

Incident Reporting in Assisted Living Centers

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|  | **AL Licensure Requirements** | **Medicaid Certification Requirements** |
|  | IAC 481--67.2(1), 67.11, 69.4 69.25 | IAC 441--77.33(22) – elderly waiver |
| *Consumers* | All Assisted Living tenants | Medicaid HCBS Waiver consumers |
| *Major Incident or Injury* | “*Major injury*” shall be defined as any injury which:   1. Results in death; or 2. Requires admission to a higher level of care for treatment, other than for observation; or 3. Requires consultation with the attending physician, designee of the physician, or physician extender who determines, in writing on a form designated by the department, that an injury is a “major injury” based upon the circumstances of the accident, the previous functional ability of the tenant, and the tenant’s prognosis.   Other incidences for reporting   1. When damage to the program is caused by a natural or other disaster. 2. When there is an act that causes major injury to a tenant or when a program has knowledge of a pattern of acts committed by the same tenant on another tenant that results in any physical injury. For the purposes of this subrule, “pattern” means two or more times within a 30-day period. 3. When a tenant elopes from a program. 4. When a tenant attempts suicide, regardless of injury. 5. When a fire occurs in a program and the fire requires the notification of emergency services, requires full or partial evacuation of the program, or causes physical injury to a tenant. 6. When a defect or failure occurs in the fire sprinkler or fire alarm system for more than 4 hours in a 24-hour period. 7. Additional reporting requirements created by other rules and statutes, including but not limited to Iowa Code chapters 235B and 235E, which require reporting of dependent adult   abuse. | *“Major incident”* means an occurrence involving a consumer during service provision that:   1. Results in a physical injury to or by the consumer that requires a physician’s treatment or admission to a hospital; 2. Results in the death of any person; 3. Requires emergency mental health treatment for the consumer; 4. Requires the intervention of law enforcement; 5. Requires a report of child abuse pursuant to Iowa Code section 232.69 or a report of dependent adult abuse pursuant to Iowa Code section 235B.3; 6. Constitutes a prescription medication error or a pattern of medication errors that leads to the outcome in paragraph “1,” “2,” or “3”; or 7. Involves a consumer’s location being unknown by provider staff who are assigned protective oversight. |

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| *Minor Incident or non- reports to the state agencies* | The following are not reportable accidents to DIA:   1. An ambulatory tenant who falls when neither the program nor its employees have culpability related to the fall, even if the tenant sustains a major injury; or 2. Spontaneous fractures; or 3. Hairline fractures. | *“Minor incident”* means an occurrence involving a consumer during service provision that is not a major incident and that:   1. Results in the application of basic first aid; 2. Results in bruising; 3. Results in seizure activity; 4. Results in injury to self, to others, or to property; or 5. Constitutes a prescription medication error. |
| *Reporting Timeframes* | Major Injury within 24 hours or next business day to DIA. | **Major Incident:**  By end of next calendar day to supervisor, consumer or legal guardian, DHS Bureau of long-term care, and HCBS case manager.  **Minor Incident:**  Reported in any format designated by provider, and submitted to supervisor within  72 hours. |
| *Format for reporting* | DIA Self-Reporting Tool [https://diahfd.iowa.gov/DIA\_HFD/Home](https://diahfd.iowa.gov/DIA_HFD/Home.do)  [.do](https://diahfd.iowa.gov/DIA_HFD/Home.do) | **Major Incident:**  Report these incidences via the Iowa Medicaid Provider Access System  <https://secureapp.dhs.state.ia.us/impa>  **Minor Incident:**  May be reported in any format designated by the provider. When a minor incident occurs or a staff member becomes aware of a minor incident, the staff member involved shall submit the completed incident report to the staff member’s supervisor within 72 hours of the incident. The completed report shall be maintained in a centralized file with a notation in the consumer’s file. |
| *Tracking and analysis* | Covered under Nurse review, Service Plans, Evaluation of tenant, and other certification requirements for the AL program in IAC Chapter 481—69.22, 69.26, 69.27 | The provider shall track incident data and analyze trends to assess the health and safety of consumers served and determine if changes need to be made for service implementation or if staff training is needed to reduce the number or severity of incidents. |