



Organization:

Service name, where death/incident occurred:

License #:

Service Type:

Location Address:

Case #:

Consumer Name:

Date of Birth:

Ethnicity/Race:

Gender:

Medicaid #:

Date/Time of Death/Incident:

Date of Discovery of death/incident:

Waiver Service Recipient? Yes No

Specialist Notify Date:

Waiver Type:

Originator/Witness:

Relationship:

REPORTABLE DEATH - Death that occurs during the time an individual is receiving services in the program.

REPORTABLE SERIOUS INCIDENT/INJURY - Includes body injury, state, condition, episode or loss of consciousness requiring medical attention (internally or externally by a licensed physician, doctor of osteopathic, physician assistant, EMTs, or nurse practitioner while the individual is supervised by or involved in services.

What best describes the incident you are reporting? (check all that apply)

Please select each of the events that occurred. For example, a broken arm that resulted in an emergency room visit would be reported as a serious injury and an unplanned emergency room visit.

Level 3

- A serious injury of an individual that results in, or likely will result in, permanent physical or psychological impairment
- A sexual assault of an individual
- A suicide attempt by an individual that resulted in a hospital admission

Level 2

- A diagnosis of a bowel obstruction
- A diagnosis of a decubitus ulcer
- A diagnosis of aspiration pneumonia
- An individual who is missing
- An unplanned emergency room or urgent care facility visit, when not used in lieu of primary care
- An unplanned medical hospital admission
- An unplanned psychiatric admission
- Any action by the individual that caused or could cause significant harm or threat to the health or safety of others.
- Any other event or circumstance that occurs or originates during the provision of a service or on the premises of the provider that results in a significant harm or threat to the health and safety of an individual that does not meet the definition of a Level III serious incident.
- Choking incident
- Ingestion of any hazardous material
- Serious injury requiring medical attention (other than level 3)

Did an injury, illness or condition occur?? Yes No

Cause of Incident (check all that apply)

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Report ID: DSI-01

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- Accidental injury by another person
- Animal or insect bite/Sting
- Assault (by others)
- Assault (peer to peer aggression)
- Assault by staff or caregiver
- Blunt force trauma
- Drowning/Submersion (water accident)
- Fall/Trip
- Food ingredients or consistency
- Ingestion of foreign or hazardous material
- Medical equipment malfunction (Adaptive equipment)
- Medication error
- Motor vehicle accident
- Natural disease process
- Neglect
- Overdose
- Overexertion
- Poisoning or exposure to toxic substance
- Restraint/Seclusion
- Seizure
- Self-injury
- Smoke/Fire exposure
- Suicide attempt
- Traumatic event
- Unknown Cause
- Other cause

Injury Description:

COMPLETE FOR SERIOUS INJURIES

Injury/Incident Description/ Circumstances:
Self-inflicted physical harm.

Did this injury involve loss of consciousness? Yes No

Medical Attention Provided? Yes No Medical Attention Date and Time:

Medical Attention Type: Emergency Non-Emergency

Description of Medical Treatment Provided & Finding:

Describe the consequences and risk of harm:

Complete for DEATHS only

Accidental Homicide Natural Suicide Underdetermined

Was the death Expected? Unexpected?

Referred to Medical Examiner? Yes No

Is autopsy to be performed? Yes No

If yes, status:

Report Date:

Report ID:

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Suspected Type of death:

Cause (from death certificate):

Known Facts Regarding Death/circumstances (attach additional notes, if necessary):

Was an internal investigation initiated? Yes No

If yes, indicate date begun:

External notification made (check all that apply):

- DSS
- Law Enforcement Agency
- State Police
- Other (please specify):
- Dept. of Health Professions
- Dept. of Health

Provider's Corrective Actions (Check all that apply)

- Change policy and procedure
- Implement Current policy and procedure
- Train individual staff
- Train all staff
- Increase staffing
- Increase qualifications of staff
- Increase supervision (change patterns of supervision)
- Conduct root cause analysis
- Decreased capacity
- Other
- No new admissions
- Individual(s) were moved
- Environmental modification
- SP modification
- Obtain additional services/assessments
- Meet with support team to review/plan
- Improve QA
- Supervisory/Administrative staff change/action
- Corrective action pending further internal investigation

Service Staff Name/Title:

Date of Completion:

Licensing Specialist Section

Action Date: _____ **Action:** _____

Remarks:

Remarks:

Licensing Specialist:

Date Case Closed:

Report Date:

Report ID:

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