

KENTUCKY CABINET FOR HEALTH AND FAMILY SERVICES
OFFICE OF INSPECTOR GENERAL – DIVISION OF HEALTH CARE
LONG TERM CARE FACILITY – SELF-REPORTED INCIDENT FORM
INITIAL REPORT

This form must be used to ensure the reporting of reasonable suspicion of crimes against a resident or individual receiving care from the facility within prescribed timeframes to the appropriate entities, consistent with Section 1150B of the Act; and all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property. The information collected is critical in determining what may be occurring within a facility and the effect(s) that it may have on the residents.

Section 1150B(b) of the Social Security Act:

(1) Each covered individual shall report to the Secretary and 1 or more law enforcement entities for the political subdivision in which the facility is located any reasonable suspicion of a crime (as defined by the law of the applicable political subdivision) against any individual who is a resident of, or is receiving care from, the facility.

(2) Timing —If the events that cause the suspicion:

(A) Result in serious bodily injury, the individual shall report the suspicion immediately, but not later than 2 hours after forming the suspicion; and

(B) Do not result in serious bodily injury, the individual shall report the suspicion not later than 24 hours after forming the suspicion.

42 C.F.R. 483.12(c)(1) (F609) – In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: (1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures.

483.12(c)(4) – Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.

“Abuse,” is defined at §483.5 as “the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish. Abuse also includes the deprivation by an individual, including a caretaker, of goods or services that are necessary to attain or maintain physical, mental, and psychosocial well-being. Instances of abuse of all residents, irrespective of any mental or physical condition, cause physical harm, pain or mental anguish. It includes verbal abuse, sexual abuse, physical abuse, and mental abuse including abuse facilitated or enabled through the use of technology.”

“Alleged violation” is a situation or occurrence that is observed or reported by staff, resident, relative, visitor or others but has not yet been investigated and, if verified, could be noncompliance with the Federal requirements related to mistreatment, exploitation, neglect, or abuse, including injuries of unknown source, and misappropriation of resident property.

“Crime”: Section 1150B(b)(1) of the Act provides that a “crime” is defined by law of the applicable political subdivision where the facility is located. A political subdivision would be a city, county, township or village, or any local unit of government created by or pursuant to State law.

“Criminal sexual abuse”: In the case of “criminal sexual abuse” which is defined in section 2011(19)(B) of the Act (as added by section 6703(a)(1)(C) of the Affordable Care Act), serious bodily injury/harm shall be considered to have occurred if the conduct causing the injury is conduct described in section 2241 (relating to aggravated sexual abuse) or section 2242 (relating to sexual abuse) of Title 18, United States Code, or any similar offense under State law. In other words, serious bodily injury includes sexual intercourse with a resident by force or incapacitation or through threats of harm to the resident or others or any sexual act involving a child. Serious bodily injury also includes sexual intercourse with a resident who is incapable of declining to participate in the sexual act or lacks the ability to understand the nature of the sexual act.

“Exploitation,” as defined at §483.5, means “taking advantage of a resident for personal gain, through the use of manipulation, intimidation, threats, or coercion.”

“Injuries of unknown source” – An injury should be classified as an “injury of unknown source” when all of the following criteria are met:

- The source of the injury was not observed by any person; and
- The source of the injury could not be explained by the resident; and
- The injury is suspicious because of the extent of the injury or the location of the injury (e.g., the injury is located in an area not generally vulnerable to trauma) or the number of injuries observed at one particular point in time or the incidence of injuries over time.

“Misappropriation of resident property,” as defined at §483.5, means “the deliberate misplacement, exploitation, or wrongful, temporary, or permanent use of a resident’s belongings or money without the resident’s consent.”

“Mistreatment,” as defined at §483.5, is “inappropriate treatment or exploitation of a resident.”

“Neglect,” as defined at §483.5, means “the failure of the facility, its employees or service providers to provide goods and services to a resident that are necessary to avoid physical harm, pain, mental anguish or emotional distress.”

“Serious bodily injury” means an injury involving extreme physical pain; involving substantial risk of death; involving protracted loss or impairment of the function of a bodily member, organ, or mental faculty; requiring medical intervention such as surgery, hospitalization, or physical rehabilitation; or an injury resulting from criminal sexual abuse (See section 2011(19)(A) of the Act).

“Sexual abuse,” is defined at §483.5 as “non-consensual sexual contact of any type with a resident.”

“Willful,” is defined at §483.5 in the definition of “abuse,” and “means the individual must have acted deliberately, not that the individual must have intended to inflict injury or harm.”

Initial Report

It is important that the facility provides as much information as possible, to the best of its knowledge, at the time of submission of the report.

PART A

Facility Name: _____ CCN: _____

Address: _____
Street City State Zip Code

Phone: _____ Email Address: _____

Incident Date/Time: _____ Incident Location: _____

Date/Time Staff Became Aware of Incident: _____

Administrator Notification Date/Time: _____

Resident(s)/Clients(s) Involved (Brief Interview for Mental Status (BIMS) score and date of birth):

Victim(s) [Name, date of birth, and current location]:

Alleged Perpetrator(s) [Name, position (*if staff*), relationship, and contact information (*if known*)]:

Witness(es) [Name, position (*if staff*), relationship, and contact information (*if known*)]:

PART B (The reporting facility may be called for additional information to assist with processing.)

The following tables describe the different reporting requirements that are addressed under 42 CFR 483.12(b)(5) and Section 1150B of the Act 42 CFR 483.12(c). Please choose the appropriate selections for the allegation(s):

REQUIRED INCIDENT REPORTS	OTHER INCIDENT REPORTS
<input type="checkbox"/> Fire <input type="checkbox"/> Missing Resident/Elopement <input type="checkbox"/> Injuries of Unknown Source <input type="checkbox"/> Allegations of Neglect <input type="checkbox"/> Allegation of Abuse/ Mistreatment: <input type="checkbox"/> Serious Bodily Injury (type): _____ <input type="checkbox"/> Physical Abuse <input type="checkbox"/> Sexual Abuse <input type="checkbox"/> Mental Abuse <input type="checkbox"/> Verbal Abuse <input type="checkbox"/> Seclusion <input type="checkbox"/> Exploitation/Misappropriation of Property	<input type="checkbox"/> Communicable Disease <input type="checkbox"/> Outbreak of Infectious Disease <input type="checkbox"/> Storm Damage <input type="checkbox"/> Utility Failure (more than 4 hours) <input type="checkbox"/> Care and Treatment <input type="checkbox"/> Incident Involving Life Safety Code <input type="checkbox"/> Deprivation of Goods/Services <input type="checkbox"/> Suspected Crime <input type="checkbox"/> Death Other than Natural Causes <input type="checkbox"/> Other: _____

NOTIFICATIONS (Check all that apply and complete all required details)		
TYPE	DATE/TIME	CONTACT PERSON/PHONE NUMBER
<input type="checkbox"/> Physician	_____	_____
<input type="checkbox"/> Family/Guardian	_____	_____
<input type="checkbox"/> Resident's Legal Representative	_____	_____
<input type="checkbox"/> DCBS	_____	_____
<input type="checkbox"/> Local Law Enforcement	_____	_____
<input type="checkbox"/> Appropriate Licensing Board	_____	_____
<input type="checkbox"/> Attorney General	_____	_____
<input type="checkbox"/> Ombudsman	_____	_____
<input type="checkbox"/> Other _____	_____	_____

PART C (Attach additional pages as necessary)

Description of Incident. Please include:

- date and time of incident
- the alleged perpetrator(s) name/position/relationship to the resident
- alleged victim(s) name/date of birth/current location
- who made the allegation and their relationship to the victim?
- what additional reports were made, and to whom or which other agencies?
- all injuries sustained, changes in behavior, etc.

What occurred? When did it occur? Where did it occur? How did it occur? Why did it occur? Were there injuries and, if so, explain the injuries and what, if any, medical attention was required.

(You may also attach as a separate document.)

Describe Steps Immediately Taken to Ensure Resident(s) are protected. Such steps could include:

- Immediate assessment of the alleged victim and provision of medical treatment as necessary;
- Evaluation of whether the alleged victim feels safe and if he/she does not feel safe, taking immediate steps to protect the resident, such as a room relocation and/or increased supervision;
- Immediate notification to the alleged perpetrator's (if a resident) and/or the alleged victim's physician and the resident representative when there is injury, a significant change in condition or status, and/or a need to alter treatment significantly;
- If the alleged perpetrator is facility staff, removal of the alleged perpetrator's access to the alleged victim and other residents and assurance that ongoing safety and protection is provided for the alleged victim and other residents;
- If the alleged perpetrator is a resident or visitor, removal of the alleged perpetrator's access to the alleged victim and, as appropriate, other residents and assurance that ongoing safety and protection is provided for the alleged victim and other residents;
- Other measures the facility is taking to prevent further potential abuse, neglect, exploitation, and/or misappropriation of resident property.

Provide details of any physical harm, pain, or mental anguish to the alleged victim(s), including by not limited to serious bodily injury, bruise, scratch, laceration, fracture, bleeding, changes in the resident's behavior, etc.

To report allegations of abuse, contact the branch that is within your region. The email addresses are listed below:

- Western Branch Phone: 270-889-6052 Fax: 270-889-6089 E-Mail: WEB.Complaints-Reports@ky.gov
- Northern Branch Phone: 502-595-4958 Fax: 502-595-4540 E-Mail: NEBComplaints-Reports@ky.gov
- Southern Branch Phone: 606-330-2030 Fax: 606-330-2054 E-Mail: SEBComplaints-Reports@ky.gov
- Eastern Branch Phone: 859-246-2301 Fax: 859-246-2307 E-Mail: EEB.Complaints-Reports@ky.gov

Reporting Party

Date/Time Report Submitted

Reporting Party's Contact Number

Reporting Party's Email Address