



COMMISSIONER
Adelaide Horn

February 23, 2009

To: Non-licensed Intermediate Care Facilities for Persons with Mental Retardation or a Related Condition (ICFs/MR)

Subject: Provider Letter No. 09-02 – Guidelines for Reporting Incidents

Effective: February 23, 2009

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Non-licensed ICFs/MR must report all allegations of abuse, neglect or exploitation (ANE) for investigation within one hour to the Texas Department of Family and Protective Services (DFPS) at 1-800-647-7418, as outlined in [40 TAC §4.554](#) and [40 TAC §7.505](#) (relating to reporting responsibilities of all Employees, agents and contractors of non-licensed ICFs/MR).

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Additionally, as outlined in [40 TAC §7.508\(e\)](#) and [40 TAC §9.225\(2\)-\(3\)](#), non-licensed ICFs/MR must report allegations that are considered reportable incidents to the Department of Aging and Disability Services (DADS) Consumer Rights and Services section, in accordance with the Memorandum of Understanding between legacy agencies Texas Department of Mental Health and Mental Retardation, Texas Department of Human Services and Texas Department of Protective and Regulatory Services, dated 3/25/96.

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When reporting an incident involving or related to an allegation of ANE to the DADS Consumer Rights and Services section, the non-licensed ICF/MR provider must **provide the DADS Consumer Rights and Services intake worker with the DFPS Case Reference Number for any incident that has also been reported to DFPS** for investigation.

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To assist providers in preparing and reporting all relevant information regarding the incident, the following reporting scripts are attached for reference:

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- Reporting Death Other Than Natural Causes Facility
- Reporting a Missing Resident or Client
- Abuse/Neglect/Exploitation

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If you have any questions about this letter, please contact an ICF/MR policy specialist at 512-438-3161.

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Sincerely,

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[signature on file]

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Veronda L. Durden
Assistant Commissioner
Regulatory Services

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Attachments

Reporting Death Other Than Natural Causes Facility Incident Form Script

From the Consumer Rights and Services toll-free (800) 458-9858 main menu, press 5 and then press 3 to access this incident form mailbox.

- 1 The incident script will begin after the tone. Please talk slowly and clearly and answer queries in complete sentences. Once you have provided a response, press # to move to the next query. If information is not available at the time of this report or not pertinent to the incident you are reporting, after the tone, press # to move to the next query. At the end of the form script you will be given an opportunity to provide any additional information you believe to be relevant to this report or add to the information already recorded.

Please state and spell your name and state your title.

- 2 State the facility's phone number and provide a second contact phone number where you can be reached.
- 3 State the name of the facility, the facility ID # [commonly known as the vendor number], and the physical address of the facility where the resident or client resides and on whose behalf you are reporting this incident.
- 4 If you are reporting from a State School, State Center or an ICFMR operated by a Community MHMR Center please indicate whether or not the incident was reported to the Department of Family and Protective Services, the name of the facility staff who made the report and the DFPS call ID reference number for the report. If is not pertinent to the incident you are reporting, after the tone, press # to move to the next query.
- 5 State and spell the name of the resident or client involved, provide their age, date of birth and social security number and describe their pertinent medical conditions and whether or not they experienced or were being treated for a change in their usual medical condition prior to death.
- 6 State the date and time when the death occurred or was discovered, and if known at the time of this report, the cause of death and whether or not an autopsy will be conducted.
- 7 State the date and time the resident or client was last observed or cared for by facility staff, who discovered them and their location and position when discovered. For example: hallway, bathroom, on the floor, in bed, partially out of bed between the side rails. Indicate if a physical restraint was in place and its location on the resident's or client's body when they were discovered.
- 8 State if EMS 9-1-1 was called, any findings of injury noted at the time the resident or client was discovered, whether or not CPR was performed, the time CPR was begun, and the names of the individuals who conducted assessments and initiated CPR.
- 9 State what action the facility has already taken as a result of this incident and who else the facility notified of the incident. (For example: police, doctor, family, guardian etc.).
- 10 At this time you may provide any additional information you believe to be relevant to this report or add to the information already recorded. When you have finished recording, press #.

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- 11 An Intake Specialist will call back and will provide the intake ID number for this incident report to be referenced on your provider investigation report form. Remember to fax the facility's completed investigation report to Consumer Rights and Services toll free fax number (877) 438-5827. Backup fax numbers are (512) 438-2722 or (512) 438-2724. Or mail to Complaint Intake Unit Post Office Box 149030, Mail code E (for east) 249, Austin, Texas 78714 dash 9030. Do not mail a copy if a copy is faxed. Thank you for using the incident form reporting system.

When you hang up your report will be submitted.

Reporting a Missing Resident or Client Facility Incident Form Script

From the Consumer Rights and Services toll-free (800) 458-9858 main menu, press 5 and then press 4 to access this incident form mailbox.

- 1 The incident script will begin after the tone. Please talk slowly and clearly and answer queries in complete sentences. Once you have provided a response, press # to move to the next query. If information is not available at the time of this report or not pertinent to the incident you are reporting, after the tone, press # to move to the next query. At the end of the form script you will be given an opportunity to provide any additional information you believe to be relevant to this report or add to the information already recorded.

Please state and spell your name and state your title.

- 2 State the facility's phone number and provide a second contact phone number where you can be reached.
- 3 State the name of the facility, the facility ID # [commonly known as the vendor number], and the physical address of the facility where the resident or client resided and on whose behalf you are reporting this incident.
- 4 If you are reporting from a State School, State Center or an ICFMR operated by a Community MHMR Center please indicate whether or not the incident was reported to the Department of Family and Protective Services, the name of the facility staff who made the report and the DFPS call ID reference number for the report. If is not pertinent to the incident you are reporting, after the tone, press # to move to the next query.
- 5 State and spell the name of the resident or client involved, provide their age, date of birth and social security number, and identify whether or not they required special supervision, had cognitive impairment and the extent of this impairment, and whether or not they resided on a secured unit or had a wander guard in place, and if the alarm system was functioning.
- 6 State if the resident or client is a danger to self or others, has a history of prior elopement, requires medications or has medical conditions that would endanger them and the time the police were notified and the police case number.
- 7 State the date and time when facility staff first learned the resident or client was discovered missing and the time they were last observed by facility staff, how they left the facility and if they have been returned to the facility at the time of this report, how long they were missing from the facility.
- 8 State the date, time and results of any assessment conducted, including any findings of injury or adverse effect noted. State and spell the name and provide the position or title of the person conducting the assessment.
- 9 Describe what treatment was provided, and when and where this treatment was provided. State and spell the name and provide the position or title of the person who provided the treatment.

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- 10 State what action the facility has already taken to protect residents or clients and to prevent occurrences of similar incidents. Include who was notified of the incident (example: doctor, family, guardian, ombudsman, etc.)
- 11 At this time you may provide any additional information you believe to be relevant to this report or add to the information already recorded. When you have finished recording, press #.
- 12 An Intake Specialist will call back and will provide the intake ID number for this incident report to be referenced on your provider investigation report form. Remember to fax the facility's completed investigation report to Consumer Rights and Services toll free fax number (877) 438-5827. Backup fax numbers are (512) 438-2722 or (512) 438-2724. Or mail to Complaint Intake Unit Post Office Box 149030, Mail code E (for east) 249, Austin, Texas 78714 dash 9030. Do not mail a copy if a copy is faxed. Thank you for using the incident form reporting system.

When you hang up your report will be submitted.

**Privately Owned ICF/MR, Government Based and State
School/State Center
Incident Form Script
Abuse/Neglect/Exploitation**

From the Consumer Rights and Services toll-free (800) 458-9858 main menu, press 5 and then press 7 to access this incident form mailbox.

- 1 The incident script will begin after the tone. Please talk slowly and clearly and answer queries in complete sentences. Once you have provided a response, press # to move to the next query. If information is not available at the time of this report or not pertinent to the incident you are reporting, after the tone, press # to move to the next query. At the end of the form script you will be given an opportunity to provide any additional information you believe to be relevant to this report or add to the information already recorded.

Please state and spell your name and state your title.

- 2 State the facility's phone number and provide a second contact phone number where you can be reached.
- 3 State the name of the facility, the facility ID # [commonly known as the vendor number], and the physical address of the facility where the client resided and on whose behalf you are reporting this incident.
- 4 If you are reporting from a State School, State Center or an ICFMR operated by a Community MHMR Center please indicate whether or not the incident was reported to the Department of Family and Protective Services, the name of the facility staff who made the report and the DFPS call ID reference number for the report. If is not pertinent to the incident you are reporting, after the tone, press # to move to the next query.
- 5 State the date and time facility staff first learned of the incident and state and spell the name and provide the relationship to the client of the person who reported the incident to facility staff.
- 6 State and spell the name of the alleged perpetrator and provide their title and license or certification number, and social security number. If the alleged perpetrator is not facility staff, please state and spell the name of this individual and provide the relationship of this person to the client. If the alleged perpetrator is a client do not enter a response, skip to the next query.
- 7 State and spell the name of the client or clients involved and indicate whether the client is the victim or alleged perpetrator. Provide the client's age, date of birth and social security number.
- 8 For each client, state if the client has any history of maladaptive behaviors, similar incidents or medical conditions that are relevant to the incident you are reporting.
- 9 For each client, state the client's level of retardation, supervision level, ambulation abilities, whether or not the client is interviewable, whether or not the client can make informed decisions and whether or not the client has a court-appointed guardian.

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- 10 If the client requires a supervision level other than routine, state that supervision level and briefly state what that level means at your particular facility. For each client please indicate if the client has a behavior management plan and what behaviors are targeted.
- 11 State and spell the name and provide the position, or title of who made the allegation and what was specifically alleged.
- 12 State the date, time and location of the alleged incident. State how many staff was present, how many clients were present and briefly summarize the incident.
- 13 State and spell the name and provide the position, or title of anyone who witnessed the alleged incident, and what was reportedly witnessed.
- 14 State the date, time and results of any assessment conducted, including any findings of injury or adverse effect noted. State and spell the name and provide the position or title of the person conducting the assessment.
- 15 State what treatment was provided, and when and where this treatment was provided. State and spell the name and provide the position or title of the person who provided the treatment.
- 16 State what action the facility has already taken to protect the clients and to prevent occurrences of similar incidents. Please include who was notified of the allegation (example: doctor, family, guardian, etc.)
- 17 At this time you may provide any additional information you believe to be relevant to this report or add to the information already recorded. When you have finished recording, press #.
- 18 An Intake Specialist will call back and will provide the intake ID number for this incident report to be referenced on your provider investigation report form. Remember to fax the facility's completed investigation report to Consumer Rights and Services toll free fax number (877) 438-5827. Backup fax numbers are (512) 438-2722 or (512) 438-2724. Or mail to Complaint Intake Unit Post Office Box 149030, Mail code E (for east) 249, Austin, Texas 78714 dash 9030. Do not mail a copy if a copy is faxed. Thank you for using the incident form reporting system.

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