POLICY

It is the policy of this community that any incident involving a resident, worker, visitor or vendor, or physical damage to Community property and/or vehicles is reported in full on the *Incident Occurrence Report* form.

DEFINITIONS

Any happening or unusual occurrence, which is not consistent with the routine operation of the Community, or the routine care or status of a particular resident, resulting in an injury or potential injury to a resident worker, visitor, vendor, physical damage to Community property and/or vehicles, or changes in resident condition.

Examples of incidents or occurrences which would be reported (*this is not an all-inclusive list*):

- An incident or occurrence involving a worker, vendor or visitor.
- Physical damage to Community property or vehicles, including all vehicle accidents.
- An injury, or *any* occurrence which might have a potential adverse effect on any resident, including, but not limited to: change in behavior; new medication; change in resident health status; exit seeking behavior; resident-to-resident contact; a fall, fracture, skin tear, burn or laceration; choking; suspected abuse; outbreaks of communicable illness; and other similar events.
- Serious events, which are defined as unanticipated death or incidents that could have resulted in death or major permanent loss of function, not related to the natural course of the resident’s illness or underlying condition.
- Equipment malfunctions, such as a failure of any vehicles, equipment, machinery tools or appliances to operate or function as normal.

PROCEDURES

1. The staff member who witnesses and/or responds to the un-witnessed event will initiate the *Incident & Occurrence Report Form* and complete the following sections:
   a. **General Information**: This area indicates general information regarding the incident and includes resident’s vital signs.
   b. **Description of Occurrence**: This area will reflect exactly what was observed and what was stated by the person involved in the incident. It is important to document only the facts (what you see, feel, hear or smell) and/or quotes, and to avoid making assumptions or including subjective information regarding either the cause or result of the incident/occurrence.
i. **Location:** indicate where the incident took place (e.g. Resident apartment, staff lounge, community dining room, parking lot, etc.)

ii. **Environment Conditions (floor, lighting, etc.)** - describe any environmental condition (e.g. floor was wet, bedside lamp was tipped over, bathroom lights were off, throw rug on floor), etc., and:

iii. **Description:** Include additional details for example body position of the person when found, names of all staff, residents, visitors, etc., involved or who witness the incident, any noted injury or complaint of pain, quotes from person regarding incident, etc.

c. **Notification:** Notification of resident related incidents will be made at an minimum to the following:

   i. **MD** - must be notified of every incident/occurrence related to his/her resident

   ii. **Family member/responsible party** - if either a resident or family member has asked that notification not be made this will be noted on the resident’s service plan. The Community Executive Director reserves the right to override this request as deemed necessary. At a minimum, notification will be made to family member/responsible party for all resident related incidents that result in an injury unless there is not such designee.

   iii. **Case Manager** (as appropriate)

   iv. **Law Enforcement/Coroner** (as appropriate)

   v. **Appropriate state agency(s)** - it is the responsibility of the Executive Director to make staff aware of the appropriate state agency to whom notification must be made and in what time frame it must be made. **NOTE:** Unless otherwise specified by state regulations the notification will be made telephonically and then followed by a written summary of the incident vs. sending the actual incident report form.

   vi. **Executive/designee** - must be notified of every incident and will be responsible for notification to the Vice President of Operations, Regional RN, as well as other outside resources as appropriate.

   vii. **Community RCC and/or Community LN or Nurse Consultant** - will be notified in accordance with community “Communication with the LN” policy and procedure”

d. **Immediate Action Taken** - If the incident involves a resident, the resident will be placed on Alert Charting and any necessary adjustments will be made to the service plan, utilizing the Service Plan Update form, indicating additional care needs following the incident. Additional information should be provided if needed in the space provided on the Incident & Occurrence Report form.

2. Upon receipt and within 72 hours from the time of the incident, the Executive Director will review the report to assure its accuracy and completion. The community Executive
Director will complete the following section of the Incident & Occurrence Report form as follows for resident related incidents:

a. **Action taken to prevent re-occurrence:** This section must be specific to the individual resident taking consideration such things as a residents cognitive status, current health conditions that could potentiate future similar incidents, environmental conditions that could have contributed to this or future similar incidents, and residents preferences. This section is to reflect results of the incident/occurrence investigation and include steps taken by the community to assist in minimizing re-occurrences. Executive Director is to assure that the information in this section be attainable for staff to consistently meet.

   i. **Examples:**
      1. “Residents furniture was rearranged to allow for greater ease in mobility inside of apartment. PT/OT contacted for a home safety evaluation. Temporary Services Plan has been updated to reflect increased assistance during the nighttime.”
      2. “Nightlight placed in the bathroom. Resident now uses the Lifeline alert necklace in case she is unable to reach call light. Staff will continue with current care and services.”

3. Investigation of any and all incidents/occurrences will be conducted the Executive Director or designee at the soonest opportunity and with the input from the RCC and/or Community LN as follows:

   a. Review written documentation of the event if available. Noting the date, time, location and method of detecting the event.

   b. Conduct interviews of all appropriate community staff and/or witnesses in the following manner:
      i. Review with all staff their obligation to keep information confidential and not to discuss details with one another during the interview process.
      ii. Create a list of brief, standard questions to use during the interview process.
      iii. If appropriate to the nature of the incident, as a series of interviews will begin with the person(s) against whom allegations are made, after which this person(s) is to be sent home or otherwise removed from the situation until all interviews are conducted and the investigation is complete. Examples of such incidences would be as follows:
         1. Alleged physical abuse regardless of the presence or absence of visible injury
         2. Alleged Financial Exploitation

   c. Review resident and related records to determine if documentation exists of appropriate identification of issues and interventions including:
      i. Progress notes
ii. Alert charting
iii. Temporary Service Plan Update
iv. Communication note
d. Observe and gather information in integrity of related systems:
i. Were applicable policies/procedures followed?
ii. Conduct a review of staff training records for documentation of training on related systems (e.g. for missing resident: Meal Roll Call System, Missing Persons, Incident Report, Written communications).
iii. Evaluate the need for additional training.
e. For incidents involving equipment determine the status of equipment and/or supplies and assure immediate procurement of adequate availability of each.
f. Assure completion of Incident & Occurrence Report and related documentation.

4. The Community LN will routinely review resident incidents, investigation further if necessary and make recommendations to assure adequate coordination of care. The Community LN will evaluate medications received, new medication factors as well as any medication refusals up to 24 hours prior to the incident. The Community LN will document any contributing factors for incident consideration and creating interventions.

5. Incident and Occurrence Reports are considered part of the confidential record and will be handled according to HIPPA and other privacy guidelines. Do not release Incident and Occurrence Forms to the general public unless directed by Ageia Health Service President.

Distribution
1. Resident incidents: Complete all information and make appropriate contacts. Fax completed form to Ageia Health Services Home Office if it is a qualifying event.
2. Employee Incidents: Complete all information and refer to the Workers’ Compensation Claims Reporting process to file a claim if necessary.
3. Visitor/Vendor/Other Incidents: Complete all information and fax report to Ageia Health Services Home Office.

Quality Assurance
- Incident Reports will be stored in the Executive Director’s office using a 3-ring binder and will be organized by month after the initial review process is completed.
- Incidents will be logged as they occur into the Incident-Occurrence Tracking Log, as well as on the individual report forms.
- Incident reports will be logged and trended as they occur into the Incident-Occurrence Tracking Log (Resident Specific).
FORMS
Incident – Occurrence Report
Incident-Occurrence Tracking Log
Resident- Specific Incidence Occurrence Log

RETENTION GUIDELINES

The Executive Director will maintain all incident reports in a secure designated place in the community for a minimum of 5 years.