

PA Department of Health (PA-DOH)

Event Notification Internet Site Overview – Facilities

Effective March 16, 2021

If you are adding a Covid-19 event, please click [here](#) to go to the Covid-19 Quick Start Guide.

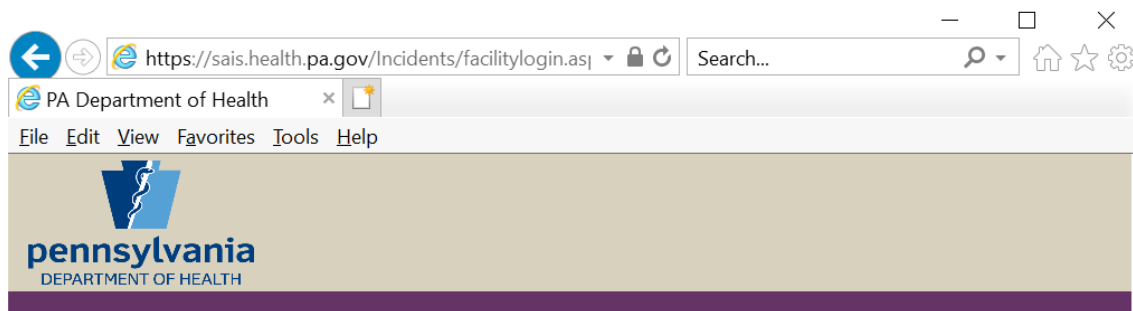
Purpose: To provide a system to enter events per 28 Pa Code Chapter 51.3; 28 Pa Code 201.14(c)&(d), 211.1(a)(b) & (c) and; Chapter 27 of the Administrative Code, that is readily available to all appropriate PA-DOH facilities, a simple process to insure consistent data entry and submission, and a source for quick and meaningful feedback on event notification submissions.

Web Site Address: The web site address for the Events Program is:

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

To ensure the application works correctly, please use Internet Explorer as your browser.

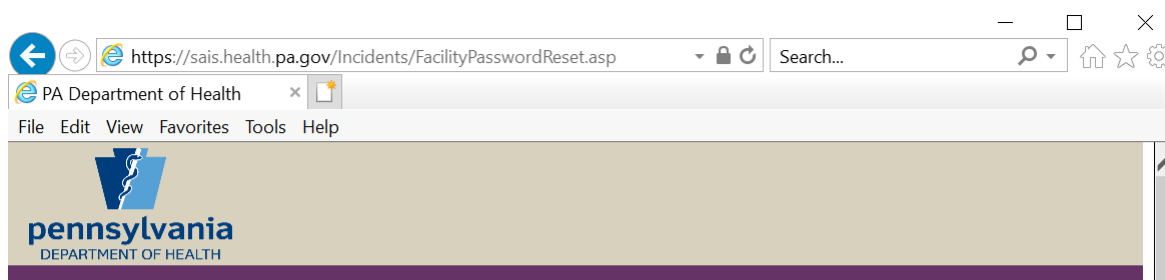

Initial Setup for Event Reporting: When first entering the site for Event Notification, facilities will be required to do a password reset. This is accomplished by clicking on the Password Reset button and then entering the facility ID and Email Address supplied to the Department of Health and clicking on the Request Passcode button. You will then receive an email with a temporary password that is valid for 24 hours. If you don't change your password prior to the 24 hour window expires you will need to do another Password Reset.



Event Reporting System - Facility Login

Login ID:


Password:



Event Report - Password Reset

Login ID:

Email Address:

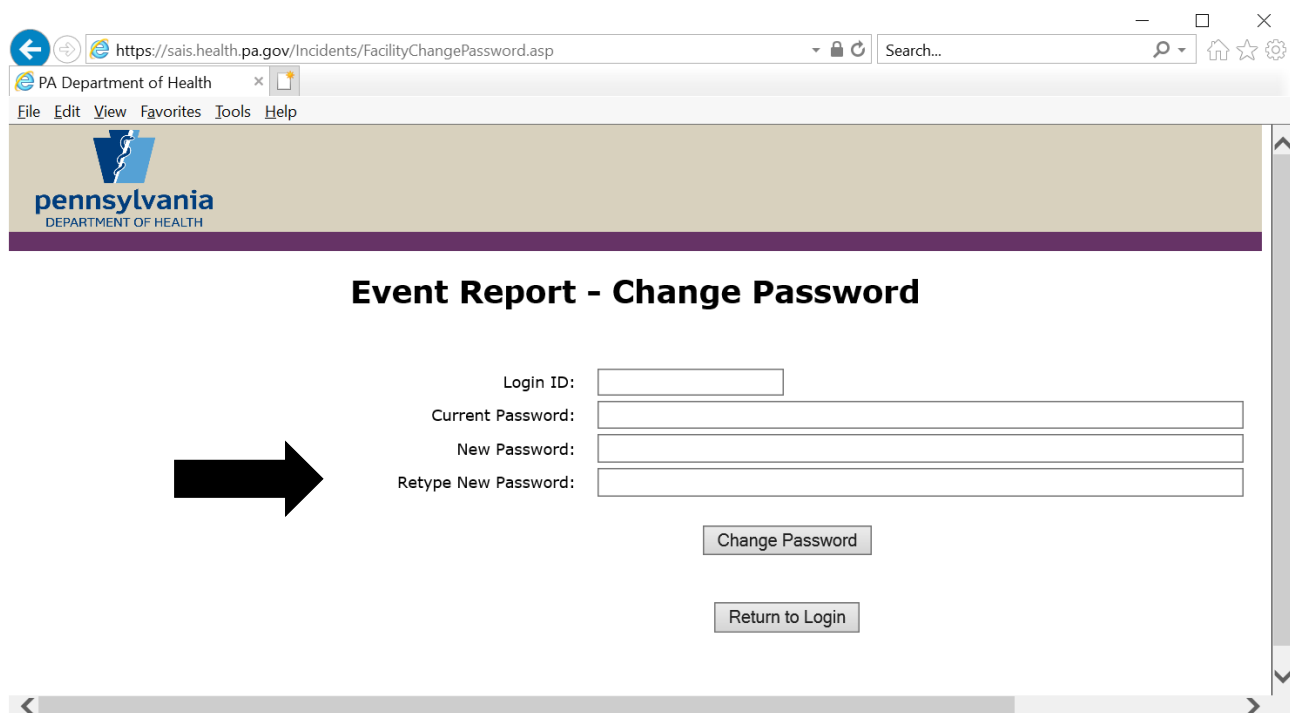


Change Password: After receiving the Request Passcode email, you will be required to Change Password using this temporary password as your current password. You will also be required to change your password every 60 days. Passwords must be at least 12 characters in length.

When a password change is needed, this should NOT be done unless the appropriate authorized facility personnel communicate that a password change is in order and are, in turn, properly notified of a successful password change. To change your facility password: (1) click the Change Password button on the login page, and on the next page that opens, (2) enter the facility 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.”

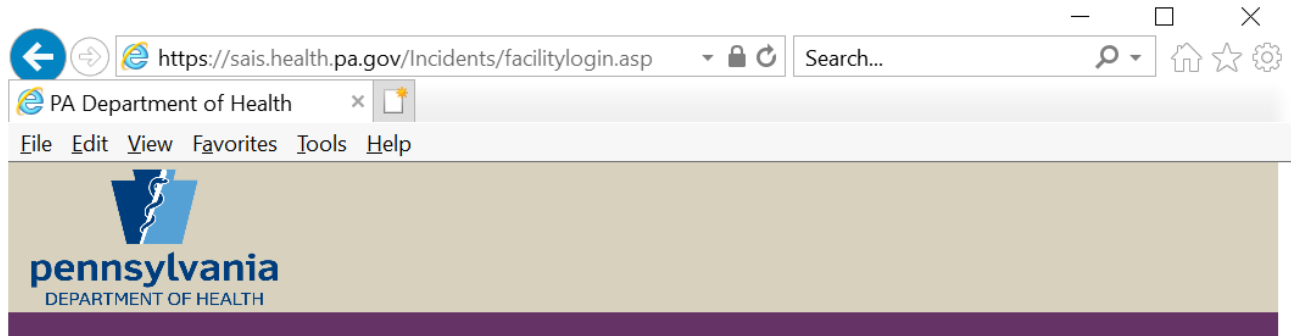
Note: If you have a password problem, please contact the Division of Nursing Care Facilities at 717-787-1816.



The screenshot shows a web browser window with the URL <https://sais.health.pa.gov/Incidents/FacilityChangePassword.asp>. The page header includes the Pennsylvania Department of Health logo. The main heading is "Event Report - Change Password". Below this, there are four input fields: "Login ID:", "Current Password:", "New Password:", and "Retype New Password:". To the left of these fields is a large black arrow pointing right. At the bottom of the form are two buttons: "Change Password" and "Return to Login".

Note: If a facility is no longer open (active), that facility will receive an error message when attempting to log in. If you believe this is an error, please contact: the Department’s Division of Nursing Care Facilities at (717) -787-1816.


Login In: From the Login Page, enter facility login id and password and click the Login button:
(NOTE: Whenever you type in the password field, an * is shown instead of what is typed – this helps to keep passwords confidential).



Event Reporting System - Facility Login

Login ID:

Password:



Login

Change Password

Password Reset

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 Event Notification system, click the Enter System button:

PA Department of Health

File Edit View Favorites Tools Help

Event Reporting System - Facility Login

28 PA Code - 51.3 Notification Confidential Information

Welcome to the Department of Health, Division of Nursing Care Facility Site for electronic submission of the Event Reporting Form.

The information submitted by your facility will be used to conduct a facility investigation and will become part of an electronic repository of event information. This repository will provide easier access to event information and enable the Department to evaluate event trends by regions, facilities, event categories, date ranges, and other criteria. All information is considered confidential and will not be released without either consent of the facility or a court order as outlined in 28 PA Code §51.3(i).

All facilities are required to submit notification of events. Department of Health regulations identifying the circumstances in which an event must be reported are at 28 PA Code §51.3; 28 PA Code §211.1(a)(b)(c), 201.14(c)(d) (e)(f), and Chapter 27 of the Administrative Code. The Electronic Event Reporting System is the mechanism facilities are to use to meet this regulatory requirement.

After facility submission of an event, Department of Health professional staff will review each submitted event and either acknowledge receipt of or reject the submitted event. When a submitted event is rejected, the facilities have three (3) calendar days to either correct and resubmit the event information or to withdraw the original submission. It is expected that only a small number of events will be withdrawn. For example, a facility would withdraw an event if the event was already submitted and the facility made a duplicate submission in error.

All allegations of abuse must be reported initially through the Electronic Event Reporting System. In addition, in many cases the facility will be required to file a PB-22 (Facility Report Form for Investigation of alleged Abuse, Neglect, Misappropriation of Property by Nurse Aide or Other Facility Employee). In this circumstance, the facility must complete a PB-22, which will be available in the Event Reporting System when the appropriate event category is chosen. For additional information on PB-22 abuse reporting please contact the field office.

In the Resident ID field the resident's Medicare number should be entered exactly as it appears on the resident's documents. Only if the resident does not have a Medicare number, a Railroad Retirement Board (RRB) number may be substituted. These RRB numbers contain both letters and numbers. If the resident does not have a Medicare number or a RRB, please enter the last four digits of the social security number and include the resident's name in the text of the Factual Description. Please note that in this system, the terms patient and resident are used interchangeably.

[Click here for detailed instructions on the use of the ERS system](#)


For a submitted event to be acceptable it must:

1. Contain appropriate information in all fields of the online form. For example, enter the event time in military time and provide sufficient description of the event so that the event category is justified and an approval determination can be made. Please note that the Name and Frequency of Medication(s) field and the Diagnosis of Resident/Patient field are not mandatory for all events. All other fields on the Event Report are mandatory fields.
2. Be submitted by an individual authorized by the facility.

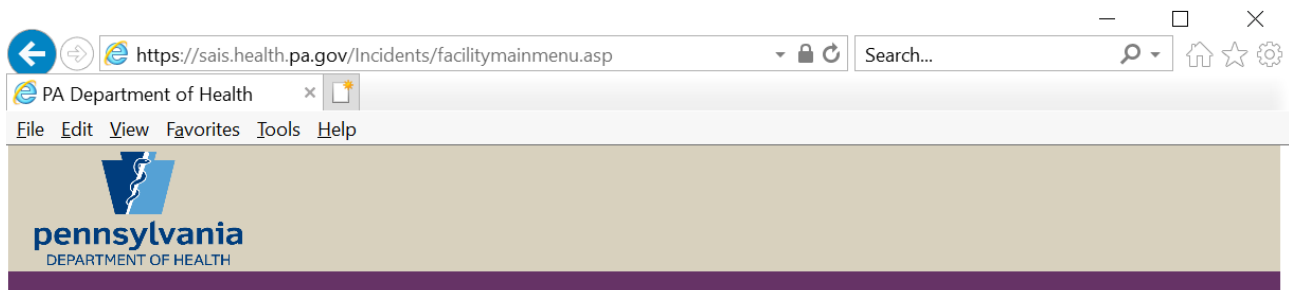
If a submitted event does not contain adequate information to assess its category selection or severity, the event will be rejected for re-submission with complete information. An event may also be rejected based on a determination that the criteria for an event is not met and a report is not needed. The facility may rescind the submission or provide additional information to support the determination that a reportable event has occurred.

NEITHER ACKNOWLEDGEMENT OF RECEIPT NOR CONFIRMATION OF A REPORTED EVENT CONSTITUTES APPROVAL OF THE FACILITY'S CHARACTERIZATION OF THE EVENT OR THE MANNER IN WHICH IT HAS BEEN CATEGORIZED. RESPONSIBILITY FOR ACCURATE CHARACTERIZATION OF THE EVENT AND PROPER CATEGORIZATION REMAINS AT ALL TIMES WITH THE FACILITY.

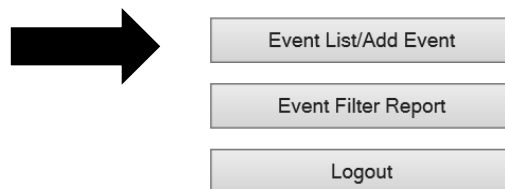
Note: An event will not be considered submitted until you receive a confirmation that includes an event number.



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 Reporting System - Facility Main Menu



Event List/Add Event – Clicking the Event List/Add Event button on the Main Menu brings up the Facility – Event Report List page. This page displays the status of all submissions entered by the facility 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 - Windows Internet Explorer

http://dhbwgwebuat1/incidents/rpt_incidentstatus.asp

File Edit View Favorites Tools Help

Share Browser WebEx

McAfee

PA Department of Health

pennsylvania
DEPARTMENT OF HEALTH

Facility - Event Report List

ABINGTON CREST NURSING AND REHABILITATION CENTER

New Event

Refresh View

Start: 5/15/2012

End: 6/14/2012
(MM/DD/YYYY)

Main Menu

There are currently no events for this Login ID.

Event No.	Event Type	Description	Status	Date Submitted	PB-22
					Alleged Abuse, Neglect, Misappropriation of Property

Local intranet 100%

start

Add Event –

If you are adding a Covid-19 event, please click [here](#) to go to the Covid-19 Quick Start Guide.

To add a new event, click the New Event button on the Facility – 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 and when finished, click the Submit button at the bottom of the page.

NOTES: In the Resident ID field the resident's Medicare number should be entered **exactly as it appears on the resident's documents.** If the resident does not have a Medicare number, a **Railroad Retirement Board (RRB) number may be substituted.** These RRB numbers contain both letters and numbers. If the resident does not have a Medicare number or a RRB, please enter the last

four digits of the social security number and include the resident's name in the text of the Factual Description.

If the event does not involve a resident, please place Not Applicable in this field. Please note that in this system, the terms patient and resident are used interchangeably.

Event Type - The event type is entered by selecting one of the event categories provided – simply click your cursor in the event type field (or click the arrow to the right of the field), scroll to the appropriate event category and highlight it. To view the full event type description, click on the Click Here link in the middle of the page. That will display a complete list of all event categories available for selection.

Choose a category based on the Category/Prompt list provided below.

<u>CATEGORY</u>	<u>PROMPTS</u>
<p>Complaint of Resident Abuse, Confirmed or Not</p> <p>*NOTE: Definitions of Abuse</p> <p>42 CFR 483.12, “Abuse” means the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish. Abuse also includes the deprivation by an individual, including a caretaker, of goods or services that are necessary to attain or maintain physical, mental, and psychosocial well-being. Instances of abuse of all residents, irrespective of any mental or physical condition, cause physical harm, pain or mental anguish. It includes verbal abuse, sexual abuse, physical abuse, and mental abuse including abuse facilitated or enabled through the use of technology</p> <p>28 PA Code 201.3 Definitions, The infliction of injury, unreasonable confinement, intimidation or punishment with resulting physical harm or pain or mental anguish, or deprivation by an individual, including a caretaker, of goods or services that are necessary to attain or maintain physical, mental and psychosocial well-being. This presumes that instances of abuse of all residents, even those in a coma, cause physical harm, or pain or mental anguish. The term includes the following:</p> <p>(i) <i>Verbal abuse</i>—Any use of oral, written or gestured language that willfully includes disparaging and derogatory terms to residents or their families, or within their hearing distance, regardless of their age, ability to comprehend or disability. Examples of verbal abuse include:</p> <p>(A) Threats of harm.</p> <p>(B) Saying things to frighten a resident, such as telling a resident that the resident will never be able to see his family again.</p>	<p>(Elements to consider when choosing the correct category)</p> <p>Does the description meet the definition of Abuse?</p> <p>Abuse – <i>Definition – See Category Column</i> Staff to Resident</p> <ul style="list-style-type: none"> Resident to Resident abuse – with injury to one or both residents, or intent; including non- consensual sexual or unwanted sexual advances. <i>If there is no injury or intent, do not report – this only applies to Resident to Resident abuse</i> <p><u>Examples of Resident to Resident Abuse:</u></p> <ul style="list-style-type: none"> Resident 1 pushed Resident 2 causing Resident 2 to fall and suffer a subdural hematoma Resident Abuse by Family Members Visitor Abusive Abuse allegations against any individual other than a facility employee or other resident. <p>**All reports under this category require a PB22 and should be reported thru ERS to DOH, your local AAA verbal notification and follow up with written report - you may use the PB22), and PDA in accordance with Act 13.</p> <p>All allegations of abuse, neglect, exploitation, or mistreatment must be reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury. 483.12(c)(1)</p> <p>Act 13 Immediately verbally notify AAA of the following allegations, and then complete a PB22 within 48 hours: (There may still be incidents that are reportable to PDA but maybe not DOH so no PB22 would be completed thus the facilities would need to use the PDA Act 13 Mandatory Abuse Reporting Form.)</p>

<p>(ii) <i>Sexual abuse</i>—Includes sexual harassment, sexual coercion or sexual assault.</p> <p>(iii) <i>Physical abuse</i>—Includes hitting, slapping, pinching and kicking. The term also includes controlling behavior through corporal punishment.</p> <p>(iv) <i>Mental abuse</i>—Includes humiliation, harassment, threats of punishment or deprivation.</p> <p>(v) <i>Involuntary seclusion</i>—Separation of a resident from other residents or from his room or confinement to his room (with/without roommates) against the resident's will, or the will of the resident's legal representative. Emergency or short term monitored separation from other residents will not be considered involuntary seclusion and may be permitted if used for a limited period of time as a therapeutic intervention to reduce agitation until professional staff can develop a plan of care to meet the resident's needs.</p> <p>(vi) <i>Neglect</i>—The deprivation by a caretaker of goods or services which are necessary to maintain physical or mental health.</p> <p>Title 35 P.S. §10225.701/ 15 PA Code§15.151 (Act 13) The occurrence of one or more of the following acts: (1) the infliction of injury, unreasonable confinement, intimidation or punishment with resulting physical harm, pain or mental anguish; (2) the willful deprivation by a caretaker of goods or services which are necessary to maintain physical or mental health; (3) sexual harassment; and/or (4) sexual abuse which is intentionally, knowingly or recklessly causing or attempting to cause rape, involuntary deviate sexual intercourse, sexual assault, statutory sexual assault, aggravated indecent assault or incest.</p> <p>These definitions are all taken into consideration. When multiple definitions are available to providers, we defer to the most stringent definition which does not require intent for an act to meet the definition of abuse.</p>	<ul style="list-style-type: none"> • Abuse - the occurrence of one or more of the following acts: <ol style="list-style-type: none"> 1. The infliction of injury, unreasonable confinement, intimidation or punishment with resulting physical harm, pain or mental anguish; 2. The willful deprivation by a caretaker of goods or services which are necessary to maintain physical or mental health; 3. Sexual harassment; and/or 4. Sexual abuse which is intentionally, knowingly or recklessly causing or attempting to cause rape, involuntary deviate sexual intercourse, sexual assault, statutory sexual assault, aggravated indecent assault or incest. • Serious bodily injury – (Also notify PDA/law enforcement) An injury which creates a substantial risk of death or which causes serious permanent disfigurement or protracted loss or impairment of the function of a body member or organ. • Serious physical injury – (also notify PDA/ law enforcement) An injury that causes a person severe pain or significantly impairs a person's physical functioning, either permanently or temporarily. • Sexual harassment • Sexual abuse – (also notify PDA/ law enforcement) • Rape • Statutory Sexual assault • Involuntary deviate sexual intercourse • Sexual assault • Aggravated indecent assault • Indecent assault • Incest
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	<p>PDA/ law enforcement must also receive immediate verbal report for:</p> <p>Sexual abuse Serious physical injury Serious bodily injury Death is suspicious</p> <p><u>Examples of what NOT to report to PDA or DOH</u></p> <p>Isolated incidents of the following: Staff to resident:</p> <ul style="list-style-type: none"> • Verbal abuse (yelled at resident, no outcome) <p>Resident to resident incidents, if unwanted could be sexual harassment thus reportable:</p> <ul style="list-style-type: none"> • Someone kissed someone else • Someone had hand on outside of another resident's clothing • Someone hits another and no injury at all
Death Due to a Medication Error or Adverse Reaction to Medication	Did death or a serious injury occur due to a medication error (such as severe allergic reaction to a medication that resulted in death)?
Death Due to Injury, Suicide, or Unusual Circumstances While a Resident	<p>Did death occur due to an injury (such as blunt force trauma), suicide, or unusual circumstances (such as electrical shock resulting in death from sticking finger in electrical outlet) while a resident?</p> <p>Death (Resident found on floor) – the unusual circumstance would be unknown reason for death.</p>
Death Due to Malnutrition, Dehydration or Sepsis	<p>Did death occur due to malnutrition, dehydration, or sepsis?</p> <p>As a primary cause of death, to report the reason for its occurrence and the steps the facility should have taken to prevent, or will prevent for other residents. (51.3 (f)(g) –(g refers to f)</p>
Elopement Inpatient	<p>Does it meet the definition of elopement?</p> <p>Elopement – <i>Resident leaves the facility without the facility staff being aware that the resident has done so (Unauthorized absence).</i> <i>Note: the above definition of Elopement is from 28 Pa Code 201.3)</i></p> <p>If resident alarm sounds and staff responds immediately, not considered an elopement.</p>
Reportable Diseases	<p>Per 28 Pa Code 211.1, and Chapter 27 of Administrative Code</p> <p><u>211.1 (b)&(c)</u></p> <p>Cases of scabies and lice shall be reported to the appropriate Division of Nursing Care Facilities field office.</p> <p>Significant nosocomial outbreaks, as determined by the</p>

	<p>facility's medical director, Methicillin Resistant Staphylococcus Aureus (MRSA), Vancomycin-Resistant Staphylococcus Aureus (VRSA), Vancomycin-Resistant Enterococci (VRE) and Vancomycin-Resistant Staphylococcus Epidermidis (VRSE) shall be reported to the appropriate Division of Nursing Care Facilities field office.</p> <p><u>Chapter 27 Administrative Code/ 211.1 (a)</u></p> <p>(1) The following diseases, infections and conditions are reportable within 24 hours after being identified by symptoms, appearance or diagnosis:</p> <p>Animal bite. Anthrax. Arboviruses (viruses transmitted by arthropod insects, usually tick or mosquito) Botulism. Cholera. Covid-19. Diphtheria. Enterohemorrhagic E. coli. Food poisoning outbreak. Haemophilus influenzae invasive disease. Hantavirus pulmonary syndrome. Hemorrhagic fever. Lead poisoning. Legionellosis. Measles (rubeola). Meningococcal invasive disease. Plague. Poliomyelitis. Rabies. Smallpox. Typhoid fever</p> <p>(2) The following diseases, infections and conditions are reportable within 5 work days after being identified by symptoms, appearance or diagnosis:</p> <p>AIDS. Amebiasis. Brucellosis. CD4 T-lymphocyte test result with a count of less than</p>
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	<p>200 cells/μL or a CD4 T-lymphocyte percentage of less than 14% of total lymphocytes (effective October 18, 2002).</p> <p>Campylobacteriosis.</p> <p>Cancer.</p> <p>Chancroid.</p> <p>Chickenpox (varicella) (effective January 26, 2005).</p> <p>Chlamydia trachomatis infections.</p> <p>Congenital adrenal hyperplasia (CAH) in children under 5 years of age.</p> <p>Creutzfeldt-Jakob Disease.</p> <p>Cryptosporidiosis.</p> <p>Encephalitis.</p> <p>Galactosemia in children under 5 years of age.</p> <p>Giardiasis.</p> <p>Gonococcal infections.</p> <p>Granuloma inguinale.</p> <p>Guillain-Barre syndrome.</p> <p>HIV (Human Immunodeficiency Virus) (effective October 18, 2002).</p> <p>Hepatitis, viral, acute and chronic cases.</p> <p>Histoplasmosis.</p> <p>Influenza.</p> <p>Leprosy (Hansen's disease).</p> <p>Leptospirosis.</p> <p>Listeriosis.</p> <p>Lyme disease.</p> <p>Lymphogranuloma venereum.</p> <p>Malaria.</p> <p>Maple syrup urine disease (MSUD) in children under 5 years of age.</p> <p>Meningitis (All types not caused by invasive Haemophilus influenza or Neisseria meningitis).</p> <p>Mumps.</p> <p>Perinatal exposure of a newborn to HIV (effective October 18, 2002).</p> <p>Pertussis (whooping cough).</p> <p>Phenylketonuria (PKU) in children under 5 years of age.</p> <p>Primary congenital hypothyroidism in children under 5 years of age.</p> <p>Psittacosis (ornithosis).</p> <p>Rickettsial diseases.</p> <p>Rubella (German measles) and congenital rubella syndrome.</p> <p>Salmonellosis.</p> <p>Shigellosis.</p>
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	<p>Sickle cell disease in children under 5 years of age.</p> <p>Staphylococcus aureus, Vancomycin-resistant (or intermediate) invasive disease.</p> <p>Streptococcal invasive disease (group A).</p> <p>Streptococcus pneumoniae, drug-resistant invasive disease.</p> <p>Syphilis (all stages).</p> <p>Tetanus.</p> <p>Toxic shock syndrome.</p> <p>Toxoplasmosis.</p> <p>Trichinosis.</p> <p>Tuberculosis, suspected or confirmed active disease (all sites).</p> <p>Tularemia.</p>
Hemolytic Transfusion Reaction	Self explanatory
Misappropriation of Resident Property	<p>Does it meet the definition of Misappropriation of Resident Property?</p> <p>Misappropriation of Resident Property – <i>The deliberate misplacement, exploitation, or wrongful (temporary or permanent) use of a resident's belongings or funds without the resident's consent.</i></p> <ul style="list-style-type: none"> • Missing/Lost Medicine – if it belongs to the resident. • Missing Resident Money/Personal Items • Power of Attorney (POA) Misappropriating Resident Funds • Staff member used Resident Funds <p>**Reports under this category require a PB22 if a perpetrator is identified, and should be reported thru ERS to DOH and your local AAA (verbal notification and follow up with written report - you may use the PB22 for an identified perpetrator).</p> <p>All allegations of abuse, neglect, exploitation, or mistreatment must be reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury. 483.12(c)(1)</p>
Notification of Interruption/Termination of Any Service Vital to the Continued Safe Operation of the Facility or the Health and Safety of its Personnel, Including But Not limited to	<p>Was there an interruption in services such as electricity, water, or heat for an extended period of time, which affected or could affect resident services?</p> <p>(Please note that any actual fire event or emergency should be reported)</p>


Anticipated or Actual Termination of Utilities	<p><i>Fire (emergency) alarm activation-</i> any time a Fire Department is alerted.</p> <p><i>Any Fire Alarm or Sprinkler System out of service</i> for four hours or more hours in a 24 hour period.</p> <p><i>Electrical outages</i> –any; if the power is blinking due to a storm, etc. not reportable, however, if it goes off and stays off, then report.</p> <p><i>Water</i> – if going to be greater than 4 hours</p> <p><i>Gas Leak</i></p> <p><i>Leak in High Pressure Water Supply</i></p> <p><i>Call Bell System malfunction</i></p> <p><i>Telephone outage</i></p>
Other	<p>Any event <i>that could seriously compromise quality assurance or resident safety</i> and does not fit under any other category use this one. Below are some examples of situations that have been submitted under this category. They are only examples and do not necessarily mean that the incident in your facility meets the criteria “could seriously compromise quality assurance or resident safety”. The facility must evaluate the situation and decide if it meets the definition.</p> <ul style="list-style-type: none"> • <u>LOA misadventures</u> – unplanned occurrences while on leave of absence from facility <u>Examples:</u> <ul style="list-style-type: none"> ○ Family member attempts to take resident on LOA without proper authorization. A resident is not capable and a family member who is not identified as having permission from the POA to take the resident on LOA attempts to take resident out of the facility. ○ Resident signed out by spouse did not return as expected and spouse not answering telephone ○ Resident in auto accident while on LOA ○ Vehicle accident with transport van (facility or public), ambulance, or family vehicle. ○ Resident misplaced after an appointment ○ A resident goes out of the facility under an approved leave of absence and the resident does not return – it is unsafe for that resident to not have meds or other treatments. ○ Resident left against medical advice without post discharge services • <u>Unsafe practices by outside individuals</u> – someone, family, visitor, or other, comes into facility and makes threats or carries out threats or distributes something offensive to residents. Or something comes into facility that may be a threat. <u>Examples:</u> <ul style="list-style-type: none"> ○ Suspicious powder in mail/bag in room ○ Terroristic threat from family member ○ Outsider distributing disturbing literature ○ Weapon found in facility

	<ul style="list-style-type: none"> • <u>Unsafe practices by the resident</u> – resident does something that is considered to be dangerous to their health. <u>Examples:</u> <ul style="list-style-type: none"> ○ Attempted suicide ○ Illegal drug use ○ Resident consuming creams, lotions, etc.
<p>Resident Neglect Definitions of neglect:</p> <p>483.5 failure to provide goods and services necessary to avoid physical harm, pain, mental anguish, or emotional distress. (42 CRF 483.12.</p> <p>28 Pa Code 201.3 Definitions – the deprivation by a caretaker of goods or services which are necessary to maintain physical or mental health.</p> <p>Act 13 of 1997 the willful deprivation by a caretaker of goods or services which are necessary to maintain physical or mental health.</p>	<p>Does it meet the definition of Neglect? The facility must do a thorough investigation to determine if the incident meets the definition of neglect or if there is a work performance issue.</p> <p><i>There is no list that can be created to encompass all of the situations that may fall into this category. Therefore, the facility must be prepared with a process in place to investigate and determine neglect. The facility should be prepared to explain their determination of neglect or not.</i></p> <p>Injury/harm is circumstantial and should be determined on a case by case basis. For example, if a resident is bruised because they bumped into a handrail when the nurse aide wheeled them down the hall that may not be considered an injury. However, if the nurse aide ran the resident into the wall and they received a bruise, this could be considered an injury.</p> <p>Additional Example to consider: There was one staff present during a transfer of a resident when the care plan stated two staff were required for transfer, and the resident fell and sustained an injury. The facility must do a thorough investigation to determine if this meets the definition of neglect or if it was a work performance issue.</p> <p>**All reports under this category require a PB22 and should be reported thru ERS to DOH, and your local AAA (verbal notification and follow up with written report - you may use the PB22). Reportable to PDA/Law enforcement if serious physical or bodily harm.</p> <p>All allegations of abuse, neglect, exploitation, or mistreatment must be reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury. 483.12(c)(1)</p>
Rape	All Resident Sexual Abuse including Rape, should be reported as a Complaint of Resident Abuse, Confirmed or Not. This event type

	should be used for any other reporting of rape i.e. staff, visitor, volunteers reported that they were raped in the facility.
Receipt of a Strike Notice	Self Explanatory
Reporting of Crimes According to 483.12(b)(5)	<p>Any reasonable suspicion of a crime against any individual who is a resident of, or is receiving care from, the facility.</p> <p>If the events that cause the suspicion—</p> <ul style="list-style-type: none"> - result in serious bodily injury, report the suspicion immediately, but not later than 2 hours after forming the suspicion; and - do not result in serious bodily injury, report the suspicion not later than 24 hours after forming the suspicion. <p>* These reports must also be made to one or more law enforcement entities (local police, Attorney General)</p>
Significant Disruption of Service Due to Disaster such as Fire, Storm, Flood or Other Occurrence	Fire, storm, flood, earthquake, other natural disaster.
Transfer/Admission to Hospital Because of Injury/Accident	<p>Was the resident transferred/admitted to the hospital due to an injury/accident? Guidance (these events are reportable, unless otherwise indicated)</p> <p>Transfer – go to hospital, not admitted to hospital – is reportable. (Please note - for hospital based NH's, if going to radiology for x-ray – does not constitute transfer.)</p> <p>Admission – order from physician admitting resident to hospital, includes observation stays</p> <p>Injury – clinically complex, requiring additional services outside your facility's capabilities</p> <p>Accident – unplanned event that causes an injury</p> <p>Could include serious medication errors that required transfer to hospital</p> <p>Resident burned himself while smoking – if serious enough to require transfer to hospital.</p> <p>Unknown/unexplained injury – if serious enough to require transfer to hospital. Example: The resident fell and suffered an injury. She was then transferred to the hospital and admitted with a subdural hematoma or fracture. This event type should be chosen since the admission to the hospital was the most significant result of all of the information contained in the event report.</p>
Unlicensed practice of regulated profession	<p>Practicing without a license or an expired license</p> <p>Treatment completed on a resident without an order</p> <p>This could include a nurse aide working with expired registry.</p>

Complaint of Resident Abuse, Confirmed or Not

If you choose **Complaint of Resident Abuse, Confirmed or Not** as the category you will be provided with an additional drop down box to choose the correct sub-type.



Event Report

Cancel

Fields preceeded with '*' are required.

*Resident ID:

test

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

2/12/2021

*Time of Event
(military hhmm):

1600

*Event Type:

To see the full event type description [Click Here](#)
Complaint of Patient/Resident Abuse, Confirmed or Not

*Event Sub-type

Resident to Resident Mental

Resident to Resident Physical

Resident to Resident Sexual

Resident to Resident Verbal

Staff to Resident Mental

Staff to Resident Physical

Staff to Resident Sexual

Staff to Resident Verbal

Other Mental

Other Physical

Other Sexual

Other Verbal

*Location of
Event:

Name and
Frequency of
Medication(s):

verbal

All abuse is required to be reported via ERS and then followed by a PB 22 when appropriate.

If you choose any of the following categories, you will be provided with an electronic PB22 to complete:

Complaint of Resident Abuse, Confirmed or Not
Misappropriation of Resident Property
Rape
Resident Neglect

To complete the electronic PB22

The Event Reporting System will allow the submission of Provider Bulletin 22 (PB-22) forms electronically when the event type is Abuse, Neglect, Rape, or Misappropriation of Property. The figures below illustrate what facility personnel will see on their website. (Please note that all the events and PB-22 entries in these examples are entirely fictitious. Facilities used in these examples were chosen entirely at random as we could not use fictitious facilities in ERS).

After successfully submitting the event, the facility event report list will have an additional column on the right side as seen below.

Event No.	Event Type	Description	Status	Date Submitted	PB-22 Alleged Abuse, Neglect, Misappropriation of Property
655995	Misappropriation of Patient/Resident Property	test	New	02/16/2021	New PB-22

Initially the column to the right will contain only a button that says New PB-22. Click this button to access and complete the electronic PB-22. Below is the PB-22 completed and saved for this example.

PB-22
Report Form for Investigation of Alleged Abuse, Neglect,
Misappropriation of Property

* Indicates a field required for successful submission.

PB-22 Reference ID: New

SECTION I - GENERAL INFORMATION

Facility Type: LONG TERM CARE PROVIDER (NH)

Facility Name: TEST FACILITY FOR ERS

Facility Address: THIS STREET
HARRISBURG, PA 17120
County: DAUPHIN

Telephone:

* Date of Alleged Incident:
Time: ☒ AM ☐ PM

Reported to DOH:

* Name:
Telephone:
* Date: Time: ☒ AM ☐ PM

* Date Investigation Initiated:

* Time Investigation Initiated: ☒ AM ☐ PM

* Date Facility Investigation Completed:

* Time Facility Investigation Completed: ☒ AM ☐ PM

Date PB-22 Submitted to Field Office: 02/16/2021

SECTION II - ALLEGATIONS/INDIVIDUAL INVOLVED

SECTION II - ALLEGATIONS/INDIVIDUAL INVOLVED

* Name of Individual/Alleged Perpetrator Involved:

* Worker's Category: ☐ RN ☐ LPN ☐ NA ☐ Physical Therapy ☐ Housekeeping
☐ Dietary ☐ Other

Other Description

* Relationship to Victim:

* Address:

* City:

* State:

* Zip:

* Telephone:

Date of Birth:

Sex:

☐

Male

☐

Female

* Date of Hire:

* Shift:

Licensure/Registry #:

* Nature of Abuse:

☐ Physical

☐ Sexual

☐ Verbal

☐ Mental

☐ Neglect

☐ Misappropriation of Property

☐ Serious Bodily Injury (Substantial Risk of Death)

☐ Suspicious Death

☐ Serious Physical Injury (Severe pain or impairment)

* Name of Resident/Victim Involved:

* Resident Date of Birth:

Sex:

☐

Male

☐

Female

* Resident Address:

* City:

* State:

* Zip:

* Telephone:

* Name of Family Member/Legal Guardian Notified:

* Address:

* City:

* State:

* Zip:

Telephone:

* Relationship:

* SECTION III - DESCRIPTION OF INCIDENTS - What happened, when, where, how, and by whom?

***SECTION III - DESCRIPTION OF INCIDENT** Describe what happened. Provide specific details, i.e. exact words/actions, location of occurrence, date and time, type of injury, kind of property, dollar amount, extent of physical injury, if any.

Browse...

Attach

SECTION IV - INVESTIGATIVE ACTIVITIES How did the facility become aware of the incident.

Who reported it?

To whom was it reported?

Date reported: Time reported: ☒ AM ☐ PM

Witnesses

Witness 1

Name:

Address:

Telephone:

Was the witness interviewed? Attach interviewer's notes if available. ☐ Yes ☐ No

Browse... Attach

Will the witness testify? ☐ Yes ☐ No

Will the witness appear in the event of a hearing? ☐ Yes ☐ No

Was a signed written statement obtained? If yes, attach it: ☐ Yes ☐ No

Browse... Attach

Is the witness considered a credible source? If no, enter or attach an explanation.

☐ Yes ☐ No

Browse... Attach

Remove Witness 1

New Witness

Attach File Containing All Required Witness Information

Browse... Attach

Was the resident (victim) interviewed? <input type="radio"/> Yes <input type="radio"/> No	
Was a signed statement obtained from the resident? If yes, attach it: <input type="radio"/> Yes <input type="radio"/> No <div> <input type="text"/> Browse... <input type="button" value="Attach"/> </div>	
Is he/she a credible source? <input type="radio"/> Yes <input type="radio"/> No	
Explain <div> <input type="text"/> </div> <div> <input type="button" value="Browse..."/> <input type="button" value="Attach"/> </div>	
Was the accused interviewed? <input type="radio"/> Yes <input type="radio"/> No	
Was a signed statement obtained from the accused? If yes, attach it: <input type="radio"/> Yes <input type="radio"/> No <div> <input type="text"/> Browse... <input type="button" value="Attach"/> </div>	
Were all the involved individuals interviewed? <input type="radio"/> Yes <input type="radio"/> No	
Was a signed statement obtained? If yes, attach it: <input type="radio"/> Yes <input type="radio"/> No <div> <input type="text"/> Browse... <input type="button" value="Attach"/> </div>	
What supportive documentation, other than an eye witness account, is available (i.e. x-ray reports, nursing or physician notes, photos)? <div> <input type="text"/> </div> <div> <input type="button" value="Browse..."/> <input type="button" value="Attach"/> </div>	
If physical or sexual abuse alleged, was the resident seen by a physician? <input type="radio"/> Yes <input type="radio"/> No Or require hospitalization? <input type="radio"/> Yes <input type="radio"/> No	
* Was/is another state agency involved in the investigation? <input type="radio"/> Yes <input type="radio"/> No Name of agency: <input type="text"/> Telephone number of agency: <input type="text"/> Name of contact person: <input type="text"/> Outcome (if available): <input type="text"/>	

* Were local police notified? ☐ Yes ☐ No

Date: Time: ☒ AM ☐ PM

Name of contact:

Telephone

* Did police investigation occur? ☐ Yes ☐ No

Investigation Status (i.e. ongoing, concluded):

***SECTION V - FINDINGS OF FACILITY INVESTIGATION** Include description of mitigating circumstances surrounding the allegation/incident, if any (i.e. combative resident, dissention among coworkers involved).

^
v

***SECTION VI - CONCLUSIONS**

^
v

***SECTION VII - ACTIONS TAKEN** Include referrals to licensing or certifying agencies, if any.

^
v

SECTION VIII - RELEVANT/SUPPORTIVE DOCUMENTATION ATTACHED

1. Witness statement (signed, dated):

2. Accused statement (signed, dated):

3. Nurse's notes, physician's notes:

Browse...

Attach

4. Reports (x-ray, etc):

Browse...

Attach

Are photos available on request? ☐ Yes ☐ No**ADDITIONAL DEPARTMENT OF AGING REPORTING REQUIREMENTS**


Oral Report to AAA

* Date: Time: ☒ AM ☐ PM

* Name AAA Contacted:

* Name and Title of Person Initiating Report:

Oral Report to PDA (if applicable)

717-265-7887 * Date: Time: ☒ AM ☐ PM* Completed By: * Date: * Time: ☒ AM ☐ PM* Title: * Telephone: * Submitted By: * Title:

Save

Submit to Pennsylvania Department of Health

Print

Back to Event List

After saving the PB-22 form and returning to the Event List, the screen will appear as below.

pennsylvania
DEPARTMENT OF HEALTH

Facility - Event Report List

TEST FACILITY FOR ERS

New Event

Refresh View

Start: 2/16/2021
End: 2/16/2021
(MM/DD/YYYY)

Main Menu

Event No.	Event Type	Description	Status	Date Submitted	PB-22 Alleged Abuse, Neglect, Misappropriation of Property
655995	Misappropriation of Patient/Resident Property	test	New	02/16/2021	Incomplete John Doe Misappropriation of

New PB-22

Had you submitted the PB-22 form by clicking on “Submit to Pennsylvania Department of Health,” the PB-22 status would be Submitted rather than Incomplete.

There are five different PB-22 form status codes: **Incomplete** (PB-22 has been saved, but not transmitted); **Submitted**; **Rejected**; **Resubmitted**; and **Accepted**. On the screenshot below, the second event listed shows a PB-22 form for each status.

pennsylvania
DEPARTMENT OF HEALTH

Facility - Event Report List

TEST FACILITY FOR ERS

New Event

Refresh View

Start: 2/16/2021
End: 2/16/2021
(MM/DD/YYYY)

Main Menu

Event No.	Event Type	Description	Status	Date Submitted	PB-22 Alleged Abuse, Neglect, Misappropriation of Property
655995	Misappropriation of Patient/Resident Property	test	New	02/16/2021	Incomplete Jane Doe Physical Submitted John Doe Misappropriation of Accepted John Smith Mental Rejected idkhksa Mental

New PB-22

DOH reviewers may accept both the event and PB-22, reject both the event and PB-22, accept the event but reject the PB-22, or reject the event and accept the PB-22. Below is an example of an accepted event with a rejected PB-22.

DOH Reviewer - Event Report List

[Main Menu](#)
[Refresh View](#)

Start Date: 2/16/2021 End Date: 3/16/2021 Division: All Field Office: ALL Operating Status: All Incident Status: All PB-22 Status: Rejected Event No.:

(MM/DD/YYYY) (MM/DD/YYYY)

Event No.	Facility ID	Facility Name	Event Type	Status	Date Submitted	PB-22 Alleged Abuse, Neglect, Misappropriation of Property
655995	JOYC0201	TEST FACILITY FOR ERS	Misappropriation of Patient/Resident Property	Accepted	02/16/2021	Idkhdksa Mental Rejected

When the facility opens the PB-22 form to review, the reject reason is printed in red type at the left top of the form. The facility should revise the form based upon the reject reason and resubmit the form.

PB-22

Report Form for Investigation of Alleged Abuse, Neglect, Misappropriation of Property

* Indicates a field required for successful submission.

PB-22 Reference ID: 81914

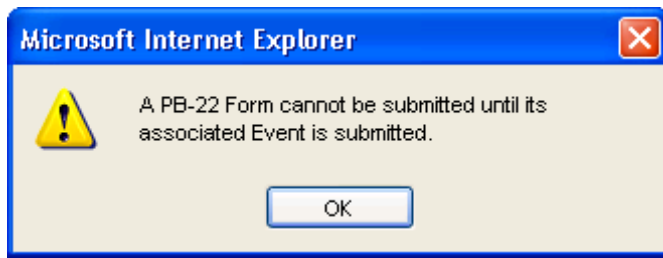
This PB-22 was rejected for the following reasons:	
Other - Reject	
SECTION I - GENERAL INFORMATION	
Facility Type:	LONG TERM CARE PROVIDER (NH)
Facility Name:	TEST FACILITY FOR ERS
Facility Address:	THIS STREET HARRISBURG, PA 17120
County:	DAUPHIN
Telephone:	

Within the PB-22 column, PB-22 records will be ordered by individuals' names. Users will know an action on their part is required given the Status information as well as the Activity icons at right.

If a Nature of Abuse or other PB-22 information is too wide to fit in the column, it will display truncated.

FACILITY ABC

ERS shall not permit a PB-22 to be submitted unless it's associated event is also submitted, displaying the following message if a user attempts to do so:



If a facility attempts to resubmit or a DOH user attempts to accept a non-abuse event for which a PB-22 form exists, the following message will display:



If a facility attempts to submit or re-submit a PB-22 form for a non-abuse event that has not been accepted yet, the following message will display when the Submit button is clicked:



Helpful Hints:

- (1) The ERS event must be submitted before an electronic PB-22 is available.
- (2) Hit Save Button at the bottom of the form often, at least every 5 minutes, to avoid losing information that has been entered.**
- (3) If there is an option to add an attachment, text may not be entered into the box IF an attachment is added. It is either text in the field or added attachment.
- (4) If there are numerous documents to be added as an attachment to one field, the documents should be scanned into one document, saved on your computer, and then added as an attachment.
- (5) If an event is accepted with no perpetrator and then later a perpetrator is identified, the event must be resubmitted as a new event so that the PB-22 can be attached.

PB-22 Instructions for Completion

Note: Required fields for PB-22 completion are designated by red asterisks. Hover help is provided for many fields and is available by clicking on the field name or question. A small Help window will appear at the bottom of the screen. Some fields allow the attachment of documentation. These fields have an empty text box with the words “Browse” and “Attach” beside them. If a document/file is attached, the text box will contain the name of the document or file. Such text boxes can be either for text entry or for the attachment title, but not for both.

SECTION I – General Information

The facility type, name, address, county and telephone number will be automatically populated with your facility’s information.

***Date and Time of Alleged Incident:** Be specific, if known. If unknown, explain reason in narrative (Section III – Description of Incident)

***Reported to DOH:** To whom was it reported in the Division of Nursing Care Facilities field office? “Via ERS” is an appropriate response.

***Date and time** original report was filed with DDCF.

***Date and Time Investigation Initiated** by the facility

***Date and Time Investigation Completed:** This must reflect the timeframe the facility took to investigate the allegations.

Date PB-22 submitted to the field office: This will populate automatically with the date of the PB-22 entry.

SECTION II – Allegations/Individual Involved

***Name of individual/Alleged Perpetrator Involved:** Name of alleged perpetrator. Only one perpetrator may be listed on a PB-22.

***Worker’s Category:** Check appropriate block. If Other, indicate job title if different than those listed (for example, direct care worker, physician, etc.)

***Relationship to Victim:** Perpetrator’s relationship to the victim (caregiver, family member, etc.)

***Address:** Address of alleged perpetrator

***Telephone:** Telephone number of alleged perpetrator

DOB/Sex: Date of Birth and sex of alleged perpetrator

***Date of Hire:** Date of hire of the perpetrator by the facility. Must be completed even if perpetrator is agency staff. Facility staff must obtain this information from the Agency if necessary.

***Shift** – shift at the time of the incident

License/Registry Number: # if applicable.

***Nature of Abuse:** Abuse type should accurately reflect the nature of the alleged event. Definitions of abuse types are available in Hover Help when clicking on the field name (Nature of Abuse).

*** Name of Resident/Victim Involved:** Name of resident. Only one resident can be listed on a single PB22.

***Resident date of birth:** enter resident’s date of birth

Sex: Sex of resident, male or female.

***Resident Address:** Indicate residents’ address. Include the facility address if the resident is still at the facility and if the resident has been discharged, list address to contact resident.

***Telephone:** Indicate resident’s personal phone number. If no personal phone, list facility number where resident could be contacted.

***Family Member/Legal Guardian Notified:** Identify full name of family member/legal guardian notified.

***Address:** Address of family member/legal guardian notified.

***Telephone:** Telephone number of family member/legal guardian notified.

***Relationship:** Relationship of family member/legal guardian if applicable

SECTION III – Description of Incident

***Follow the directions as outlined on the form.** Describe what happened. Provide specific details, i.e., exact words/actions, location of occurrence, date and time, type of injury, kind of property, dollar amount, extent of physical injury, if any. Please click hover help for the title of this section for guidance in reporting each type of incident.

SECTION IV – Investigative Activities – how did the facility become aware of the incident?

Who reported it? Provide name and identity role (resident, staff member, visitor, etc)

To whom was it reported? Provide name and position (Charge nurse, Supervisor, etc)

When: Provide date and time, if known

Witness Information: A witness is an individual who has first hand information about the abusive or neglectful event and not the outcome of the event in question. They must have been a direct observer of the alleged incident or surrounding circumstances. Provide information as requested and note each person's willingness to testify. If the witness was interviewed, please attach the interviewer's notes, if available. Additionally if the witness signed a written statement, please attach it. The form has the capability to report information for up to 4 witnesses. Indicate if witness is considered a credible source. If not, provide a reason in the text box or attach an explanation. A file may be attached that contains all required witness information.

Resident/Accused: Was the resident (victim) interviewed? If a signed statement was provided by the resident, please attach it. Is resident a credible source. Enter text explaining resident credibility. Indicate resident's ability and willingness to testify. If necessary, attach document explaining credibility. Was the accused interviewed? If so, interview notes should be attached. If a signed statement was provided by the accused, please attach it. Please attach signed statements of other involved individuals.

Supportive Documentation: Indicate information available and whether it is attached or retained at the facility. This could include nursing notes, photographs, x-ray reports, etc.

Medical Treatment: Indicate if, as a result of the physical or sexual abuse, the resident was seen by a physician and/or hospitalized.

State Agency Referral: Indicate all agencies notified/involved such as Protective Services, Department of Aging, Department of State, and law enforcement. If known, indicate status of any investigation.

Local Police Notification: Indicate if local police were notified and if so, the date and time they were notified. If police investigation occurred, provide the individual police officer's contact information. Include a summary of referrals made and action taken by the other agency. Note if police investigation is closed or on-going. Please indicate if charges are pending.

***SECTION V – Findings of Facility Investigation**

Provide narrative that describes all components that the facility determined to be relevant to the investigation. Include evaluations or disciplinary actions of the nurse aide if significant.

***SECTION VI – Conclusions**

Indicate whether the facility found the allegations to be substantiated or unsubstantiated.

***SECTION VII – Actions Taken**

Include referrals to licensing or certifying agencies, if any. This may include discipline, training, education, suspension and/or termination.

SECTION VIII – Relative/Supportive Documentation Attached

List relevant/supportive documentation as a check prior to submitting to the Field Office. Nurse's and physician's notes can be attached in this section if not already attached.

ADDITIONAL DEPARTMENT OF AGING REPORTING REQUIREMENTS

Indicate name of Area Agency on Aging (AAA Protective Services) contact person and date and time oral report was made in addition to the name and title of the person initiating the report. Act 13 of 1997 requires that employees and/or administrators who have reasonable cause to suspect that a recipient is a victim of any of the types of abuse described in the definitions of Act 13 shall immediately make an oral report to the AAA. Within 48 hours of making all oral reports, the employee or administrator shall make a written report (may use PB-22) to the AAA. Any alleged abuse involving sexual abuse, serious bodily injury, serious physical injury and suspicious death is mandated under Act 13 to be reported to the Pennsylvania Department of Aging (PDA), in addition to the AAA report as well as to local law enforcement Fields will be required to be completed for specific allegations selected.

Completion Section

This section is for the facility person completing the report. Enter the name, title and phone number of person completing form plus the date and time. Enter the name and title of the person who submitted the form to the Department of Health.

*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)

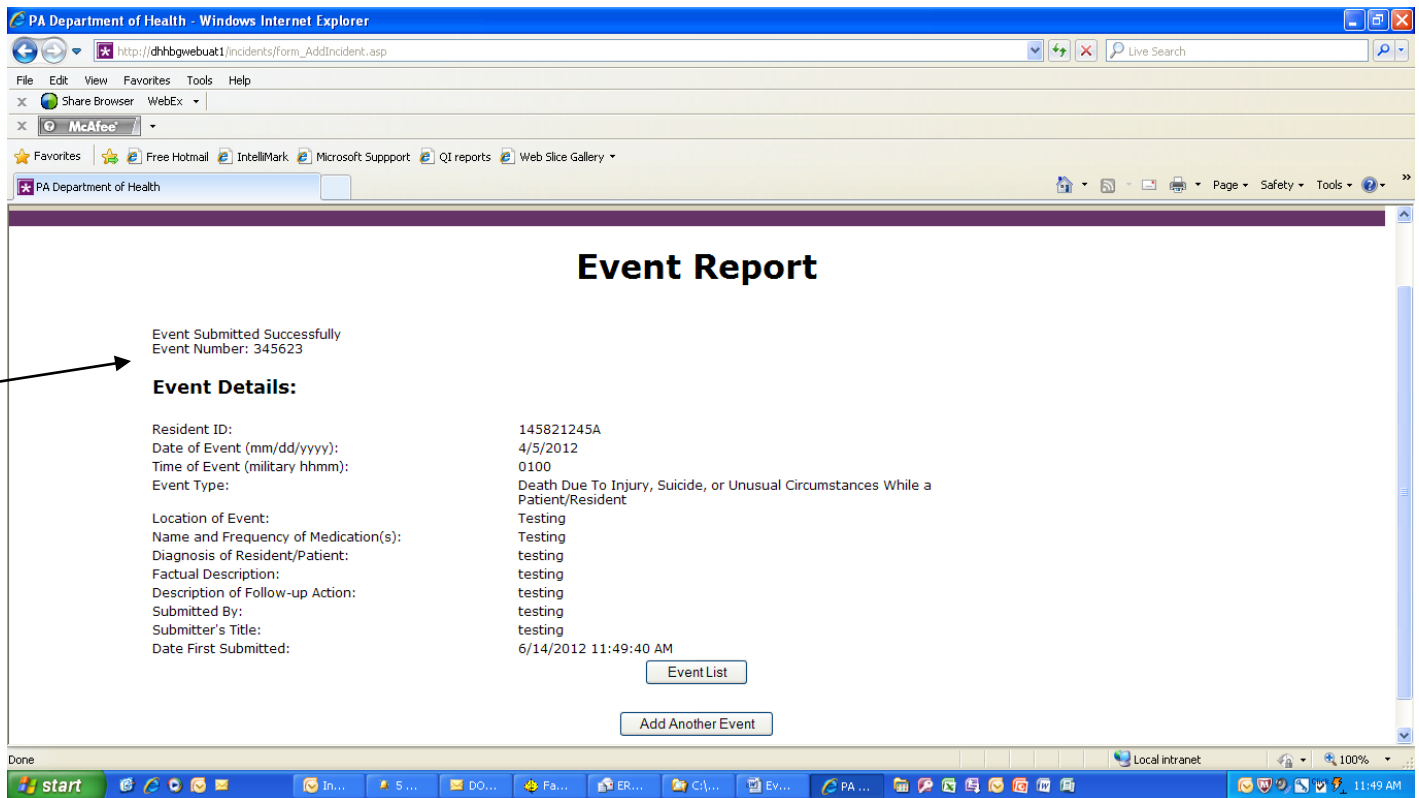
*Submitted By:

*Submitter's Title:

*** A red asterisk will appear in front of each field where data entry is required.**

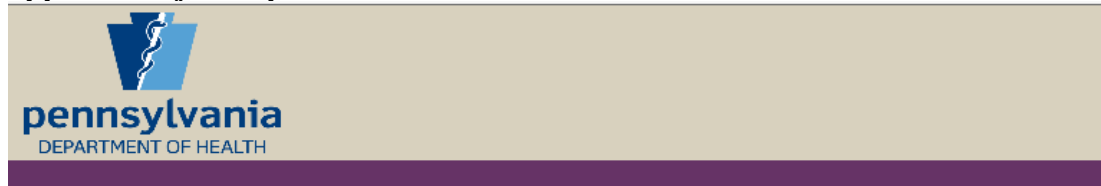
Event Report (confirmation) – after the Submit button is clicked a confirmation page is displayed. One important process performed by the confirmation page is to provide an event number. The event number confirms that the event was successfully entered into the event database. To add another event click 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.




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

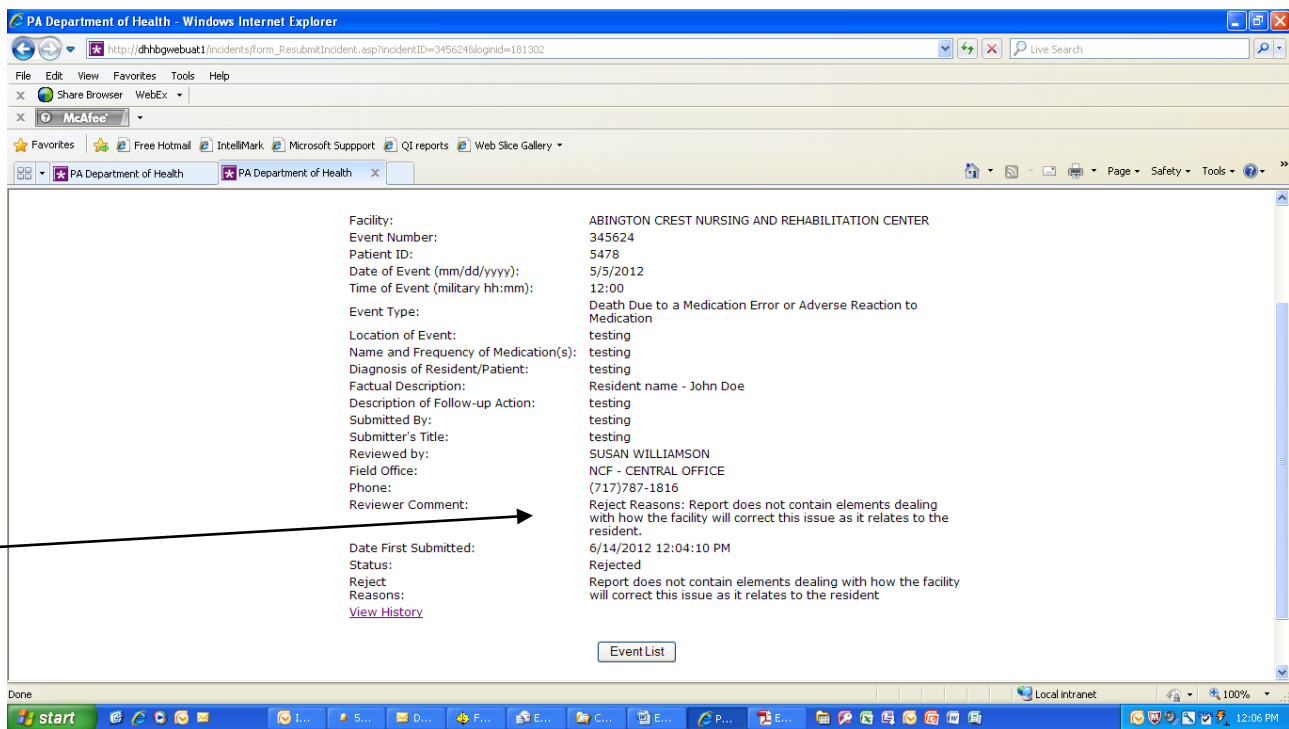
NOTE: You will now see the name, field office and phone number of the DOH staff who approved/rejected/pended the event.



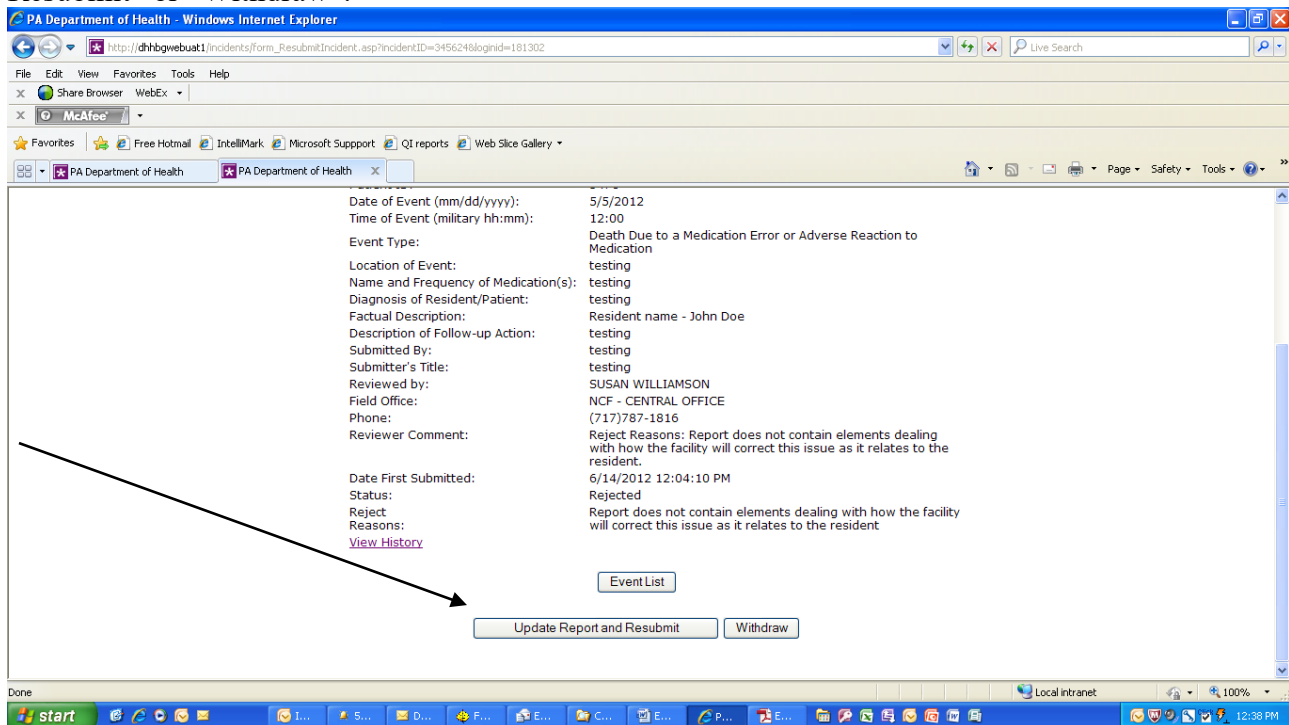
Event Details

Facility:	TEST FACILITY FOR ERS
Event Number:	655991
Patient ID:	test
Date of Event (mm/dd/yyyy):	2/11/2021
Time of Event (military hh:mm):	14:04
Event Type:	Other
Location of Event:	Test
Name and Frequency of Medication(s):	
Diagnosis of Resident/Patient:	
Factual Description:	Test
Description of Follow-up Action:	Test
Submitted By:	Test
Submitter's Title:	Test
Reviewed by:	JOYCE STEPHENS
Field Office:	QA TRAINING & DEVELOPMENT
Phone:	(717)346-9575 
Reviewer Comment:	
Date First Submitted:	2/11/2021 2:05:50 PM
Status:	Accepted
View History	

Event List



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



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.

Facility - Event Report List

TEST FACILITY FOR ERS

New Event

Refresh View

Start: 1/12/2021
End: 2/11/2021
(MM/DD/YYYY)

Main Menu

Event No.	Event Type	Description	Status	Date Submitted
655992	Transfer/Admission to Hospital Because of Injury/Accident	Test	Rejected	02/11/2021
655991	Other	Test	Accepted	02/11/2021

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


The screenshot shows a web browser window titled "PA Department of Health - Internet Explorer". The header features the Pennsylvania Department of Health logo. The main content area is titled "Event Details" and displays information for a "TEST FACILITY FOR ERS". The event details are as follows:

Event Number:	655992
Patient ID:	Test
Date of Event (mm/dd/yyyy):	2/9/2021 11:00:00 AM
Event Type:	Transfer/Admission to Hospital Because of Injury/Accident
Location of Event:	Test
Diagnosis of Resident/Patient:	Test
Factual Description:	Test
Description of Follow-up Action:	Test
Submitted By:	Test
Submitter's Title:	Test
Reviewed by:	JOYCE STEPHENS
Phone:	(717)346-9575
Field Office:	QA TRAINING & DEVELOPMENT
Reviewer Comment:	Rejected, more details needed Reject Reasons:
Status:	Rejected
Reject Reasons:	Not specified

Below the details is a link labeled "View History" and a "Close" button. An arrow points to the "Field Office" field.

Re-Submit/Withdrawal – If an event has been rejected or pending, clicking on the event number on the Event List page and displaying the details of the event will bring up a window similar to the event report as described above but with two additional buttons at the bottom of the window: “Update Report and Resubmit” and “Withdraw”:

Event Details

Facility: TEST FACILITY FOR ERS
Event Number: 655992
Patient ID: Test
Date of Event (mm/dd/yyyy): 2/9/2021
Time of Event (military hh:mm): 11:00
Event Type: Transfer/Admission to Hospital Because of Injury/Accident
Location of Event: Test
Name and Frequency of Medication(s): Test
Diagnosis of Resident/Patient: Test
Factual Description: Test
Description of Follow-up Action: Test
Submitted By: Test
Submitter's Title: Test
Reviewed by: JOYCE STEPHENS
Field Office: QA TRAINING & DEVELOPMENT
Phone: (717)346-9575 
Reviewer Comment: Rejected, more details needed Reject Reasons:
Date First Submitted: 2/11/2021 2:15:01 PM
Status: Rejected
Reject Reasons: Not specified

[View History](#)

Event List


Update Report and Resubmit

Withdraw

Resubmit – To resubmit an event, click the Update Report and Resubmit button on the Event Details window. An Event Report page will be displayed that looks exactly like the one when that specific event was last submitted – i.e. the fields are populated with that information (see the Add Event screenshot above for what this would look like). Use the reviewer’s comments to correct or expand on the information displayed. When the information has been changed (in as many fields as necessary), click the Submit button.

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 and ask them to reject the event. An example of when a facility would withdraw an event would be if they made a duplicate submission of the same event in error.



Event Review


TEST FACILITY FOR ERS

Event List

Event No.:	655992
Patient ID:	Test
Date of Event (mm/dd/yyyy):	2/9/2021
Time of Event (military hh:mm):	11:00
Event Type:	Transfer/Admission to Hospital Because of Injury/Accident
Location of Event:	Test
Name and Frequency of Medication(s):	TEst
Diagnosis of Resident/Patient:	Test
Factual Description:	Test
Description of Follow-up Action:	Test
Submitted By:	Test
Submitter's Title:	Test
Facility Submission Date/Time:	2/11/2021 2:15:01 PM
View History	
Reason Withdrawing:	<div>Duplicate admission</div>
Comments are required!	
Withdraw	


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.


PA Department of Health - Internet Explorer


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Event Details

TEST FACILITY FOR ERS

Event Number:	655992
Patient ID:	Test
Date of Event (mm/dd/yyyy):	2/9/2021 11:00:00 AM
Event Type:	Transfer/Admission to Hospital Because of Injury/Accident
Location of Event:	Test
Diagnosis of Resident/Patient:	Test
Factual Description:	Test
Description of Follow-up Action:	Test
Submitted By:	Test
Submitter's Title:	Test
Reviewed by:	JOYCE STEPHENS
Phone:	(717)346-9575 
Field Office:	QA TRAINING & DEVELOPMENT
Reviewer Comment:	Rejected, more details needed Reject Reasons:
Status:	Rejected
Reject Reasons:	Not specified

 [View History](#)

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.



Event History Report

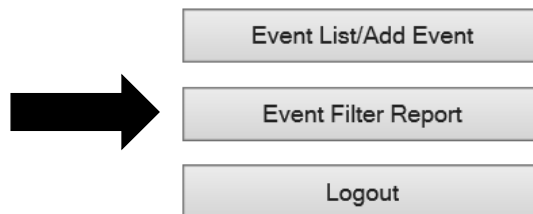
TEST FACILITY FOR ERS

Close					
Submission No.	Event Type	Description	Status	Date Submitted	Date Reviewed
0	Transfer/Admission to Hospital Because of Injury/Accident	Test	New	2/11/2021	N/A
0	Transfer/Admission to Hospital Because of Injury/Accident	Test	Rejected	2/11/2021	2/11/2021
1	Transfer/Admission to Hospital Because of Injury/Accident	Test	Resubmitted	2/11/2021	N/A
1	Transfer/Admission to Hospital Because of Injury/Accident	Test	Rejected	2/11/2021	2/11/2021


Event Filter Report – Facilities 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 menu choice may not be used if changes needs to be made to a PB22. Event list option must be used.



Event Reporting System - Facility Main Menu



This report can provide the facility with a list of events by event type (or all event types) or by a specific status (or all status) for a given date range (or all events entered if no date range is provided). Event types and status types can be selected by clicking on the drop down 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.



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Event Filter Report

Main Menu

Event Type: All

Event Status: All

Location: TEST FACILITY FOR ERS

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.




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
655992	TEST FACILITY FOR ERS	JOYC0201	Transfer/Admission to Hospital Because of Injury/Accident	02/09/2021	Rejected	Test	02/11/2021
655993	TEST FACILITY FOR ERS	JOYC0201	Health Department Reportable Diseases	02/12/2021	New	test	02/12/2021
655991	TEST FACILITY FOR ERS	JOYC0201	Other	02/11/2021	Accepted	Test	02/11/2021

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



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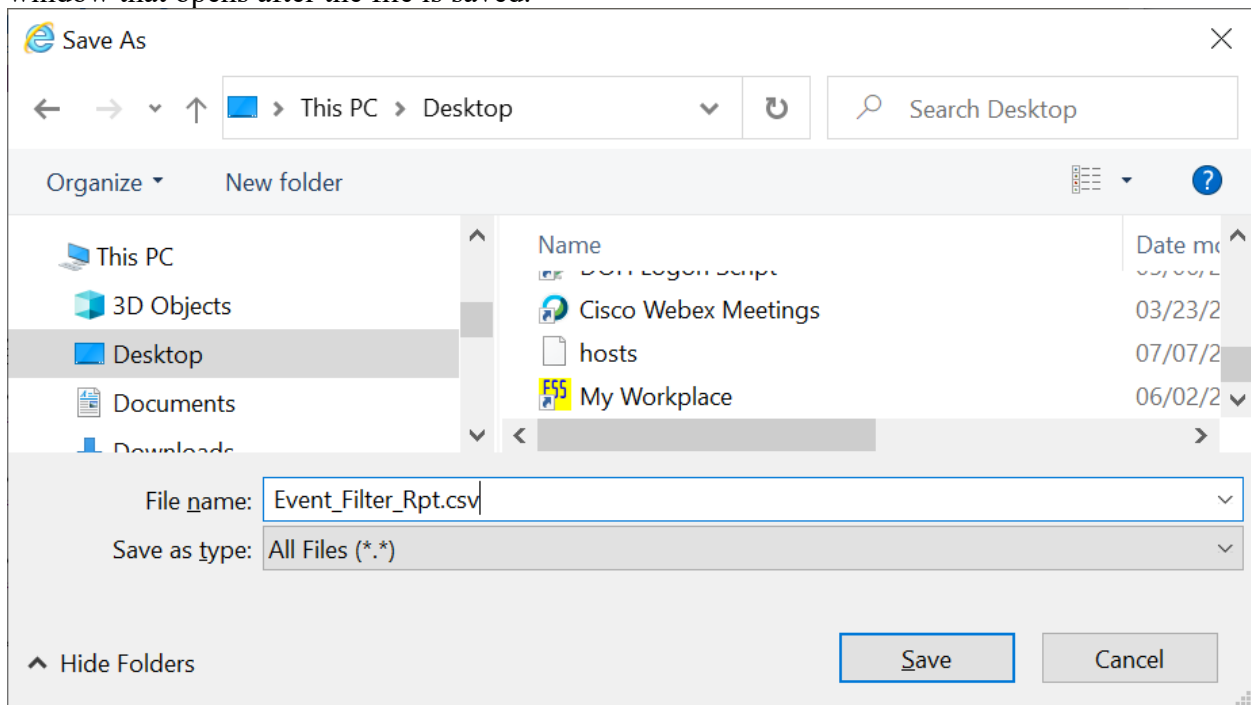
Event Filter Report

Main Menu

Right Click Here to Download Report

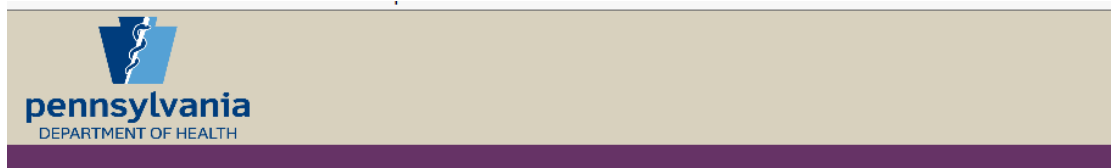
Event No.	Facility Name	Facility ID	Event Type	Status	Submitted By	Date Submitted
655992	TEST FACILITY FOR ERS	JOYC0201	Test of	Completed	Test	02/11/2021
655993	TEST FACILITY FOR ERS	JOYC0201	Test of	In Progress	test	02/12/2021
655991	TEST FACILITY FOR ERS	JOYC0201	Test of	Completed	Test	02/11/2021

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 Event Notification System return to the Main Menu and click the Logout button. The Event Reporting System – Facility Login page opens.



Event Reporting System - Facility Main Menu



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.

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.

Health Department Reportable Diseases COVID-19 Quick Start Guide

COVID-19 records are reportable within 24 hours after being diagnosed.

Once you are logged into ERS and have clicked *New Event*, you will be brought to the *Event Report* page. Note: There are mandatory fields that are part of the ERS system on this page that don't relate to COVID-19.

The first three are as follows: If you are entering multiple records, the *Resident ID* would not be appropriate. The suggestion is to enter covid, but anything would be accepted here. The *Date of Event* should be the day you are entering the records and the *Time of Event* can be the actual time of entry.

*Resident ID:

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

*Time of Event (military hhmm):

Health Department Reportable Diseases (Covid-19) – If you select *Event Type = Health Department Reportable Diseases* and *Event-Sub-type = Covid-19*, the *Reportable Disease Detail* section will appear. You will be required to add at least one *Reportable Disease Detail* record before submitting the event to DOH. There are two ways to enter information. It should be noted that both methods can be used during the same event. You can manually enter data and/or upload a spreadsheet/s.

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

*Event Type:

*Event Sub-type:

Reportable Disease Detail

Enter Resident and Staff detail for this reportable disease. Enter manually or upload a valid completed spreadsheet in .xlsx file format. Download a template/blank spreadsheet [here](#).

Name	Type	DOB	Test Date	Death	Death Date
<div><div>Add a Resident/Staff Record</div><div>Or choose a file to upload: <input type="text" value="Browse..."/> <input type="button" value="Upload"/></div></div>					

To add a record or records to the ERS Event:

- 1) Click on the *Add a Resident/Staff Record* button. This will bring up the *Resident/Staff Detail* box. Multiple records can be added using the *Add a Resident/Staff Record* button.

If a previously submitted record needs to be corrected or updated, i.e., with a date of death, **DO NOT** add the correction or update as a new record. Instead, contact your field office to get the correction/update made. Please provide the *Event ID* with your request.

Resident/Staff Detail ✕

Type:

First Name:

Date of Birth:

Test Date:

Last Name:

Death:

Date of Death:

All fields except *Death* and *Date of Death* are required. All dates should be in the format: mm/dd/yyyy

For the privacy of staff, some facilities are using a numeric identifier.

Type drop down selection is either Resident or Staff

First Name of Staff or Resident

Last Name of Staff or Resident

Date of Birth of Staff or Resident

Covid-19 *Test Date*

Death – To record a patient or staff death, select the appropriate entry from the *Death* dropdown box. Note: *Yes – Home* refers to an individual’s personal home.

Death:

Date of Death:

Yes - Hospital
 Yes - Facility
 Yes - Home

Date of Death – If *Yes* is selected in the *Death* field, *Date of Death* is required.

- 2) Enter multiple records into a spreadsheet and upload the Reportable Disease Data. A spreadsheet is available for download. The maximum number of records that can be included on a spreadsheet is 999. Care should be taken that there are no blank lines in the spreadsheet. **Only new data should be uploaded. If you are keeping a running spreadsheet for COVID, be sure that only new data is uploaded during each event. If a previously submitted record needs to be corrected or updated, DO NOT add the correction or update as a new record. Instead, contact your field office to get the correction/update made. Please provide the *Event ID* with your request.**

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

*Event Type:

*Event Sub-type:

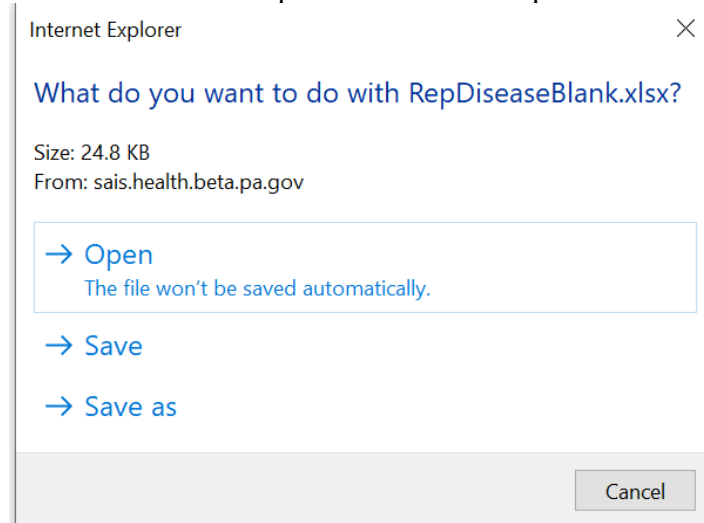
Reportable Disease Detail

Enter Resident and Staff detail for this reportable disease. Enter manually or upload a valid completed spreadsheet in .xlsx file format. Download a template/blank spreadsheet [here](#).

Name	Type	DOB	Test Date	Death	Death Date
<div style="display: flex; justify-content: space-between; align-items: center;"> <div> <input type="button" value="Add a Resident/Staff Record"/> </div> <div> Or choose a file to upload: </div> <div> <input type="button" value="Browse..."/> </div> <div> <input type="button" value="Upload"/> </div> </div>					

Get the spreadsheet template by clicking on the ‘here’ link

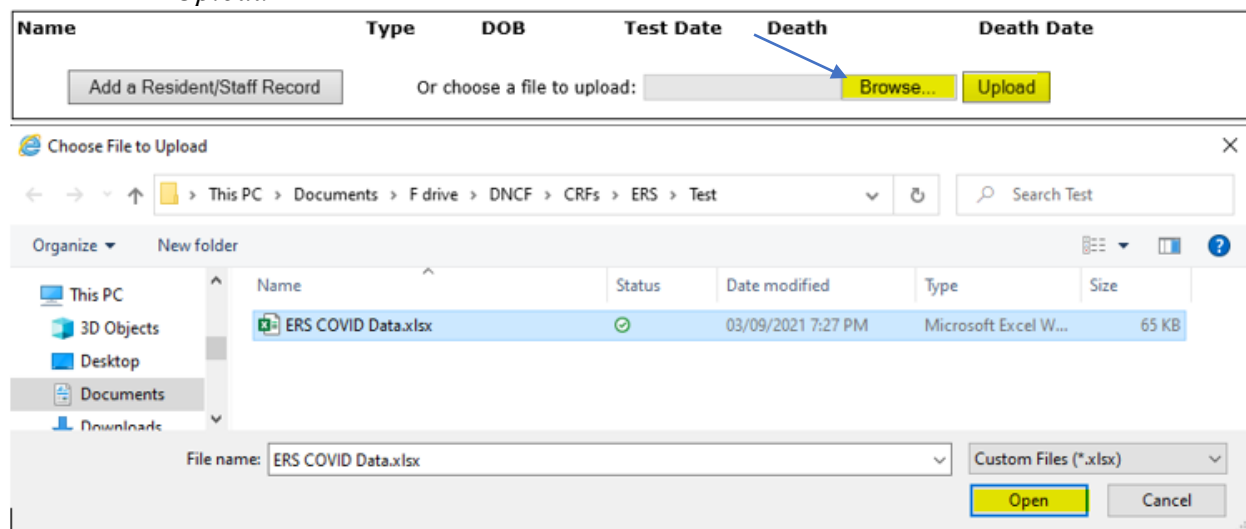
You can choose to Open or Save the template



You will be able to add multiple Residents and/or Staff records and then save the spreadsheet with those entries. Multiple files can be uploaded in one event. There is a dropdown for column H, *Death*. The selections are Yes – Hospital, Yes – Facility or Yes – Home (personal home).

	A	B	C	D	E	F	G	H	I
	Resident/Patient First Name (Upper Case; 25 character max)	Resident/Patient Last Name (Upper Case; 25 character max)	Resident DOB (mm/dd/yyyy)	Staff First Name (Upper Case; 25 character max)	Staff Last Name (Upper Case; 25 character max)	Staff DOB (mm/dd/yyyy)	Test Date (mm/dd/yyyy)	Death - The following values are valid: Blank (Default), Yes - Hospital, Yes - Facility, Yes - Home	Date of Death - Required if Death (mm/dd/yyyy)
1									
2									
3									

To upload the spreadsheet, click on the *Browse* button and locate the saved spreadsheet on your computer. Double click on the spreadsheet name or you can click on the name and then click *Open*. Either way, the spreadsheet will show in the window to the left of *Browse*. Next, click *Upload*.



If you are adding records from multiple sources, you will get a message asking whether you want to *Append to existing* or *Replace existing*. This is referring to the information already added to this event and not records added to a previous event.

If you receive an error message after clicking on *Upload*, fix the spreadsheet, save it, and then select *Browse* again before selecting *Upload*.

If there is an exact duplicate in your spreadsheet, only the first record will load.

If you attempt to manually add an exact record that was already added to the current incident, you will receive the following message. Click *OK* and then either update the *Resident/Staff Detail* or click *Cancel* to close the window.

Resident/Staff Detail

Type: First Name: Last Name: Date of Birth: Death: Test Date: Date of Death:

Save Cancel



Message from webpage

! This person already exists in the list.

OK






Name	Type	DOB	Test Date	Death	Death Date
SMITH, MARY	Resident	01/01/1901	01/01/2021	No	

Add a Resident/Staff Record Or choose a file to upload: C:\Users\joystephen\On Browse... Upload

After uploading your records, you have the option to edit  or delete  individual records prior to submission.

Reportable Disease Detail

Enter Resident and Staff detail for this reportable disease. Enter manually or upload a valid completed spreadsheet in .xlsx file format. Download a template/blank spreadsheet [here](#).

Name	Type	DOB	Test Date	Death	Death Date	
BOOP, BETTY	Resident	08/25/1950	02/24/2021	No		
CAPP, ANDY	Resident	11/20/1951	02/24/2021	No		
DUCK, DONALD	Resident	03/13/1945	02/24/2021	Yes - Facility	02/24/2021	
MOUSE, MICKEY	Resident	06/23/1942	02/24/2021	No		
MOUSE, MINNIE	Resident	03/10/1930	02/24/2021	No		

Add a Resident/Staff Record Or choose a file to upload: C:\Users\joystephen\Do Browse... Upload

Complete the rest of the required fields. The suggestion is to enter facility/covid, but anything would be accepted for the Location of Event, Factual Description and Description of Follow-up Action.

*Location of Event:	<input type="text" value="facility"/>
Name and Frequency of Medication(s): (maximum 600 characters)	<input type="text"/>
Diagnosis of Resident/Patient: (maximum 250 characters)	<input type="text"/>
*Factual Description: (maximum 3500 characters)	<input type="text" value="covid"/>
*Description of Follow-up Action: (maximum 3500 characters)	<input type="text" value="covid"/>
*Submitted By:	<input type="text"/>
*Submitter's Title:	<input type="text"/>

Note: An event will not be considered submitted until you receive a confirmation that includes an event number.

Submit

Submit the event for review by the field office.

Once an event has been submitted, if there are corrections that need to be made, they need to be made through your field office. If a resident/staff tests positive, only enter them once, unless 90 or more days have lapsed since the last positive test. In this case the resident/staff is to be counted positive again. If a resident/staff tests positive and then later expires, after the event is submitted, please contact your field office with the location and date of death so that the record can be updated. Please provide the *Event ID* with your request.

If you have any questions, please contact your field office for assistance.