

State of Maryland, Department of Health and Mental Hygiene
Developmental Disabilities Administration
Incident Report and Agency Investigation Reporting Form

PCIS2 Incident ID:

Was more than one individual involved in this incident? Yes No

If Yes, submit a separate Incident report form for each individual involved in space provided below. In order to link all individuals in one incident, please provide the name and social security number for each additional individual. (If more than 3, please go to page EX-1)

If Yes, how many other individuals are involved?

0) this individual

1) name:

2) name:

3) name:

I) Individual Information

Name: SSN: Gender: Male Female

Date of birth: PCIS2 Consumer ID:

Date and time incident occurred: Estimated.

If different, when was incident discovered:

of individuals present at the time of incident:

of staff present at time of incident:

Individual's level of supervision as indicated in the IP: # of staff : # of individual

Individual's level of supervision at the time the incident occurred: # of staff : # of individual

Incident occurred at: Home Site Neither

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Is the address where the incident occurred a DDA licensed site/service? : Yes No

What type of service is provided for this individual?

II) Agency Information

Name: Provider #: OHCQ Provider #:

Site Address: Site #: OHCQ Site #:

Is this a DDA licensed site? Yes No

II) Agency Information (cont'd)

Agency provides the following services:

Date and time of Initial Report:

Date and time of Agency Investigation Report:

Contact Person

Name (Last, First):

Title/relationship:

Address:

Phone:

Fax:

E-mail:

III) Type of incident

Primary incident category that indicates the suspected or known cause of the incident:

- | | |
|--|---|
| <input type="radio"/> Abuse | Answer questions on page Q-I |
| <input type="radio"/> Choking | Answer questions on page Q-I |
| <input type="radio"/> Death | Answer questions on page Q-I |
| <input type="radio"/> Fire department | |
| <input type="radio"/> Hospital admission / emergency room visit | Answer questions on page Q-II |
| <input type="radio"/> Hospital admission / psychiatric admission | Answer questions on page Q-ii |
| <input type="radio"/> Injury | Answer questions on page Q-III |
| <input type="radio"/> Medication error | Answer questions on page Q-III |
| <input type="radio"/> Neglect | Answer questions on page Q-III |
| <input type="radio"/> Other - not specified | Answer questions on page Q-III |
| <input type="radio"/> Other / individual committed a crime | Answer questions on page Q-III |
| <input type="radio"/> Other / outbreak of a communicable disease | See http://www.edep.org regarding further reporting requirements. |
| <input type="radio"/> Other / suicide attempt | Answer questions on page Q-IV |
| <input type="radio"/> Other / suicide threat | Answer questions on page Q-IV |
| <input type="radio"/> Other / three of a kind | Answer questions on page Q-IV |
| <input type="radio"/> Police | Please answer questions under XII) Law Enforcement. |
| <input type="radio"/> Restraint - chemical intervention | |
| <input type="radio"/> Restraint - unauthorized/inappropriate use of restraints | Answer questions on page Q-V |
| <input type="radio"/> Restraint - use of restraint that result in any type of injury | Answer questions on page Q-V |
| <input type="radio"/> Theft of individual's property or funds | Please answer questions under XII) Law Enforcement. |
| <input type="radio"/> Unexpected or risky absence / (absent \geq 4 hours) | Answer questions on page Q-V |
| <input type="radio"/> Unexpected or risky absence / (individual in immediate danger) | Answer questions on page Q-V |

IV) Briefly describe the circumstances of the incident:

IV-a) Has your understanding of the circumstances changed since completing an internal investigation? Please explain:

V) Briefly describe status of individual at the time of report:

V-a) Describe any significant history, diagnoses, and/or contributing events that may be relevant to this incident:

V-b) Describe the long term impact of this incident for this individual and/or other involved person:

V-c) List additional services or supports that will be needed and requested by this individual as a result of this incident. Include the names/titles of the person(s) responsible for providing the service/support, current status of the service/support, and (projected) completion date. (go to page Ex-V for more space)

Service	Provider	Status	Completion date

VI) Describe the agency's immediate response to the incident:

Will a team meeting be held? Yes No

VI-a) Describe the preventive measures implemented individually and/or globally and any recommendations made to reduce/eliminate the risk of recurrence of this type of incident.

Please indicate date of team meeting, if one was held.

VII) Does this individual have a behavior support plan (BSP)? Yes No Not relevant to this incident

If yes, list behaviors addressed in the BSP

VII-a) Is behavioral intervention needed? Yes No

Please list any additional witnesses or staff on duty that were noted during the course of your internal investigation.

VIII) Witnesses to the incident go to page Ex-II for more space)

Name	Address	Phone	Interviewed

IX) Please list all staff on duty at time of incidents: (go to page Ex-III for more space)

Name	Job Title	Interviewed

IX-a) Who was interviewed after the incident (include individuals, reporter of incident)?

If the individual is not able to communicate, how was the interview conducted?

IX-b) Explain any corrective, remedial, or disciplinary action that has occurred or will occur as a result of this incident for involved staff and/or systematically for this agency. Include a discussion of your agency's internal procedure for this type of incident, and whether staff followed the procedure.

X) RESULTS OF THE INVESTIGATION: Explain your findings and conclusion from this investigation

Were the allegations substantiated? Yes No

XI) Please provide any other relevant information

XI-b) Please provide any other relevant information for Agency Investigation Report

XII) Notifications

Does individual have family or guardian? Yes No

Is family/guardian involved with individual? Yes No

If family/guardian is involved, when were they notified? mm/dd/yyyy hh:mi AM

Please write notified family/guardian's name:

Has advocate, other than family/guardian been notified? Yes No

If yes, please write advocate's name: When was advocate notified?

XII) Law Enforcement

Was this incident reported to a law enforcement agency? Yes No Not relevant

If yes, write officer's name: Jurisdiction: Report #:

Please write other law enforcement information, if available.

If No, Explain why law enforcement was not notified

List of People to be notified (go to page Ex-IV for more space)

Name	Relationship/Agency	E-mail
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

The following must be reported to MDLC: All Deaths, Hospital Visits, Medication Errors, Reportable Restraint Use, Reportable injury and any incident that may be the result of abuse or neglect.
Incidents must be reported to CPS/APS per: Irregular situation - section 1A and Appendix 2A - Sections 6 & 7 of Other Agency/SRC requirements.

XIII) Agency/SRC staff person completing this initial report:

XIV) Staff person who completed this AIR report:

III) Type of incident (cont'd)

Primary incident category: Abuse

Who was involved? Individual was victim of Staff Individual Non-staff/Non-individual

Indicate Primary Abuse Category Inhumane treatment Physical abuse Psychological abuse
 Seclusion Sexual abuse
 Use of aversive technique Violation of individual rights

How will the safety of the individual be maintained during the investigation? (attach additional pages if more space is needed)

Please answer the following questions, if the primary abuse is "Physical abuse"

If applicable, were APS/CPS notified? Yes No (Answer if individual was victim of "non-staff/non-individual")

* Please answer questions under XII) Law Enforcement.

Please answer the following questions, if the primary abuse is "Psychological Abuse"

Does the individual have a behavior plan(BP) which addresses unsubstantiated allegations of abuse? Yes No

Please answer the following questions, if the primary abuse is "Sexual abuse"

Note: If the sexual activity is consensual, it is not sexual abuse.

If applicable, were APS/CPS notified? Yes No (Answer if individual was victim of "non-staff/non-individual")

Does the individual have a behavior plan(BP) which addresses unsubstantiated allegations of abuse? Yes No

* Please answer questions under XII) Law Enforcement.

If individual was victim of staff, was the MBON notified about the CMT for substantiated abuse? Yes No

Primary incident category: Choking

Does the individual have a history of choking or on a specialized diet? Yes No

Was the individual supervised during the meal/incident according to needs identified in the IP/nursing plan of care? Yes No

III) Type of incident (cont'd)

Primary incident category: Death

Location of death:

Date of death:

Was the death a result of unusual, suspicious or unnatural causes?: Yes No

Was death reported to local law enforcement agency?: Yes No

Was hospice involved?: Yes No

Has an autopsy been requested?: Yes No

Was the death anticipated?: Yes No

Was medical examiners office notified?: Yes No

Was EMT unit involved?: Yes No

If Yes, identify EMT unit:

Did individual have a guardian? Yes No

Did the individual have a DNR? Yes No

Legal name of the person who signed DNR:

What is the relationship to the person who signed DNR?

Primary incident category: Hospital Admission / emergency room visit

Was the individual admitted into the hospital? Yes No

Name of hospital:

What was the admitting diagnosis or rule out diagnosis?

What was the hospital discharge diagnosis?

Primary incident category: Hospital Admission / psychiatric admission

Does the individual have a psychiatric history, psychiatric diagnosis or on psychiatric medications? Yes No

Name of hospital:

III) Type of incident (cont'd)

Primary incident category: Injury

- Indicate the injury type? Dislocation Eye emergency Electric shock
 Fracture Ingestion of dangerous object or toxic substance
 Injury with loss of consciousness Lost of body part
 Tearing of body part Third degree burn

Please answer the following question if injury type is "Ingestion of dangerous object or toxic substance"

Does the individual have a history of pica? Yes No

Does the individual have a behavior plan(BP) which addresses pica? Yes No

Was the individual supervised during the incident according to needs identified in the IP/nursing plan of care? Yes No

Primary incident category: Medication error

What medication/treatment was involved?

Was the delegating nurse informed? Yes No

Primary incident category: Neglect

How will the safety of the individual be maintained during the investigation?

Primary incident category: Other - Not specified

Please describe "Other"

Primary incident category: Other / individual committed a crime

Location/status of individual?

What is the IP required staffing ratio?

* Please answer questions under XII) law enforcement.

III) Type of incident (cont'd)

Primary incident category: Other / suicide attempt

Does the individual have a history or family history of suicidal ideation/attempts? Yes No

If yes, how is it addressed, i.e. suicidal protocol, behavior plan?

Primary incident category: Other / suicide threat

Does the individual have a history or family history of suicidal ideation? Yes No

If yes, how is it addressed, i.e. suicidal protocol, behavior plan?

Primary incident category: Other / three of a kind

List all 3 minor incidents

- 1)
- 2)
- 3)

Choose from the following list of minor incidents.

- Abuse
- Choking
- Hospital treatment for chronic condition
- Hospital visit
- Injury
- Medication error
- Other internally investigated incident
- Physical aggression
- Planned use of restraint
- Police
- Theft of individuals' property or fund
- Unexpected or risky absence - absent < 4 hours

III) Type of incident (cont'd)

Primary incident category: Restraint - Unauthorized/ Inappropriate Use Of Restraints

Does the individual have a behavior plan(BP) with restraints? Yes No

Is the behavior targeted in the BP? Yes No

Will the team be convened within 5 calendar days to review the situation & action taken? Yes No

Is development of a behavior plan necessary? Yes No

What restraint was utilized?

Primary incident category: Restraint - Use of restraint that result in any kind of injury

Does the individual have a behavior plan(BP) with restraints? Yes No

Was staff trained in BPS and/or in-serviced annually? Yes No

Primary incident category: Theft of individual's property or funds

Please answer questions under XII: Law Enforcement.

What were the results of the police investigation?

Primary incident category: Unexpected or risky absence / (absence >= 4 hours)

Does the individual have any unsupervised time in the community? Yes No

How vulnerable is the individual?

What is IP required staffing ratio?

* Please answer questions under XII) Law Enforcement.

Primary incident category: Unexpected or risky absence / (individual in immediate danger)

What is IP required staffing ratio?

Was this ratio being provided at time of incident? Yes No

* Please answer questions under XII) Law Enforcement.

submit a separate Incident report form for each individual involved in space provided below. In order to link all individuals in one incident, please provide the name and social security number for each additional individual. (Cont'd)

4) name:

5) name:

6) name:

7) name:

8) name:

9) name:

10) name:

11) name:

12) name:

13) name:

14) name:

15) name:

16) name:

List of People to be notified (cont'd)

Name	Relationship/Agency	E-mail

