North Bay Regional Center

SPECIAL INCIDENT REPORT

Vendor/Facility Name aaa		Vendor Number
Address aaa		Phone Number
Vendor Type ◯CCF ◯SLS ◯ ILS ◯FHA ◯ ICF ◯ SNF ◯AdultDay/SEP ◯Other		Report Date
Client Legal Name	Date of Birth	UCI#
Incident Date ◯ Definite ◯ Approximate	Incident Location	
Incident Time ◉ AM ◯PM ◉Definite ◯Approx.		

Check Applicable Sex: ◯ M ◉ F ◉ Verbal ◯ Non-Verbal ◯ Ambulatory ◯ Non-Ambulatory
Conserved? ◯ Yes ◉ No

INSTRUCTIONS

1. Notify North Bay Regional Center SIR Coordinator of all special incidents within 24 hours.
2. Submit written report within 48 hours, NBRC SIR Fax (707)256-1270 or email: **SIR@nbrc.net**
3. Notify applicable licensing (CCL, DHS, APS, Ombudsman, Police) entity per regulations
4. Notify responsible person (i.e. parent, guardian, conservator,) per requirements

SPECIAL INCIDENTS (TITLE 17, 054327)

(check all that apply)

- ☐ Death (regardless of when or where the incident occurred)
- ☐ Missing Person ◯Law Notified ◯ Law Not Notified
- ☐ Unauthorized Absence – Law Not Notified
- ☐ Victim of crime (regardless of when or where the incident occurred)

  Specify

- ☐ **Reasonably Suspected Abuse or Exploitation**
  - ☐ Physical Alleged violation of rights
  - ☐ Sexual
  - ☐ Fiduciary(Financial)
  - ☐ Emotional/Mental
  - ☐ Physical and/or chemical restraint
    - Behavioral Support Plan in Place ◯ Yes ◯ No
    - I.D. Team Staffing within 24 hours required*
    - H&S Code 1180-1180.6 (Restraint/Seclusion)
  - ☐ Reasonable Suspect Neglect
  - ☐ Failure to provide medical care for physical and mental health needs
  - ☐ Failure to prevent malnutrition
  - ☐ Failure to prevent dehydration
  - ☐ Failure to assist with person hygiene
  - ☐ Failure to protect from health and safety hazards
  - ☐ Failure to assist in provision of food, clothing, shelter
  - ☐ Failure to provide for an elder adult
- **Serious Injury or Accident Including:**
  - ☐ Lacerations requiring sutures, staples, or glue
  - ☐ Puncture wounds requiring medical treatment beyond first aid
  - ☐ Fractures
  - ☐ Dislocations
  - ☐ Bites that break the skin and require medical treatment beyond first aid
  - ☐ Internal bleeding

Medical Treatment (If yes, describe) ◯ Yes ◯ No

Administered where:

Administered by:

Regional Center Required Supplemental Reporting

(check all that apply)

Injury or Accident to Client

- ☐ Injury - accident
- ☐ Unknown Origin
- ☐ From Seizure
- ☐ From another consumer
- ☐ From behavior episode
- ☐ Motor vehicle accident (regardless of injury)

Aggressive acts

- ☐ Suicide attempt
- ☐ Suicide threat
- ☐ Other sexual incident – not rape
- ☐ Aggressive act involving weapon

☐ **Other**

- ☐ Fall
  - ◯Injury ◯Non-Injury
- ☐ Use of PRN psychotropic medication
- ☐ Disease outbreak
- ☐ Condition Req Medical Intervention beyond first aid
- ☐ Drug/Alcohol Abuse
- ☐ Emergency Room Visit
- ☐ Seizures
- ☐ Arrests

☐ Medication errors ☐ Medication reactions that require medical treatment beyond first aid ☐ Burns that require medical treatment beyond first aid **Any unplanned or unscheduled hospitalization due to the following conditions** ☐ Respiratory Illness ☐ Seizure related ☐ Cardiac related ☐ Internal infections ☐ Diabetes, including diabetes-related complications ☐ Wound/skin care ☐ Nutritional deficiencies ☐ Involuntary psychiatric admission ☐ Other	☐ Theft by a client ☐ Community Safety ☐ Law Enforcement Involvement ☐ Psych Emergency Team/ No Hospital ☐ Planned Hospitalization ☐ Voluntary Psych Admission ☐ Other

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OTHER ENTITIES NOTIFIED				
	CONTACT NAME	DATE	TELEPHONE	REPORT# (If applicable)
☐ Community Care Licensing				
☐ Licensing and Certification (DHS)				
☐ Family member/Guardian/Conservator				
☐ Physician/Hospital				
☐ Child/Adult Protective Services				
☐ Long-Term Care Ombudsman				
☐ Police/Sheriff				
☐ County Coroner				
☐ Residential Service Provider				
☐ North Bay Regional Center				
☐ Other:				
☐ Other:				

Description of Incident (Include possible cause of incident/who, what, when, where, how, and why)

SPECIAL INCIDENT REPORT

Immediate action taken by service provider/staff (vendor/administrator/licensee, other)

Preventative Plan

Report Submitted by		Title		Date	
Vendor/Facility Name:					
Report Approved by:		Title		Date	

Submit