

SPECIAL INCIDENT REPORT

Vendor / Provider Name: _____ Vendor #: _____

(Note: To enter information, use the "Tab" key or click at the start of each line or inside each check box)

INSTRUCTIONS

1. Verbally notify Service Coordinator of all special incidents within 24 hours @ (818) 778-1900.
2. Submit written report to NLACRC within 48 hours via SIR Fax # (818) 756-6475 or Email at SIR@nlacrc.org.
3. Notify applicable agencies (CCL, DCFS, DHS, APS, Ombudsman, Police) per regulations.
4. Notify responsible person, (i.e., parent, guardian, conservator) per requirements.

Consumer Name: _____ M F UCI #: _____ Date of Report: _____

Diagnosis: _____ Date of Birth: _____

Check applicable boxes: verbal non-verbal ambulatory non-ambulatory

SPECIAL INCIDENTS (TITLE 17, § 54327)

- Death of a consumer (regardless of cause or location)
- Consumer missing; vendor filed missing person report
- Victim of crime (regardless of location) Type: _____
- Reasonably suspected abuse or exploitation:
 - Chemical Restraint Fiduciary Physical
 - Physical Restraint Psychological Sexual
- Reasonably suspected neglect:
 - Failure to provide medical care
 - Failure to prevent malnutrition or dehydration
 - Failure to provide a reasonable degree of care
 - Failure to protect from health and safety hazard
 - Failure to assist in personal hygiene or the provision of food, clothing or shelter
- Unplanned or unscheduled hospitalization due to:
 - Cardiac-related Involuntary psychiatric admission
 - Diabetes-related Respiratory illness
 - Internal infection Seizure-related activity
 - Nutritional deficiencies Wound/skin care
- Serious injury or accident, including:
 - Fractures Any medication errors
 - Dislocations Laceration(s) requiring sutures or staples
 - Burns, bites, puncture wounds, internal bleeding
 - Medication reactions requiring medical treatment beyond first aid

OTHER INCIDENTS

- Aggressive act to another consumer, family/visitors
- Aggressive act to staff
- Aggressive act to self
- Arrest
- Law enforcement contact
- Community safety
- Disease outbreak
- ER visits
- Falls
- Fire
- Injury from:
 - Accident
 - Behavior episode
 - Seizure
 - Unknown origin
 - Another consumer
- Property damage
- Suicide threats
- Theft by a consumer
- Unanticipated medical/dental problems
- Verbal threats and aggression
- Violation of rights
- Other

Incident Date: _____ Time: _____ Location: _____

Who was responsible for consumer at that time? _____

Who was the staff person that responded? _____

(If not filing electronically and additional space is needed below, please attach separate page)

Section 1 - Description of Incident

Section 2 – What antecedent/factors led to the incident?

Section 3 - How did the staff person intervene?

Section 4 - Was medical treatment necessary? No Yes (if yes, explain nature of treatment below)

Where administered?

By whom?

Follow-up treatment?

Section 5 - What can you do to mitigate or prevent this incident in the future?

Section 6 - What is the follow-up plan to ensure the prevention plan is implemented?

Other Agencies / Individuals Notified

Contact Name	Contact Date	Phone #	Report #
NLACRC			
Community Care Licensing (DSS)			
Licensing and Certification (DHS)			
Parent/Guardian/Conservator			
Physician/Hospital			
Child/Adult Protective Services			
Long-Term Care Ombudsman			
Police/Sheriff			
County Coroner			
Other			

Report Submitted by:

Report Approved by:

(Name/Title)

(Name/Title)

(Vendor / Provider)

(Vendor / Provider)

(Address)

(Address)

(Telephone Number)

(Date)

(Telephone Number)

(Date)