

SPECIAL INCIDENT REPORT									
Vendor/Facility Name							Vendor Number		
Address							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 <ol style="list-style-type: none"> 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									

<p>Medication errors</p> <p>Medication reactions that require medical treatment beyond first aid</p> <p>Burns that require medical treatment beyond first aid</p> <p>Any unplanned or unscheduled hospitalization due to the following conditions</p> <ul style="list-style-type: none"> Respiratory Illness Seizure related Cardiac related Internal infections Diabetes, including diabetes-related complications Wound/skin care Nutritional deficiencies Involuntary psychiatric admission Other 	<p>Theft by a client</p> <p>Community Safety</p> <p>Law Enforcement Involvement</p> <p>Psych Emergency Team/ No Hospital</p> <p>Planned Hospitalization</p> <p>Voluntary Psych Admission</p> <p>Other</p>
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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	