

**VALLEY MOUNTAIN REGIONAL CENTER
SPECIAL INCIDENT REPORT**

Consumer's Name	Date of Birth	M	F	UCI Number	Date of Report
Consumer's Address	Service Coordinator			Regional Center	

TYPE OF INCIDENT (Reportable Incidents in Bold)

Suspected Abuse/Exploitation (*Limited to that which has occurred while under care/supervision of a vendor.*) Check type:

- Physical
- Sexual
- Fiduciary
- Emotional/Mental
- Physical and/or Chemical Restraint

Serious Injury/Accident Which Occurs While the Consumer is Under the Care and Supervision of Any Vendor and Results in One or More of the Following (Check type):

- Lacerations requiring sutures or staples
- Puncture wounds requiring medical treatment beyond first aid
- Fractures
- Dislocations
- Bites that break the skin and require medical treatment beyond first aid
- Internal bleeding
- Any medication errors
- Medication reactions that require medical treatment beyond first aid.
- Burns that require medical treatment beyond first aid

Victim of Crime (*Regardless of consumer's living arrangement or perpetrator.*) Check type:

- Personal Robbery
- Aggravated assault
- Rape
- Burglary
- Larceny
- Other (specify)

Suspected Neglect (*Limited to that which has occurred while under care/supervision of a vendor.*) Check type:

- Failure to Assist in Personal Hygiene, Provision of Food, Clothing, Shelter
- Failure to Prevent Malnutrition or Dehydration
- Failure to Provide Medical Care
- Failure to Protect from Health & Safety Hazards
- Exercise a degree of care that a reasonable person would exercise in a position of having the care and custody of an elder or a dependent adult.

Any Unplanned or Unscheduled Hospitalization Due to the Following Conditions. Check type:

- Respiratory illness
- Seizure-related
- Cardiac related
- Internal infections
- Diabetes/Diabetes related complications
- Wound/skin care
- Nutritional deficiencies
- Involuntary psychiatric admission

Missing Person (*Complete only when reported to law enforcement and if consumer was under care/supervision of a vendor.*)

Death (*Regardless of living arrangement, cause or perpetrator*)

Supplemental/Optional Reporting

Serious Injury/Accident Which Occurs While the Consumer is Under the Care and Supervision of Any Vendor and Results in One or More of the Following: Check type:

- Injury-Accident
- Injury-Unknown origin
- Injury from seizure

Other Check type:

- Violation of Rights
- Pregnancy
- Disease outbreak
- Fire
- Suicide attempt
- Threatened suicide

Consumer's Name:

UCI#:

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Injury from another consumer Injury from behavior episode <u>Aggression Displayed by Consumer.</u> Check type: Aggressive act to self Aggressive act to another consumer Aggressive act to staff Aggressive act to family/visitor		Medical emergency Property damage Other sexual incident—Not rape Unauthorized absence—law enforcement not notified Other:	
Incident date . Definitive . Approximate	Time of incident . Definitive . Approximate		
Date incident reported to Regional Center and to whom		Medical Care/Treatment Required? . Yes . No	
Relationship of alleged perpetrator to consumer Unknown Self Vendor or Employee of Vendor Non-Vendor or Employee of Non-Vendor			
Another Consumer Relative/Family Member Individual known to consumer (Not a provider or another consumer) Not applicable			
Incident location			
Acute hospital—not ER Acute hospital—ER Day care/ Intervention program Psychiatric treatment center SNF Other		Job site Out of home respite Community setting Home of family In transit Subacute or pediatric subacute	
Day program Consumer's residence Hospice Jail or related setting Public school Rehabilitation facility			
Party/Entity responsible for consumer at time of incident			
Vendor Name: Vendor Type: Vendor Number: Self/Spouse Residential Parent/Family Day Program Other:		Name: Address: City/Zip: Telephone:	
Other agencies notified			
Community Care Licensing Child Protective Services Parent/Guardian/Conservator		DHS Licensing & Certification Adult Protective Services Long-Term Care Ombudsman	

Consumer's Name:

UCI#:

Date of Report:

Police/Law Enforcement

Other:

Coroner

Other:

Description of incident:

Specific preventative action taken or planned by the vendor:

Reporting Person's Name: _____

Signature: _____ Date: _____