SPECIAL INCIDENT REPORT

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-verb	al ambulatory	non-ambulatory					
SPECIAL INCIDENTS (TITLE 17, § 54327)	OTHER INCIDENTS						
SPECIAL INCIDENTS (ITTLE 17, § 54327) Death of a consumer (regardless of cause or location) Consumer missing; vendor filed missing person report Victim of crime (regardless of location) Reasonably suspected abuse or exploitation: Chemical Restraint Fiduciary Physical Restraint Psychological Reasonably suspected neglect: Failure to provide medical care Failure to provide medical care Failure to provide a reasonable degree of care Failure to provide a reasonable degree of care Failure to protect from health and safety hazard Failure to a sist in personal hygiene or the provision of food, clothing or shelter Involuntary psychiatric admission Diabetes-related Respiratory illness Internal infection Seizure-related activity Nutritional deficiencies Wound/skin care Serious injury or accident, including: Fractures Fractures Any medication errors Dislocations Laceration(s) requiring sutures or staples	Aggressive act to another consumer, f Aggressive act to staff 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 Verbal threats and aggression Violation of rights	amily/visitors					
Medication reactions requiring medical treatment beyond first aid	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 separa	ate page)					
Section 1 - Description of Incident							

Vendor / Provider Name:

Section 2 – What antecedent/factors led to the incident?								
Section 2 - How did the staff person intervene?								
Section 3 - How did the staff person intervene?								
Section 4 - Was medical treatm	nent necessary?	🗌 No	🗌 Yes	(if yes,	explain nature of treatr	ment below)		
Where administered?	Where administered?			By wh	om?			
Follow-up treatment?								
Section 5 - What can you do to	mitigate or preven	nt this inciden	t in the future	? ?				
·····								
Section 6 - What is the follow-up plan to ensure the prevention plan is implemented?								
Section 6 - What is the follow-(up plan to ensure ti		i pian is imple	mente	u :			
	Other A	gencies / Indi	viduals Notifi	ed				
	Contact N	••••••	Contact D		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 App	Report Approved by:				
(Name/Title)			(Name/Title)					
				(
(Vendor / Provider)			(Vendor / Provider)					
(Address)				(Address)				
					· /			
(Telephone Number)	(Date)	Γ)	Felephor	ne Number)	(Date)		