

Long Term Care Portal Instructions

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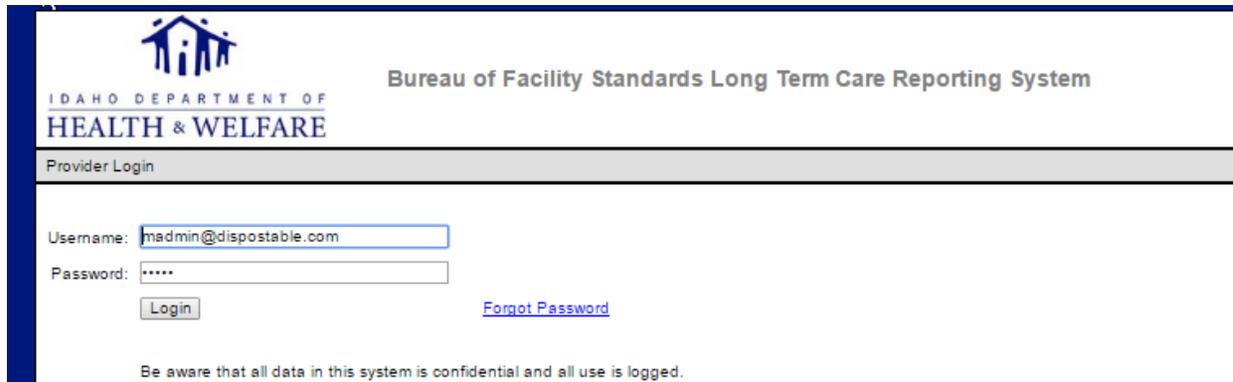
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Getting Started

https://www.ltc-portal.com/Portal/ProviderLogin.aspx

Login at

Enter your **email address** as your username and enter the **password** that was sent to you.



The screenshot shows the login interface for the Bureau of Facility Standards Long Term Care Reporting System. At the top left is the logo for the Idaho Department of Health & Welfare, featuring a stylized house with three figures inside. To the right of the logo is the text "IDAHO DEPARTMENT OF HEALTH & WELFARE". Below this is the title "Bureau of Facility Standards Long Term Care Reporting System". A grey bar below the title contains the text "Provider Login". The main login area has two input fields: "Username:" with the value "radmin@dispostable.com" and "Password:" with masked characters "*****". Below the password field is a "Login" button and a blue link for "Forgot Password". At the bottom of the page, a disclaimer reads: "Be aware that all data in this system is confidential and all use is logged."

Submitting a Reportable Incident

IDAHO DEPARTMENT OF HEALTH & WELFARE

Bureau of Facility Standards Long Term Care Reporting System

Facility Name Load Facility Administrator Logout

Reportable Incidents List [New](#)

Reportable Incident

Show Active

Incident ID	Person Reporting	Situation	Incident Date	Due Date	Status	Open	Delete
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When you log in, you'll see the Reportable Incident tab. Clicking the New button starts a new reportable incident.

Reportable Incident

Reportable Incident | File Upload | Users

NEW REPORTABLE INCIDENT

INCIDENT TYPE

Accident involving facility-sponsored transportation resulting in resident injury
 Family, visitor abuse, or misappropriation of property
 Mistreatment
 Power outage of more than one hour
 Resident Elopement of any duration
 Resident suicide or attempted suicide
 Staff abuse or misappropriation of property

Accidental death of a resident
 Misappropriation of resident property by staff (includes contractors)
 Neglect
 Resident death from any cause that occurred while the resident was physically restrained.
 Resident injury of Unknown Origin
 Resident to Resident incidents (verbal, physical, mental or sexual)

INCIDENT DETAIL

Date/Time of Incident: 06/12/2016 02:20 PM

Incident Description
Details of the incident go here...

Resident(s) Involved [Click to add residents](#)

Click save to continue working on the record

This is the screen for entering a reportable incident. Select the checkboxes and describe the details in the Incident Description box.

Incident Type – Select the appropriate **incident type**

Incident Detail – Enter the **date and time** of the incident as well as the **description** of the incident

Click to add residents

A new panel will open for entering the resident information

NEW REPORTABLE INCIDENT

INCIDENT TYPE

- Accident involving facility-sponsored transportation resulting in resident injury
- Family, visitor abuse, or misappropriation of property
- Mistreatment
- Power outage of more than one hour.
- Resident Elopement of any duration
- Resident suicide or attempted suicide
- Staff abuse or misappropriation of property
- Accidental death of a resident
- Misappropriation of resident property by staff (includes contractors)
- Neglect
- Resident death from any cause that occurred while the resident was physically restrained.
- Resident injury of Unknown Origin
- Resident to Resident incidents (verbal, physical, mental or sexual)

INCIDENT DETAIL

Date/Time of Incident 06/12/2016 02:20 PM

Incident Description
Details of the incident go here...

Resident(s) Involved

Residents First Name	Residents Last Name	SSN (last 4)	Victim	Aggressor	Save	Delete
			<input type="checkbox"/>	<input type="checkbox"/>		

Facility Plan for Prevention/Corrective Action
Plan for corrective action here...

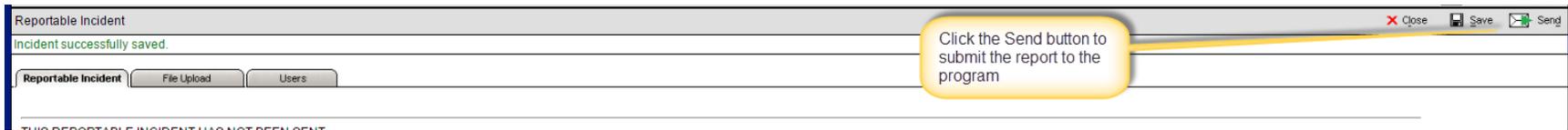
When you click save (or the residents link) this panel appears

Resident(s) Involved

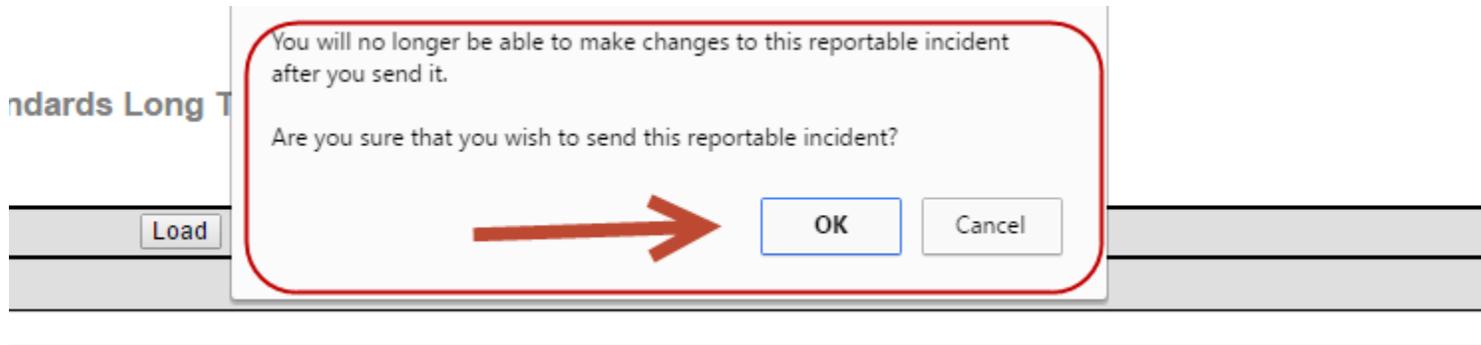
Residents First Name	Residents Last Name	SSN (last 4)	Victim	Aggressor	Save	Delete
Jane	Smith	444-88-9999	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		

Facility Plan for Prevention/Corrective Action
Plan for corrective action here...

You can add multiple residents



When you are finished updating the report, you must click Send in order to submit the report to the program.



Click **OK** to confirm that you wish to submit the report. Once you submit the report, you will not be able to change it.

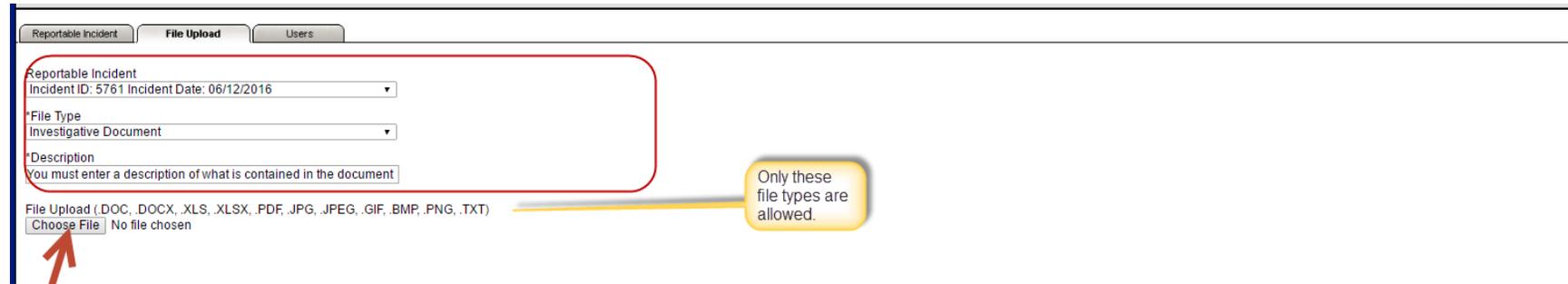
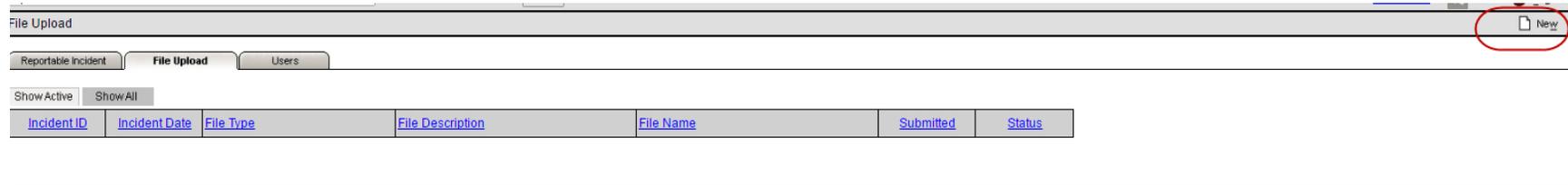
Incident ID	Person Reporting	Situation	Incident Date	Due Date	Status	Open	Delete
5761	Rudd, Joe	Details of the incident go here...	06/12/2016	06/17/2016	Submitted		

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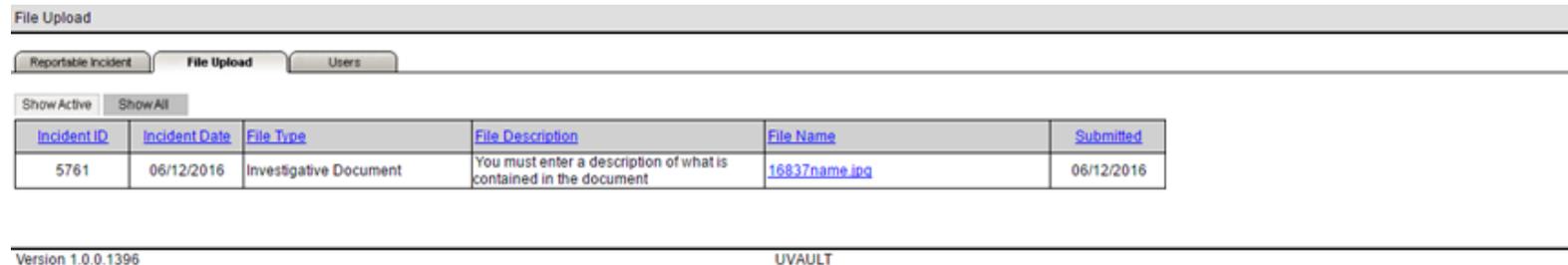
In the screen shot above, you can see that the report has been submitted. Your due date for the investigation documentation shows in the **Due Date** column.

Upload Investigation Documents

To upload an investigation document to the facility, select the File Upload tab and click New.



Fill out the form and upload the file by clicking Choose File and browsing to the location on your computer. *Notice that you can only upload the types that are listed on the page.* Click the **send** button in the upper right hand corner.



Managing User Logins

Reportable Incident		File Upload		Users		
Last Name	First Name	Primary Phone	Email	Active	Administrator	Open
Administrator	The		Administrator@theemailaddress.com	✓	✓	🔍

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If you are the administrator, you can click on the Users tab and make changes to the facility logins. You must be the administrator to manage the logins. If the facility administrator changes, you must contact the program to set up the new administrator account.

New User Close Save

Reportable Incident File Upload Users

Last Name First Name

Address Address 2

City State Zip

State -- Please Select --

Email Address Password

Active

Fill out this form and click save to create a new user login.

Password Reset

HEALTH & WELFARE

Provider Login

A new password has been sent to your email address.

Username:

Password:

[Forgot Password](#)

Be aware that all data in this system is confidential and all use is logged.
This system is to be accessed by authorized users for business purposes only.
If you do not agree with these requirements, please DO NOT login.

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Click the link to reset your password.

From	Subject	Date
 donotreply@flareslive.com	New Password	12 Jun 2016, 23:43

The system will generate a new password and send you an email.

Message "New Password"

From: donotreply@flareslive.com

 [Back to inbox](#) |  [Download EML](#) |  [Delete message](#)

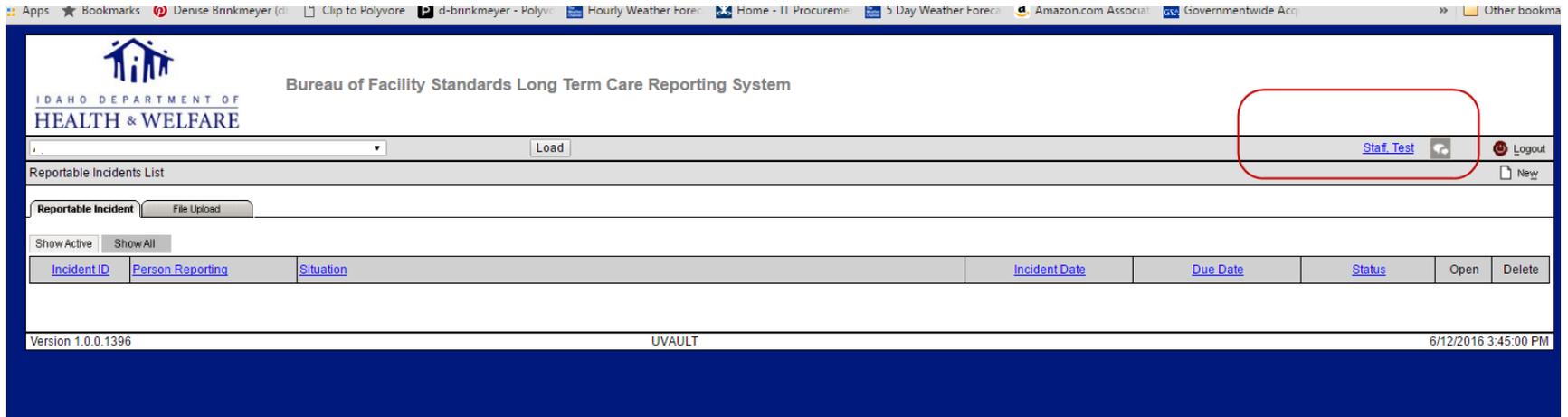
Click [here](#) if you trust the sender and want to see original message.

Your Temporary Password is:

Wy7*&8Hd

[Contact](#) | Unread messages older than 3 days are automatically deleted.

Retrieve the new password and use that to login.



Apps Bookmarks Denise Brinkmeyer (d... Clip to Polyvore d-brinkmeyer - Polyvo Hourly Weather Forec Home - II Procureme 5 Day Weather Foreca Amazon.com Associat Governmentwide Acc Other bookma

IDAHO DEPARTMENT OF HEALTH & WELFARE

Bureau of Facility Standards Long Term Care Reporting System

Load Staff_Test Logout

Reportable Incidents List

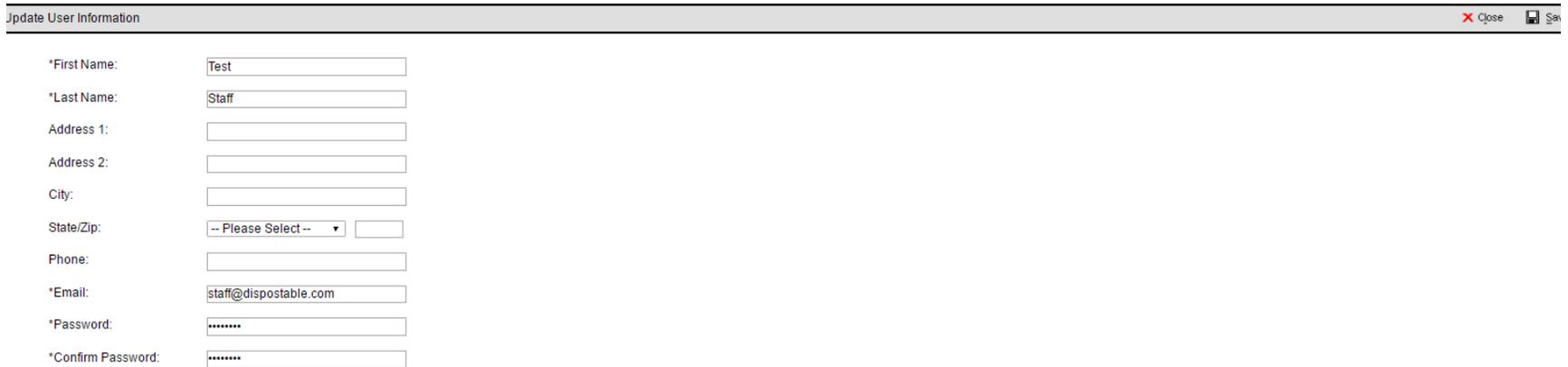
Reportable Incident File Upload

Show Active Show All

Incident ID	Person Reporting	Situation	Incident Date	Due Date	Status	Open	Delete
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You can change your password and information by clicking on your name.



Jpdate User Information Close Save

*First Name:

*Last Name:

Address 1:

Address 2:

City:

State/Zip:

Phone:

*Email:

*Password:

*Confirm Password:

Change any of your account details including password and click "Save". Remember that email addresses must be unique. This means that two different people cannot use the same email address for their login.