

SPECIAL INCIDENT REPORT

Vendor/Facility Name		Vendor Number
Address		Phone Number
Vendor Type <input type="checkbox"/> CCF <input type="checkbox"/> SLS <input type="checkbox"/> ILS <input type="checkbox"/> FHA <input type="checkbox"/> ICF <input type="checkbox"/> SNF <input type="checkbox"/> Adult Day/SEP <input type="checkbox"/> Other		Date of Report
Consumer Legal Name		Date of Birth
Date of Incident <input type="checkbox"/> Definite <input type="checkbox"/> Approximate		Location of Incident
Time of Incident <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Definite <input type="checkbox"/> Approx		
Check Applicable Sex: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Verbal <input type="checkbox"/> Non-Verbal <input type="checkbox"/> Ambulatory <input type="checkbox"/> Non-Ambulatory <input type="checkbox"/> Conserved <input type="checkbox"/> Yes <input type="checkbox"/> No		UCI #

INSTRUCTIONS

1. Notify the North Bay Regional Center Service 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 (Report for any and all situations. Also refer to section 5)
- 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/exploitation
 - Physical Alleged violation of rights
 - Sexual Alleged Abuse
 - Fiduciary(Financial) Other
 - 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)
- Reasonably suspected neglect
 - Failure to provide medical care for physical and mental health needs
 - Failure to prevent malnutrition
 - Failure to prevent dehydration
 - Failure to assist with personal hygiene
 - Failure to protect from health and safety hazards
 - Failure to assist in provision of food, clothing, shelter
 - Failure to provide care for an elder adult
- Serious injury/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
 - Any 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

Medical Treatment (if yes, describe) Yes No

Administered where:

Administered by:

Regional Center Required Supplemental Reporting (check all that apply)

- Injury/accident to consumer
 - Injury - accident
 - Unknown Origin
 - From seizure
 - From another consumer
 - From behavior episode
 - Motor vehicle accident (regardless of injury)
- Aggressive acts
 - To self
 - To another consumer
 - To staff
 - To family/visitor/community member
 - Property damage
 - Fire setting
 - Recipient of aggression by another consumer/no injury
 - Severe verbal threats
 - 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
 - Choking
 - Other - Intervention
 - Condition Req Medical Intervention
 - Drug/Alcohol Abuse
 - Emergency Room Visit
 - Seizures
 - Arrests
 - Theft by a consumer
 - Community Safety
 - Law Enforcement Involvement
 - Inc Req Psych Emergency Team/ No Hospital
 - Pregnancy
 - Planned Hospitalization
 - Voluntary Psych Admission
 - Other

SPECIAL INCIDENT REPORT

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