

National Association For Regulatory Administration

Annual NARA Licensing Seminar

Presenters: Alfred C. Johnson
Patricia Adams



National Association for
Regulatory Administration

Agenda

Introductions

Incident Reports -- Assisted Living

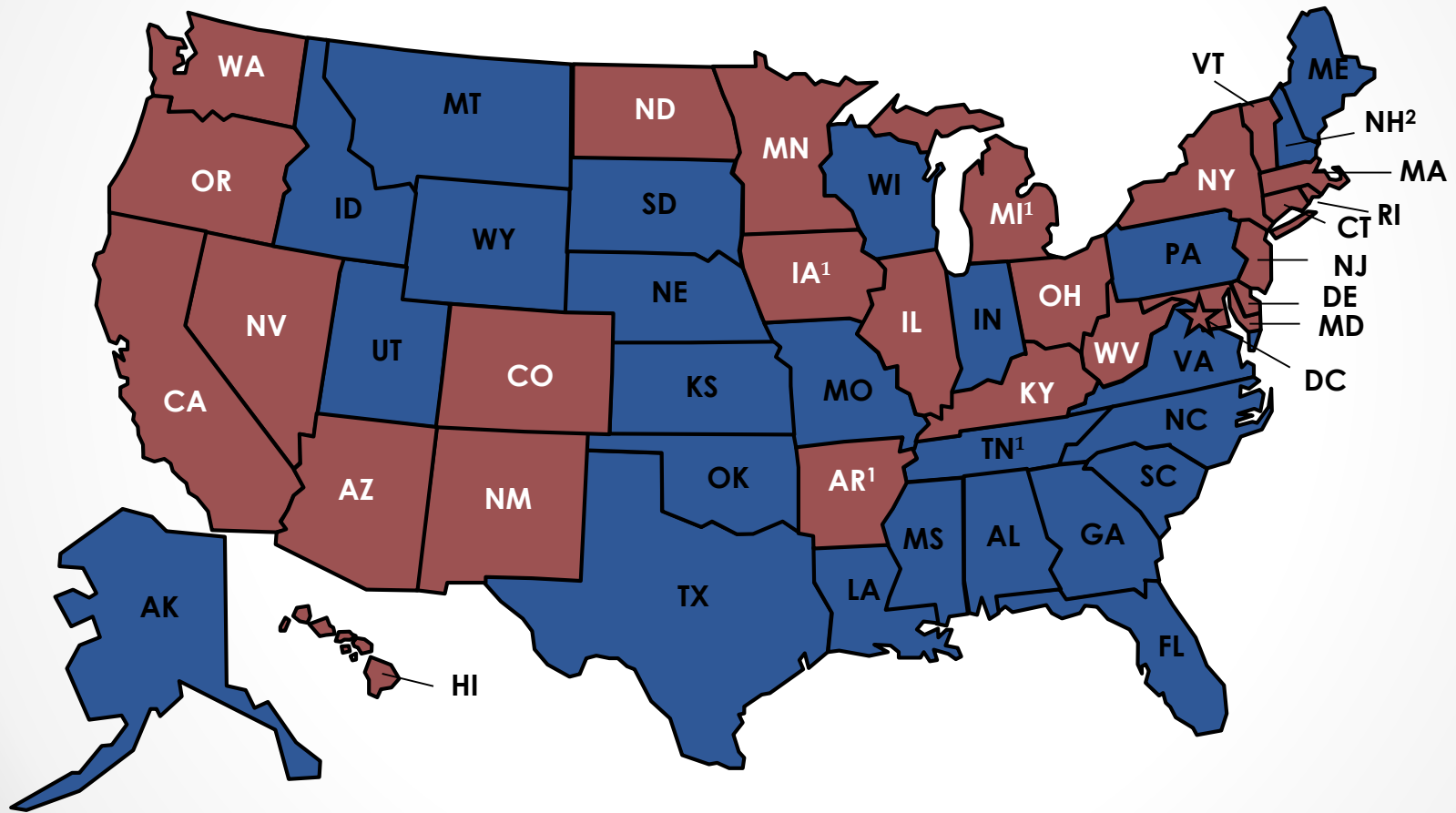
Alfred Johnson, Director, Bureau of Assisted Living

Incident Reports – It's in the details

Patricia Adams

Scenarios

Incident reporting in your state





Incident Reports – Wisconsin Assisted Living

Alfred Johnson, Director
Bureau of Assisted Living

BAL self report process is consistent with Bureau's vision

- Reasonable, efficient and consistent system of regulation,
- Licensing and certification that effectively encourages compliance
- Maintains accountability
- Protects public health and safety
- Fosters quality of life
- Promotes provider responsibility
- Supports consumer awareness, responsibility and satisfaction
- Protects vulnerable adults



Overview

- Assisted living communities are required to report certain incidents to the Department under Wisc. Stats. Chapter 50, Wisc. Admin. Code HFS 83, Wisc. Admin. Code HFS 88, and Wisc. Admin. Code HFS 13. Providers may also self-report incidents or situations that do not require reporting by regulation.
- It is important that providers include sufficient information for department review in conjunction with these reports.

Self-Report Regulations

| Death Reporting | Investigating Caregiver Misconduct | Resident Missing | Law Enforcement | Incident/Accident † |
|---|--|--|---|--|
| <ul style="list-style-type: none">• DHS 83.12(1)(a)• DHS 83.12(1)(b)• DHS 83.12(1)(c)• DHS 88.03(5)(e)1• DHS 88.03(5)(e)2 | <ul style="list-style-type: none">• DHS 83.12(2)(a)• DHS 83.12(2)(a)2• DHS 83.12(2)(b)• DHS 83.12(2)(c)• DHS 83.12(3)(b)• DHS 13.05(3)(a) | <ul style="list-style-type: none">• DHS 83.12(4)(a)• DHS 88.03(5)(e)1 | <ul style="list-style-type: none">• DHS 83.12(4)(b) | <ul style="list-style-type: none">• DHS 83.12(4)(c)• DHS 88.03(5)(e)1 |

Self-Report Regulations

| Catastrophe/Fire/ Evacuation | Facility Closing/CHOW | Change in Service | Change in Household Members | Pending Charge |
|---|--|---|---|---|
| <ul style="list-style-type: none">• DHS 83.12(4)(d)• DHS 83.12(4)(e)• DHS 83.12(4)(f)• DHS 88.03(5)(d) | <ul style="list-style-type: none">• DHS 83.11(1)• DHS 83.10(1)(a)• DHS 83.10(2)(a)• DHS 83.10(3)(b) 1-3• DHS 89.54 | <ul style="list-style-type: none">• DHS 88.03(5)(a)• DHS 88.04(2)(c) | <ul style="list-style-type: none">• DHS 88.03(5)(b) | <ul style="list-style-type: none">• DHS 88.03(5)(c) |

Requirements to Self Report

- Caregiver misconduct
- Death related to the use of physical restraint or a psychotropic medication, or there is reasonable cause to believe that the death was a suicide
- Serious injury requiring hospital admission or emergency room treatment
- Resident missing
- Fire or natural catastrophe resulting in significant damage to the facility
- Police are called when incidents which seriously jeopardize the health, safety or welfare of residents or staff
- Others

Self Report Determinations

- Schedule an unannounced visit to the facility to review concerns identified in the report; or
- If the self-report does not warrant an on-site review based on established criteria, but indicates that the facility may need technical assistance, report will be placed in the facility file for review during the next visit to facility or
- Place in facility file as information only.

Schedule onsite visit

- Serious harm or potential for harm to consumers
- Negative impact on the consumer(s)
- The facility's compliance history
- The facility's investigation and reporting history
- A trend in reports received (for example, numerous falls, medication errors, etc.)

Self Report Reason Correlation to SOD Citations

- Abuse
 - AFH
 - 88.10(3)(m) FREEDOM FROM ABUSE
 - CBRF
 - 83.32(3)(d) RIGHTS OF RESIDENTS: FREE OF MISTREATMENT
 - 83.15(3)(a) ADMINISTRATOR SHALL SUPERVISE DAILY OPERATION

Sample Self-Report Format

Assisted Living Facility Self Report

Facility Name: _____

Address: _____

Report Date: _____

Facility License

Number: _____

City/State/Zip: _____

Report Information:

Report Reason: (Select One)

Abuse

Communicable Disease

Elopement

Facility Evacuation

Fire

Fall—Hospitalization and/or ER

Hospital and/or ER, Not Fall

Natural Disaster / Facility Damage

Resident Behavior or Altercation

Other (Explain): _____

Neglect

Non-Caregiver Abuse

Police Intervention

Misappropriation

Incident Date: _____

| | |
|-------------------------------------|-------------------------------------|
| Resident Name: _____ | Resident Name: _____ |
| Resident Date of Birth: _____ | Resident Date of Birth: _____ |
| Gender (Please Circle): Female Male | Gender (Please Circle): Female Male |

Incident Description (Who, What, Where, When, Why, How):

Outcome of Incident:

Facility Response to Incident:

Report Submitter Information:

Name (Please Print): _____

Signature: _____

Title: _____

Phone Number: _____

Bureau of Assisted Living Use Only:

Date Reviewed: _____

Reviewed By: _____

Open for Investigation

File Only

Surveyor Assigned: _____

Date Investigated: _____

nara

National Association for
Regulatory Administration

Where to Get More Information

- Bureau of Assisted Living Regional Office Contacts
 - <https://www.dhs.wisconsin.gov/dqa/bal-regionalmap.htm>
- Alfred C. Johnson, Director
 - alfred.johnson@wi.gov
- Assisted Living Resources
 - <https://www.dhs.wisconsin.gov/regulations/assisted-living/resources.htm>

Incident triage

It's in the details.



National Association for
Regulatory Administration

Details Matter

- Submission of sufficient detailed and legible information ensures accurate assessment of the incident.
 - Reduces response time.
- Determines the necessity of regulatory actions.
- Maintains continued health, safety and well being of consumers/residents.

Provider Information

Required information should include:

- Name
- License number
- Physical Address
- Contact phone number and contact person

Consumer/Resident

Accurate information is necessary to triage effectively. Inaccurate information waste valuable time and impacts the outcome. Include:

- Consumer/resident name, gender, date of birth, date of admission
- Current location of resident.
- Consumer/Resident condition. Where there injuries associated with the event?

Who, What, Where and When

Crucial information that must be included in self reports.

- Who was involved?
- What happened?
- Where did it take place
- When did it take place

Who was involved?

Include all relevant individuals associated with the incident.

- Name of resident
- Name and position of staff member, where necessary
- Name, job title of witnesses
- Who reported the incident? Was it timely?
- Who discovered the incident?

What, when and where did it happen?

Provide details on the self-report incident.

- What self-report regulations were involved?
- Are the consumers/residents safe?
- Date and time of day of incident
- Describe in details where the incident occurred.

For example – describe the surface where the fall happened, cluttered floors, wet surfaces etc.

Sample Incident Report

- In a Assisted Living Facility,
 - A resident was admitted for respite care two days ago.
 - On day two the resident is sexually assaulted by a staff member
 - Should this be reported to your regulatory agency?
 - When should it be reported?
 - What should be reported?
 - What happens after it has been reported?
 - Do you contact law enforcement, Adult Protective Services?

Sample Incident-Report

- In a Assisted Living Facility,
 - Today, law enforcement is called to the facility due to facility residents were caught stealing from a local grocery store. The residents would steal from the store and then try to return the items for cash.
 - The police have arrested two of the residents,.
 - Is this required to be reported to your regulatory agency?
 - When should it be reported?
 - What should be reported?
 - What happens after it has been reported?

Sample Incident -Report

- In a Assisted Living Facility,
 - As a result of fall the resident is sent out to the emergency room. The emergency room examined the resident and determined that the resident suffered minor bruises.
 - Is this required to be reported to your regulatory agency?
 - When should it be reported?
 - What should be reported?
 - What happens after it has been reported?

Sample Incident -Report

- In a Assisted Living Facility,
 - A resident eloped from the facility three days ago. The resident was found within 24 hours later. The resident suffered some significant
 - Is this required to be reported to your regulatory agency?
 - When should it be reported?
 - What should be reported?
 - What happens after it has been reported?

Questions



National Association for
Regulatory Administration