

NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY

POLICY & PROCEDURE MANUAL

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PERSONNEL
(Manual Section)

RECIPIENT RIGHTS:
INCIDENT REPORTS
(Subject)

Approval of Policy

Dated:

Original Inception Date:

January 11, 1996

Last Revision of Policy Approved:

March 7, 2008

Comment [DH1]: Board Approval of Policy #2790, 1/11/96; Board Approval of Policy # change from 2790 to 3825 and policy change, 5/7/98; Administrative Approval of Policy revision 09/26/2006; Administrative Approval of Policy revision dated 3/08/2008

•1 POLICY:

It is the policy of the Agency that staff document any unusual, out-of-the-ordinary events that occur in a program. Incident reports ensure this and are used for the following purposes:

1. to monitor that treatment is suited to the needs of the recipient;
2. patterns of behavior that require intervention are detected early;
3. agency-wide or program-specific problems, like safety issues, are dealt with;
4. needed staff training is developed.

Incident reports are legal documents and may not be destroyed. They are administrative documents that are confidential. They are not subject to court subpoena and are not public documents as defined by Section 300.1748(9) of the Mental Health Code (Revised). They are prepared and used for the purposes of peer and supervisory review and quality control.

•2 APPLICATION:

All employees, all recipients, all providers – licensed or unlicensed.

•3 DEFINITIONS:

INCIDENT: An occurrence that disrupts or adversely affects the course of treatment or care of an individual. Examples include:

1. Serious injury of recipients and incidents which could have caused serious injury; which includes serious unexplained injuries and serious injuries resulting from the application of physical management.
2. Non-serious injury which appears to involve abuse or neglect of a recipient.
3. Suspected abuse or neglect of a recipient.
4. Repeated behaviors which are not addressed in a plan of service.
5. Sexual abuse, which means contact or sexual penetration between a recipient and an employee; a recipient and another person, when that other person is providing

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- authorized care and/or supervision to that recipient; and a recipient and another recipient when one does not consent.
6. Incidents involving sexual misconduct.
 7. First-time occurrences, such as seizures, fire-setting behavior, etc.
 8. Medication errors and medication refusals.
 9. Every use of physical intervention not covered in a behavior program.
 10. Any significant event in the community involving a recipient.
 11. A traffic accident involving recipients.
 12. A recipient leaving the home without permission or notice.
 13. Recipient-to-employee injury.
 14. The death of a recipient.
 15. Any accident or illness that requires hospitalization (including emergency room treatment).
 16. Incidents of displays of serious hostility.
 17. Incidents that involve hospitalization.
 18. Attempts at self-inflicted harm or harm to others.
 19. Instances of destruction of property.
 20. Incidents that involve the arrest or conviction of a resident (as required pursuant to the provisions of section 1403 of Act 322 Public Acts of 1988.

LICENSED: A home that has been issued a license to operate as an adult foster care home.

•4 CROSS-/REFERENCES:

•5 FORMS AND EXHIBITS:

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Administrative Approval of Procedure: _____	Dated: _____
_____	<u>September 26, 2006</u>

Comment [DH2]: Administrative Approval of Procedure as Policy #2790, 1/11/96; Administrative Approval of Policy # change from 2790 to 3825 and Procedure change, 5/7/98

•6 PROCEDURE:

Incident Reports for Licensed Settings

•6•1 APPLICATION:

All Licensed Settings

•6•2 OUTLINE / NARRATIVE:

**MANDATORY REPORTING REQUIREMENTS FOR SMALL & LARGE GROUP
AFC HOMES AND FAMILY AFC HOMES:**

AFC Licensing rules for items 14-20 under “Definitions” examples, a reasonable attempt is to be made to contact the resident’s designated representative (guardian) and the responsible agency (Northeast Michigan Community Mental Health) by telephone and shall follow the attempt with a copy of the AFC Incident/Accident Report (OCAL-4607) being sent to the resident’s designated representative (guardian), responsible agency (Northeast Michigan Community Mental Health), and the adult foster care licensing division within 48 hours. (Exception: Family homes are not required to send the report to AFC licensing.) An immediate investigation of the cause of an accident or incident that involves a resident, employee or visitor should be initiated by the home supervisor, administrator, or licensee and an appropriate Incident/Accident Report ([OCAL-4607](#)) shall be completed and maintained.

If a resident is absent without notice, the care provider/RTW/responsible caregiver shall do the following:

1. Make a reasonable attempt to contact the resident’s designated representative and responsible agency.
2. Contact the local police authority.
3. Make a reasonable attempt to locate the resident through means other than those specified above.

An Incident/Accident Report (OCAL-4607) shall be submitted to the resident’s designated representative and the responsible agency in all instances when a resident is absent without notice. The report shall be submitted within 24 hours of each occurrence.

A copy of the Incident/Accident Report ([OCAL-4607](#)) that is required for items 14-20 shall be maintained in the home in the AFC documents (NOT THIS AGENCY’S CLINICAL RECORD) for a period of not less than two years. (See Step 5 under Procedure.)

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Procedure for completing the Incident/Accident Report Form, [OCAL-4607](#):

1. The Incident/Accident Report is prepared by the responsible staff person as soon as possible, but in no case later than the end of the shift on which the incident occurred.
2. The nurse or attending medical staff is to complete the section for physical injury in all cases of medication errors and incidents that result in medical treatment.
3. The AFC home supervisor or his/her designee will review the report and determine if it meets the criteria listed in 14-20. If so, he/she will make a reasonable attempt to notify the resident's personal representative and responsible agency by telephone. Within 48 hours, a copy of the written report will be submitted to the personal representative, responsible agency, and AFC licensing division. (Exception: Family homes are not required to send the report to AFC licensing.) The supervisor/licensee or designee will note the submission of this information on the Incident/Accident Report.
4. The home supervisor/licensee or designee must complete the area labeled "Corrective Measures Taken to Remedy and/or Prevent Recurrence," and include relevant disciplinary action taken.
5. The home supervisor/licensee or designee will retain a copy of all Incident/Accident Reports in the home, in a file folder labeled "Incident/Accident Reports" and the originals and any remaining copies are sent to the Supports Coordinator. It is recommended there be files for each resident and each file be separated by "non-reportable" and "reportable" (#1-13 and #14-20 under "Definition" examples).
6. The supports coordinator must receive the original Incident/Accident Report for signature and comments. Upon completion of supports coordinator's comments, the supports coordinator is to do the following:
 - A. For settings where NeMCMH is NOT the licensee, the supports coordinator will forward a copy to the Recipient Rights Officer, the psychologist or nurse, if applicable, and return the original report to the home for filing in the Incident/Accident Report file folder.
 - B. For settings where NeMCMH is the licensee, the supports coordinator will forward the original and all remaining copies to the licensee/administrator for signature. The licensee/administrator or designee will forward a copy to the Recipient Rights Officer and Supports Coordinator, and send the original to the home for filing in the Incident/Accident Report file folder.

The Officer of Recipient Rights shall review all incident reports and 1) determine if an investigation is required, 2) produce aggregate reports, and 3) enter into the

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Agency's clinical record via the electronic record a summary of the extraordinary incident. Periodic reports will be provided to the Recipient Rights Advisory Committee, Risk Management Committee, Quality Improvement Council and the Board.

•6•3 CLARIFICATIONS:

•6•4 CROSS-/REFERENCES:

P.A. 218 – Pertaining to the Regulation of Adult Foster Care Facilities

•6•5 FORMS AND EXHIBITS:

[Exhibit A - OCAL-4607 AFC Licensing Division – Incident/Accident Report](#),
Michigan Department of Human Services

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Administrative Approval of Procedure: _____	Dated: <u>September 26, 2006</u>
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Comment [D3]: Administrative Approval of Procedure dated 09/26/2006

•7 PROCEDURE:

Incident Reports for Non-Licensed Settings

•7.1 APPLICATION:

All Non-Licensed Settings

•7.2 OUTLINE / NARRATIVE:

Procedure for completing the [Incident Report Form, DCH-0044](#)

1. The original Incident Report is prepared by the responsible staff person as soon as possible, but in no case later than the end of the shift on which the incident occurred.
2. The nurse or attending medical staff is to complete the section for physical injury in all cases of medication errors and incidents which result in medical treatment.
3. To ensure notification to the home of an incident occurring outside the home with a provider, provider staff must make a reasonable attempt to contact the consumer's home provider and provide a verbal report.
4. The site supervisor/staff's supervisor must complete the area labeled "Designated Supervisor" and provide specific disciplinary action, if taken. Site supervisor/staff's supervisor will forward the original Incident Report to the Supports Coordinator*.
5. The Supports Coordinator will follow up with sending a copy of the written Incident Report to the psychologist and/or nurse, if needed for behavior and/or medical monitoring.
6. The Supports Coordinator will return the original Incident Report to the Recipient Rights Officer.
7. The Office of Recipient Rights shall review all Incident Reports and 1) determine if an investigation is required, 2) produce aggregate reports, 3) enter into the clinical record via the electronic record a summary of the extraordinary incident. Periodic reports will be provided to the Recipient Rights Advisory

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Committee, Risk Management Committee, Quality Improvement Council and the Board.

* For incidents occurring in outpatient settings, absent casemanagement support:

1. The original Incident Report is prepared by the responsible staff person as soon as possible, but in no case later than the end of the shift on which the incident occurred.
2. The Supervisor or Division Director must complete the area labeled “Designated Supervisor” and provide specific disciplinary action, if taken. The Supervisor or Division Director will forward the original Incident Report to the Recipient Rights Officer for review and file.

•7•3 CLARIFICATIONS:

•7•4 CROSS-/REFERENCES:

•7•5 FORMS AND EXHIBITS:

[Exhibit B – DCH-0044 Department of Community Health Incident Report](#)

Exhibit A

INCIDENT / ACCIDENT REPORTMichigan Department of Licensing and Regulatory Affairs
Adult Foster Care and Camp Licensing Division

Date Received: _____
 Date Reviewed: _____ Initials: _____
 Action: _____ No Follow-Up Needed
 _____ Phone Call Follow-Up
 _____ SI Opened

Name of Facility/Home	License Number	Name of Person Directly Involved	☐ Resident ☐ Employee ☐ Visitor
Facility Address		Address	
Facility Phone		City/State/Zip Code	
Licensee Name		Phone	Case Number (if applicable)

OTHER PERSON(S) INVOLVED/WITNESSES:

Name	☐ Resident ☐ Employee ☐ Visitor	Name	☐ Resident ☐ Employee ☐ Visitor
Name	☐ Resident ☐ Employee ☐ Visitor	Name	☐ Resident ☐ Employee ☐ Visitor

FACTS OF THE INCIDENT (ATTACH ADDITIONAL PAGES AS NEEDED):

Date of Incident	Time ☐ AM ☐ PM	Name of Employee Assigned to Resident (if Applicable)	Location of Incident (Kitchen, Yard, etc.):
Explain What Happened / Describe Injury (if any):			
Action taken by Staff / Treatment Given (Attach separate sheet if necessary):			
Corrective Measures Taken to Remedy and/or Prevent Recurrence (Attach separate sheet if necessary):			
Name of Treating Physician / Health Care / Medical Facility / Hospital	Phone Number	Date Care Given	Time ☐ AM ☐ PM
Physician's Diagnosis of Injury, Illness or Cause of Death, if known			

PERSON(S) NOTIFIED:

AFC Licensing	Notification Date/Time Written Notice / Date:	Adult Protective Services (if applicable)	Notification Date/Time
Physician or RN (if applicable)	Notification Date/Time	Office of Recipient Rights (if applicable)	Notification Date/Time
Responsible Agency	Notification Date/Time Written Notice / Date:	Law Enforcement Agency (if applicable)	Notification Date/Time
Designated Representative/Legal Guardian	Notification Date/Time Written Notice / Date	Other {please specify}	Notification Date/Time

SIGNATURE(S):

Signature of Person Completing Report	Print Name and Title	Date
Signature of Licensee/Administrator	Print Name and Title	Date

COPY DISTRIBUTION: Resident Record, Licensing Consultant
 Responsible agency (if required by rule) and Designated representative

LICENSING RULES FOR AFC SMALL AND LARGE GROUP HOMES
R 400.15311 Investigation and reporting of incidents, accidents, illnesses, absences, and death.

Rule 311. (1) A licensee shall make a reasonable attempt to contact the resident’s designated representative and responsible agency by telephone and shall follow the attempt with a written report to the resident’s designated representative, responsible agency, and the adult foster care licensing division within 48 hours of any of the following:

- (a) The death of a resident.
- (b) Any accident or illness that requires hospitalization.
- (c) Incidents that involve any of the following:
 - (i) Displays of serious hostility.
 - (ii) Hospitalization.
 - (iii) Attempts at self-inflicted harm or harm to others.
 - (iv) Instances of destruction to property.
- (d) Incidents that involve the arrest or conviction of a resident as required pursuant to the provisions of section 1403 of Act No. 322 of the Public Acts of 1998.

(2) An immediate investigation of the cause of an accident or incident that involves a resident, employee, or visitor shall be initiated by a group home licensee or administrator and an appropriate accident record or incident report shall be completed and maintained.

(3) If a resident is absent without notice, the licensee or direct care staff shall do both of the following:

- (a) Make a reasonable attempt to contact the resident’s designated representative and responsible agency.
- (b) Contact the local police authority.

(4) A licensee shall make a reasonable attempt to locate the resident through means other than those specified in subrule (3) of this rule.

(5) A licensee shall submit a written report to the resident’s designated representative and responsible agency in all instances where a resident is absent without notice. The reports shall be submitted within 24 hours of each occurrence.

(6) An accident record or incident report shall be prepared for each accident or incident that involves a resident, staff member, or visitor. “Incident” means a seizure or a highly unusual behavior episode, including a period of absence without prior notice. An accident record or incident report shall include all of the following information:

- (a) The name of the person who was involved in the accident or incident.
- (b) The date, hour, place, and cause of the accident or incident.
- (c) The effect of the accident or incident on the person who was involved and the care given.
- (d) The name of the individuals who were notified and the time of notification.
- (e) A statement regarding the extent of the injuries, the treatment ordered, and the disposition of the person who was involved.
- (f) The corrective measures that were taken to prevent the accident or incident from happening again.

(7) A copy of the written report that is required pursuant to subrules (1) and(6) of this rule shall be maintained in the home for a period of not less than 2 years. A department form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.

LICENSING RULES FOR AFC FAMILY HOMES
R 400.1416 Resident health care.

Rule 16. (1) A licensee, in conjunction with a resident’s cooperation, shall follow the instructions and recommendations of a resident’s physician with regard to such items as medications, special diets, and other resident health care needs that can be provided in the home.

(2) A licensee shall maintain a health care appraisal on file for not less than 2 years from the resident’s admission to the home.

(3) A licensee shall record the weight of a resident upon admission and monthly thereafter. Weight records shall be kept on file for 2 years.

(4) A licensee shall make a reasonable attempt to contact the resident’s next of kin, designated representative, and responsible agency by telephone, followed by a written report to the resident’s designated representative and responsible agency within 48 hours of any of the following:

- (a) The death of a resident.
- (b) Any accident or illness requiring hospitalization.
- (c) Incidents involving displays of serious hostility, hospitalization, attempts at self-inflicted harm or harm to other, and instances of destruction to property.

(5) A copy of the written report required in subrule (4) of this rule shall be maintained in the home for a period of not less than 2 years. A department form shall be used unless prior authorization for a substitute form has been granted in writing by the department.

R 400.1417 Absence without notice.

Rule 17. (1) If a resident is absent without notice, the licensee or responsible person shall do both of the following:

- (a) Make a reasonable attempt to contact the resident’s next of kin, designated representative, and responsible agency.
- (b) Contact the local police authority.

2) A licensee shall make a reasonable attempt to pursue other steps in locating the resident.

3) A licensee shall submit a written report to the resident’s designated representative and responsible agency in all instances where a resident is absent without notice. The report shall be submitted within 24 hours of each occurrence.

LICENSING RULES FOR AFC CONGREGATE FACILITIES
R 400.2404 Illnesses and accidents.

Rule 404. (1) In case of an accident or sudden adverse change in a resident’s physical condition or adjustment, a congregate facility shall obtain needed care immediately and notify the responsible relative and the person or agency responsible for placing and maintaining the resident in the congregate facility.

2) An occurrence of a reportable communicable disease as defined by the laws of this state or the rules implementing such laws shall be reported immediately to the local health department and the department.

3) Immediate investigation of the cause of an accident or incident involving a resident, employee or visitor shall be initiated by a congregate facility licensee or administrator and an appropriate accident record or incident report completed and maintained. Within 72 hours, serious accidents requiring medical attention shall be reported to the department for remedial review.

R 400.2405. Deaths of Residents

Rule 405. When a resident dies, a congregate facility licensee or administrator shall notify immediately the resident’s physician, the next of kin or legal guardian and the person or agency responsible for placing and maintaining the resident in the congregate facility. Statutes applicable to the reporting of sudden or unexpected death shall be observed. The death shall be reported to the department within 72 hours.

AUTHORITY: P.A. 218 of 1979 COMPLETION: Is Required CONSEQUENCE: Violation of Adult Foster Care Administrative Rule	Lara is an equal opportunity employer/program Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities
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MICHIGAN DEPARTMENT OF COMMUNITY HEALTH INCIDENT REPORT		RECIPIENT NAME	
REPORT DATE		CASE NO.	
TIME		AGE/BIRTHDATE	
AGENCY NAME		SEX	
WORK AND LIVING UNIT NAME		PRINT OR USE ADDRESSOGRAPH PLATE	

WHEN DID YOU DISCOVER INCIDENT (Date & Time) ☐ AM ☐ PM	WHEN DID IT HAPPEN (Date & Time) ☐ AM ☐ PM	WHERE DID INCIDENT HAPPEN (Building, Location) ☐ AM ☐ PM	
RECIPIENT(S) INVOLVED		OTHER RECIPIENT(S) PRESENT	
EMPLOYEE(S) INVOLVED AND/OR PRESENT			
EXPLAIN WHAT HAPPENED			
ACTION TAKEN BY STAFF			
PHYSICAL INJURY APPARENT? ☐ YES ☐ NO		REPORTING PERSON'S SIGNATURE & TITLE	DATE

IF INJURY, DESCRIPTION OF INJURY BY PHYSICIAN OR R.N.			
DESCRIPTION OF TREATMENT OR CARE GIVEN			
DATE & TIME CARE GIVEN ☐ AM ☐ PM	EXTENT OF INJURY AT THIS TIME ☐ SERIOUS ☐ NON-SERIOUS	PHYSICIAN'S OR R.N. SIGNATURE	DATE
IF SERIOUS INJURY: DATE & TIME DIRECTOR OR DESIGNEE NOTIFIED ☐ AM ☐ PM	IF SERIOUS INJURY: DATE & TIME RIGHTS ADVISOR NOTIFIED ☐ AM ☐ PM	PHYSICIAN'S OR R.N. SIGNATURE	DATE

DESIGNATED SUPERVISOR (State program or administrative action to remedy and/or prevent reoccurrence of incident, including disciplinary action)	
NAME OF EMPLOYEE ASSIGNED TO RECIPIENT AT TIME OF INCIDENT	
DESIGNATED SUPERVISOR'S SIGNATURE	