

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

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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)

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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