

Notify WRC within 24 hours: (310) 258-4000 — Submit written report within 48 hours to 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 of Incident

Date Vendor/LTC Learned of Incident

Location of Incident

Universal Reporting — Report Regardless of When or Where Occurred

Death of an individual served, regardless of cause.

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

Robbery

Fraud

Aggravated assault

Identity or credit theft

Larceny

Attempted or actual homicide or manslaughter

Burglary

Human trafficking

Rape, including attempts to commit rape

Stalking

Simple assault

Hate crime

Battery

Reasonably suspected abuse or exploitation, including but not limited to: (Mandated Report filed*)

Physical

Exploitation

Sexual

Verbal

Special Incident Report (SIR) — continued

Financial

Isolation

Emotional or mental

Use of physical, mechanical, or chemical restraint (not used in crisis intervention) — Mandated Report filed*

Missing person — the vendor or long-term health care facility has filed a missing person's report with a law enforcement agency.

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

Provide medical care for physical and mental health needs, including failing to administer required health care interventions

Prevent malnutrition or dehydration

Protect from health and safety hazards, including failing to prevent two or more falls in a thirty (30) day period

Assist in personal hygiene, including failure to assist with toileting or incontinency needs, or the provision of food, fluids, clothing or shelter

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

Abandonment — Mandated Report filed*

* Mandated Report: Any incident of alleged abuse reported pursuant to the Elder and Dependent Adult Abuse Reporting Act (W&I Code § 15600 et seq.) or the Child Abuse and Neglect Reporting Act (Penal Code § 11164 et seq.).

Under Vendor Care — Type of Incident (SLS and Licensed Home Always Under Vendor Care)

Any serious injury / accident, including:

Lacerations requiring sutures, staples, wound adhesive, or other wound closure beyond first aid

Puncture wounds requiring medical treatment beyond first aid

Fractures

Dislocations

Bites that break the skin and require medical treatment beyond first aid

Internal bleeding requiring medical treatment beyond first aid

Any medication errors

Medication reactions that require medical treatment beyond first aid

Burns that require medical treatment beyond first aid

Injury resulting from a seizure requiring medical treatment beyond first aid

Bruising, contusions, or hematomas, regardless of size, to the head, eyes, or neck

Bruising, contusions, or hematomas, regardless of size, to the breasts, genitals, rectal or anal area

Bruising, contusions, or hematomas 2 inches or greater

Special Incident Report (SIR) — continued

Injury resulting from aggressive contact from another individual requiring medical treatment beyond first aid

Pressure injuries, stage 2 or greater, or unstageable

Any head injury, including concussion, requiring medical attention

Any unplanned or unscheduled hospitalization due to the following conditions:

Respiratory illness, including but not limited to asthma, tuberculosis, and chronic obstructive pulmonary disease

Seizure-related

Cardiac-related, including but not limited to congestive heart failure, hypertension, and angina

Internal infections, including but not limited to ear/nose/throat, gastrointestinal, kidney, dental, pelvic, or urinary tract

Diabetes, including diabetes-related complications

Wound / skin care, including but not limited to cellulitis and decubitus

Nutritional deficiencies, including but not limited to anemia and dehydration

Bowel obstruction

Involuntary psychiatric admission

Any stay in a hospital emergency room lasting five days or more

Behavioral crisis episode:

Use of restrictive behavior intervention / physical containment, or chemical restraint drug used to control behavior (not to treat a 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 Report (PERR) form and submit with this SIR

Other incident types:

Verbal aggression

Alleged violation of rights (Title 17)

Aggressive act to self

Other sexual incident — sexual harassment

Aggressive act to consumer

Other sexual incident — inappropriate sexual contact

Aggressive act to staff

Vehicular accident with injury

Aggressive act to family / visitor

Emergency dept.—only follow-up required (reason, diagnosis, and treatment)

Property damage

Suicidal episode (attempt / threat)

Incident Narrative

Description of Incident (who, what, when, where, how, diagnosis and treatment, individuals involved):

Action Taken / Treatment Provided (describe):

Follow-up Activity / Prevention Plan:

Special Incident Report (SIR) — continued

Frequency

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

This is a multiple incident.

Number of Times in One Day

Number of Days

Notification

Report Submitted By (Print Name / Title)	Contact Name and #	Signature (required)	Contact Date
Reviewed By	Signature (required)		Date
Other Agencies / Individuals Notified — Contact Name			Date
Date the Vendor/Other Entity Notified WRC of the Incident			How/Who Was Notification Made To?
Vendoring RC Notified (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 Developmental Services (DDS) — Restraint Reporting			Date
FMS Notified			Date

Additional Information / Follow-Up

Follow-up submission within 30 days of initial SIR dated:

Additional Details and Follow-up Information:

Submit This Report

Reset Form

Submit by Email

Submit sends this completed PDF to bdaroca@westsiderc.org via your default email app (requires Adobe Acrobat/Reader for full functionality).