FAR NORTHERN REGIONAL CENTER VENDOR UNUSUAL INCIDENT/INJURY/DEATH REPORT

Please use "NA" (Not Applicable) where needed to complete this form.

| NAME OF FACILITY:(PLEASE PRINT) | | |
|---|---|-------------------|
| FACILITY ADDRESS: | | |
| FACILITY TELEPHONE NUMBER: () Area Code | EXT: | |
| DATE OF INCIDENT: / / Month (XX) Day (XX) Year (XXXX) | TIME OF INCIDENT: | AM/PM |
| CONSUMER NAME: (PLEASE PRINT) | CONSUMER UCI#: | |
| NAME OF SERVICE COORDINATOR: (PLEASE PRINT) | | |
| INCIDENT TYPE: | | |
| Alleged Consumer Abuse/Neglect Alleged Violation of Rights Arrest/Incarceration Assaultive/Self-Injurious Behavior Death Fire Hospitalization-Planned Other | ☐ Injury – First Aid © ☐ Injury – Med Trmt☐ Involuntary Psych☐ Medical Emergenc☐ Medication Error☐ Missing☐ Sexual Incident☐ Suicide Attempt☐ Victim of a Crime | Required Admit |
| PROTECTIVE AGENCIES/INDIVIDUALS NOTIFIED | : (Specify names and telephone numbers |) |
| DEPARTMENT OF HEALTH SERVICES (DHS) | E LICENGING (DOG/OCL) | |
| ☐ DEPARTMENT OF SOCIAL SERVICES/COMMUNITY CARE | | |
| □ADULT/ CHILD PROTECTIVE SERVICES □OMBUDSMAN | | |
| □PARENT/GUARDIAN/CONSERVATOR | | |
| LAW ENFORCEMENT | | |
| DAY PROGRAM | | |
| □PHYSICIAN/HOSPITAL | | |
| OTHER ENTITY | | |

| CONSUMER NAME | | | UCI # | |
|---|----------------------|---------------------------|--|-----------|
| | (Last) | (First) | (MI) | |
| DESCRIBE INCIDENT Please attach additional pag | | When identifying other co | onsumers, use <u>ONLY</u> the initials of that | consumer. |
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| LOCATION OF INCII | DENT | | | |
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| EVDI AINI INI DETIA II | | CTION(C) TAIZEN, (T | | |
| EXPLAIN IN DETAIL | INIMEDIATE A | ACTION(S) TAKEN: (II | clude names of person(s) contacted) | |
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| | | | | |
| MEDICAL TREATMI | ENT? YES | NO If "YES", Describ | e treatment. | |
| | | | | |
| a. WHERE TREATED: | | | BY WHOM: | |
| | IENT, IF ANY: | | | |
| | | | | |
| FACILITY RISK MAN | NAGEMENT AC | TION TAKEN OR PLA | ANNED: | |
| | | | | |
| | | | | _ |
| Agency Contact if additiona | l information is rea | uinod. | | |
| Agency Contact if additiona | n imormation is req | uneu: | | |
| Print Name | | | Date | |
| Telephone Number | (E-mail address) | | Facility Name | |

FAR NORTHERN REGIONAL CENTER

Special Incident Report (SIR) Flow Chart For Vendor or Long-Term Care Facility

WHAT TO DO WHEN A "SPECIAL INCIDENT" OCCURS

Incident occurs that is either witnessed, suspected or staff informed of incident



STEP 1: PHONE IMMEDIATELY

Call and notify Far Northern Regional Center. Call and notify appropriate licensing agency, conservator or authorized representative.

IMMEDIATELY but no later than 24 hours



STEP 2: WRITE

When in doubt, write it out
Staff person involved in the incident or designated facility reporter
Complete FNRC SIR form

~For Mandated Reporting Incidents Only~ Send written report to appropriate agency

IMMEDIATELY but no later than 48 hours



STEP 3: FAX

Fax completed FNRC SIR form to: Far Northern Regional Center to the attention of the consumer's Service Coordinator

REDDING

Far Northern Regional Center P. O. Box 492418 Redding, CA 96049-2418 (530) 222-4791 (530) 224-3885 - FAX

CHICO

Far Northern Regional Center 1377 E. Lassen Ave. Chico, CA 95973 (530) 895-8633 (530) 895-1501 FAX

FNRC Special Incident Report Form Rev 2010 Page 3 of 3