

INCIDENT REPORTING REQUIREMENTS

In accordance with TDMHSAS Licensure Administrative Rule 0940-5-2-.20, licensees must report to the Department any allegations or suspicion of abuse, dereliction, deficiency in the operation of the facility or service, or other critical incidents.

Please use a Reportable Incident Form to notify TDMHSAS Licensure Investigation Unit of incidents that occur at a TDMHSAS licensed facility or service. Along with the Incident Form, please send all pertinent attachments that may aid in investigating the incident. (See supplemental document regarding required documentation for most common incidents).

The following incidents must be reported to TDMHSAS Licensure Investigation Unit by the close of the next business day after the event or the next business day after the agency was made aware of the event:

1. Death or suicide attempt of a service recipient who is a client of a residential facility or who is in the care or custody of the non-residential licensed agency.
2. Service recipient self-harm or an unsuccessful attempt to self-injure.
3. Physical/verbal abuse or neglect of service recipient by staff including acts of aggression, threats, and harassment, as well as intentional withholding of services or treatment and negligent failure to provide services or treatment.
4. Sexual contact or inappropriate behavioral between staff and service recipients
5. All seclusion, mechanical or physical holding of a service recipient incidents resulting in death, serious injury, or suicide attempt of a service recipient AND seclusion and/or restraint incidents not administered according to agency policy. (See Licensure Administrative Rule Chapter 0940-3-9-.19.)
6. A service recipient being absent from the grounds of a residential agency in violation of agency rules or guidelines; or the service recipient cannot be located on the grounds of a residential agency and is outside of direct supervision of staff for more than fifteen (15) minutes.
7. Theft by staff of service recipient's personal items including but not limited to money, medication, jewelry, clothing, etc., and improper use of client funds and unauthorized use of a client's bank accounts and debit, credit, or EBT cards.
8. Injury to service recipient that requires visit to ER/walk-in clinic for evaluation/treatment or more than basic first aid by facility staff. "Basic first aid" is defined, for the purposes of these instructions, as minor medical assistance rendered to a service recipient such as application of a Band-Aid, application of antiseptic or anti-itch cream, application of a cold or heat compress or a compression bandage, or issuance of aspirin, naproxen sodium, ibuprofen or other over-the-counter pain medication.
9. Damage to agency's equipment or property including, but not limited to, broken windows, doors, floors that impacts the ability of the agency to provide services or impacts living conditions of the residents or ability for clients to receive services. This includes structural problems due to fire, flood, etc. This also includes, but is not limited to, damage exceeding \$250 caused by physical aggression by a service recipient.
10. Deficient facility conditions such as infestation of rodents, insects, or pests including lice or bed bugs OR loss of heating, air conditioning, water, sewer/septic system, gas or electric service in a facility for more than 8 hours

The following DO NOT need to be reported:

1. Service recipient grievances regarding the quality of service at the facility. "Quality of service" issues include, but are not limited to, incidents involving a client's dislike of food served, dislike of homework assigned, inability to access telephone or television after posted curfew, and other similar issues. These are best addressed through an agency's grievance procedures. Pursuant to Tennessee Administrative Rule 0940-5-6-.06(1)(a), agencies must notify clients of the facility's grievance procedure and a copy of all of the agency's rules and regulations.
2. Physical (or verbal) aggression between service recipients, if no physical injury to a service recipient.
3. Staff only injuries, staff relationships with other staff, or staff misconduct that does not involve a client or when not on duty, i.e. DUI
4. Service recipient dental and medical appointments such as annual, wellness, and follow-up visit for condition for which patient has been seen and is currently being monitored by a physician.
5. Medical incidents that are not a result of an injury/accident are not reportable. Medical incidents include but are not limited to ER visits due to headaches, stomach aches, fever, elevated blood pressure, and psychiatric episodes requiring mobile crisis evaluation and/or inpatient psychiatric hospitalization. Please note that although these types of incidents are not reportable, documentation must be maintained on how each situation was handled.

*The above list is not all-inclusive. Contact TDMHSAS Licensure Investigation Unit if clarification is needed.