

Change in portal reporting requirements/actions

Beginning **August 5, 2018**, when a facility creates a new reportable event and selects one of these four categories: Mistreatment, Misappropriation of resident property by staff, Neglect or Staff abuse, the facility will now be required to enter the information for the person(s) accused of the incident. The facility will not be able to complete the reporting until the information has been provided. This in no way is an indication of whether the named party as actually involved in the event or if the event actual occurred as reported; that should be apparent in the investigation results.

INCIDENT TYPE

<input type="checkbox"/> Accident involving facility-sponsored transportation resulting in resident injury	<input type="checkbox"/> Accidental death of a resident
<input type="checkbox"/> Activation of the facility's Emergency Action Plan for any reason, other than as a test of the system.	<input type="checkbox"/> Activation of the facility's evacuation plan, for any reason other than as a system test.
<input type="checkbox"/> An unexpected death of a resident; may be related to injuries while under care of the facility, or some other cause	<input type="checkbox"/> Any fall where the resident receives one or more injuries
<input type="checkbox"/> Fire of any type, with or without physical damages, in any part of the facility or its grounds.	<input type="checkbox"/> Interruption of the facility's fire alarm system for four or more hours.
<input type="checkbox"/> Interruption of the facility's fire suppression system lasting 10 or hours.	<input checked="" type="checkbox"/> Misappropriation of resident property by staff (includes contractors)
<input checked="" type="checkbox"/> Mistreatment	<input checked="" type="checkbox"/> Neglect
<input type="checkbox"/> Power outage lasting one or more hours.	<input type="checkbox"/> Resident abuse or misappropriation of property by family or visitor.
<input type="checkbox"/> Resident death, from any cause, that occurred while the resident was restrained or in seclusion.	<input type="checkbox"/> Resident Elopement of any duration
<input type="checkbox"/> Resident injury of Unknown Origin	<input type="checkbox"/> Resident suicide or attempted suicide
<input type="checkbox"/> Resident-to-Resident incidents (verbal, physical, mental or sexual)	<input checked="" type="checkbox"/> Staff abuse

INCIDENT DETAIL

Date/Time of Incident

Incident Description

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

Parties Accused [Click to add party accused](#)

Immediate Protective Action Plan

To enter the resident(s) name and the Parties Accused name the upper portion must be completed first.