Incident Reporting

Revised Drupal Submission Process

Division of Adult Care Facility and Assisted Living Surveillance

Background & Purpose

Incident Reporting Requirements

DAL 23-02 announces change to Drupal-based platform for submission of Incident Reports open immediately, with a one month allowance for adoption.

- With this, the Resident Comment Form has been made an official form, DOH-5789, and included within the Drupal survey for ease of use.
- The Department has revised and included the Adult Care Facility Incident Reporting Manual to provide instruction and clarity on reporting requirements.
  - Please note, The Department's requirements for reporting incidents remain unchanged and consistent with existing reporting requirements.

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Report Submission

New Incident Report Submission Process

Effective May 1, 2023

- All new incident report submissions must be submitted via the secured Drupal survey released in DAL# 23-02 on March 29, 2023.
- All resident comments submitted must be on DOH-5789 released in DAL# 23-02 and included within the Drupal survey.
  - Please note, the Drupal survey link will be open to receive new submissions once posted, but submission via this method is not mandated until the effective date above.

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Content

Adult Care Facility Incident Report

View | Test | Results | Build | Settings

ACF Incident Report

Facility Information

Facility Name★

Operating Certificate #★

123-A-456

Region★

- Select -

Level of Care

Check all that apply★

☐ Adult Home (AH)
☐ Enriched Housing Program (EHP)
☐ Assisted Living Program (ALP)
☐ Assisted Living Residence (ALR)
☐ Enhanced Assisted Living Residence (EALR)
☐ Special Needs Assisted Living Residence (SNALR)

Resident Information

Was a resident involved in this incident? (Please select no if reporting a facility event/interruption to essential services)★

○ Yes
○ No

Resident Name (if necessary)

First

Last

- When completing facility information, please use full facility name, operating certificate number, and ensure correct region selected to ensure accurate processing.
- For Level of Care: select all that apply to facility if facility event, or all that apply to resident if resident event.
- Enter full name of resident if a resident was involved in the incident.
  - Please note, if multiple residents involved in incident, a new report would need to be completed for each individual. This is consistent with current practice.

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Type of Incident

Check all that apply ★

- ☐ Resident whereabouts were unknown for more than 24 hours
- ☐ Resident assaults or injures, or is assaulted or injured by another resident, staff, or others
- ☐ Complaint or evidence of resident abuse
- ☐ A felony crime may have been commited by or against a resident
- ☐ Resident behaved in a manner that directly impaired the well-being, care, or safety of the resident or any other resident, or which substantially interferes with the orderly operations of the facility
- ☐ Resident was involved in an accident on or off the facility grounds which resulted in such resident requiring medical attention, or services
- ☐ Resident attempted or committed suicide
- ☐ Resident death
- ☐ Facility event (interruption to essential services)

Resident Death Information (if applicable)

Estimated or Actual Date of Death [   ]

Death Due to

[- Select - ▼]

Resident Age [   ]

Did the resident receive aftercare OMH services?

- ○ Yes
- ○ No

Where did the person die?

[- Select - ▼]

How many hours after leaving the facility did the resident die?

[- Select - ▼]

- Multiple selections may be made for type of incident, please select all that apply.
- Resident death information will only become a required field if resident death is selected under type of incident.

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Incident Detail

Incident Date★

Incident Time
--:-- --

Incident Description★

Immediate Actions Taken★

Actions Taken Upon QA Review★

Identify Individual(s) or agency(ies) that provided care and locations where care was provided★

Describe current status of resident(s)/individual(s) involved★

- Incident Time is not mandated field but should be entered or approximated if known.
- No pick lists for incident details, may free text detailed answers. All fields are required, please enter N/A in field if no associated response available.

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Resident Comments

Did the resident prepare any comments?★

- Select -

If 'Yes', please go to the link below and attach a file of the resident comments. If resident declines or is unavailable for comment by time of submission, please collect form accordingly and maintain on file.

Resident Comments (If Yes)

Please Right Click Here and Open Link In New Tab to go to the Resident Comments Form. Complete the form and attach it below.

(Only required if resident prepared comments)

Resident Comments Attachment

Choose Files No file chosen

🔞 Upload requirements

Incident Reporting

Was the incident reported to a physician, representative, police, justice center, or other entity?★

- Select -

Incident Reporting (Additional)

Possible entries in "Reported To" field are: (Physician, Representative, Police, Justice Center, or Other)

Reported to	Name	Date Reported		
- None -		mm/dd/yyyy	Add new item after item 1	🗑 Remove item 1

Add

If Other, enter their title and name along with date.

Please Enter As Many as Necessary

- DOH-5789 attached within Drupal if resident prepares comments.
- If resident refuses comment, collect declination and maintain on file.
- If resident unavailable for comment, please make that selection in Drupal and collect and maintain on file accordingly when resident available.
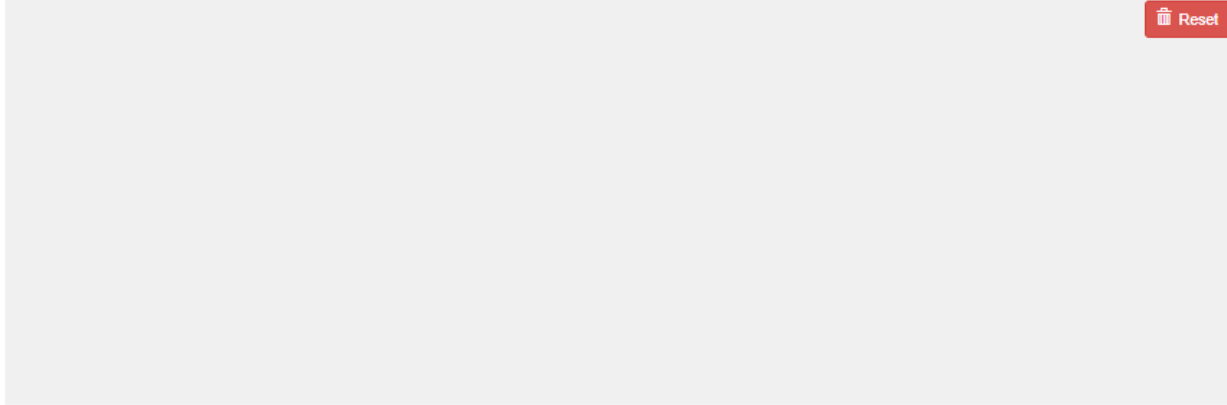- May add as many lines as necessary for "reported to" area.

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- When completing administrator information, please ensure accuracy, as they will receive an email cc for notification purposes, with resident identifiers removed.
- Individual reporting incident may be an Operator, Administrator, or persons and/or role designated as incident report designees.

By signing digitally below, I attest that I have been authorized by the Facility Administrator/Operator to submit this form, and that this form is complete and accurate to the best of my knowledge.

Name★

Attestation Signature★

🗑 Reset

Sign above

Date★

Submit

- Please review submission for accuracy, sign attestation, date, and click "submit" to complete submission to The Department.

Upon submission, a summary page will show to print and/or save electronically for your records

Adult Care Facility Incident Report Submitted Successfully

Adult Care Facility Incident Report Successfully Submitted
Reports can only be submitted once.
Please save a copy of this page for your records, the values will not be transmitted to you electronically.

Submitted on Thu, 12/08/2022 - 09:48
Submitted by ██████
Submission ID: 643965

Submitted values are:

Adult Care Facility Incident Report

Facility Information

Facility Name
Test Facility

Operating Certificate #
123-A-456

Region
Capital District Regional Office (CDRO)

Level of Care

Check all that apply
Adult Home (AH), Enhanced Assisted Living Residence (EALR), Special Needs Assisted Living Residence (SNALR)

Resident Information

Resident Information -------------------- Was a resident involved in this incident? (Please select no if reporting a facility event/interruption to essential services): Yes

Resident Name (if yes, if no Testfirstname Testlastname will be visible below)
Testfirstname Testlastname

Type of Incident
Type of Incident ---------------- Check all that apply: Resident assaults or injures, or is assaulted or injured by another resident, staff, or others, Resident death

Resident Death Information (if applicable)

Resident Death Information (if applicable) -- Estimated or Actual Date of Death: 12/06/2022 Death Due to: Unknown Resident Age: 88 Did the resident receive aftercare OMH services?: No Where did the person die?: Hospital How many hours after leaving the facility did the resident die?: Less than or equal to 48 hrs

Incident Detail

Incident Detail --------------- Incident Date: 12/05/2022 Incident Description: Test text describing what happened. Immediate Actions Taken: Test text regarding what occurred immediately following. Actions Taken Upon QA Review: Test text addressing actions that were taken post event. Identify Individual(s) or agency(ies) that provided care and locations where care was provided: Test text identifying the people or agencies that assisted and where that care occurred. Describe current status of resident(s)/individual(s) involved: Test text describing the current condition of the John Doe.

Resident Comments

Resident Comments ----------------- Did the resident prepare any comments?: Not applicable (resident death or facility event)

Incident Reporting

Incident Reporting ------------------ Was the incident reported to a physician, representative, police, justice center, or other entity?: Yes Incident Reporting (Additional) ------------------------------- Possible entries in "Reported To" field are: (Physician, Representative, Police, Justice Center, or Other): - Reported to: Physician Name: test physician Date Reported: 2022-12-05 - Reported to: Police Name: test police Date Reported: 2022-12-05

Contact Information

Facility Administrator Name
Jaclyn police

Facility Administrator Email
██████

Individual Reporting Incident's Name
testreporterfirstname Testreporterlastname

Individual Reporting Incident's's Phone
(555) 555-5555

Individual Reporting Incident's's Email
██████

Digital Signature

By signing digitally below I attest that I have been authorized by the Facility Administrator/Operator to submit this form, and that this form is complete and accurate to the best of my knowledge.

Name
Testreporter

Signature
[signed]

Date
12/08/2022

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Resources

- DAL 23-02 & Incident report manual

- Resident comment Form DOH-5789

- Questions may be submitted to your regional office or acfinfo@health.ny.gov

    - Regional Office emails:
        Capital District: acfcdro@health.ny.gov
        Central New York: syradulthomes@health.ny.gov
        Metropolitan: acfmaro@health.ny.gov
        Western: acfwro@health.ny.gov

                Thank you!