hospital admit, or injury;
19. Patterns of multiple occurrences of minor incidents;
20. Any event which adversely affects or has the potential to affect the health or safety of a person receiving services and which does not fall into one of the other categories;
21. Evacuations, fires, hazardous materials events;
22. Sexual acting out that does not meet the definition of abuse.

2070.5.3 Incidents

A. The following incidents must be reported to RRC on an IR form. A SIR form is not required unless the severity or circumstances rise to the level of those incidents listed in Procedure 2070.5.2 Serious Incidents. (Note: This list is not all inclusive.)

1. All injuries to a person receiving services from RRC requiring minor medical attention, such as physician visit, urgent care or emergency room care that does not result in hospital admission;
2. Damage to staff property caused by a person receiving services;
3. Property damage between $50 - $250 per incident;
4. Damage to a service recipients' personal possessions;
5. Person-to-person aggression;
6. Medication errors that do not result in medical intervention, such as hospital admit, or injury;
7. Suicide threats by person served without medical or police contact;
8. Police contact that does not result in an arrest or report;
9. HIPAA concern that does not constitute a breach of protected health information;
10. Vehicle accident involving a person served in a provider vehicle;
11. Theft less than $250 per incident;

12. Unexplained fall of person served that does not require medical attention.

2070.5.4 Non-Reportable Circumstances, Situations and Events

A. The following circumstances, situations or events do not require the submission of an IR form.

1. Seizures that do not require medical attention per previous direction of the physician;

2. Routine home maintenance problems that are not a hazard;

3. Minor injuries to people served, such a small scratches and scrapes, that do not require medical attention beyond basic first aid;

4. Behavior incidents which do not result in injury or major property damage, with the exception of person-to-person aggression and damages to service recipient possessions;

5. Verbal aggression by a person served.

2070.5.5 Initiating and Processing Incident Reports

A. Community Providers

1. RRC Community Providers will report all Serious Incidents (see Procedure 2070.5.2) verbally via person-to-person contact to the assigned RRC DS III or a DS IV Supervisor within one (1) hour of being apprised of the incident.

- During usual RRC business hours, voice, text and e-mail messages do not meet the reporting requirement.
- During non-business hours, a voice message will meet the one (1) hour reporting requirement. The community provider must also make verbal person-to-person contact with the assigned RRC DS III or a DS IV Supervisor by 9:00 am on the first day of business after the incident.

2. RRC Community Providers will also report all Serious Incidents in writing utilizing the IR form within 24 hours of the incident.

3. RRC Community Providers will report all Incidents (see Procedure 2070.5.3) in writing utilizing the IR form within two (2) working days of the incident.

4. Completed IR forms will be hand-delivered to the RRC Carson City office, faxed to the RRC Carson City office, or sent via Androssa-encrypted email to DSSIR@rrc.nv.gov.

B. RRC Staff

1. All IR forms submitted by a community provider will be electronically forwarded to the applicable DS III and his/her supervising DS IV on the same working day the IR is received.

2. The DS III and DS IV will review the IR, indicate any immediate action needed, and/or add other pertinent information, including plans to prevent future occurrence. The DS IV will forward the recommendations via e-mail to the Quality Assurance (QA) department within one (1) working day.

3. If the incident meets the criteria of a Serious Incident (see Procedure 2070.5.2), the DS III must immediately notify his/her supervising DS IV of the incident and must complete a Mental Health and Developmental Services Serious Incident Report. The SIR must be forwarded electronically to the supervising DS IV and the QA department within one (1) working day.

4. The QA department will review the SIR for completeness and forward all received SIR's to the Agency Director and Community Services Director on the same day the SIR is received.

5. The Agency Director or designee will forward the SIR to the MHDS Central Office no later than the end of the first working day after discovery of the incident.

6. For reports of death:

   - The Community Services Director, Agency Director or designee will verbally notify the Division Administrator or Deputy Administrator by the end of the working day;
   - The DS III will submit Attachment B: Division of Mental Health Developmental Services Serious Incident (SIR) form with additional death information as an Initial report;
   - The DS III will submit all files to the QA department for the purposes of a death review within one (1) working day;
   - The DS III or designated staff will request a death certificate or coroner's report within one (1) month of the death;
   - If the circumstances of death are suspicious or in question, follow-up review and reporting will be required as determined and directed by the Agency Director.

C. Administrative Process and Follow-Up

1. All IR's and SIR's will be reviewed by the QA department to ensure thorough completion and appropriate follow through to minimize the risk of future occurrences, as applicable. Upon completion of this review, the IR and/or SIR will be forwarded for data entry into the statewide IR database for tracking and trending.

2. The Agency Director will review all SIR's and will submit them to the Division of MHDS per MHDS Policy CRR 1.4 – Reporting Serious Incidents.

3. If the SIR indicates that an investigation is necessary, the Agency Director will notify the QA department and the receipt date of the investigation will be entered into a tracking spreadsheet.

4. QA will provide summary reports to administration on at least a quarterly basis. These reports will be analyzed to determine possible trends or patterns so that needed action may be taken.

5. Community providers must develop their own procedures for tracking and trending of incidents. These procedures and the resulting reports will be reviewed by Rural Services during Provider Certification.

D. Follow-Up Reporting

1. Additional follow-up information for Serious Incidents will be recorded on Attachment C: Division of Mental Health Developmental Services Serious Incident (SIR) follow-up/final form. Additional follow-up information for Incidents will be reported on Attachment E: Rural Regional Center Follow-Up to Incident Report (IR) form. The same procedures for submitting initial reports will be followed for follow-up reports.

   - Follow-up or final incident information must be submitted within ten (10) working days after the initial IR or SIR and in ten (10) day intervals thereafter until closure.

2. The QA department will request follow-up and/or final incident reports via email to the assigned DS III and DS IV.
3. All follow-up and final IR's and SIR's will be reviewed by the QA department to ensure thorough completion and appropriate follow through to minimize the risk of future occurrences, as applicable. Upon completion of this review, the follow-up/final IR and/or SIR will be forwarded for data entry into the statewide IR database for tracking and trending.
4. The Agency Director will review all follow-up/final SIR's and will submit them to the Division of MHDS.
5. Providers who are directed by the Agency Director or designee to complete a formal investigation will use Attachment F: Provider Investigation Template (DS-QA-20).
6. Providers will submit Investigation Reports to the QA department within ten (10) working days or as otherwise directed by QA or Agency Administration.
7. The Division of MHDS may request further information or follow-up on a SIR at any time. MHDS will alert the Agency Director of needed follow-up. This follow-up request will then be sent to the QA department, who will in turn submit the request to the assigned DS III and DS IV for follow-up. Requested information will be provided by appropriate staff within five (5) working days.

E. Filing of Incident Reports

1. All incident reports are internal QA documents and are <u>not</u> to be filed in either the Rural Services individual file or the provider's individual file.
   - Community providers must maintain a file of incident reports that is separate from the individual's file.
2. Incident reports are confidential QA documents and will not be copied or released without specific permission from QA or the Agency Director.

2070.5.6 Timelines

Requirement	Deadline	Starting Date	Responsible Party	Actions to be Taken
Training on this policy (2070.5.1.A)	Prior to working with individuals & annually	Date of Hire	Rural Regional Center (RRC employees) or Community Provider (provider employees)	Staff training documented prior to working independently with individuals and on an annual basis
Providers verbally report Serious Incidents (2070.5.5.A.1)	Within one (1) hour of being apprised of incident	Date of incident	Community Provider Staff	Providers verbally report all Serious Incidents to DS III or DS IV
Providers submit written IR form for all Serious Incidents (2070.5.5.A.2)	Within 24 hours of incident	Date of incident	Community Provider Staff	Providers submit **Attachment D: Developmental Services Initial (IR) Incident Report form** for all Serious Incidents
Providers submit written IR form for all Incidents (2070.5.5.A.3)	Within two (2) working days of incident	Date of incident	Community Provider Staff	Providers submit **Attachment D: Developmental Services Initial (IR) Incident Report form** for all Incidents

Requirement	Deadline	Starting Date	Responsible Party	Actions to be Taken
Electronically forward received IR forms to applicable DS III and DS IV (2070.5.5.B.1)	By end of working day that the IR is received	Date IR is received from provider staff	Designated RRC staff	Electronically forward all IR forms received from providers to the applicable DS III and DS IV
Review IR and make recommendations (2070.5.5.B.2)	Within one (1) working day	Date IR is received from designated RS staff	DS III and DS IV	Review IR, indicate immediate action needed, and/or other pertinent information and forward all recommendations to the QA department
DS IV notified of all Serious Incidents (2070.5.5.B.3)	Immediately	Date of serious incident	DS III	DS III immediately notifies supervising DS IV of all Serious Incidents
SIR form completed if incident meets criteria of a Serious Incident (2070.5.5.B.3)	Within one (1) working day	Date of serious incident	DS III	DS III completes **Attachment A: Division of Mental Health Developmental Services Serious Incident (SIR) initial form** for all Serious Incidents and electronically forwards the SIR to the QA department and his/her supervising DS IV
SIR forwarded to Agency Director and Community Services Director (2070.5.5.B.4)	By end of working day that the SIR is received	Date SIR is received from DS III	QA Staff (QAS III or QA DS III)	QA Department reviews SIR for completeness and forwards SIR to the Agency Director and Community Services Director
SIR forwarded to MHDS Central Office (2070.5.5.B.5)	By end of first working day after discovery of incident	Date of serious incident discovery	Agency Director or designee	Agency Director or designee forwards SIR to the MHDS Central Office
Deaths reported to MHDS Division Administrator or Deputy Administrator (2070.5.5.B.6)	By end of working day	Date of death	Community Services Director or Agency Director	Community Services Director or Agency Director verbally notifies MHDS Administrator or Deputy Administrator of all deaths of people served
SIR with additional death information completed (2070.5.5.B.6)	Within one (1) working day	Date of death	DS III	DS III completes **Attachment B: Division of Mental Health Developmental Services Serious Incident (SIR) initial death form** for all deaths and electronically forwards the SIR to the QA department and his/her supervising DS IV
Submit all files of deceased individual to QA department (2070.5.5.B.6)	Within one (1) working day	Date of death	DS III	DS III submits all files of deceased individual to the QA department for review
Request death certificate or coroner's report (2070.5.5.B.6)	Within one (1) month	Date of death	DS III or designated staff	DS III or designated staff requests a death certificate or coroner's report for all deaths

Requirement	Deadline	Starting Date	Responsible Party	Actions to be Taken
Incident summary reports (2070.5.5.C.4)	Quarterly	Start of State fiscal year	QA staff	QA staff will analyze submitted incident reports for trends or patterns
Provide any needed follow-up information for incidents (2070.5.5.D.1)	Within ten (10) working days after initial incident and in ten (10) day intervals thereafter until closure	Date of initial incident report	Community Provider Staff and/or DS III	Community Provider Staff will report follow-up information to Incidents and Serious Incidents on **Attachment E: Rural Regional Center Follow-Up to Incident Report (IR) form**. DS III will report follow-up information to Serious Incidents on **Attachment C: Division of Mental Health Developmental Services Serious Incident (SIR) follow-up/final form**.
Providers complete investigations as directed (2070.5.5.D.5)	Within ten (10) working days	Date of incident requiring investigation	Community Provider Staff	Community Provider Staff will report the results of investigations to the QA department on **Attachment F: Provider Investigation Template (DS-QA-20)**.

2070.5.7 **Supervisory Responsibilities:** Supervisors will provide in-service training to ensure all staff understands the requirements of this policy and its procedures. Supervisors will revisit this policy periodically, but no less than annually to identify recommendations for improvement.

2070.6 Policy Cross Reference

2070.6.1 **Rural Services 112** – Sentinel Events and Media Contacts

2070.6.2 **Rural Services 514** – Prevention, Recognition and Reporting of Abuse, Neglect and Exploitation

2070.6.3 **Rural Services 517** – Serious Incidents Process

2070.6.4 **Rural Services 2901** – DS Medication Safeguards

2070.7 Attachments

2070.7.1 **RS2070A** Division of Mental Health Developmental Services Serious Incident (SIR) initial form

2070.7.2 **RS2070B** Division of Mental Health Developmental Services Serious Incident (SIR) initial death form

2070.7.3 **RS2070C** Division of Mental Health Developmental Services Serious Incident (SIR) follow-up/final form

2070.7.4 **RS2070D** Developmental Services Initial (IR) Incident Report form

2070.7.5 **RS2070E** Rural Regional Center Follow-Up to Incident Report (IR) form

2070.7.6 **RS2070F** Provider Investigation Template (DS-QA-20)

RS2070A Division of Mental Health Developmental Services Serious Incident (SIR) initial form

Division of Mental Health Developmental Services
Serious Incident Form—QA CONFIDENTIAL

Event Date: **Time:** **Agency:** RRC **Clinic Site:**

Report Prepared By: **Type:** Initial

Client Name or other Identifier: **Birth Date:**

Gender: Male **Ethnicity:** African American (A) **Service Status:** Community Placement/Outpatient

If more than one person was involved, please use "Participant Information" page.

Provider Name:

Diagnosis: **Axis I:**

Diagnosis: **Axis II:**

Medications:

Other Significant Client Data/History:

Type of Incident (choose one only): Injury/Illness (I)

Summary of actions taken by Agency (check all that apply):

☐	Notified 911	☐	Notified Legal Guardian	☐	Notified CPS
☐	Notified Police	☐	Notified Division by Phone	☐	Notified Coroner
☐	Notified BLC	☐	Notified Aging Services	☐	Other Explain Below

Other Actions Taken by Agency:

Witness(es)	Name	Employed By:	Position:

Description of the Event (initial report) or Follow-up Information: Please include: How did the agency learn of the event? Who, other than agency staff, has provided information about the event?

Signature of Person Completing Form	**D**ate
Signature of Clinic Director (Rural Clinics)	Date
Signature of Agency Director	Date

RS2070B Division of Mental Health Developmental Services Serious Incident (SIR) initial death form

Division of Mental Health Developmental Services
Serious Incident Form—QA CONFIDENTIAL

Event Date:		**Time**		**Agency:** SRC **Clinic Site:**	
Report Prepared By:				**Type**	Initial
Client Name or other Identifier					Birth Date:
Gender	Female	**Ethnicity**	African American (A)	**Service Status**	Community Placement/Outpatient

If more than one person was involved, please use "Participant Information" page.

Provider Name:		
Diagnosis:	**Axis I:**	
Diagnosis:	**Axis II:**	

Medications:

Other Significant Client Data/History:

Type of Incident (choose one only): Assault/Violence/Threat (AF)

Summary of actions taken by Agency (check all that apply):

☐	Notified 911	☐	Notified Legal Guardian	☐	Notified CPS
☐	Notified Police	☐	Notified Division by Phone	☐	Notified Coroner
☐	Notified BLC	☐	Notified Aging Services	☐	Other Explain Below

Other Actions Taken by Agency:

Witness(es)	Name	Employed By:	Position:

Description of the Event (initial report) or Follow-up Information: Please include: How did the agency learn of the event? Who, other than agency staff, has provided information about the event?

Death Report—Additional Information

Per Division Policy #4.019 - Whenever a death occurs, a Serious Incident Report (SIR) will be initiated. Included or attached to the SIR will be the following information:

1. **Where was the person when the death occurred?**
2. **What were the circumstances surrounding the person's death?**
3. **What was the time and date of death?**
4. **Describe the nature of the person's disabilities.**
5. **Description of all services being provided to the person through the regional center. Include information about the length of time each service was in place and history of regional center services.**
6. **Information about any providers who were contacted for services.**
7. **Describe relevant medical and/or behavioral history.**

Division of Mental Health Developmental Services
Serious Incident Form—QA CONFIDENTIAL

Event Date:		**Time**		**Agency:** SRC **Clinic Site:**	
Report Prepared By:				**Type**	Initial
Client Name or other Identifier				Birth Date:	

8. **Describe the type(s) and frequency of contacts from the service coordinator or other regional center staff.**

9. **Was there a history of dangerous behaviors?**
   If so, describe the behaviors in the past 6 months.

10. **If a death certificate or Coroner's Report has been requested,**
    give details of the request.

Signature of Person Completing Form	Date
Signature of Clinic Director (Rural Clinics)	Date
Signature of Agency Director	Date

RS2070C Division of Mental Health Developmental Services Serious Incident (SIR) follow-up/final form

Division of Mental Health Developmental Services
Serious Incident Form—QA CONFIDENTIAL

Client Name or other Identifier **Division Incident #:**

Event Date: **Time:** **Type:** Follow-up

Report Prepared By:

Description of the Event (initial report) or Follow-up Information: Please include: How did the agency learn of the event? Who, other than agency staff, has provided information about the event?

Signature of Person Completing Form	Date
Signature of Clinic Director (Rural Clinics)	Date
Signature of Agency Director	Date

RS2070D Developmental Services Initial (IR) Incident Report form

Developmental Services
INITIAL INCIDENT REPORT *2/28/08 v5.2 final version*
☐**Sierra Regional Center** ☒**Rural Regional Center** ☐ **Desert Regional Center**

Incident Type ☐ Person Served ☐ Other Person ☐ Other incident (e.g. fire, disaster)

DSIR Number: _____
Date Report Received_____
MHDS SIR Number_____

Incident Date:_____

Responsible Provider/Agency:_____

Time of Incident or discovery:_____

Report Date:_____ Service Coordinator_____

People Involved/Witnesses: I=Involved in Incident W=Witness to Incident

Name	I/W	Role— Check one box per person:		
Primary Person:	__ **I** __ **W**	___ Person Served Case # _____	___Staff (Indicate Agency Provider)	____ Other Indicate Relationship/Role:
	__ **I** __ **W**	___ Person Served Case # _____	___Staff (Indicate Agency Provider)	____ Other Indicate Relationship/Role:
	__ **I** __ **W**	___ Person Served Case # _____	___Staff (Indicate Agency Provider)	____ Other Indicate Relationship/Role:
	__ **I** __ **W**	___ Person Served Case # _____	___Staff (Indicate Agency Provider)	____ Other Indicate Relationship/Role:
	__ **I** __ **W**	___ Person Served Case # _____	___Staff (Indicate Agency Provider)	____ Other Indicate Relationship/Role:
	__ **I** __ **W**	___ Person Served Case # _____	___Staff (Indicate Agency Provider)	____ Other Indicate Relationship/Role:
	__ **I** __ **W**	___ Person Served Case # _____	___Staff (Indicate Agency Provider)	____ Other Indicate Relationship/Role:

FOR PRIMARY PERSON ONLY: Type of services person is receiving (check all that apply):

Living: ☐Supported Living Arrangement (SLA) ☐Intensive SLA ☐Family Support Arrangement ☐Host Home
☐Respite ☐ICF State ☐ICF Private

JDT (Jobs & Day Training): ☐ CTC ☐ Enclave ☐Job

☐**Service Coordination Only**

☐ Other _____

Description of Event: Be complete and concise

INCIDENT RECORDING AND INFORMATION

1. ☐ Missing Person Report

2. ☐ Injury (check all that apply)

Type:(Describe on page 3)
- ☐ Abrasion or cut
- ☐ Bruise
- ☐ Bite
- ☐ Burn
- ☐ Head impact
- ☐ Choking
- ☐ Fracture or sprain
- ☐ Puncture
- ☐ Swelling or edema
- ☐ Pain (no visible injury)
- ☐ Poison
- ☐ Other:_____

Cause of injury:
- ☐ Medication (Complete Other Medical section)
- ☐ Seizure
- ☐ Assault
- ☐ Fall
- ☐ Equipment
- ☐ Medical procedure
- ☐ Vehicle accident (complete that section)
- ☐ Self-inflicted
- ☐ Unknown origin
- ☐ Other:_____

Who caused injury?
- ☐ Self - (SIB)
- ☐ Self – accident
- ☐ Other consumer
- ☐ Family member
- ☐ Staff member
- ☐ Other (describe):
- _____
- ☐ Unknown

Was a nurse notified? ☐ Yes ☐ No ☐ Unknown

Was medical treatment required? ☐ Yes ☐ No ☐ Unknown If yes, describe below in **Medical**

3. ☐ Unplanned Hospitalization (check all that apply)

☐ Medical condition ☐ Psychiatric condition

Specify reason for hospitilazation_____

☐ E.R. Not admitted ☐ Admitted

4. ☐ Aggression or inappropriate interactions *between people receiving services* (check all that apply)

☐ Physical ☐ Verbal ☐ Sexual ☐ Financial/Property ☐ Other (specify): _____

☐ Injury (if yes, complete injury section of report):

☐ Charges filed or Police Involvement (Complete **Unlawful/Police** section)

5. ☐ Is there a concern of abuse/neglect/exploitation or improper treatment?

If yes, describe:_____

_____

6. ☐ Vehicle Accident: Check all that apply

☐ Public Transportation ☐ Provider Vehicle ☐ Private Vehicle ☐ State Vehicle

7. Medical

7a. ☐ Medical

- ☐ Adverse reaction (details below)
- ☐ Missed Medical Appointment (details below)
- ☐ Missed Medication—Person refused medication
- ☐ Medical Treatment Provided *(from Injury section* Details below)
- ☐ Other (details below)

7b. ☐ Medication Error (check all that apply)

Medication(s) involved_____

☐ Missed medication ☐ Wrong medication ☐ Wrong dose ☐ Wrong Person

☐ Wrong time ☐ Wrong Route (Oral, IM, Topical)

☐ Other (specify):_____

Date/Time error occurred:_____ Date/Time error discovered:_____

☐ Physician notified Date/Time _____

Effects of medication error:_____

7a/7b:Details/Nursing comments: _____

_____

_____

_____Signature/Date_____

8. ☐Possible Unlawful Behavior/Police Involvement (check all that apply)

☐Assault ☐Theft ☐Sexual

☐Property Destruction/Damage

☐Personal Property

☐Property of other person

Describe damage:_____

☐Domestic Violence

☐Disturbance

☐Other: (specify)_____

Were the police involved or notified? ☐Yes ☐No

Was the person arrested? ☐Yes ☐No

Victim:

☐Family Member ☐Other (describe): _____

☐Consumer ☐Unknown

☐Staff Member ☐NONE

9. ☐Death: Cause of Death:

☐Unknown

☐Due to injury or illness (complete that section)

☐Suicide

10. ☐Other: Describe _____

11. Notification/Reviews: DS Agency must be notified by telephone immediately for all incidents involving potential abuse, neglect or serious injury and the incident report submitted within one working day.

	Person you spoke to or notified:
MHDS ☐	
Family ☐	
Guardian ☐	
Service Coordinator ☐	
Police/911 ☐	
BLC ☐	
Aging Services ☐	
CPS ☐	
Coroner ☐	
Shift Supervisor/ Supervisor ☐	
Nurse ☐	
Agency Admin ☐	
Other (describe) ☐	Describe

Actions Taken to Protect and Reduce Risk:			
	☐ Pharmacist Consultation	☐Counseling	☐HRC Review
	☐Nurse Consultation	☐Psychiatric Consultation	☐Denial of Rights Submitted
	☐Doctor Consultation	☐Functional Assessment	☐Emergency Respite
	☐ER Treatment	☐PBS Team Formed	☐ Psychological consultation
	☐ Adjustment to ISP	☐Other: Describe above	

Review and signature: Name/Title Date

Reporting person's name & title		
Other Provider Review *Include Name and Title*		
Other Provider Review *Include Name and Title*		
Other Provider Review *Include Name and Title*		

For Regional Center Use Only

12. Service Coordinator/Program Coordinator Use

☐ **Abuse/Neglect/Exploitation—Alleged or Suspected**

Type of Abuse:	Type of Neglect:	Type of Exploitation:
☐ Emotion or verbal	☐ Medical	☐ Financial
☐ Physical	☐ Physical	☐ Other (specify):_____
☐ Sexual	☐ Other (specify):_____	

☐ Injury (if yes, complete injury section of report):

Alleged Perpetrator:

☐ Family member ☐ Staff member ☐ Unknown ☐ Other (describe):_____

13. Follow-up/Supervisor Comments: Provide additional comments that will help to clarify the nature of the incident, any events or factors associated with the incident, and actions that have already been taken to provide protection and reduce risk.

Have there been Media Inquires or Involvement about the incident? ☐ Yes ☐ No If yes, describe above.

☐ MHDS S.I.R. Required **Date MHDS SIR filed** _____

14. Review and signature:	Name/Title	Signature	Date
Service Coordinator:			
Agency Community/Residential Director: *(or designee)*			
Agency QA *(or designee)*			
Residential DON: *(or designee)*			
Agency Administrator: *(or designee)*			

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Follow-up Required ____Yes ____No Details_____

Date Follow-up Due:_____ Regional Center Investigation assigned ____Yes ____No

Division Investigation assigned ____Yes ____No

Date Assigned: _____

Persons Assigned_____

Date Closed: _____

RS2070E Rural Regional Center Follow-Up to Incident Report (IR) form

RURAL REGIONAL CENTER
FOLLOW UP TO INCIDENT REPORT

Name of affected person:_____

Incident Date:_____

Responsible Provider:_____

Time of Incident or discovery:_____

Report Date:_____

Incident Report Number:_____

Type of Report: ☐ Follow Up ☐ Final

Do not write in this box: **RRC QA only**

MHDS Incident Report Number:_____
Requested Follow Up:_____
_____
_____
Date Follow up due:_____
Investigation Assigned: Yes No
Date Investigation Report Received:_____
Date Closed:_____

Additional Information:	
Have there been Media Inquires or Involvement re: the incident? ☐Yes ☐No	
Actions Taken to Protect and Reduce Risk:	☐ Pharmacist Consultation ☐Counseling ☐HRC Review ☐Nurse Consultation ☐Psychiatric Consultation ☐Denial of Rights ☐Doctor Consultation ☐Functional Assessment ☐Emergency Respite ☐ER Treatment ☐PBS Team Formed ☐ Psychological Consultation. ☐Other: Describe below.
Additional Follow up:	
Adjustments to ISP: ☐Yes ☐No Describe:	
Attached Documentation: ☐Data ☐Medical Records ☐Legal Records ☐Other	

Notification/Reviews: All incident reports must be reviewed and approved by the Director and/or QA Specialist. Signature verifies such review and approval.

Primary Reporter:	Date:
Reviewed by Service Coordinator:	Date:
RRC Director:	Date:
RRC QA	Date:

RS2070F Provider Investigation Template (DS-QA-20)

PLEASE PRINT FIRST PAGE ON AGENCY LETTERHEAD

INVESTIGATION REPORT

Date of Incident:

Individual(s) Served:

Provider Agency Investigating:

Dates of Investigation:

Investigation Team Members:

Incident Reported:

Summary of Incident:

Documents and Records Reviewed:

Environment Reviewed/Toured:

Individuals Interviewed:

Interview Summaries:

Findings and Contributing Factors:

Recommendations:

Plan of Action:

INVESTIGATION REPORT

Date of Incident:

Individual Served:

(Primary individual served involved in incident)

Signatures:

Investigation Report must be signed by all investigative team members

Completed by: _____**Date:** _____

Name & Title

Completed by: _____**Date:** _____

Name & Title

Investigation Submittal Procedure:

Investigation Reports are to be submitted to RRC Quality Assurance Department staff (jnadams@rrc.nv.gov and tponder@rrc.nv.gov) **within 10 days** of discovery of the incident.

Important:

Providers may not assign staff back to direct support work or positions with direct contact with people served until approved by a member of RRC Administration (Regional Director, Community/Residential Director, and QA Department Head).

Staff may not be returned to direct support work, or positions which have direct contact with people served, when there is an open law enforcement investigation, and/or investigations by other legal authorities i.e. CPS, Senior Protective Services etc. DS Regional Center Administration must receive proof of the outcome of the investigation in order to make a determination on approval for the staff's return to work.