

Office of Licensure

REPORTABLE INCIDENT FORM

Submit form to your Regional Office of Licensure

East Tennessee	Phone: 865-594-6551	Fax: 844-340-4482	Email: LicensureEast.fax@tn.gov
Middle Tennessee	Phone: 615-532-6590	Fax: 615-532-7856	Email: LicensureMiddle.fax@tn.gov
West Tennessee	Phone: 901-543-7442	Fax: 844-844-5538	Email: LicensureWest.fax@tn.gov

Report Date: _____ Agency Name: _____ (as listed on license) Facility Phone #: _____ Agency Address: _____	Reporting Person: _____ Title: _____ Contact #: _____ Email Address: _____
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Service Recipient: _____ Gender: ____ D.O.B: _____

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Service Recipient: _____ Gender: ____ D.O.B: _____

Date and time of alleged/suspected incident: _____

Date and time incident became known to staff: _____

Location of alleged/suspected incident: _____

Staff-Patient ratio at time of incident if incident occurred in a residential facility: _____

(If allegation against staff, submit background check, abuse registry check, and sexual abuse registry check.)

Staff Name: _____ SS#: _____ DOB: _____

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Detailed Description of Incident: Check if additional page(s) attached.

Notifications Already Made By Licensee:		
<input type="checkbox"/> Adult Protective Services (APS)	Name or Ref #: _____	Date: _____
<input type="checkbox"/> Child Protective Services (CPS)	Name or Ref #: _____	Date: _____
<input type="checkbox"/> OTHER Agency: _____	Name or Ref #: _____	Date: _____

INCIDENT REPORTING REQUIREMENTS

In accordance with TDMHSAS Licensure Administrative Rule 0940-5-2-.20, licensees must report to the Regional Licensure Office 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 the respective Regional Licensure Office 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 the Regional Licensure Office 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 to the Regional Licensure Offices:

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 your Regional Licensure Office if clarification is needed.

DOCUMENTATION REQUIRED FOR THE MOST COMMON INCIDENTS REPORTED BY PERSONAL SUPPORT SERVICE AGENCIES

The following is a list of the most common types of incidents/allegations that are reported by personal support service agencies. When reporting the following incidents/allegations please provide the following information along with your incident report. Please note that the information/documentation requested for each type of incident is not all-inclusive and you may be asked to provide additional information during the investigation.

Accidents with or without injury: Provide the location of staff at the time of the accident. Provide a description of how the staff responded to the accident. Provide a copy of the needs of assessment and Plan of Care. If the accident occurred during a transfer, provide a copy of the equipment training that the caregiver received. Provide documentation of any injuries and the medical attention that was received. Provide a copy of any related policies and disciplinary actions.

Deaths: Deaths that occur when the agency is not providing services or scheduled to provide services are not reportable unless there is suspicion of abuse or neglect of the assigned caregiver(s) that is believed to have contributed to the death. Provide a list of medical illnesses. Provide the name, social security number, and date of birth of the staff on duty at the time of the death or at the time the death was discovered. Provide a copy of the autopsy report (if accessible) and official documentation of the cause of death. Provide a copy of the DNR, if applicable. Provide a copy of the medical emergency policy.

Missed Visits: Please clarify if the missed visit is a result of a caregiver no show/no call. Provide information on how the agency learned of the missed visit. Provide a copy of the back-up staffing policy and the alternate plan for staffing service recipient. Provide detailed documentation of how the back-up staffing plan was implemented upon knowledge of the missed visit or upon notification from a caregiver that an upcoming scheduled shift will be missed. If there were any disciplinary actions as a result of this missed visit, provide a copy.

Thefts: Provide the name, social security number, and date of birth of all staff that were involved or implicated. Provide a copy of the criminal background checks that also include the abuse and sex registries conducted at the time of hire. Provide the most current address, telephone number, and email address of the alleged perpetrator. If there were any disciplinary actions as a result of this incident, provide a copy. Provide a copy of the policy related to the receipt and disbursement of money on behalf of the client. Provide copies of any written accounts of any money transactions on behalf of the service recipients and any related receipts, bank statements, etc. Provide copies of any written witness statements. Provide information if there are any other agencies that also provide services for the service recipient. Provide information on whether the service recipient lives alone or others outside of the agency's caregivers have access to the home or items. If the agency is reporting an allegation related to theft of medication and the agency has performed a urine drug screen, provide the results and any documentation the caregiver has provided related to their prescribed medications.