



Vendor/ LTC Name: _____
 Vendor # : _____
 Type: CCF: LTC: CPP/CRDP:
 SLS: Day/ILS FMS: Other:

Special Incident Report

Notify WRC within 24 hours (310) 258-4000 and submit written report within 48 hours (SIR Fax 877-254-6903 or SIR@westsiderc.org . Complete **all** sections of this form to report a special incident. **Do not leave blank information**

Vendor/ LTC Information

Today's Date: _____

Vendor / LTC Name _____

Person Served Information:

Name: _____ Gender: _____ DOB: _____ UCI: _____

Incident Details:

Date and Time of Incident: _____ Date Vendor/ LTC learned of incident: _____

Location of Incident: _____

Universal reporting- report regardless of when or where occurred Type of Incident

Death of an individual served, regardless of cause.

Victim of any crime (Police Report filed) including, but not limited to, the following:

<input type="checkbox"/> Robbery. <input type="checkbox"/> Larceny. <input type="checkbox"/> Burglary. <input type="checkbox"/> Identity or credit theft.	<input type="checkbox"/> Fraud. <input type="checkbox"/> Human Trafficking. <input type="checkbox"/> Stalking; or <input type="checkbox"/> Hate Crime.	<input type="checkbox"/> Aggravated assault. <input type="checkbox"/> Simple assault. <input type="checkbox"/> Battery.	<input type="checkbox"/> Rape, including attempts to commit rape. <input type="checkbox"/> Attempted or actual homicide or manslaughter.
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Reasonably suspected abuse or exploitation including, but not limited to, the following (Mandated Report filed*):

<input type="checkbox"/> Physical; <input type="checkbox"/> Sexual. <input type="checkbox"/> Financial. <input type="checkbox"/> Emotional or mental.	<input type="checkbox"/> Exploitation. <input type="checkbox"/> Verbal. <input type="checkbox"/> Isolation.	<input type="checkbox"/> Use of physical, mechanical, or chemical restraint (Not used in crisis intervention) Mandated Report filed*
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Missing Person and the vendor or long-term health care facility has filed a missing persons' report with a law enforcement agency

*Mandated Report : Any incident of alleged abuse reported pursuant to the Elder and Dependent Adult Abuse Reporting Act commencing with Welfare and Institutions Code section 15600 or the Child Abuse and Neglect Reporting Act commencing with Penal Code section 11164.

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Reasonably suspected neglect including, but not limited to, the negligent failure to (*Mandated Report*)

<input type="checkbox"/> Provide medical care for physical and mental health needs including failing to administer required health care interventions. <input type="checkbox"/> Prevent malnutrition or dehydration.	<input type="checkbox"/> Protect from health and safety hazards, including failing to prevent two or more falls in a thirty (30) day period; <input type="checkbox"/> Assist in personal hygiene, including failure to assist with toileting or incontinency needs, or the provision of food, fluids, clothing or shelter.	<input type="checkbox"/> Exercise the degree of care that a reasonable person in a like position of having the care or custody of an individual served would exercise. <input type="checkbox"/> Abandonment: or Mandated Report Filed *
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Under Vendor Care Type of Incident (SLS and Licensed Home always under vendor care)

[] Any serious injury/accident including:

<input type="checkbox"/> Lacerations requiring sutures, staples, wound adhesive, or other wound closure beyond first aid. <input type="checkbox"/> Puncture wounds requiring medical treatment beyond first aid. <input type="checkbox"/> Fractures. <input type="checkbox"/> Bruising, contusions, or hematomas 2 inches or greater. <input type="checkbox"/> Bruising, contusions, or hematomas, regardless of size to: 1. The head eyes or neck. 2. The breasts, genitals, rectal, or anal area	<input type="checkbox"/> Dislocations. <input type="checkbox"/> Bites that break the skin and require medical treatment beyond first aid. <input type="checkbox"/> Internal bleeding requiring medical treatment beyond first aid. <input type="checkbox"/> Pressure injuries stage 2 or greater or unstageable; or <input type="checkbox"/> Any head injury, including concussion, requiring medical attention.	<input type="checkbox"/> Any medication errors. <input type="checkbox"/> Medication reactions that require medical treatment beyond first aid. <input type="checkbox"/> Injury resulting from a seizure requiring medical treatment <i>beyond</i> first aid. <input type="checkbox"/> Injury resulting from aggressive contact from another individual requiring medical treatment beyond first aid.
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[] Any unplanned or unscheduled hospitalization due to the following conditions:

<input type="checkbox"/> Respiratory illness, including but not limited to asthma; tuberculosis; and chronic obstructive pulmonary disease. <input type="checkbox"/> Seizure-related. <input type="checkbox"/> Any stay in a hospital emergency room lasting five days or more.	<input type="checkbox"/> Cardiac-related, including but not limited to, congestive heart failure; hypertension; and angina. <input type="checkbox"/> Diabetes, including diabetes-related complications;	<input type="checkbox"/> Internal Infections, including but not limited to, ear, nose and throat; gastrointestinal; kidney; dental; pelvic; or urinary tract. <input type="checkbox"/> Bowel obstruction; or	<input type="checkbox"/> Wound/skin care, including but not limited to, cellulitis and decubitus. <input type="checkbox"/> Nutritional deficiencies, including but not limited to, anemia and dehydration. <input type="checkbox"/> Involuntary psychiatric admission.
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Behavioral Crisis episode:

Use of restrictive behavior intervention/ physical containment, Chemical restraint drug used to control behavior (not to treat medical condition) **I.D. Team Staffing within 24-Hours required per H&S Code 1180-1180.6 (Restraint/Seclusion) WIC §4659.2**

Complete Post Emergency Restraint (PERR) form and submit with SIR

Other Incident Types:

<input type="checkbox"/> Verbal aggression <input type="checkbox"/> Aggressive act to self <input type="checkbox"/> Aggressive act to consumer <input type="checkbox"/> Aggressive act to staff <input type="checkbox"/> Aggressive act to family/visitor	<input type="checkbox"/> Property damage <input type="checkbox"/> Suicidal episodes (attempt/threat) <input type="checkbox"/> Alleged Violation of Rights (Title 17) <input type="checkbox"/> Other sexual incident: Sexual harassment	<input type="checkbox"/> Inappropriate sexual contact <input type="checkbox"/> Vehicular accident with injury <input type="checkbox"/> <i>Emergency Dept Only Follow up required (Reason, diagnosis and treatment)</i> <input type="checkbox"/> Non Emergency Medical
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Description of Incident: (who , what, when, where, how diagnosis and treatment, individuals involved)

Action taken /Treatment Provided (describe)

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Follow up activity/ prevention plan

Frequency:

In cases where an individual experiences the same event multiple times in one day or the vendor learns of the same incident that has occurred over multiple days, the vendor or long-term health care facility may submit one incident report to the regional center describing multiple incidents.

This is a multiple incident.

Number of Times in One Day _____
 Number of Days _____

Notification:

<u>Report Submitted By (Print Name / Title)</u>	Contact name and #: <u>Signature Required</u>	CONTACT DATE
Reviewed by:	<u>Signature Required</u>	Date
Other Agencies/Individuals Notified/ Contact Name:	Contact name and #	Date
<u>Date the vendor/other entity notified WRC of the incident</u>	<u>How/ Who was notification made to?</u>	<u>Date:</u>
Vendoring RC notified for all Title 17 reportable incidents		Date
Licensing (DSS /DHS)		Date
Parent/Guardian/Conservator: Legal Representative		Date
Physician/Hospital:		Date
Child/Adult Protective Services: Reference #		Date
Police/Sheriff: report #		Date
Long-Term Care Ombudsman		Date
Disability Rights California per WIC §4659.2		Date
Department of Development (DDS) Restraint reporting		Date
FMS Notified		Date

Additional Information/ Follow up Submission within 30 Days of initial SIR dated:

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Additional details and follow-up information:

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