

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: (_____) _____ EXT: _____
Area Code

DATE OF INCIDENT: ____ / ____ / ____ TIME OF INCIDENT: _____ AM/PM
Month (XX) Day (XX) Year (XXXX)

CONSUMER NAME: _____ CONSUMER UCI#: _____
(PLEASE PRINT)

NAME OF SERVICE COORDINATOR: _____
(PLEASE PRINT)

INCIDENT TYPE:

- | | |
|---|---|
| <input type="checkbox"/> Alleged Consumer Abuse/Neglect | <input type="checkbox"/> Injury – First Aid Only |
| <input type="checkbox"/> Alleged Violation of Rights | <input type="checkbox"/> Injury – Med Trmt Required |
| <input type="checkbox"/> Arrest/Incarceration | <input type="checkbox"/> Involuntary Psych Admit |
| <input type="checkbox"/> Assaultive/Self-Injurious Behavior | <input type="checkbox"/> Medical Emergency (ER/911) |
| <input type="checkbox"/> Death | <input type="checkbox"/> Medication Error |
| <input type="checkbox"/> Fire | <input type="checkbox"/> Missing |
| <input type="checkbox"/> Hospitalization-Planned | <input type="checkbox"/> Sexual Incident |
| <input type="checkbox"/> Hospitalization-Unplanned | <input type="checkbox"/> Suicide Attempt |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Victim of a Crime |

PROTECTIVE AGENCIES/INDIVIDUALS NOTIFIED: (Specify names and telephone numbers)

- DEPARTMENT OF HEALTH SERVICES (DHS) _____
- DEPARTMENT OF SOCIAL SERVICES/COMMUNITY CARE LICENSING (DSS/CCL) _____
- ADULT/ CHILD PROTECTIVE SERVICES _____
- OMBUDSMAN _____
- PARENT/GUARDIAN/CONSERVATOR _____
- LAW ENFORCEMENT _____
- DAY PROGRAM _____
- PHYSICIAN/HOSPITAL _____
- OTHER ENTITY _____

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