



Executive Office of Elder Affairs

Assisted Living Certification Unit

Contact (617) 222-7461 - Fax: Incident Reports
 (617) 222-7595 - Phone: Facility IR
 (617) 222-7593 - Phone: Resident IR
alrincidentreport@state.ma.us
<http://alrir.800ageinfo.com>

New Incident Report form

(Mar 1, 2013) Today we are release an updated Incident Report form, version 1.2, just as the ALR Pilots begin to use QuickBase for automated Incident Reporting. This form, Version 1.2 reflects updates suggested by the Pilot groups and MassAFLA.

The information collected on this form is consistent with **651 CMR 12.04 (11) (c) and (d)**.

Drafts of this form have been reviewed internally by the EOEI Certification unit. MassALFA has reviewed and commented on version 1.1.

This version aims to be a clear and usable data collection instrument that will record accurate incident data. We continue to improve the descriptive codes through the Pilot.

Seven (7) single-page variations

There are seven (7) separate IR paper forms – one for each type of incident you are asked to report.

Choose the single-page IR paper form that best suits the nature of the incident. Do not submit multiple forms for any one incident.

The seven types of IR reports are as follows:

1. Abuse, neglect or exploitation
2. Acute health or behavioral emergency
3. Adverse Medication Event
4. Death
5. Elopement
6. Fall or Suspected Fall
7. Facility-Wide emergency event

Although each IR paper form closely mirrors the QuickBase IR reporting application, each Reporter is required to make selections within each data field in order for an IR to be submitted.

Each IR also includes a section for open-ended Incident Narrative (please see templates, especially Actions taken, if applicable). The Incident Narrative is your opportunity to report about factors not otherwise captured in the report form's data fields.

Instructions

Version 1.2 (Mar 1, 2013)

Who should use Incident Report form 1.2?

- ALRs in the ALR-Incident Reporting Pilot should use this paper form, **effective immediately**, for all reportable Incidents. We expect that you will use this form in paper format only until you begin submitting Incident Reports online using QuickBase.
- We expect to release a version of this form to all ALRs statewide to be used for fax-based incident reporting for all incidents occurring on or after Monday March 18, 2013.

Requirement

The ELD Certification Unit expects all Assisted Living Residences to use this form for all reportable incidents, per 651 CMR 12.04 (11) (c) and (d), occurring on or after Monday, March 11, 2013.

How to use Incident Report Form 1.2

(1) Identify the Reportable Incident. Your Incident Report (IR) is due within 24 hours of the incident or accident.

(2) Select the single-page report format that best matches the Incident. There are seven (7) report variations, select one and only one for the Incident.

(3) Write or Type on the Report page, filling in all fields. All fields are required. Attach additional pages if necessary.

(4) Fax the IR page(s) to (617) 222-7461.

- If unable to fax an Incident Report, then email a document scan to alrincidentreport@state.ma.us. Make sure there is no Personal Information (PI) or Protected Health Information (PHI) in any emailed materials.

(5) Leave a brief notification voicemail. There are two different numbers:

- Resident-specific: (617) 222-7593
- Facility-specific: (617) 222-7595

(6) Supplementary Information

QuickBase users: If you want to provide additional information concerning any IR you have submitted, do not submit a second IR. Instead, send such information via email to alrincidentreport@state.ma.us, and reference the Incident Report number. Do not send personal information by email.



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Abuse, Neglect, or Exploitation

Resident-specific Incident Report

Version 1.2 (Mar 1, 2013)

There are seven (7) separate IR forms – one for each type of Incident. Select the single-page IR paper form that best suits the nature of the Incident.

Do not submit multiple forms for any one Incident.

ALR name	Town
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Incident Information

Incident Date/ Time	Reporter's Name	Reporter's Phone	Resident Type <input type="checkbox"/> SCR <input type="checkbox"/> Traditional AL <input type="checkbox"/> GAFC/ Traditional <input type="checkbox"/> GAFC/ SCR
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Headline
Eight (8) words or less

Nature of the Incident

Abuse, Neglect, or Exploitation

Specific Type <i>Select one (1) only below</i>	Detail Type <i>Select one (1) only below</i>	Resident Status <i>Select one (1) only below</i>	Reported by <i>Select one (1) only below</i>
<input type="checkbox"/> EMOTIONAL abuse - Includes assault without physical injury <input type="checkbox"/> EXPLOITATION - Including financial abuse <input type="checkbox"/> PHYSICAL abuse - includes assault with injury <input type="checkbox"/> SEXUAL abuse <input type="checkbox"/> THEFT – Including identity or property theft	<input type="checkbox"/> PERPETRATOR: Resident is the alleged Perpetrator <input type="checkbox"/> RESIDENT TO RESIDENT – multiple residents involved (explain in narrative) <input type="checkbox"/> VICTIM - Resident is the Victim	<input type="checkbox"/> EVALUATION - Resident to ER or Physician for evaluation <input type="checkbox"/> ADMITTED - Resident admitted to hospital <input type="checkbox"/> RECOVERING - Resident recovering at residence <input type="checkbox"/> NONE - No Evaluation or Recovery necessary	<input type="checkbox"/> MANDATED REPORTER - Allegation by Mandated Reporter <input type="checkbox"/> RESIDENT - Allegation by Resident <input type="checkbox"/> FAMILY - Allegation by Family <input type="checkbox"/> OTHER - Allegation by Another (specify in narrative)

Incident Narrative (including Actions taken)
If none, then note "None".

IR form v1.2 Final

Outside Parties Contacted <i>(Check all that apply)</i>	<input type="checkbox"/> EMS/ EMT <input type="checkbox"/> Family	<input type="checkbox"/> MD <input type="checkbox"/> Other Health Care Provider <i>(specify in Narrative)</i>	<input type="checkbox"/> Police <input type="checkbox"/> Other Party <i>(specify in Narrative)</i>	<input type="checkbox"/> None
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Acute Health or Behavioral Emergency

Resident-specific Incident Report

Version 1.2 (Mar 1, 2013)

There are seven (7) separate IR forms – one for each type of Incident. Select the single-page IR paper form that best suits the nature of the Incident.

Do not submit multiple forms for any one Incident.

ALR name	Town
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Incident Information

Incident Date/ Time	Reporter's Name	Reporter's Phone	Resident Type <input type="checkbox"/> SCR <input type="checkbox"/> Traditional AL <input type="checkbox"/> GAFC/ Traditional <input type="checkbox"/> GAFC/ SCR
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Headline
Eight (8) words or less

Nature of the Incident

Acute Health or Behavioral Emergency

Specific Type <i>Select one (1) only below</i>	Detail Type <i>Select one (1) only below</i>	Resident Status <i>Select one (1) only below</i>
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<input type="checkbox"/> EMOTIONAL symptoms - Resident exhibits or complains of serious emotional symptoms <input type="checkbox"/> PHYSICAL symptoms - Resident exhibits or complains of serious physical symptoms <input type="checkbox"/> THREAT of Harm - Resident has threatened immediate harm to self or other(s). Includes suicide attempt or threat.	<input type="checkbox"/> Known - Source of the injury is clearly identified <input type="checkbox"/> Not Confirmed - cause of the disturbance or injury is suspected but not confirmed <input type="checkbox"/> Unknown - source of disturbance or injury is unknown	<input type="checkbox"/> MEDICAL – Resident requires urgent medical care for physical injury <input type="checkbox"/> PUBLIC SAFETY – Resident requires intervention by public safety, e.g. police <input type="checkbox"/> Other (explain in narrative)
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Incident Narrative (including Actions taken)
If none, then note "None".

IR form v1.2 Final

Outside Parties Contacted <i>(Check all that apply)</i>	<input type="checkbox"/> EMS/ EMT <input type="checkbox"/> Family	<input type="checkbox"/> MD <input type="checkbox"/> Other Health Care Provider <i>(specify in Narrative)</i>	<input type="checkbox"/> Police <input type="checkbox"/> Other Party <i>(specify in Narrative)</i>	<input type="checkbox"/> None
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Adverse Medication Event

Resident-specific Incident Report

Version 1.2 (Mar 1, 2013)

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Do not submit multiple forms for any one Incident.

ALR name Town

Incident Information

Incident Date/ Time Reporter's Name Reporter's Phone Resident Type

Headline Eight (8) words or less

Nature of the Incident

Adverse Medication Event

- SCR Traditional AL GAFC/ Traditional GAFC/ SCR

Specific Type Detail Type Resident Status

- COMPROMISE likely - medication administration was likely compromised DIVERSION Suspected - medication diversion is suspected (explain in narrative) UNKNOWN - if medication administration was compromised

- LMA - Resident was receiving LMA SAMP - Resident was receiving SAMP Both - Resident was receiving both LMA & SAMP Neither - Resident was not receiving either LMA or SAMP

- INJURY - Resident has been injured NEGATIVE - no injury is evident POSSIBLE - injury may result

Incident Narrative (including Actions taken)

If none, then note "None".

IR form v1.2 Final

Outside Parties Contacted EMS/ EMT MD Police None Family Other Health Care Provider Other Party



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Death

Resident-specific Incident Report

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Do not submit multiple forms for any one Incident.

ALR name Town

Incident Information

Incident Date/ Time Reporter's Name Reporter's Phone Resident Type

Headline Eight (8) words or less

Nature of the Incident [X] Death Resident Type checkboxes

Specific Type Detail Type Resident Status checkboxes

Incident Narrative (including Actions taken) If none, then note "None".

Outside Parties Contacted checkboxes: EMS/ EMT, Family, MD, Other Health Care Provider, Police, Other Party, None



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Elopement

Resident-specific Incident Report

Version 1.2 (Mar 1, 2013)

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Do not submit multiple forms for any one Incident.

ALR name	Town
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Incident Information

Incident Date/ Time	Reporter's Name	Reporter's Phone	Resident Type <input type="checkbox"/> SCR <input type="checkbox"/> Traditional AL <input type="checkbox"/> GAFC/ Traditional <input type="checkbox"/> GAFC/ SCR
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Headline
Eight (8) words or less

Nature of the Incident

Elopement

Specific Type <i>Select one (1) only below</i>	Detail Type <i>Select one (1) only below</i>	Resident Status <i>Select one (1) only below</i>
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<input type="checkbox"/> LOCATED – Resident's location is known <input type="checkbox"/> RETURNED – Resident is now on ALR premises <input type="checkbox"/> UNKNOWN - Resident's whereabouts are unknown	<input type="checkbox"/> SERVICES – Resident was receiving special services, e.g. behavioral <input type="checkbox"/> NO SERVICES – Resident was not receiving special services	<input type="checkbox"/> UNINJURED -- Resident is not injured <input type="checkbox"/> INJURED -- Resident injury is suspected or confirmed <input type="checkbox"/> UNKNOWN -- Resident's health status unknown <input type="checkbox"/> Other (describe in narrative)
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Incident Narrative (including Actions taken)
If none, then note "None".

IR form v1.2 Final

Outside Parties Contacted <i>(Check all that apply)</i>	<input type="checkbox"/> EMS/ EMT <input type="checkbox"/> Family	<input type="checkbox"/> MD <input type="checkbox"/> Other Health Care Provider <i>(specify in Narrative)</i>	<input type="checkbox"/> Police <input type="checkbox"/> Other Party <i>(specify in Narrative)</i>	<input type="checkbox"/> None
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Fall or Suspected Fall

Resident-specific Incident Report

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Do not submit multiple forms for any one Incident.

ALR name	Town
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Incident Information

Incident Date/ Time	Reporter's Name	Reporter's Phone	Resident Type <input type="checkbox"/> SCR <input type="checkbox"/> Traditional AL <input type="checkbox"/> GAFC/ Traditional <input type="checkbox"/> GAFC/ SCR
Headline <i>Eight (8) words or less</i>			
Nature of the Incident <input checked="" type="checkbox"/> Fall or Suspected Fall			

Specific Type <i>Select one (1) only below</i>	Detail Type <i>Select one (1) only below</i>	Resident Status <i>Select one (1) only below</i>
<input type="checkbox"/> Witnessed fall <input type="checkbox"/> Un-witnessed fall	<input type="checkbox"/> SYMPTOMS - Resident exhibits or complains of related symptoms <input type="checkbox"/> NO Symptoms - Resident does not complain of pain or symptoms	<input type="checkbox"/> EVALUATION - Resident to ER or Physician for evaluation <input type="checkbox"/> ADMITTED - Resident admitted to hospital <input type="checkbox"/> RECOVERING - Resident recovering at residence <input type="checkbox"/> NONE - No Evaluation or Recovery necessary

Incident Narrative (including Actions taken)
If none, then note "None".

IR form v1.2 Final

Outside Parties Contacted <i>(Check all that apply)</i>	<input type="checkbox"/> EMS/ EMT <input type="checkbox"/> Family	<input type="checkbox"/> MD <input type="checkbox"/> Other Health Care Provider <i>(specify in Narrative)</i>	<input type="checkbox"/> Police <input type="checkbox"/> Other Party <i>(specify in Narrative)</i>	<input type="checkbox"/> None
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Facility-wide

Facility-wide Incident Report

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Do not submit multiple forms for any one Incident.

ALR name	Town
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Incident Information

Incident Date/ Time	Reporter's Name	Reporter's Phone
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Headline
Eight (8) words or less

<input checked="" type="checkbox"/> Facility-wide	<input type="checkbox"/> MassMAP member (Massachusetts Long Term Care Mutual Aid Association)
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Name of Units

Facility-wide Incident

Residents <i>(select number affected)</i>	Units <i>(select number affected)</i>	Residence type	Duration of Displacement	Arrangement
<input type="checkbox"/> 25 or fewer	<input type="checkbox"/> 25 or fewer	<input type="checkbox"/> Traditional AL	<input type="checkbox"/> 24 to 36 hours	<input type="checkbox"/> Return to family
<input type="checkbox"/> 26 - 50	<input type="checkbox"/> 26 - 50	<input type="checkbox"/> SCR	<input type="checkbox"/> 36 to 72 hours	<input type="checkbox"/> Remaining onsite at ALR
<input type="checkbox"/> 51 - 75	<input type="checkbox"/> 51 - 75	<input type="checkbox"/> AL & SCR	<input type="checkbox"/> 3 to 4 days	<input type="checkbox"/> Transferred to licensed health facility
<input type="checkbox"/> 76 or more	<input type="checkbox"/> 76 or more	<input type="checkbox"/> GAFC	<input type="checkbox"/> 5 days or more	<input type="checkbox"/> Other <i>(specify in narrative)</i>

Incident Narrative, including Actions taken, if applicable
If none, then note "None".

IR form v1.2 Final

Outside Parties Contacted

<input type="checkbox"/> Fire Department (local)	<input type="checkbox"/> Board of Health (local)	<input type="checkbox"/> MassMAP Command Center	<input type="checkbox"/> State Authority <i>(specify in Narrative)</i>	<input type="checkbox"/> Other Party <i>(specify in Narrative)</i>	<input type="checkbox"/> None
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(Check all that apply)