REPORT TO OFFICE OF LICENSING

SERIOUS INCIDENT/INJURY OR DEATH IN A LICENSED PROGRAM

MAIL/FAX THIS REPORT TO YOUR LICENSING SPECIALIST WITHIN 24 HOURS OF THE SERIOUS INCIDENT or DEATH

NOTE: All Serious Injuries and Deaths must be reported via CHRIS System (from the DBHDS website- www.dbhds.virginia.gov) to the Office of Licensing or to the Office Human Rights with 24 hours.

Organization _____

Service name, where death/incident occurred: _____ Service number _____

Location Address: _____ City _____ State _____ Zip _____

Consumer Name: (First, MI, Last)_____ Date of Birth _____/_____/_____

Ethnicity/Race: _____ Gender: _____ Medicaid#:_____

Date of death/incident _____/_____/_____ Date of Discovery of death/incident _____/_____/_____ Time of incident: _____ am _____ pm

Waiver Service Recipient? ☐ Yes ☐ No

Waiver Type: ☐ ID Wavier ☐ Day Support ☐ DD Wavier ☐ EDCD Wavier ☐ MH Adolescent & Children ☐ Other

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 medicine, physician assistant, EMTs, or nurse practitioner while the individual is supervised by or involved in services.

Complete for serious INJURIES only (check all that apply)

☐ Adverse Reaction
☐ Abrasion/Cut/Scratch
☐ Burn
☐ Bite
☐ Contusion/Hematoma
☐ Dislocation/ Fracture
☐ Laceration
☐ Redness/Swelling
☐ Sprain
☐ Other_____

Complete for serious INCIDENTS only (check all that apply)

☐ Assault by client
☐ Assault by staff
☐ Choking
☐ Elopement/Runaway
☐ Heart Attack
☐ Seizure/Convulsion
☐ Ingestion of Substance
☐ Medication Error
☐ MRSA/Infection
☐ Overnight absence without permission
☐ Possession of weapon
☐ Other_____
☐ Sexual Misconduct
☐ Overdose
☐ Stroke
☐ Suicidal Attempt

COMPLETE FOR SERIOUS INJURIES and INCIDENTS

Did this injury or incident involve loss of consciousness? ☐ Yes ☐ No

Medical Attention Provided? ☐ Yes ☐ No Date:_____/_____/_____ Time _____ am _____ pm

Medical Attention Type: ☐ Emergency ☐ Non-Emergency

Description of Medical Treatment Provided & Finding: _____

Complete for DEATHS only (check all that apply)

☐ Accidental ☐ Homicide ☐ Natural ☐ Suicide ☐ Undetermined

COMPLETE FOR DEATHS ONLY

Was the death ☐ Expected? ☐ Unexpected?

Referred to Medical Examiner? ☐ Yes ☐ No

Is autopsy to be performed? ☐ Yes ☐ No If yes, status _____

Cause (from death certificate) _____

State other known facts regarding incident or death (attach additional notes, if necessary):

_____
_____
_____
_____
_____
_____

Did the incident involve? (Check all that apply)

☐ Abuse Allegation? ☐ Neglect Allegation?

If abuse checked, select CHRIS Abuse #_____ If neglect checked, select CHRIS Neglect #_____

☐ Seclusion? ☐ Restraint? ☐ Self-injurious Behavior?

☐ Unexplained? ☐ Other? _____

Was an internal investigation initiated? ☐ Yes ☐ No If yes, indicate date begun: ____/_____/_____

External notifications made (check all that apply):

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

Licensing Specialist Section

Action (dropdown list/select one):

Action Date: _____

☐ Conducted independent investigation
☐ Made recommendations
☐ Issued corrective action plan (CAP)
☐ Other _____
☐ No investigation conducted
☐ No recommendations warranted
☐ No corrective action plan issued
☐ Closed case

Corrective Action Options (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
☐ Individual(s) were moved
☐ Environmental modification
☐ ISP modification
☐ Obtain additional services/assessments
☐ Meet with support team to review/plan
☐ Improve QA
☐ Supervisory/Administrative staff change/action
☐ Other _____

Remarks: The licensing specialist may enter as many action records as needed to document a case. There must be at least one action record entered before a case can be closed.

Licensing Specialist:_____ **Date Case Closed:**_____