

PA Department of Health (PA-DOH) Event Reporting System Instructions Effective April 18, 2016

Purpose: To streamline the notification process used by the Area Agencies on Aging (AAA) and the Department of Human Services Adult Protective Services (APS) (under 60) network when informing DOH that a RON has been received by the AAA or APS regarding an older adult or care dependent individuals between the ages of 18 and 59, residing in a licensed setting or receiving services from a DOH licensed entity. This system will allow for consistent data, submission and the ability to confirm notification was completed.

Regulatory Reference:

Under the Older Adults Protective Services Act (OAPSA), 35 P.S. §§10225.101 *et seq.*, it is required that Area Agencies on Aging (AAAs) make notification to the appropriate licensing agency under procedures developed by the Department, in consultation with the licensing agency, for all reports involving an individual residing in a state licensed facility.

Under the Adult Protective Services Act, Act of October 7, 2010, P.L. 484, No. 7, Section 303 (b)(1), it is required that APS report any received reports received regarding an adult residing in a state-licensed facility to DOH as the state licensing department.

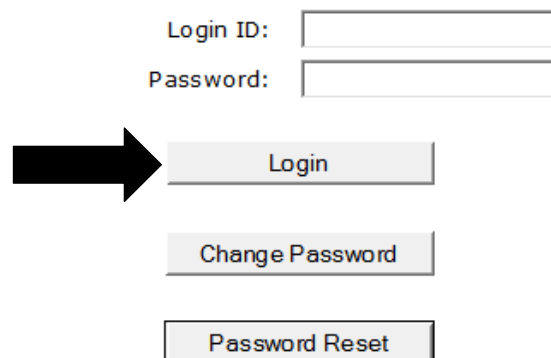
Web Site Address: The web site address for the Event Reporting System (ERS) is:

<https://sais.health.pa.gov/Incidents/facilitylogin.asp>


Login: When first entering the site, AAAs and APSs will be required to login. This is accomplished by entering the the Login ID and the Password. (NOTE: Whenever you type in the password field, a is shown instead of what is typed – this helps to keep passwords confidential). Once the login id and password are entered, click the Login button:

Event Reporting System - Facility Login

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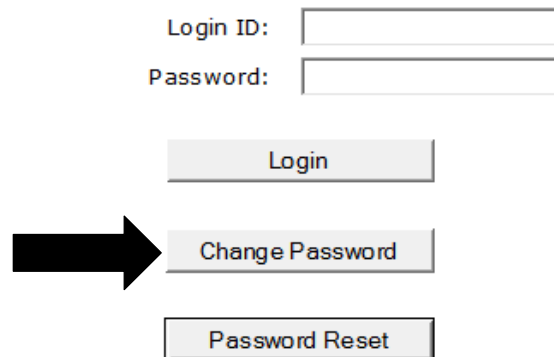


The login form consists of three input fields and three buttons. The first two fields are for 'Login ID' and 'Password', each with a label to its left. Below these is a large black arrow pointing to the right, which points towards the 'Login' button. The 'Login' button is a light gray rectangle. Below it is a 'Change Password' button, also a light gray rectangle. At the bottom is a 'Password Reset' button, also a light gray rectangle.

Login ID:	<input type="text"/>
Password:	<input type="password"/>
	
<input type="button" value="Login"/>	
<input type="button" value="Change Password"/>	
<input type="button" value="Password Reset"/>	

Change Password:

Event Reporting System - Facility Login

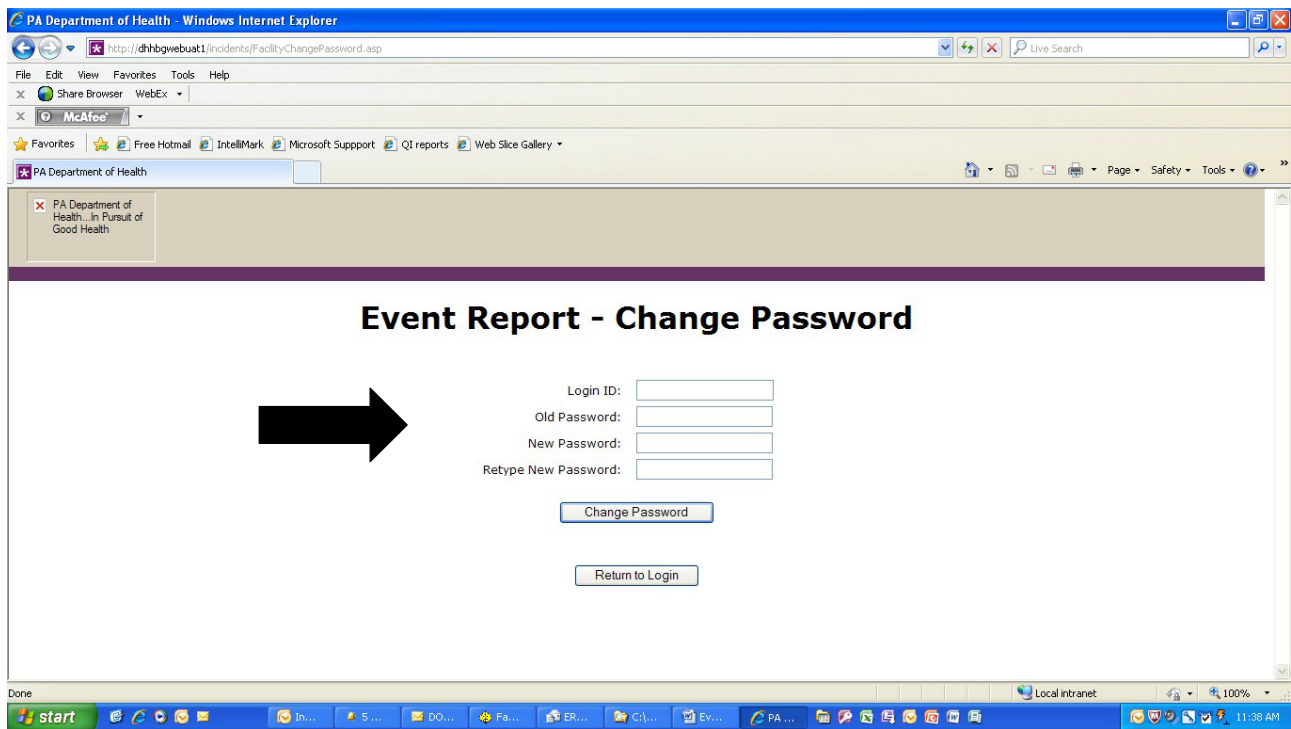


The login form consists of two input fields at the top: 'Login ID:' followed by a text box, and 'Password:' followed by a text box. Below these fields are three buttons stacked vertically: 'Login', 'Change Password', and 'Password Reset'. A large black arrow points from the left towards the 'Change Password' button, highlighting it as the next step in the process.

A password change should NOT be done unless the appropriate authorized personnel communicate that a password change is in order and are, in turn, properly notified of a successful password change. To change your password first enter your Login ID and current Password on the login page and then: (1) click the Change Password button on the login page, and on the next page that opens, (2) enter the AAA/APS ID, (3) the current password, (4) the new password, (5) re-type the new password, and finally (6) click the Change Password button.

Immediately after selecting the Change Password button, you will receive a message telling you that the “Password Changed Successfully.”

Note: If you have a password problem, please contact the Division of Nursing Care Facilities at 717-787-1816.




The final button on the Event Reporting System – Facility Login page is used to generate a temporary password.

Event Reporting System - Facility Login

Login ID:

Password:



To generate a temporary password, enter the facility Login ID and email. Next click the Request Passcode button.

Event Report - Password Reset

Login ID:

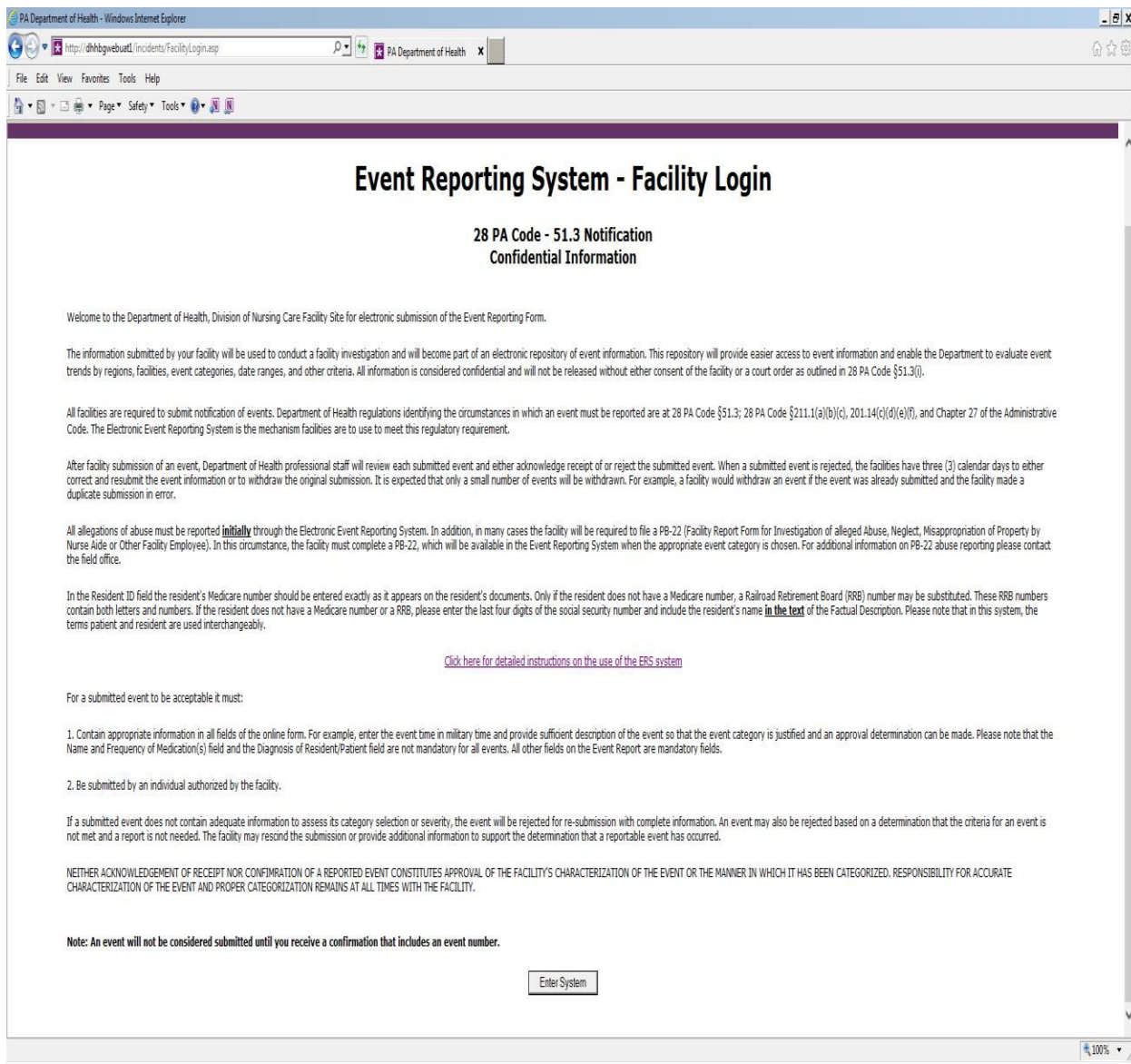
Email Address:

[Request Passcode](#)

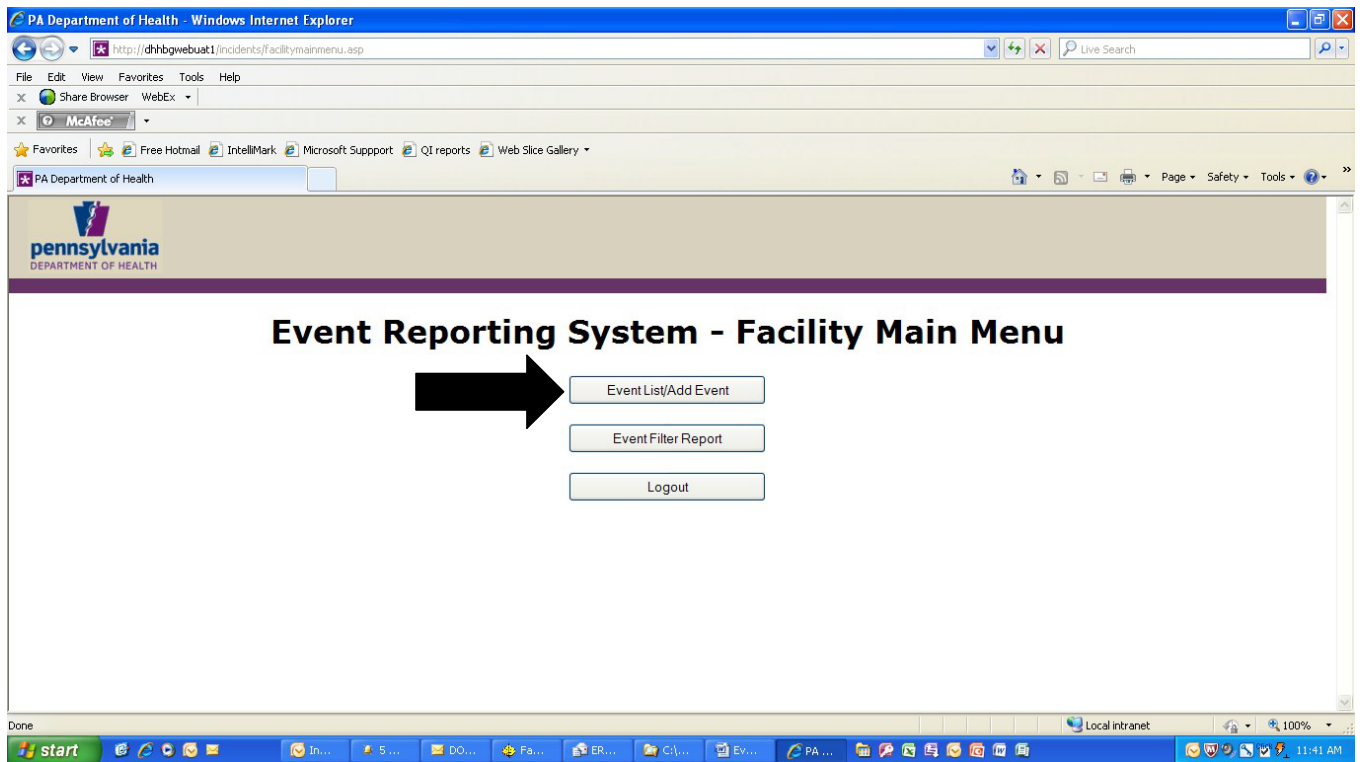
[Return to Login](#)

Enter the temporary password on the Change Password screen accessed from the facility login screen. The temporary password is entered in the Current Password field. This allows the user to reset the AAA/APS ERS password when otherwise unable to do so. Temporary passwords are valid for 24 hours after the Request Passcode button is clicked. After 24 hours, a new temporary password must be generated using the same Password Reset process.

Site Entry – Confidentiality Notice: Upon successful login, the first page is a welcome to the site, as well as a reminder that all information entered into the site and displayed by the site is to be handled and regarded in a confidential manner as described by law. Information is also given on the requirements for a successful event entry. To proceed into the ERS, click the Enter System button:



Main Menu – After entering the system the first page is a menu of the possible options: Event List/Add Event, Event Filter Report, or Logout. To add a new event, click on the Event List/Add Event button.



Event List/Add Event – Clicking the Event List/Add Event button on the Main Menu brings up the AAA/APS – Event Report List page. This page displays the status of all submissions entered by the AAA/APS for the past **30** calendar days (Approved, Rejected, or New – a new event is one that has not yet been reviewed by the PA-DOH). The view of the information on this page can be changed several ways. To see all events, not just those within the last 30 days, click the View All button. **A date range pop up box will now appear so you may limit the result set to speed retrieval.** To sort events by event number, event type, status, or by date submitted, click the appropriate column heading.

PA Department of Health - Internet Explorer

https://sa.is.health.pa.gov/incidents/rpt_incider Virtual Contact Center ESS Home - Integrated Enter... PA Department of Health PA Department of Health

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Facility - Event Report List

A A A - ERIE

New Event

Refresh View

Start: 12/30/2015
End: 2/16/2016
(MM/DD/YYYY)

Main Menu

Event No.	Event Type	Description	Status	Date Submitted	PB-22 Alleged Abuse, Neglect, Misappropriation of Property
445357	AAA RON	Resident=Theodore Fitch. Per reporter the consumer told an aide that "someone punched" the consumer...	Accepted	02/08/2016	
444283	AAA RON	Resident is Sherry Donnell. Per reporter the consumer stated that the AP walked into consumers ro...	Accepted	01/25/2016	
442972	AAA RON	Resident stated that one staff person was mean to him. Staff put her knees into his back and that s...	Accepted	01/07/2016	
441834	AAA RON	Consumer=Florence A. Moczulski...Per reporter the consumer has received on her Labia is bruised con...	Accepted	01/04/2016	
442634	AAA RON	Consumer=Sandra Myers...Reporter stated	Accepted	01/04/2016	

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Add Event - To add a new event, click the New Event button on the AAA/APS – Event Report List page. This will open the Event Report page. All fields on this page are required fields except for the Diagnosis field and the Medication field. It is mandatory that information be entered into the required fields. You can navigate from one field to the next by tabbing or by clicking in each field. Complete all the fields which have a **red asterisk** and when finished, click the Submit button at the bottom of the page. When entering information, a **brief** description of detail should be included.

Resident ID: The resident's last four digits of the social security number or their Medicare number should be entered here.

NOTE: The resident's name will be included in the Factual Description section.

Date of Event: Date of incident

Time of Event: Time of incident

To see the full event type description [Click Here](#)

*Event Type:

*Event Sub-type:

Event Type - The event type is entered by selecting: AAA/APS RON. Simply click your cursor in the event type field (or click the arrow to the right of the field), scroll to the AAA/APS RON event category and highlight it.

Event Subtype – When AAA/APS RON is chosen, the Event Subtype will open. Choose Over 60.

Location of Event: Name of Facility

The screenshot shows a web browser window titled "PA Department of Health - Windows Internet Explorer" with the address bar displaying "http://dnhbwebprod/incidents/Form_addincident.asp". The page is titled "Event Report" and includes a "Cancel" button at the top. Below the title, a note states "Fields preceded with '*' are required." The form contains several fields with labels on the left and input areas on the right:

- *Resident ID: [Text input field]
- *Date of Event (mm/dd/yyyy): [Text input field]
- *Time of Event (military hh:mm): [Text input field]
- *Event Type: [Dropdown menu showing "AAA RON"]
- *Event Sub-type: [Dropdown menu showing "Over 60"]
- *Location of Event: [Text input field]
- Name and Frequency of Medication(s): (maximum 600 characters) [Text area]
- Diagnosis of Resident/Patient: (maximum 250 characters) [Text area]
- *Factual Description: (maximum 3500 characters) [Text area]
- *Description of Follow-up Action: (maximum 3500 characters) [Text area]
- *Submitted By: [Text input field]
- *Submitter's Title: [Text input field]

A black arrow points from the left margin to the "Location of Event" text input field. At the bottom of the form, a note reads: "Note: An event will not be considered submitted until you receive a confirmation that includes an event number." The browser's status bar at the bottom right shows "100%".

*Resident ID:

*Date of Event (mm/dd/yyyy):

*Time of Event (military hhmm):

To see the full event type description [Click Here](#)

*Event Type:

*Location of Event:

Name and Frequency of Medication(s): (maximum 300 characters)

Diagnosis of Resident/Patient: (maximum 250 characters)

*Factual Description: (maximum 3500 characters)

*Description of Follow-up Action: (maximum 3500 characters)

*Submitted By:

*Submitter's Title:

*** A red asterisk will appear in front of each field where data entry is required. A brief description of detail should be included. AAAs/APSs are not required to enter diagnoses and medications.**

Factual Description: Provide a description of the allegation. The name of resident must be entered here.

NOTE: If the allegation(s) reported does not involve the facility, this information should be provided here.

Description of Follow-Up Action: Provide a brief description of the follow-up that has occurred since the incident (Alleged perpetrator suspended or terminated, police called, etc.).

Submitted By: Enter your name

Submitter's Title: Enter your position

Event Report (confirmation) – after the Submit button is clicked a confirmation page is displayed. One important process performed by the confirmation page is to provide an event number. The event number confirms that the event was successfully entered into the event database. **The confirmation number is to be provided in the Notes section of Question 4.B.5 on the RON.** To add another event, click the “Add Another Event” button (a blank Event Report page will open and data may be entered for another event as described above). To return to the event list click the Event List button.

NOTE: An event is not submitted to the Department of Health until a confirmation with an event number has been received.

PA Department of Health - Internet Explorer
https://saish.health.pa.gov/incidents/form_... Virtual Contact Center PA Department of Health

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DEPARTMENT OF HEALTH

Event Report

Event Submitted Successfully
Event Number: 444528

Event Details:

Resident ID:	1223543
Date of Event (mm/dd/yyyy):	2/16/2016
Time of Event (military hhmm):	0800
Event Type:	AAA RON
Event Sub Type:	Over 60
Location of Event:	dining room
Name and Frequency of Medication(s):	
Diagnosis of Resident/Patient:	
Factual Description:	test
Description of Follow-up Action:	test
Submitted By:	testing
Submitter's Title:	testing
Date First Submitted:	2/17/2016 9:02:44 AM

Event List

Add Another Event

Once you have received the confirmation, your event has been submitted. The event will be reviewed by DOH staff.

NOTE: You will now see the name, field office and phone number of the DOH staff who approved/rejected/pended the event.

PA Department of Health - Internet Explorer
 https://sais.health.beta.pa.gov/Incidents/form... Virtual Contact Center PA Department of Health

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Event Details

Facility: A A A - ERIE
 Event Number: 444283
 Patient ID: 4825
 Date of Event (mm/dd/yyyy): 1/22/2016
 Time of Event (military hh:mm): 18:00
 Event Type: AAA RON
 Event Sub Type: Over 60
 Location of Event: Abington Crest Nursing Facility
 Name and Frequency of Medication(s):
 Diagnosis of Resident/Patient:
 Factual Description: Resident is Sherry Donnell. Per reporter the consumer stated that the AP walked into consumers room, got on top of her chest and "pressed his genitals" on consumers chest. Reporter stated that the consumer was "yelling" "rape" when an aide walked into consumers room. Per reporter the attending physician was at facility at time of alleged incident, and had consumer sent to UPMC Hamot to be seen by a "sexual assault nurse." Per reporter, PA State Police have been called and are on their way to interview AP.

Description of Follow-up Action: Per reporter the consumer stated that the AP walked into consumers room, got on top of her chest and "pressed his genitals" on consumers chest. Reporter stated that the consumer was "yelling" "rape" when an aide walked into consumers room. Per reporter the attending physician was at facility at time of alleged incident, and had consumer sent to UPMC Hamot to be seen by a "sexual assault nurse." Per reporter, PA State Police have been called and are on their way to interview AP.

Submitted By: Ashley Frank
 Submitter's Title: OAPS Caseworker
 Reviewed by: CHRISTIAN GREGORY
 Field Office: NCF - JACKSON CENTER
 Phone: (724)662-6050
 Reviewer Comment:
 Date First Submitted: 1/25/2016 12:52:17 PM
 Status: Accepted
[View History](#)

[Event List](#)

If the field office rejects the event, you will be provided with a reason for the rejection.

PA Department of Health - Internet Explorer
 https://sais.health.beta.pa.gov/Incidents/rpt_IncidentState... PA Department of Health

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Facility - Event Report List

A A A - MONTGOMERY - NORRISTOWN

[New Event](#)

[Refresh View](#)

Start: 12/20/2015
 End: 2/17/2016
 (MM/DD/YYYY)

[Main Menu](#)

Event No.	Event Type	Description	Status	Date Submitted	PB-22 Alleged Abuse, Neglect, Misappropriation of Property
444087	AAA RON	Reporter states the cons was receiving AM Personal Care from ZAP s/CNA's and witness staff in the ba.	Accepted	01/21/2016	
443992	AAA RON	Reporter states that cons' sibling complained that AP was "talking down" to cons, forcing cons to ma.	Accepted	01/20/2016	
443824	AAA RON	Reporter states the DON received a call on 1-12-16 from a visitor to the cons alleging the AP/CNA wa...	Accepted	01/19/2016	
443646	AAA RON	Reporter states that cons' adult child called today to report that cons is alleging that AP kissed c...	Accepted	01/15/2016	
443619	AAA RON	Reporter states that cons reported that AP grabbed his/her wrist and beat him/her up.	Accepted	01/15/2016	
443414	AAA RON	Cons reported that on 1/9/16, AP "was rough and threw me like a ball." No bruising was observed on co...	Accepted	01/13/2016	
443224	AAA RON	Reporter states on 1-5-16 the cons' family was informed by the facility that the cons was having x...	Accepted	01/11/2016	
442949	AAA RON	Reporter states that cons and AP came out of their rooms and "locked eyes." They exchanged words su...	Rejected	01/07/2016	
442948	AAA RON	Reporter states that cons and AP came out of their rooms and "locked eyes." They exchanged words su...	Rejected	01/07/2016	
442928	AAA RON	Cons reported that on 1/3/16 AP went into his/her room and opened the window. Cons complained of the...	Rejected	01/07/2016	

PA Department of Health - Internet Explorer

https://sais.health.beta.pa.gov/incidents/form_ResubmitID=

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Event Details

Facility:	A A A - MONTGOMERY - NORRISTOWN
Event Number:	442928
Patient ID:	9145
Date of Event (mm/dd/yyyy):	1/6/2016
Time of Event (military hh:mm):	15:59
Event Type:	AAA RON
Event Sub Type:	Over 60
Location of Event:	Ivy Hill Rehab & Nursing Center
Name and Frequency of Medication(s):	
Diagnosis of Resident/Patient:	
Factual Description:	Cons reported that on 1/3/16 AP went into his/her room and opened the window. Cons complained of the cold and got up to close the window. Cons reported that AP punched him/her in the face twice when he/she turned from the window. Cons sustained cut under right eye and called the police. Upon arrival police took pictures of cons out and interviewed him/her. Cons provided three conflicting accounts of the incident. Police interviewed AP and assessed his/her hands for bruising consistent with punching someone however found no bruising. AP stated that cons his/her lost balance while closing the window, fell and hit his/her face on the bathroom door knob. After both interviews, the police determined that AP's statement was more consistent with the cons bruising. Cons to follow up with psychiatrist. AP provided in-service sensitivity training by facility, reassigned to another unit and suspended until 1/8/16.
Description of Follow-up Action:	PS to investigate
Submitted By:	Meine James
Submitter's Title:	PSCM
Reviewed by:	JEANNE CHASAR
Field Office:	NCF - NORRISTOWN
Phone:	(610)270-3475
Reviewer Comment:	Please identify resident and identify residents in all future event reporting reject Reasons: Other.
Date First Submitted:	1/7/2016 8:48:00 AM
Status:	Rejected
Reject Reasons:	Other
View History	

Event List

Update Report and Resubmit Withdraw

Please review the rejection reason and withdraw the event, if indicated. Two buttons will appear on the bottom of the event “Update Report and Resubmit” or “Withdraw”.

PA Department of Health - Windows Internet Explorer

http://ohhbgwebuat1/incidents/form_ResubmitIncident.asp?incidentID=345624&loginid=181302

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Done

Date of Event (mm/dd/yyyy):	5/5/2012
Time of Event (military hh:mm):	12:00
Event Type:	Death Due to a Medication Error or Adverse Reaction to Medication
Location of Event:	testing
Name and Frequency of Medication(s):	testing
Diagnosis of Resident/Patient:	testing
Factual Description:	Resident name - John Doe
Description of Follow-up Action:	testing
Submitted By:	testing
Submitter's Title:	testing
Reviewed by:	SUSAN WILLIAMSON
Field Office:	NCF - CENTRAL OFFICE
Phone:	(717)787-1816
Reviewer Comment:	Reject Reasons: Report does not contain elements dealing with how the facility will correct this issue as it relates to the resident.
Date First Submitted:	6/14/2012 12:04:10 PM
Status:	Rejected
Reject Reasons:	Report does not contain elements dealing with how the facility will correct this issue as it relates to the resident
View History	

Event List


Update Report and Resubmit Withdraw

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start

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Event Details – The Event Report List provides an overview of events. The details of any event may be displayed by clicking on the event number for that event in the event listing page.

							
Event Filter Report							
Report Home							
03/01/2015 to 03/17/2015							
Event No.	Facility Name	Facility ID	Event Type	Event Date	Status	Submitted By	Date Submitted
420666	A A A - GREATER ERIE COMMUNITY ACTION COMMITTEE	A0010201	AAA RON	02/28/2015	Accepted	Roxanne Perales	03/03/2015
420674	A A A - GREATER ERIE COMMUNITY ACTION COMMITTEE	A0010201	AAA RON	03/01/2015	Accepted	Roxanne Perales	03/03/2015
420688	A A A - GREATER ERIE COMMUNITY ACTION COMMITTEE	A0010201	AAA RON	02/21/2015	Accepted	Roxanne Perales	03/06/2015

Withdraw – To withdraw an event, click the Withdraw button on the Event Details window. Enter a reason for withdrawing the event and click the Withdraw button. An Event Review window will appear confirming what has been entered. Click the Event List button to return to the Event list.

Notes: The system will allow only events that are in a **rejected** status to be **withdrawn**. If you find that you have submitted an event in error, please contact your local Department of Health field office at:

HARRISBURG FIELD OFFICE
Telephone: (717) 783-3790

LEHIGH VALLEY FIELD OFFICE
Telephone: (610) 861-2117

PITTSBURGH FIELD OFFICE
Telephone: (412) 565-2836

JACKSON CENTER FIELD OFFICE
Telephone: (724) 662-6050

LIONVILLE FIELD OFFICE
Telephone: (610) 594-8041

SCRANTON FIELD OFFICE
Telephone: (570) 963-4331

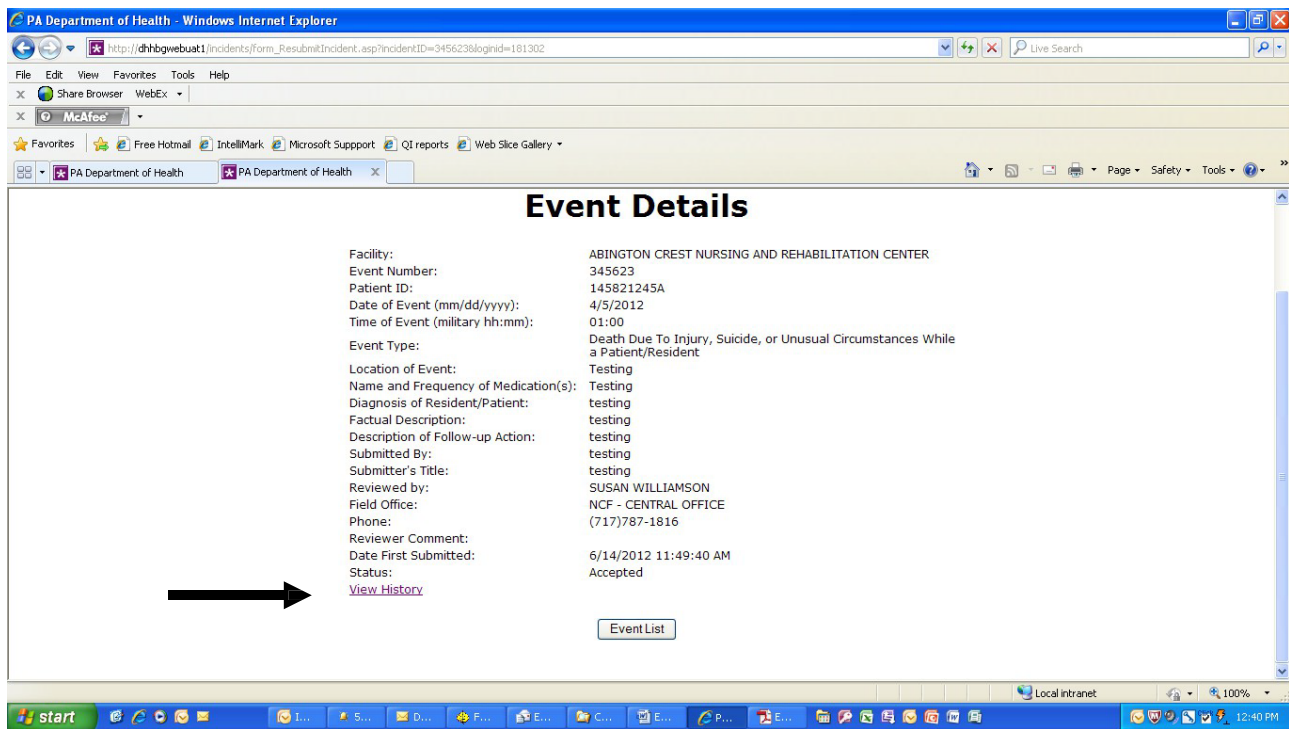
JOHNSTOWN FIELD OFFICE
Telephone: (814) 248-3125

NORRISTOWN FIELD OFFICE
Telephone: (610) 270-3475

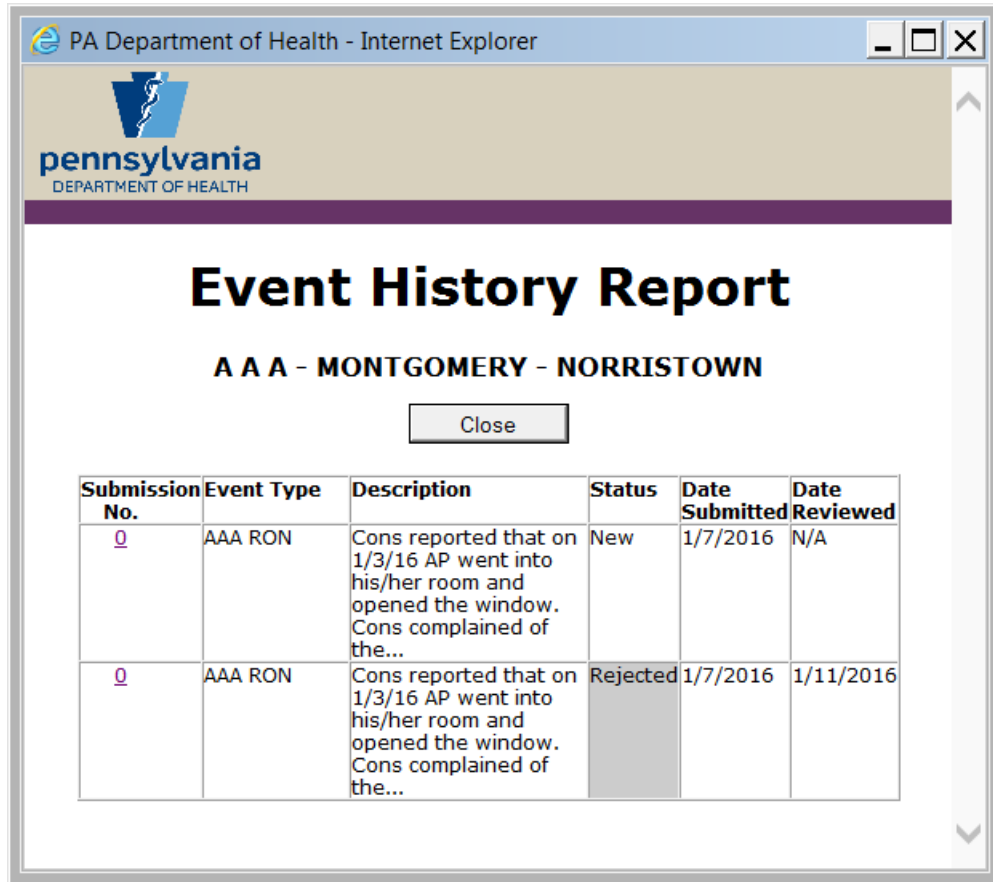
WILLIAMSPORT FIELD OFFICE
Telephone: (570) 651-1040

Ask them to reject the event. An example of when an AAA/APS would withdraw an event would be if they made a duplicate submission of the same event in error or the event is not within the purview of the DOH.


Event History – As explained above, when an event number is clicked from the Event List page, an Event Detail window is displayed (an image of the Event Detail window is shown in the Resubmit/Withdraw section above). This window contains a View History link.



Clicking on the “View History” link brings up the Event History Report, which displays the submission history for that event (if the event was rejected and then resubmitted, and rejected and resubmitted again, and so on). Clicking on the event number provides the Event Details window for that particular submission.



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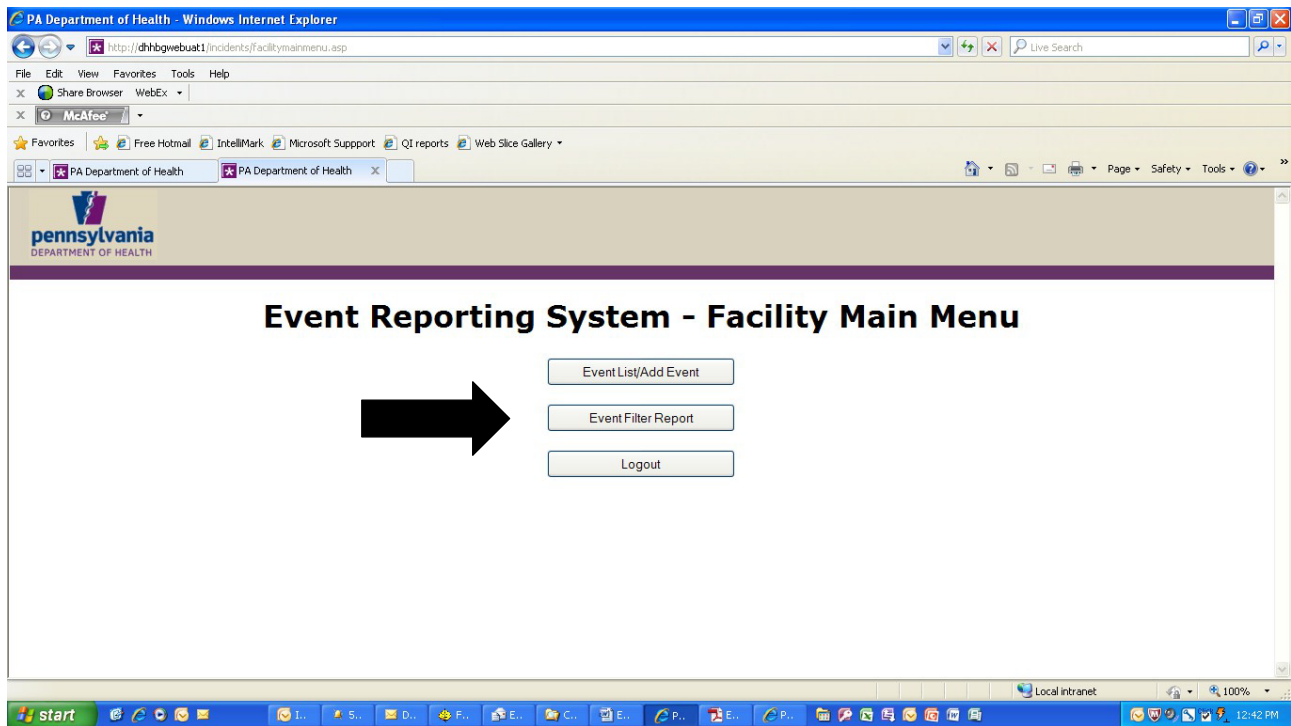
Event History Report

AAA - MONTGOMERY - NORRISTOWN

Close

Submission No.	Event Type	Description	Status	Date Submitted	Date Reviewed
0	AAA RON	Cons reported that on 1/3/16 AP went into his/her room and opened the window. Cons complained of the...	New	1/7/2016	N/A
0	AAA RON	Cons reported that on 1/3/16 AP went into his/her room and opened the window. Cons complained of the...	Rejected	1/7/2016	1/11/2016

Event Filter Report – AAAs/APSs also have the opportunity to view additional information on their previous submissions through the Event Filter Report. Clicking the Event Filter Report button on the Main Menu page opens the Event Filter Report screen.



This report can provide the AAA/APS with a list of events by the event type that should always be AAA/APS RON or by a specific status (or all statuses) for a given date range (or all events entered if no date range is provided). Event types and subtypes can be selected by clicking on the dropdown arrow to the right of each of the fields, then highlighting the appropriate choice. The report information can also be saved into an excel spreadsheet (and imported into Access, etc.). To save the report into a file, check the write output to file box (bottom left). To generate the desired report, click the Generate Report button.

PA Department of Health - Internet Explorer

https://sais.health.beta.pa.gov/Incidents/rpt_IncidentFilter

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Event Filter Report

Main Menu

Event Type: All

Event Status: All

Location: A A A - MONTGOMERY - NORRISTOWN

Date Range

From (mm/dd/yyyy):

To (mm/dd/yyyy):


☐ Event Number

Write output to file: ☒

Generate Report

Write Output to File – The generate report button opens the Event Filter Report window. If the “write output to file box” is checked then that window will include this line: Right Click Here to Download Report.

NOTE: More fields stored in the database have been added to the write output to file option.



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 https://sais.health.pa.gov/Incidents/rpt_IncidentFilter...
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Event Filter Report

[Main Menu](#)

[Right Click Here to Download Report](#)

Event No.	Facility Name	Facility ID	Event Type	Event Date	Status	Submitted By	Date Submitted
437236	A.A.A. - MONTGOMERY - NORRISTOWN	A0050201	AAA RON	10/19/2015	Accepted	Deborah Griffin	10/19/2015
437939	A.A.A. - MONTGOMERY - NORRISTOWN	A0050201	AAA RON	10/28/2015	Accepted	Jill Payne	10/29/2015
438773	A.A.A. - MONTGOMERY - NORRISTOWN	A0050201	AAA RON	10/13/2015	Withdrawn	Deborah Griffin	10/13/2015
438485	A.A.A. - MONTGOMERY - NORRISTOWN	A0050201	AAA RON	11/05/2015	Accepted	Sandra Hurtado	11/05/2015
439257	A.A.A. - MONTGOMERY - NORRISTOWN	A0050201	AAA RON	11/14/2015	Accepted	Deborah Griffin	11/16/2015
439256	A.A.A. - MONTGOMERY - NORRISTOWN	A0050201	AAA RON	11/16/2015	Accepted	Deborah Griffin	11/16/2015
434923	A.A.A. - MONTGOMERY - NORRISTOWN	A0050201	AAA RON	09/17/2015	Accepted	Jill Payne	09/18/2015
432756	A.A.A. - MONTGOMERY - NORRISTOWN	A0050201	AAA RON	07/13/2015	Accepted	Deborah Griffin	08/19/2015
432678	A.A.A. - MONTGOMERY - NORRISTOWN	A0050201	AAA RON	08/18/2015	Accepted	Deborah Griffin	08/18/2015
438950	A.A.A. - MONTGOMERY - NORRISTOWN	A0050201	AAA RON	11/12/2015	Accepted	Colin Heuck	11/12/2015
439884	A.A.A. - MONTGOMERY - NORRISTOWN	A0050201	AAA RON	11/24/2015	Accepted	Deborah Griffin	11/24/2015
432778	A.A.A. - MONTGOMERY - NORRISTOWN	A0050201	AAA RON	08/13/2015	Accepted	Beth Saffes	08/20/2015
432297	A.A.A. - MONTGOMERY - NORRISTOWN	A0050201	AAA RON	08/07/2015	Accepted	Beth Saffes	08/13/2015
433777	A.A.A. - MONTGOMERY - NORRISTOWN	A0050201	AAA RON	09/02/2015	Accepted	Brittany Cantale	09/03/2015
436940	A.A.A. - MONTGOMERY - NORRISTOWN	A0050201	AAA RON	10/14/2015	Accepted	Ellcott Smith	10/15/2015
431509	A.A.A. - MONTGOMERY - NORRISTOWN	A0050201	AAA RON	08/01/2015	Accepted	Deborah Griffin	08/03/2015
431982	A.A.A. - MONTGOMERY - NORRISTOWN	A0050201	AAA RON	08/10/2015	Accepted	Deborah Griffin	08/10/2015
430644	A.A.A. - MONTGOMERY - NORRISTOWN	A0050201	AAA RON	07/17/2015	Accepted	Beth Saffes	07/22/2015
432231	A.A.A. - MONTGOMERY - NORRISTOWN	A0050201	AAA RON	08/02/2015	Accepted	Deborah Griffin	08/12/2015
428926	A.A.A. - MONTGOMERY - NORRISTOWN	A0050201	AAA RON	06/26/2015	Accepted	Deborah Griffin	06/26/2015
429138	A.A.A. - MONTGOMERY - NORRISTOWN	A0050201	AAA RON	07/01/2015	Accepted	Deborah Griffin	07/01/2015

100%

Right click the Click Here to Download Report link at the top of the page, choose Save Target As.

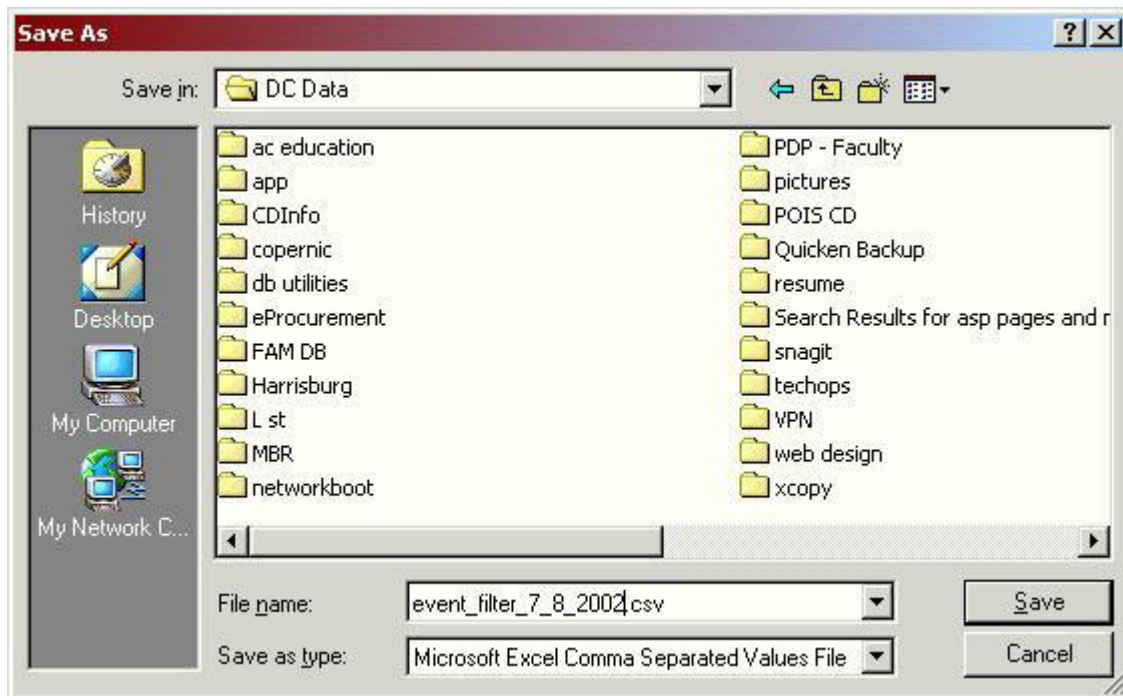
Event Filter Report

Main Menu

Right Click Here to Download Report

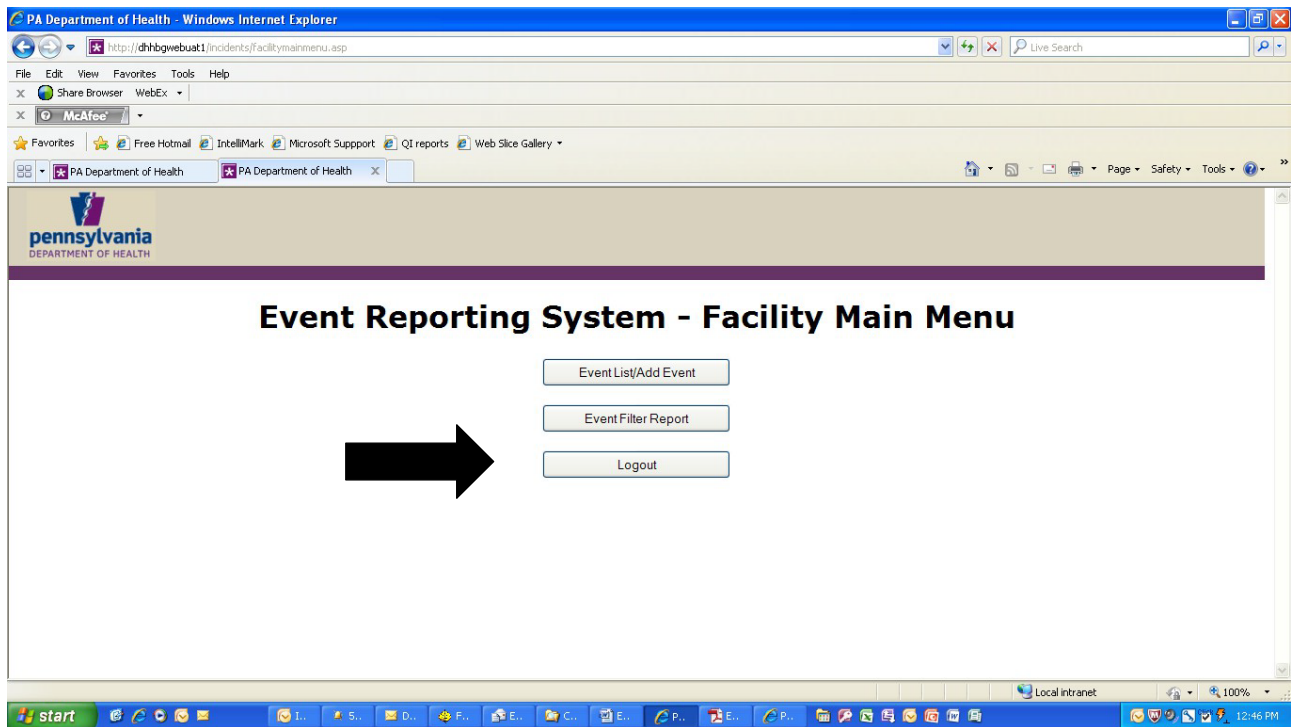
Event No.	Facility Name	Facility ID	Event Type	Status	Submitted By	Date Submitted
437236	A A A - MONTGOMERY - NORRISTOWN	A0050201	AAA RON	Accepted	Deborah Griffin	10/19/2015
437939	A A A - MONTGOMERY - NORRISTOWN	A0050201	AAA RON	Accepted	Jill Payne	10/29/2015
436775	A A A - MONTGOMERY - NORRISTOWN	A0050201	AAA RON	Withdrawn	Deborah Griffin	10/13/2015
438485	A A A - MONTGOMERY - NORRISTOWN	A0050201	AAA RON	Accepted	Sandra Hurtado	11/05/2015
439257	A A A - MONTGOMERY - NORRISTOWN	A0050201	AAA RON	Accepted	Deborah Griffin	11/16/2015
439256	A A A - MONTGOMERY - NORRISTOWN	A0050201	AAA RON	Accepted	Deborah Griffin	11/16/2015
434923	A A A - MONTGOMERY - NORRISTOWN	A0050201	AAA RON	Accepted	Jill Payne	09/18/2015
432756	A A A - MONTGOMERY - NORRISTOWN	A0050201	AAA RON	Accepted	Deborah Griffin	08/19/2015
432678	A A A - MONTGOMERY - NORRISTOWN	A0050201	AAA RON	Accepted	Deborah Griffin	08/18/2015
438950	A A A - MONTGOMERY - NORRISTOWN	A0050201	AAA RON	Accepted	Colin Houck	11/12/2015
439884	A A A - MONTGOMERY - NORRISTOWN	A0050201	AAA RON	Accepted	Deborah Griffin	11/24/2015
432778	A A A - MONTGOMERY - NORRISTOWN	A0050201	AAA RON	Accepted	Beth Silfies	08/20/2015
432297	A A A - MONTGOMERY - NORRISTOWN	A0050201	AAA RON	Accepted	Beth Silfies	08/13/2015
433777	A A A - MONTGOMERY - NORRISTOWN	A0050201	AAA RON	Accepted	Brittany Cantele	09/03/2015
436940	A A A - MONTGOMERY - NORRISTOWN	A0050201	AAA RON	Accepted	Elliott Smith	10/15/2015
431509	A A A - MONTGOMERY - NORRISTOWN	A0050201	AAA RON	Accepted	Deborah Griffin	08/03/2015
431982	A A A - MONTGOMERY - NORRISTOWN	A0050201	AAA RON	Accepted	Deborah Griffin	08/10/2015
430644	A A A - MONTGOMERY - NORRISTOWN	A0050201	AAA RON	Accepted	Beth Silfies	07/22/2015
432231	A A A - MONTGOMERY - NORRISTOWN	A0050201	AAA RON	Accepted	Deborah Griffin	08/12/2015

In the window that opens (1) browse to a location on your own computer where you wish to store this report, (2) rename the file to something meaningful regarding the report, (3) check to insure the file is saved as type Microsoft Excel Comma Separated Values file, and (4) choose Open in the window that opens after the file is saved.



Note: To insure you always view the current report when you right click the link on the page, your browser settings must seek the current page. In Internet Explorer this is done by choosing Tools (top menu bar), Internet Options, General (tab), Settings (under Temporary Internet files), and for Check for Newer versions of stored pages select Every visit to the page.

Logout – To logout of the ERS, return to the Main Menu by clicking the “Main Menu” button and click the Logout button. The Event Reporting System – Facility Login page opens.



General Information

Recommendations on Electronic Filing: If you have a significant amount of information to enter into the Electronic Event Reporting System, it is highly recommended that you first type the information in a word processing program and then “copy and paste” it into the appropriate fields in the Event Program. It is also recommended that when you type your information you do not use symbols or special characters such as bullets, pound signs and ampersands. These symbols and special characters do not “travel” well over the Internet and may be lost or changed during transmission.

Information may be typed directly into event fields; however, there is **NO** spell check and for security reasons there is a time limit for you to enter information directly into the field. If you go over this time limit, you will be sent back to the Login screen when you click on submit and your typing will be lost.

Please verify the accuracy of your information prior to submission. Once you submit an Event, the record will be “locked” and you will be unable to make any additional changes until the submission is reviewed by the Department of Health.

Reports of need for nursing care facilities should be submitted by the County AAA/APS where the facility is located, regardless of where the resident previously resided. Reports of need for Home Health Agencies should be submitted by the County AAA/APS where the resident resides.

The ERS can be used for facilities/agencies that fall under the purview of Department of Health (DOH), Office of Quality Assurance (i.e.. Nursing Care Facilities, Hospitals, Home Health Agencies, Intermediate Care Facilities). Facilities/agencies that do not fall under DOH purview should not be reported via ERS (i.e. Personal Care Homes, Assisted Living Facilities, private residences).

If you are having a problem filing an Event electronically, please review the appropriate section of this manual. If the problem appears to be a submission problem, please logout of your web browser and then log back on and try again.

If you still need assistance, contact your local Department of Health field office. If they are unable to resolve your problem, please contact the Division of Nursing Care Facilities at 717-787-1816 and ask for assistance with Electronic Event filing.

