OLDER ADULT DAILY LIVING CENTER Unusual Incident Report 6 Pa. Code § 11.16

FACILITY INFORMATION								
Name of Facility:				Licens	e Number:			
Address of Facility:				County:				
Name of Director:				Telephone Number:				
DATE AND TIME OF INCIDENT								
Date:	Time:	AM PM						
TYPE OF INCIDENT: (Check all that apply)								
☐ Criminal conviction against the legal entity, owner, operator or employee as described in 6 Pa. Code § 11.281								
Injury, trauma or illness of a client requiring treatment at a medical facility								
	Violation or suspected violation of a client's rights							
A client who is missing and presumed		pements are considere	ed reportable)					
Abuse, neglect or exploitation or susp								
☐ Misuse or suspected misuse of a clien								
Outbreak of a communicable disease	as defined in 28 Pa	. Code § 27.2						
An incident involving the fire department								
A condition, except for snow or ice, that	at results in closure	of the facility for more t	han one schedu	led day c	of operation			
CLIENT INFORMATION								
Name of Client: (Last, First)			Sex		Date of Birth			
			M: ☐ F:					
			M: L F:	Ш				
Funding Source								
			_					
☐ Aging Waiver ☐ COMMCARE ☐ Independ	lence U OBRA L	」Options ☐ Private ☐	☐ Other (Specify)					
LOCATION OF INCIDENT: (Bathroom, Progra	m Araa Cantar Cr	oundo oto)						
LOCATION OF INCIDENT. (Balliloom, Flogra	ili Alea, Celilei Gil	ourius, etc)						
DESCRIPTION OF INCIDENT: Provide a detail		hat happened. What w	ere the circumst	ances lea	ading up to the			
incident? Attach additional sheets if necessary.								

FOLLOW UP ACTION TAKEN: What action was initiated or is planned in response to the incident? Attach supporting documents if applicable. (i.e. revised care plans, progress or treatment notes, revised policies/procedures, in-service training, etc). Address measures taken to reduce the risk of repeat incidents at the conclusion of the investigation, if applicable. Include referrals if applicable.						
NOTIFICATION						
Department of Aging - Division of Licensing	☐ Yes ☐ No	☐ Telephone ☐ Written	Date: Time:			
Funding Agency (specify)	Yes No	☐ Telephone ☐ Written	Date: Time:			
Client's Responsible Person (specify relationship)	Yes No	☐ Telephone ☐ Written	Date: Time:			
Local MH/MR Office (if applicable)	Yes No	☐ Telephone ☐ Written	Date: Time:			
ACT 13 MANDATORY ABUSE NOTIFICATION (if applicable)						
Local Area Agency on Aging	☐ Yes ☐ No	☐ Telephone ☐ Written	Date: Time:			
Law Enforcement	Yes No	Telephone Written	Date: Time:			
Department of Aging - Criminal History Background Check Unit (Call 717-265-7887 to report serious physical, serious bodily, sexual abuse or suspicious death)	☐ Yes ☐ No	☐ Telephone ☐ Written	Date: Time:			
CONTACT INFORMATION		·				
Name and Title of Person Completing Report:		Telephone Number of Contact Person:				
Date of Report:		Time of Report:	АМ 🗆 РМ 🗆			
Signature of person completing report:		Time of Report:	AM DPM D			
Signature of person completing report: SUMMARY OF REGULATORY REPORTING REQUIREMENTS						
Signature of person completing report:	ate, and th					
Signature of person completing report: SUMMARY OF REGULATORY REPORTING REQUIREMENTS § 11.16(b) - The responsible party, the client's family, if appropria	§ 11 occu unus incid follor re publi prog invol	ne residential services 16(d) - Within 3 work rs, the center operate ual incident and come ent report on a form s ving: (1) The Departn ces of the client invol cly funded. (3) The mean of the county in v				
Signature of person completing report: SUMMARY OF REGULATORY REPORTING REQUIREMENTS § 11.16(b) - The responsible party, the client's family, if appropria immediately notified in the event of an unusual incident relating t § 11.16(c) - In cases of abuse or suspected abuse, an incident involving a fire department, or circumstances requiring police action, within 24 hours after an unusual incident occurs but not later than the next working day, the center operator shall orally notify the following: (1) The Department. (2) The funding agency when the services of the client involved in the unusual incident a being publicly funded. (3) The mental health and mental retardation program of the county in which the center is located i the client involved in the unusual incident has mental illness or	§ 11 occu unus incid follor re publi prog invol	ne residential services 16(d) - Within 3 work rs, the center operate ual incident and come ent report on a form s ving: (1) The Departn ces of the client invol cly funded. (3) The m ram of the county in v ved in the unusual inc	s provider, if applicable, shall be sing days after an unusual incident or shall conduct an investigation of the plete and send copies of an unusual specified by the Department to the ment. (2) The funding agency when the ved in the unusual incident are being tental health and mental retardation which the center is located if the client			
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