

Incident Form Script State Supported Living Center Community MHMR Privately Owned ICF

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

- 1 You have selected the incident script for reporting state supported living center, community MHMR and privately owned ICF facility incidents. The script will begin after the tone. Please talk slowly and clearly and answer in complete sentences. Once you have provided a response, press # to move to the next query.

Please state and spell your name and state your title.

- 2 What is the name and physical address of the facility and the facility ID # [commonly known as the vendor number]?
- 3 What is the facility's phone number, including area code?
- 4 What is an alternate number where you can be reached?
- 5 What was the date and time facility staff first learned of the incident and the location where the incident occurred?
- 6 What are the names, social security number, and date of birth or age of consumers involved? Please be sure to spell the consumer's name.
- 7 For each consumer provide a brief narrative about their active treatment/behavior management plan, history of similar incidents, or relevant medical conditions.
- 8 Provide a brief narrative of the incident, including injuries or treatment required and the name of any know alleged staff members or perpetrators. If an alleged perpetrator is a non-staff member, please indicate their relationship to the consumer.
- 9 Please state and spell the name of any witnesses or say, "No known witnesses."

- 10 State who the facility notified about the incident. Example: physician, guardian, DFPS, police. Please include the DFPS or police report number.
- 11 Please provide a brief narrative describing what immediate actions the facility took as a result of the incident. For example: staff training, personnel actions, changes in the consumer's supervision or active treatment plan.
- 12 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 are finished, press #.
- 13¹ 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.

¹ Exit Mailbox Announcement <2099>