Special Incident Report (SIR)

Westside Regional Center

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.

Requires Adobe Acrobat/Reader for full functionality

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 | Time 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
☐ Aggravated assault
☐ Larceny
☐ Burglary
☐ Rape, including attempts to commit rape
☐ Simple assault
☐ Battery
☐ Fraud
☐ Identity or credit theft
☐ Attempted or actual homicide or manslaughter
☐ Human trafficking
☐ Stalking
☐ Hate crime

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

☐ Physical
☐ Exploitation

- ☐ Sexual
- ☐ Verbal
- ☐ 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
- [ ] 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
- [ ] Aggressive act to self
- [ ] Aggressive act to consumer
- [ ] Aggressive act to staff
- [ ] Aggressive act to family / visitor
- [ ] Property damage
- [ ] Suicidal episode (attempt / threat)
- [ ] Alleged violation of rights (Title 17)
- [ ] Other sexual incident — sexual harassment
- [ ] Other sexual incident — inappropriate sexual contact
- [ ] Vehicular accident with injury
- [ ] Emergency dept.–only follow-up required (reason, diagnosis, and treatment)

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:

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 SIR@westsiderc.org via your default email app (requires Adobe Acrobat/Reader for full functionality).