![pennsylvania DEPARTMENT OF HEALTH]

DATE: May 28, 2013

SUBJECT: Long Term Care Provider Bulletin No. 2012-11-13
Required reportable events/actions by Facility

TO: Nursing Home Administrators

FROM: Susan Y. Williamson, Director
Division of Nursing Care Facilities
Bureau of Facility Licensure and Certification

This bulletin is notice of the Division of Nursing Care Facilities' (DNCF) revision of guidance for required reportable events.

The revisions to the guidance have been made to clarify when an event must be reported to DNCF. 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. (See Attachment 1)

In recognition of the confusion surrounding reportable events, the Department has prepared the attached updated guidance for facilities.

The following event types should no longer be utilized from the list of reportable events for DNCF, as they are not specifically required by regulation:
- Falls with Injuries
- Inappropriate Discharge
- Injury or Accident While a Resident Other than Falls
- Medication Errors/Adverse Drug Reactions Causing Serious Injury
- Misadventure with Feeding Tube, Catheter, Tracheotomy or Life Sustaining Equipment
- Resident Billing/Records

Events required to be reported are listed on Attachment 2.

Step by step instructions for completing an event report in the Electronic Event Reporting System (ERS) are attached. (Attachment 3)

If at any time you are unsure if an event should be reported, please contact your field office for further guidance.

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All reportable events for the category, "Complaint of Resident Abuse, confirmed or not" require a PB22 (Provider Bulletin 22) and should be reported thru ERS to DOH, your local Area Agency on Aging (AAA) (verbal notification and follow up with written report-you may use the PB22), and Pennsylvania Department of Aging (PDA) in accordance with Title 35 P.S. §10225.701/ 15 PA Code§15.151 (Act 13). Title 35 P.S. §10225.701/ 15 PA Code§15.151 (Act 13) requires you to immediately verbally notify AAA of the following allegations, and then complete a PB22 within forty-eight (48) hours:

Sexual abuse
Serious physical injury
Serious bodily injury
Death is suspicious

Please note that any questions regarding reporting requirements for Older Adult Protective Services Act, Title 35 P.S. §10225.701/ 15 PA Code§15.151 (Act 13) should be directed to the Department of Aging or your local AAA.

 Additionally, we are standardizing the manner in which data for Resident ID on the electronic form is entered in order to assist in the identification of the resident involved in the incident and make the process more efficient for both the facility and the Department. The requirement is modeled after the MDS 3.0 requirement. 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. RRB numbers contain both letters and numbers. If the resident does not have a Medicare number or a RRB number, please enter the last four digits of the social security number and include the resident's name in the text of the Factual Description.

Attachment 4 contains the FAQ document with the questions, along with the answers, that were submitted to the Department following the October 4, 2012 training.

Attachments

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ATTACHMENT 1

Regulations Regarding Reporting Requirements

Title 28. Health and Safety Part IV, Subpart C, Chapters 201 and 211

§ 201.14. Responsibility of licensee.

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(c) The licensee through the administrator shall report to the appropriate Division of Nursing Care Facilities field office serious incidents involving residents. As set forth in § 51.3 (relating to notification). For purposes of this subpart, references to patients in § 51.3 include references to residents.

(d) In addition to the notification requirements in § 51.3, the facility shall report in writing to the appropriate division of nursing care facilities field office:

(1) Transfers to hospitals as a result of injuries or accidents.

(2) Admissions to hospitals as a result of injuries or accidents.

(e) The administrator shall notify the appropriate division of nursing care facilities field office as soon as possible, or, at the latest, within 24 hours of the incidents listed in § 51.3 and subsection (d).

(f) Upon receipt of a strike notice, the licensee or administrator shall promptly notify the appropriate Division of Nursing Care Facilities field office and keep the Department apprised of the strike status and the measures being taken to provide resident care during the strike.

§ 211.1. Reportable diseases.

(a) When a resident develops a reportable disease, the administrator shall report the information to the appropriate health agencies and appropriate Division of Nursing Care Facilities field office. Reportable diseases, infections and conditions are listed in § 27.21a (relating to reporting of cases by health care practitioners and health care facilities).

(b) Cases of scabies and lice shall be reported to the appropriate Division of Nursing Care Facilities field office.

(c) Significant nosocomial outbreaks, as determined by the facility's medical director, Methicillin Resistant Stapylococcus Aureus (MRSA), Vancomycin-Resistant Staphylococcus Aureus (VRSA), Vancomycin-Resistant Enterocci (VRE) and Vancomycin-Resistant Stapylococcus Epidermidis (VRSE) shall be reported to the appropriate Division of Nursing Care Facilities field office.

Chapter 27 of the Administrative Code

§ 27.21a. Reporting of cases by health care practitioners and health care facilities.

(a) Except as set forth in this section or as otherwise set forth in this chapter, a health care practitioner or health care facility is required to report a case of a disease, infection or condition in subsection (b) as specified in § 27.4 (relating to reporting cases), if the health care practitioner or health care facility treats or examines a person who is suffering from, or who the health care practitioner or health care facility suspects, because of symptoms or the appearance of the individual, of having a reportable disease, infection or condition:

(1) A health care practitioner or health care facility is not required to report a case if that health care practitioner or health care facility has reported the case previously.

(2) A health care practitioner or health care facility is not required to report a case of influenza unless the disease is confirmed by laboratory evidence of the causative agent.

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(3) A health care practitioner or health care facility is not required to report a case of chlamydia trachomatis infection unless the disease is confirmed by laboratory evidence of the infectious agent.

(4) A health care practitioner or health care facility is not required to report a case of cancer unless the health care practitioner or health care facility provides screening, therapy or diagnostic services to cancer patients.

(5) Only physicians and hospitals are required to report cases of AIDS.

(b) The following diseases, infections and conditions in humans are reportable by health care practitioners and health care facilities within the specified time periods and as otherwise required by this chapter:

(1) The following diseases, infections and conditions are reportable within 24 hours after being identified by symptoms, appearance or diagnosis:

Animal bite. Anthrax. Arboviruses. Botulism. Cholera. 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.

(2) The following diseases, infections and conditions are reportable within 5 work days after being identified by symptoms, appearance or diagnosis:

AIDS. Amebiasis. Brucellosis. CD4 T-lymphocyte test result with a count of less than 200 cells/µL or a CD4 T-lymphocyte percentage of less than 14% of total lymphocytes (effective October 18, 2002). Campylobacteriosis. Cancer. Chancroid. Chickenpox (varicella) (effective January 26, 2005). Chlamydia trachomatis infections. Congential adrenal hyperplasia (CAH) in children under 5 years of age. Creutzfeldt-Jakob Disease. Cryptosporidiosis. Encephalitis. Galactosemia in children under 5 years of age. Giardiasis. Gonococcal infections. Granuloma inguinale. Guillain-Barre syndrome. HIV (Human Immunodeficiency Virus) (effective October 18, 2002). Hepatitis, viral, acute and chronic cases. Histoplasmosis. Influenza. Leprosy (Hansen's disease). Leptospirosis. Listeriosis. Lyme disease. Lymphogranuloma venereum. Malaria. Maple syrup urine disease (MSUD) in children under 5 years of age. Meningitis (All types not caused by invasive Haemophilus influenza or Neisseria meningitis). Mumps. Perinatal exposure of a newborn to HIV (effective October 18, 2002). Pertussis (whooping cough). Phenylketonuria (PKU) in children under 5 years of age. Primary congenital hypothyroidism in children under 5 years of age. Psittacosis (ornithosis). Rickettsial diseases. Rubella (German measles) and congenital rubella syndrome. Salmonellosis. Shigellosis. Sickle cell disease in children under 5 years of age. Staphylococcus aureus, Vancomycin-resistant (or intermediate) invasive disease. Streptococcal invasive disease (group A). Streptococcus pneumoniae, drug-resistant invasive disease. Syphilis (all stages). Tetanus. Toxic shock syndrome. Toxoplasmosis. Trichinosis. Tuberculosis, suspected or confirmed active disease (all sites). Tularemia.

Pennsylvania Department of Health
Health Facility Licensure Regulations
Chapter 51. General Information
Notification
(G) FOR PURPOSES OF SECTIONS (E) AND (F), EVENTS WHICH SERIOUSLY COMPROMISE QUALITY ASSURANCE OR PATIENT SAFETY INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING:
(1) DEATHS DUE TO INJURIES, SUICIDE OR UNUSUAL CIRCUMSTANCES.

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(2) DEATHS DUE TO MALNUTRITION, DEHYDRATION OR SEPSIS.
(3) DEATHS OR SERIOUS INJURIES DUE TO A MEDICATION ERROR. (4) ELOPEMENTS.
(5) TRANSFERS TO A HOSPITAL AS A RESULT OF INJURIES OR ACCIDENTS.
(6) COMPLAINTS OF PATIENT ABUSE, WHETHER OR NOT CONFIRMED BY THE FACILITY.
(7) RAPE.
(8) SURGERY PERFORMED ON THE WRONG PATIENT OR ON THE WRONG BODY PART.
(9) HEMOLYTIC TRANSFUSION REACTION.
(10) INFANT ABDUCTION OR INFANT DISCHARGED TO THE WRONG FAMILY.
(11) SIGNIFICANT DISRUPTION OF SERVICES DUE TO DISASTER SUCH AS FIRE, STORM, FLOOD OR OTHER OCCURRENCE.
(12) NOTIFICATION OF TERMINATION OF ANY SERVICES VITAL TO THE CONTINUED SAFE OPERATION OF THE FACILITY OR THE HEALTH AND SAFETY OF ITS PATIENTS AND PERSONNEL, INCLUDING BUT NOT LIMITED TO THE ANTICIPATED OR ACTUAL TERMINATION OF ELECTRIC, GAS, STEAM HEAT, WATER, SEWER AND LOCAL EXCHANGE TELEPHONE SERVICE.
(13) UNLICENSED PRACTICE OF A REGULATED PROFESSION.
(14) RECEIPT OF A STRIKE NOTICE.

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ATTACHMENT 2

CATEGORY	PROMPTS
	(Elements to consider when choosing the correct category)

Complaint of Resident Abuse, Confirmed or Not
 	
*NOTE: Definitions of Abuse
 	
42 CFR 483.13(b), "Abuse" means the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish (42 CFR 488.301);
 	
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:
 	
  (i) *Verbal abuse*—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:
 	
  (A) Threats of harm.
 	
  (B) Saying things to frighten a resident, such as telling a resident that the resident will never be able to see his family again.
 	
  (ii) *Sexual abuse*—Includes sexual harassment, sexual coercion or sexual assault.
 	
  (iii) *Physical abuse*—Includes hitting, slapping, pinching and kicking. The term also includes controlling behavior through corporal punishment.
 	
  (iv) *Mental abuse*—Includes humiliation, harassment, threats of punishment or deprivation.
 	
  (v) *Involuntary seclusion*—Separation of a resident from other residents or from his room or confinement to his room (with/without roommates) against the
	Does the description meet the definition of Abuse?
	
	Abuse – *Definition – See Category Column*
	
	Staff to Resident
	
	• Resident to Resident abuse – with injury to one or both residents, or intent; including non- consensual sexual or unwanted sexual advances. *If there is no injury or intent, do not report – this only applies to Resident to Resident abuse*
	
	  Examples of Resident to Resident Abuse:
	
	    o 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.
	
	**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.
	
	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.)
	
	• Abuse - 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

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.

   (vi) *Neglect*—The deprivation by a caretaker of goods or services which are necessary to maintain physical or mental health.

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.

 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.

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

PDA/ law enforcement must also receive immediate verbal report for:
Sexual abuse
Serious physical injury
Serious bodily injury
Death is suspicious

Examples of what NOT to report to *PDA or DOH*
Isolated incidents of the following:

	Staff to resident: • Verbal abuse (yelled at resident, no outcome) Resident to resident incidents, if unwanted could be sexual harassment thus reportable: • 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	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? Death (Resident found on floor) – the unusual circumstance would be unknown reason for death.
Death Due to Malnutrition, Dehydration or Sepsis	Did death occur due to malnutrition, dehydration, or sepsis? 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)
Elopement Inpatient	Does it meet the definition of elopement? Elopement – *Resident leaves the facility without the facility staff being aware that the resident has done so (Unauthorized absence). Note: the above definition of Elopement is from 28 Pa Code 201.3)* If resident alarm sounds and staff responds immediately, not considered an elopement.
Reportable Diseases	Per 28 Pa Code 211.1, and Chapter 27 of Administrative Code <u>211.1 (b)&(c)</u> Cases of scabies and lice shall be reported to the appropriate Division of Nursing Care Facilities field office. Significant nosocomial outbreaks, as determined by the facility's medical director, Methicillin Resistant Stapylococcus Aureus (MRSA), Vancomycin-Resistant Staphylococcus Aureus (VRSA), Vancomycin-Resistant Enterocci (VRE) and Vancomycin-Resistant Stapylococcus Epidermidis (VRSE) shall be reported to

	the appropriate Division of Nursing Care Facilities field office.
	Chapter 27 Administrative Code/ 211.1 (a)
	(1) The following diseases, infections and conditions are reportable within 24 hours after being identified by symptoms, appearance or diagnosis: Animal bite. Anthrax. Arboviruses (viruses transmitted by arthropod insects, usually tick or mosquito) Botulism. Cholera. 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 (2) The following diseases, infections and conditions are reportable within 5 work days after being identified by symptoms, appearance or diagnosis: AIDS. Amebiasis. Brucellosis. CD4 T-lymphocyte test result with a count of less than 200 cells/μL or a CD4 T-lymphocyte percentage of less than 14% of total lymphocytes (effective October 18, 2002). Campylobacteriosis. Cancer.

	Chancroid. Chickenpox (varicella) (effective January 26, 2005). Chlamydia trachomatis infections. Congential adrenal hyperplasia (CAH) in children under 5 years of age. Creutzfeldt-Jakob Disease. Cryptosporidiosis. Encephalitis. Galactosemia in children under 5 years of age. Giardiasis. Gonococcal infections. Granuloma inguinale. Guillain-Barre syndrome. HIV (Human Immunodeficiency Virus) (effective October 18, 2002). Hepatitis, viral, acute and chronic cases. Histoplasmosis. Influenza. Leprosy (Hansen's disease). Leptospirosis. Listeriosis. Lyme disease. Lymphogranuloma venereum. Malaria. Maple syrup urine disease (MSUD) in children under 5 years of age. Meningitis (All types not caused by invasive Haemophilus influenza or Neisseria meningitis). Mumps. Perinatal exposure of a newborn to HIV (effective October 18, 2002). Pertussis (whooping cough). Phenylketonuria (PKU) in children under 5 years of age. Primary congenital hypothyroidism in children under 5 years of age. Psittacosis (ornithosis). Rickettsial diseases. Rubella (German measles) and congenital rubella syndrome. Salmonellosis. Shigellosis. Sickle cell disease in children under 5 years of age.

	Staphylococcus aureus, Vancomycin-resistant (or intermediate) invasive disease. Streptococcal invasive disease (group A). Streptococcus pneumoniae, drug-resistant invasive disease. Syphilis (all stages). Tetanus. Toxic shock syndrome. Toxoplasmosis. Trichinosis. Tuberculosis, suspected or confirmed active disease (all sites). Tularemia.
Hemolytic Transfusion Reaction	Self explanatory
Misappropriation of Resident Property	Does it meet the definition of Misappropriation of Resident Property? Misappropriation of Resident Property – *The deliberate misplacement, exploitation, or wrongful (temporary or permanent) use of a resident's belongings or funds without the resident's consent.* - 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 **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).
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 Anticipated or Actual Termination of Utilities	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? (Please note that any actual fire event or emergency should be reported) *Fire (emergency) alarm activation-* any time a Fire Department is alerted. *Any Fire Alarm or Sprinkler System out of service* for four hours or more hours in a 24 hour period. *Electrical outages* –any; if the power is blinking due to a storm, etc. not reportable, however, if it goes off and stays off, then report. *Water* – if going to be greater than 4 hours *Gas Leak* Leak in *High Pressure Water Supply*

	Call Bell System malfunction *Telephone outage*
Other	Any event *that could seriously compromise quality assurance or resident safety* 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. • **LOA misadventures** – unplanned occurrences while on leave of absence from facility Examples: 　o 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. 　o Resident signed out by spouse did not return as expected and spouse not answering telephone 　o Resident in auto accident while on LOA 　o Vehicle accident with transport van (facility or public), ambulance, or family vehicle. 　o Resident misplaced after an appointment 　o 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. 　o Resident left against medical advice without post discharge services • **Unsafe practices by outside individuals** – 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. Examples: 　o Suspicious powder in mail/bag in room 　o Terroristic threat from family member 　o Outsider distributing disturbing literature 　o Weapon found in facility • **Unsafe practices by the resident** – resident does something that is considered to be dangerous to their health. Examples: 　o Attempted suicide 　o Illegal drug use

	o Resident consuming creams, lotions, etc.
Resident Neglect Definitions of neglect: 483.13(c) failure to provide goods and services necessary to avoid physical harm, mental anguish, or mental illness. (42 CRF 488.301). 28 Pa Code 201.3 Definitions – the deprivation by a caretaker of goods or services which are necessary to maintain physical or mental health. Act 13 of 1997 the willful deprivation by a caretaker of goods or services which are necessary to maintain physical or mental health.	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. *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.* 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. 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. **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.
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
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	Was the resident transferred/admitted to the hospital due to an injury/accident? Guidance (these events are reportable, unless otherwise indicated) 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.) Admission – order from physician admitting resident to hospital, includes observation stays Injury – clinically complex, requiring additional services outside your facility's capabilities Accident – unplanned event that causes an injury Could include serious medication errors that required transfer to hospital Resident burned himself while smoking – if serious enough to require transfer to hospital. 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.
Unlicensed practice of regulated profession	Practicing without a license or an expired license Treatment completed on a resident without an order This could include a nurse aide working with expired registry.

ATTACHMENT 3
PA Department of Health (PA-DOH)
Event Notification Internet Site Overview – Facilities
Effective November 1, 2012

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://app2.health.state.pa.us/incidents/facilitylogin.asp

Login: When first entering the site for Event Notification, facilities will be required to login. This is accomplished by entering the facility ID as both the Login ID and the Password. (NOTE: Whenever you type in the password field, an * 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:

NOTE: The initial password you were assigned uses your Facility ID number as your password. Because the Facility ID number is public information, the Department strongly advises that you change the password immediately. It is also recommended that you establish an internal policy for periodically changing the password, and for identifying those employees with access to the on-line reporting program for your facility.
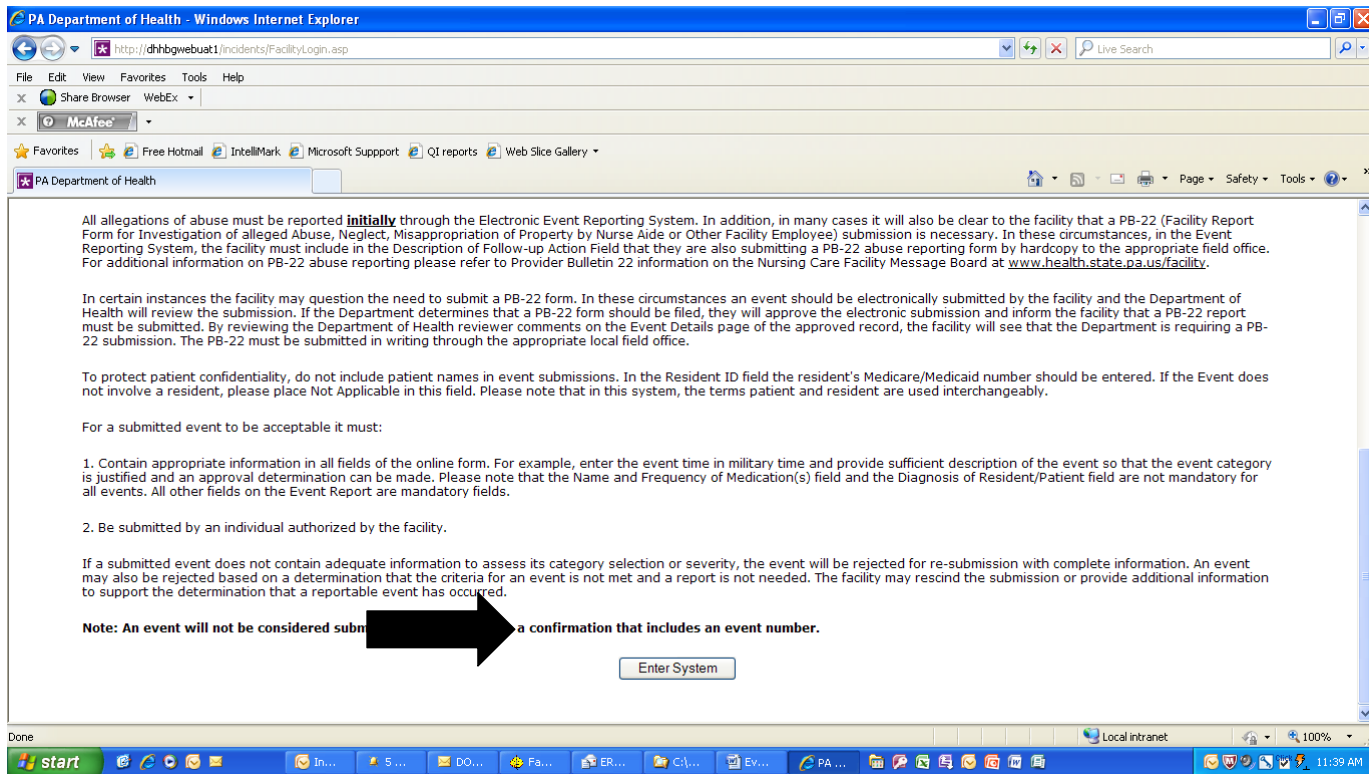
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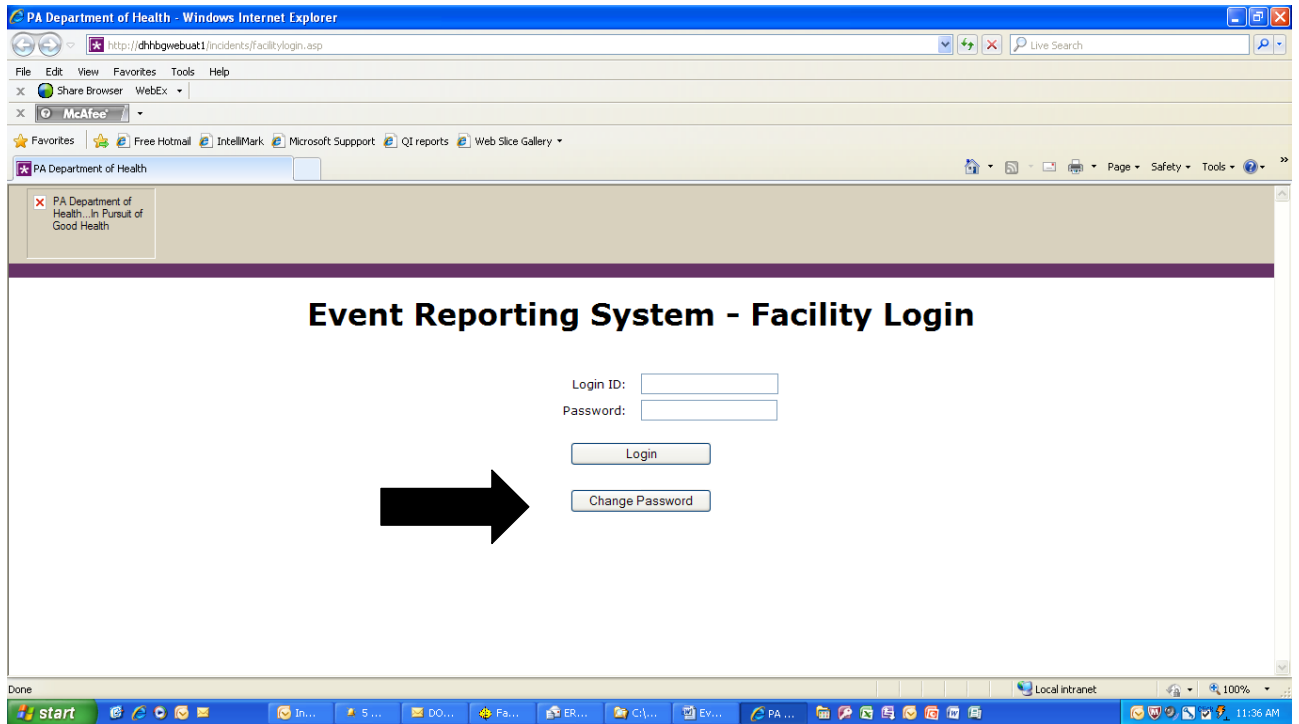
Note: If a facility is no longer open (active), that facility will receive an error message when attempting to log in.   If you believe this is an error, please contact the Department's Division of Nursing Care Facilities at (717) -787-1816.

Change Password: It is highly recommended that you change the initial facility password; however, 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 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 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.

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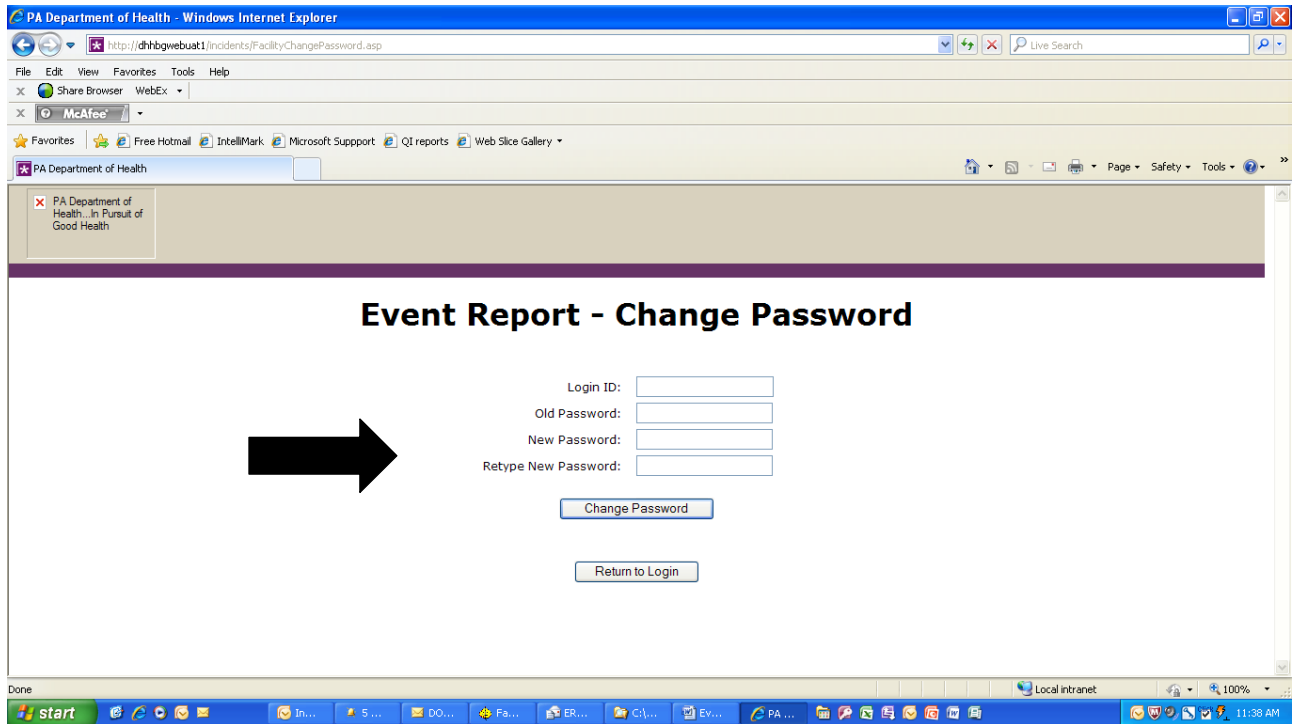
Site Entry – Confidentiality Notice: Upon successful login, the first page is a welcome to the site, as well as a reminder that all information entered into the site and displayed by the site is to be handled and regarded in a confidential manner as described by law. Information is also given on the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

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All allegations of abuse must be reported **initially** through the Electronic Event Reporting System. In addition, in many cases it will also be clear to the facility that a PB-22 (Facility Report Form for Investigation of alleged Abuse, Neglect, Misappropriation of Property by Nurse Aide or Other Facility Employee) submission is necessary. In these circumstances, in the Event Reporting System, the facility must include in the Description of Follow-up Action Field that they are also submitting a PB-22 abuse reporting form by hardcopy to the appropriate field office. For additional information on PB-22 abuse reporting please refer to Provider Bulletin 22 information on the Nursing Care Facility Message Board at www.health.state.pa.us/facility.

In certain instances the facility may question the need to submit a PB-22 form. In these circumstances an event should be electronically submitted by the facility and the Department of Health will review the submission. If the Department determines that a PB-22 form should be filed, they will approve the electronic submission and inform the facility that a PB-22 report must be submitted. By reviewing the Department of Health reviewer comments on the Event Details page of the approved record, the facility will see that the Department is requiring a PB-22 submission. The PB-22 must be submitted in writing through the appropriate local field office.

To protect patient confidentiality, do not include patient names in event submissions. In the Resident ID field the resident's Medicare/Medicaid number should be entered. 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.

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.

Note: An event will not be considered subm̲ ̲ ̲ ̲ ̲a confirmation that includes an event number.

Enter System

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.

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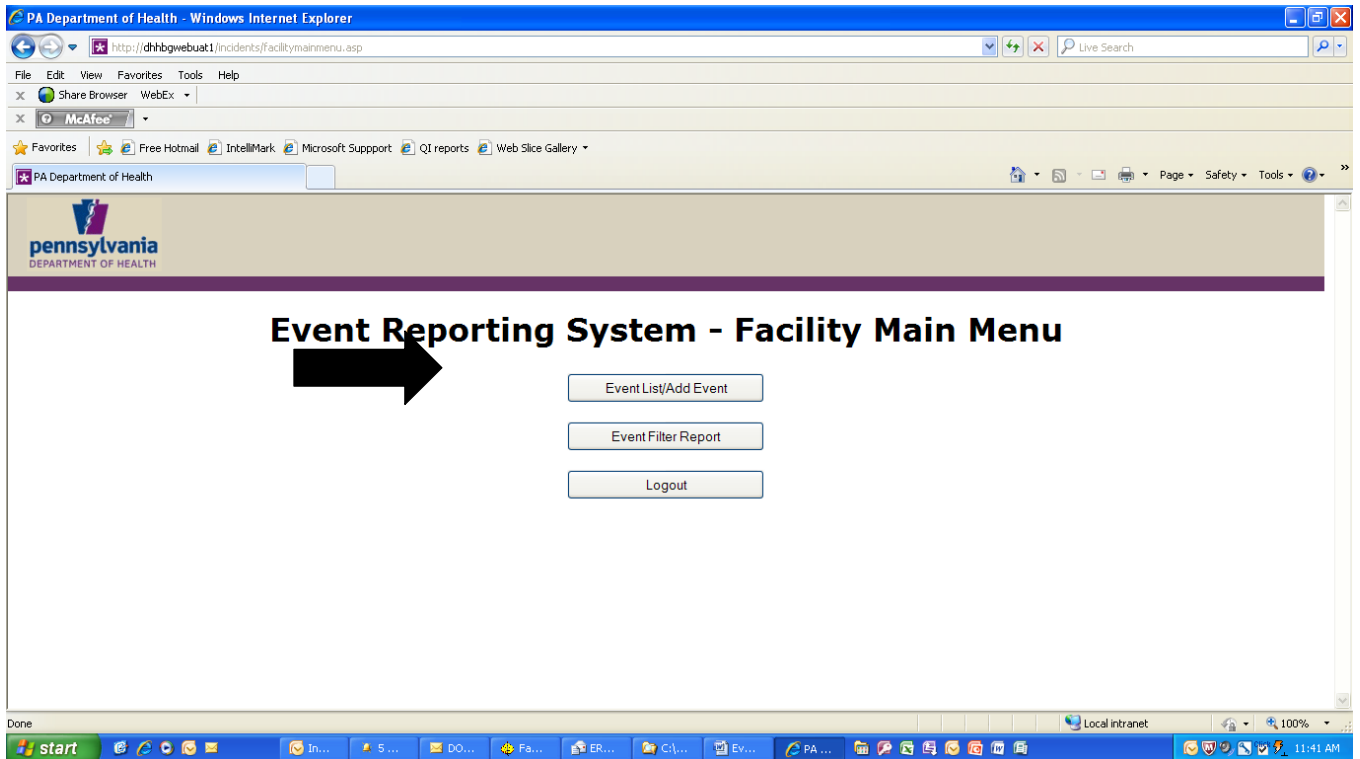
Event List/Add Event – Clicking the Event List/Add Event button on the Main Menu brings up the Facility – Event Report List page. This page displays the status of all submissions entered by the facility for the past **30** calendar days (Approved, Rejected, or New – a new event is one that has not yet 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.

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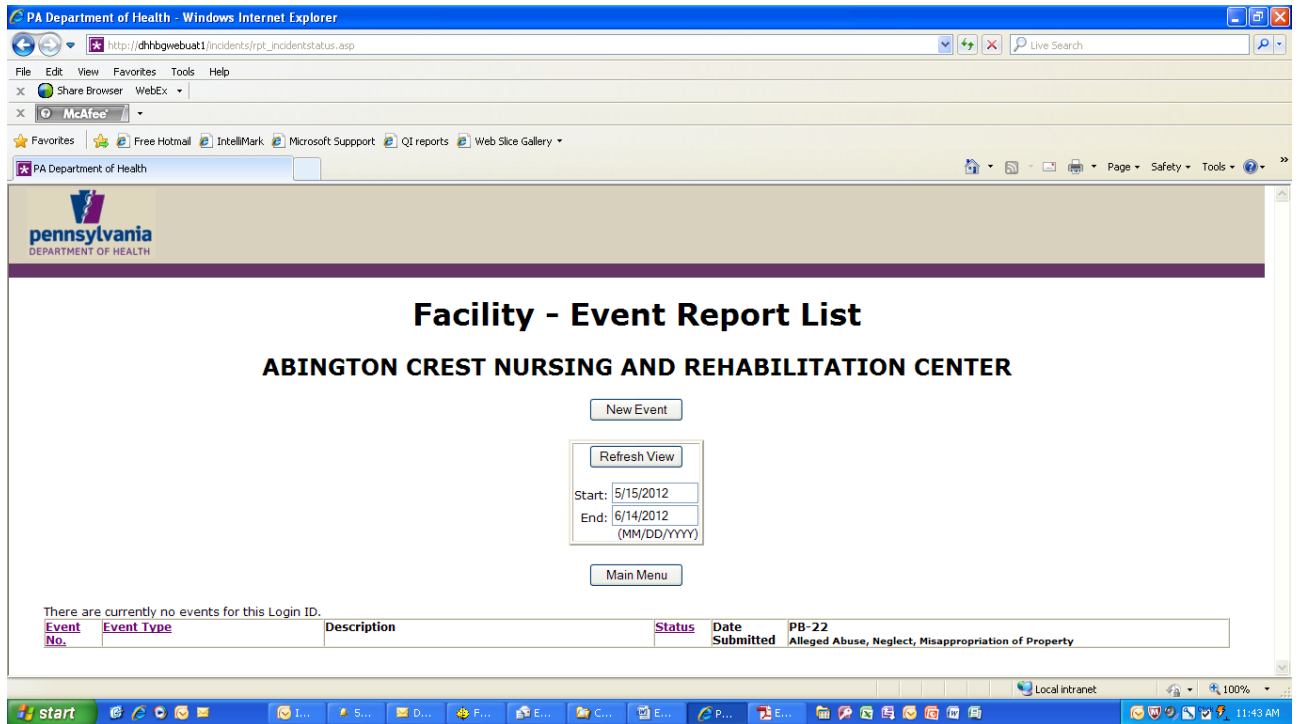
Add Event - To add a new event, click the New Event button on the Facility – Event Report List page. This will open the Event Report page. All fields on this page are required fields except for the Diagnosis field and the Medication field. It is mandatory that information be entered into the required 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.

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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.

NOTE – please do not use the following categories as they are no longer required reportable events:
- *Falls with Injuries*
- *Inappropriate Discharge*
- *Injury or Accident While a Resident Other than Falls*
- *Medication Errors/Adverse Drug Reactions Causing Serious Injury*
- *Misadventure with Feeding Tube, Catheter, Tracheotomy or Life Sustaining Equipment*
- *Resident Billing/Records*

CATEGORY	PROMPTS
	(Elements to consider when choosing the correct category)
Complaint of Resident Abuse, Confirmed or Not	**Does the description meet the definition of Abuse?**
	Abuse – *Definition – See Category Column*
*NOTE: Definitions of Abuse	Staff to Resident
42 CFR 483.13(b), "Abuse" means the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish (42 CFR 488.301);	• Resident to Resident abuse – with injury to one or both residents, or intent; including non- consensual sexual or unwanted sexual advances. *If there is no injury or intent, do not report – this only applies to Resident to Resident abuse*
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:	<u>Examples of Resident to Resident Abuse:</u> o 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.
(i) *Verbal abuse*—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:	**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.
(A) Threats of harm.	**Act 13**
(B) Saying things to frighten a resident, such as telling a resident that the resident will never be able to see his family again.	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.)
(ii) *Sexual abuse*—Includes sexual harassment, sexual coercion or sexual assault.	• Abuse - the occurrence of one or more of the following acts:
(iii) *Physical abuse*—Includes hitting, slapping, pinching and kicking. The term also includes controlling behavior through corporal punishment.	5. The infliction of injury, unreasonable confinement, intimidation or punishment with resulting physical harm, pain or mental anguish;
(iv) *Mental abuse*—Includes humiliation, harassment, threats of punishment or deprivation.	6. The willful deprivation by a caretaker of goods or services which are necessary to maintain physical or mental health;
(v) *Involuntary seclusion*—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	

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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.

   (vi) *Neglect*—The deprivation by a caretaker of goods or services which are necessary to maintain physical or mental health.

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.

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.

7.   Sexual harassment; and/or

8.   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

PDA/ law enforcement must also receive immediate verbal report for:
Sexual abuse
Serious physical injury
Serious bodily injury
Death is suspicious

Examples of what NOT to report to *PDA or DOH*
Isolated incidents of the following:
Staff to resident:
- Verbal abuse (yelled at resident, no outcome)

	Resident to resident incidents, if unwanted could be sexual harassment thus reportable:
	- 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	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? Death (Resident found on floor) – the unusual circumstance would be unknown reason for death.
Death Due to Malnutrition, Dehydration or Sepsis	Did death occur due to malnutrition, dehydration, or sepsis? 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)
Elopement Inpatient	Does it meet the definition of elopement? Elopement – *Resident leaves the facility without the facility staff being aware that the resident has done so (Unauthorized absence). Note: the above definition of Elopement is from 28 Pa Code 201.3)* If resident alarm sounds and staff responds immediately, not considered an elopement.
Reportable Diseases	Per 28 Pa Code 211.1, and Chapter 27 of Administrative Code 211.1 (b)&(c) Cases of scabies and lice shall be reported to the appropriate Division of Nursing Care Facilities field office. Significant nosocomial outbreaks, as determined by the facility's medical director, Methicillin Resistant Stapylococcus Aureus (MRSA), Vancomycin-Resistant Staphylococcus Aureus (VRSA), Vancomycin-Resistant Enterocci (VRE) and Vancomycin-Resistant Stapylococcus Epidermidis (VRSE) shall be reported to the appropriate Division of Nursing Care Facilities field

	office.
	<u>Chapter 27 Administrative Code/ 211.1 (a)</u>
	(2) The following diseases, infections and conditions are reportable within 24 hours after being identified by symptoms, appearance or diagnosis:
	Animal bite. Anthrax. Arboviruses (viruses transmitted by arthropod insects, usually tick or mosquito) Botulism. Cholera. 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
	(2) The following diseases, infections and conditions are reportable within 5 work days after being identified by symptoms, appearance or diagnosis:
	AIDS. Amebiasis. Brucellosis. CD4 T-lymphocyte test result with a count of less than 200 cells/µL or a CD4 T-lymphocyte percentage of less than 14% of total lymphocytes (effective October 18, 2002). Campylobacteriosis. Cancer. Chancroid.

	Chickenpox (varicella) (effective January 26, 2005). Chlamydia trachomatis infections. Congential adrenal hyperplasia (CAH) in children under 5 years of age. Creutzfeldt-Jakob Disease. Cryptosporidiosis. Encephalitis. Galactosemia in children under 5 years of age. Giardiasis. Gonococcal infections. Granuloma inguinale. Guillain-Barre syndrome. HIV (Human Immunodeficiency Virus) (effective October 18, 2002). Hepatitis, viral, acute and chronic cases. Histoplasmosis. Influenza. Leprosy (Hansen's disease). Leptospirosis. Listeriosis. Lyme disease. Lymphogranuloma venereum. Malaria. Maple syrup urine disease (MSUD) in children under 5 years of age. Meningitis (All types not caused by invasive Haemophilus influenza or Neisseria meningitis). Mumps. Perinatal exposure of a newborn to HIV (effective October 18, 2002). Pertussis (whooping cough). Phenylketonuria (PKU) in children under 5 years of age. Primary congenital hypothyroidism in children under 5 years of age. Psittacosis (ornithosis). Rickettsial diseases. Rubella (German measles) and congenital rubella syndrome. Salmonellosis. Shigellosis. Sickle cell disease in children under 5 years of age. Staphylococcus aureus, Vancomycin-resistant (or

	intermediate) invasive disease. Streptococcal invasive disease (group A). Streptococcus pneumoniae, drug-resistant invasive disease. Syphilis (all stages). Tetanus. Toxic shock syndrome. Toxoplasmosis. Trichinosis. Tuberculosis, suspected or confirmed active disease (all sites). Tularemia.
Hemolytic Transfusion Reaction	Self explanatory
Misappropriation of Resident Property	Does it meet the definition of Misappropriation of Resident Property? Misappropriation of Resident Property – *The deliberate misplacement, exploitation, or wrongful (temporary or permanent) use of a resident's belongings or funds without the resident's consent.* • 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 **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).
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 Anticipated or Actual Termination of Utilities	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? (Please note that any actual fire event or emergency should be reported) *Fire (emergency) alarm activation*- any time a Fire Department is alerted. *Any Fire Alarm or Sprinkler System out of service* for four hours or more hours in a 24 hour period. *Electrical outages* –any; if the power is blinking due to a storm, etc. not reportable, however, if it goes off and stays off, then report. *Water* – if going to be greater than 4 hours *Gas Leak* Leak in *High Pressure Water Supply* *Call Bell System malfunction*

	Telephone outage
Other	Any event *that could seriously compromise quality assurance or resident safety* 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. • **LOA misadventures** – unplanned occurrences while on leave of absence from facility Examples: o 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. o Resident signed out by spouse did not return as expected and spouse not answering telephone o Resident in auto accident while on LOA o Vehicle accident with transport van (facility or public), ambulance, or family vehicle. o Resident misplaced after an appointment o 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. o Resident left against medical advice without post discharge services • **Unsafe practices by outside individuals** – 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. Examples: o Suspicious powder in mail/bag in room o Terroristic threat from family member o Outsider distributing disturbing literature o Weapon found in facility • **Unsafe practices by the resident** – resident does something that is considered to be dangerous to their health. Examples: o Attempted suicide o Illegal drug use o Resident consuming creams, lotions, etc.

Resident Neglect Definitions of neglect: 483.13(c) failure to provide goods and services necessary to avoid physical harm, mental anguish, or mental illness. (42 CRF 488.301). 28 Pa Code 201.3 Definitions – the deprivation by a caretaker of goods or services which are necessary to maintain physical or mental health. Act 13 of 1997 the willful deprivation by a caretaker of goods or services which are necessary to maintain physical or mental health.	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. *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.* 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. 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. **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.
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
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	Was the resident transferred/admitted to the hospital due to an injury/accident? Guidance (these events are reportable, unless otherwise indicated) 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.) Admission – order from physician admitting resident to hospital, includes observation stays Injury – clinically complex, requiring additional services outside your facility's capabilities Accident – unplanned event that causes an injury Could include serious medication errors that required transfer to hospital Resident burned himself while smoking – if serious enough to require transfer to hospital. 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.
Unlicensed practice of regulated profession	Practicing without a license or an expired license Treatment completed on a resident without an order This could include a nurse aide working with expired registry.

If you choose Complaint of Resident Abuse, Confirmed or Not as the category you will be provided with additional check boxes that you must complete.

All abuse is required to be reported via ERS and then followed by a PB 22 when appropriate.
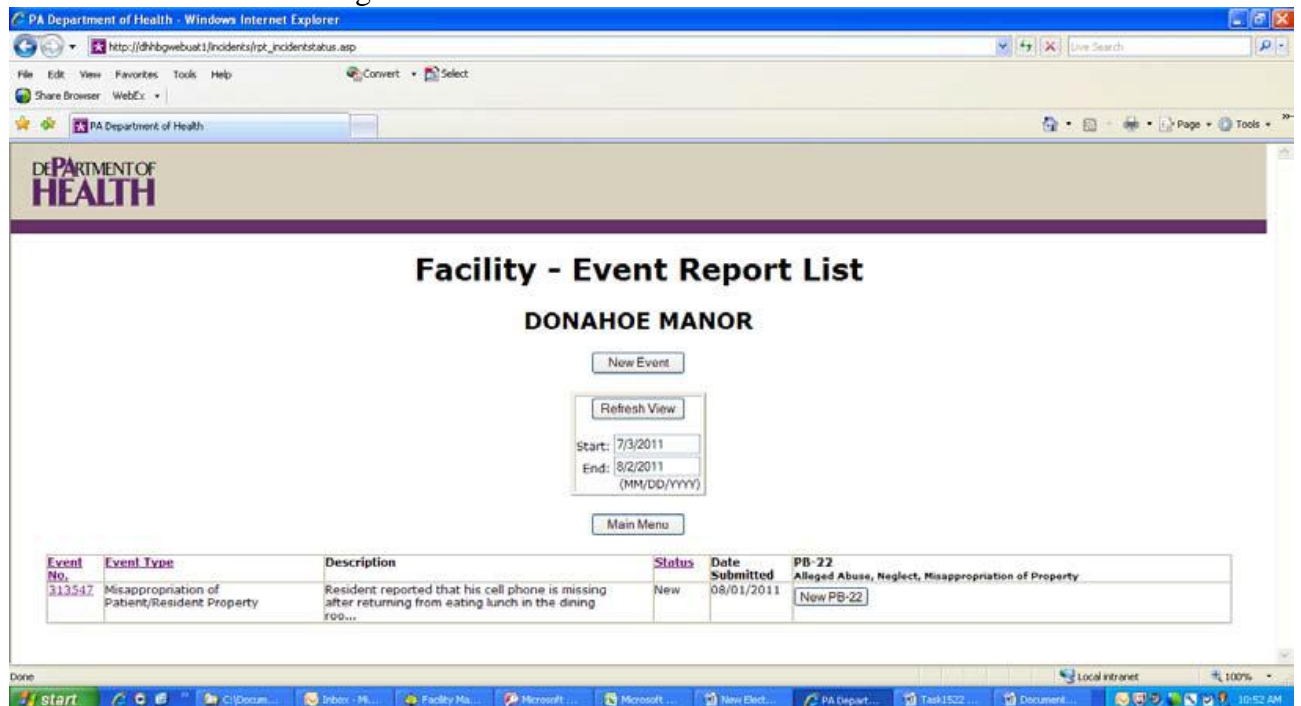
If you choose any of the following categories, you will be provided with an electronic PB22 to complete:

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

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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.

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.

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

* Indicates a field required for successful submission.   PB-22 Reference ID: 638

SECTION I - GENERAL INFORMATION

Facility Type: LONG TERM CARE PROVIDER (NH)	* Date of Alleged Incident: 07/30/2011 Time: 12:30 ○ AM ● PM
Facility Name: DONAHOE MANOR	Reported to DOH:
	* Name: Johnstown Field Office via ERS
	Telephone: (814)248-3125
	* Date: 08/01/2011 Time: 11:32 ● AM ○ PM
Facility Address: 136 DONAHOE MANOR RD BEDFORD, PA 15522	* Date Investigation Initiated: 07/30/2011
County: BEDFORD	* Time Investigation Initiated: 12:30 ○ AM ● PM
	* Date Facility Investigation Completed: 08/02/2011
	* Time Facility Investigation Completed: 11:00 ● AM ○ PM
Telephone: (814)623-9075	Date PB-22 Submitted to Field Office: 08/02/2011

SECTION II - ALLEGATIONS/INDIVIDUAL INVOLVED

* Name of Individual/Alleged Perpetrator Involved: Fictional Fred

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

Other Description

* Address: 123 Any Street

* City Bedford * State PA * Zip 15522

* Telephone: (987)654-3210

* Date of Hire: 07/05/2005 * Shift: 11pm - 7am

Date of Birth: 01/01/1986 Sex: ● Male ○ Female

Licensure/Registry #:

* Relationship to Victim:

---

* Relationship to Victim: Caregiver

* 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: Alexander Bell   * Resident Date of Birth: 12/12/1912

* Resident Address: 136 Donahoe Manor Road   Sex ● Male ○ Female

* City: Bedford * State: PA * Zip: 15522   * Telephone: (814)623-9075

Name of Family Member/Legal Guardian Notified: Alexia Bell

* Address: 456 Any Street   Telephone: (987)321-6540

* City: Bedford * State: PA * Zip: 15522 * Relationship: Daughter

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.

After returning to his room from the dining room, resident discovered that his cell phone was missing. Searched resident room, checked other rooms to see if anything else was missing. Notified facility security, called local police.

[Browse] [Attach]

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

Who reported it? the resident

To whom was it reported? Nursing supervisor   Date reported: 07/30/2011 Time reported: 12:30 ○ AM ● PM

Witnesses

Witness 1

Names: None

Address:

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Screenshot 1:

* Was/is another state agency involved in the investigation? ○ Yes ⦿ No

Name of agency:
Telephone number of agency:
Name of contact person:
Outcome (if available):

* Were local police notified? ⦿ Yes ○ No

Date: 07/30/2011 Time: 12:30 ○ AM ⦿ PM

* Did police investigation occur? ○ Yes ⦿ No

Name of contact:
Telephone

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).

Nurse aide stated that he entered the resident's room while the resident was eating lunch in the dining room. He saw the cell phone lying on a table in clear view of anyone walking by. Since he had no key to the resident's secure drawer, he decided to keep the cell phone on his person until the resident. Nurse aide was assigned to a different area of the facility to fill in for another nurse aide who had become ill and gone home. Aide immediately returned cell phone to the resident at first opportunity approximately two hours after the incident occurred.

[Browse...] [Attach]

*SECTION VI - CONCLUSIONS

Misappropriation was substantiated, although the nurse aide was purportedly acting in the best interests of the resident.

Screenshot 2:

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

Nurse aide counseled about proper reporting procedures to avoid even the appearance of misappropriation of resident property.

[Browse...] [Attach]

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: 07/30/2011 Time: 01:00 ○ AM ⦿ PM
* Name AAA Contacted: Oliver Ombudsman
* Name and Title of Person Initiating Report:
Angela Mercy, RN

Oral Report to PDA (if applicable) 717-265-7887
* Date: 07/30/2011 Time: 01:15 ○ AM ⦿ PM

* Completed By: Angela Mercy RN   * Date: 08/02/2011 * Time: 12:09 ○ AM ⦿ PM
* Title: Nursing Supervisor   * Telephone: (814)623-9075
* Submitted By: Angela Mercy RN
* Title: Nursing Supervisor

[Save] [Submit to Pennsylvania Department of Health] [Print] [Back to Event List]

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

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.

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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.

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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.

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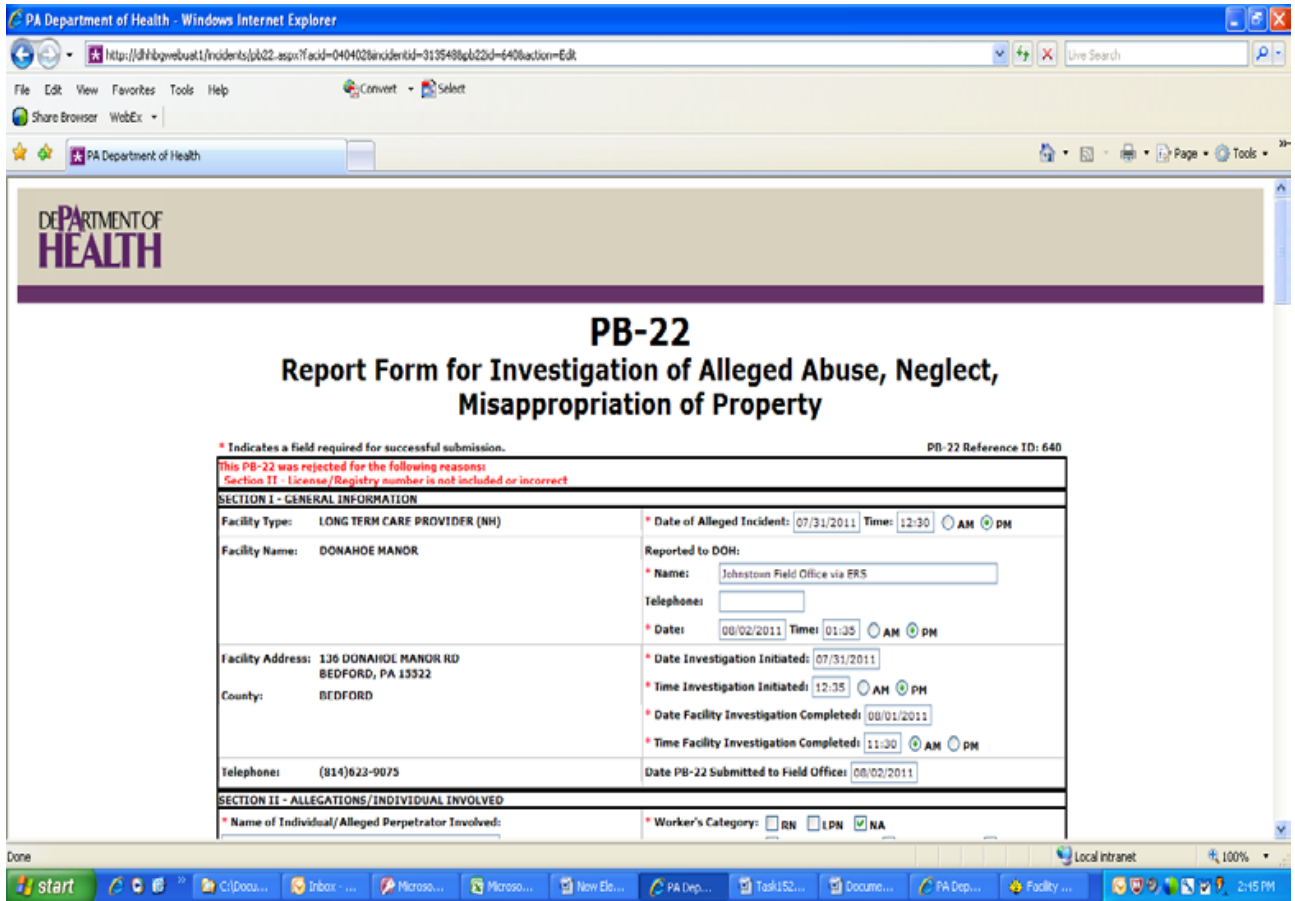
Within the PB-22 column, PB-22 records will be ordered by individuals' names. Users will know an action on their part is required given the Status information as well as the Activity icons at right.

If a Nature of Abuse or other PB-22 information is too wide to fit in the column, it will display truncated, but if a user hovers his mouse over the text, the full text will appear.

Hover Help is provided within the body of the PB-22 on specific fields. If you place the cursor over a field name of an item that has hover help, the field name will immediately be underlined, and a small hand will appear prompting the user to click on the field name. A Hover Help text box will then appear at the bottom of the screen. See below.

When the link is clicked, the hover help text for that field will display at the bottom of the form to include a Close button:

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Save | Submit to Pennsylvania Department of Health | Print | Cancel

To whom was it reported in the Division of Nursing Care Facilities' field office? Via ERS is appropriate response.

Close

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:

Microsoft Internet Explorer

A PB-22 Form cannot be submitted until its associated Event is submitted.

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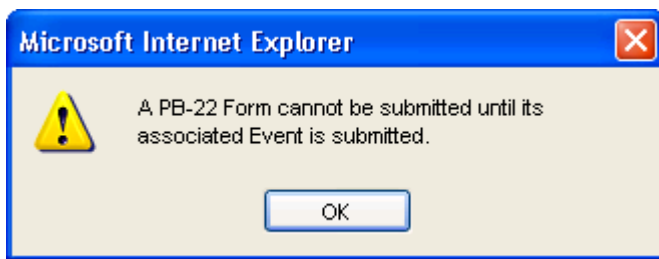
If a facility attempts to resubmit or a DOH user attempts to accept a non-abuse event for which a PB-22 form exists, the following message will display:

Microsoft Internet Explorer

Action Halted. A PB-22 form exists for this event, and the Event Type is not set to one of the Abuse categories (Abuse, Neglect or Misappropriation of Property).

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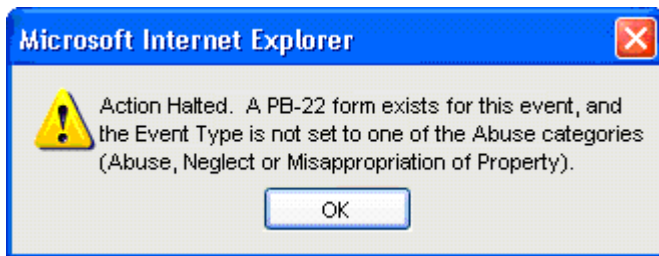
If a facility attempts to submit or re-submit a PB-22 form for a non-abuse event that has not been accepted yet, the following message will display when the Submit button is clicked:

Microsoft Internet Explorer

Action Halted. Once DOH sets the related event to Pending or Rejected, set the event type to one of the Abuse categories (Abuse, Neglect or Misappropriation of Property) and submit the PB-22.

OK

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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.

<center><u>**PB-22 Instructions for Completion**</u></center>

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 DNCF.

***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.

***Address**: Address of alleged perpetrator

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

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

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

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

***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.
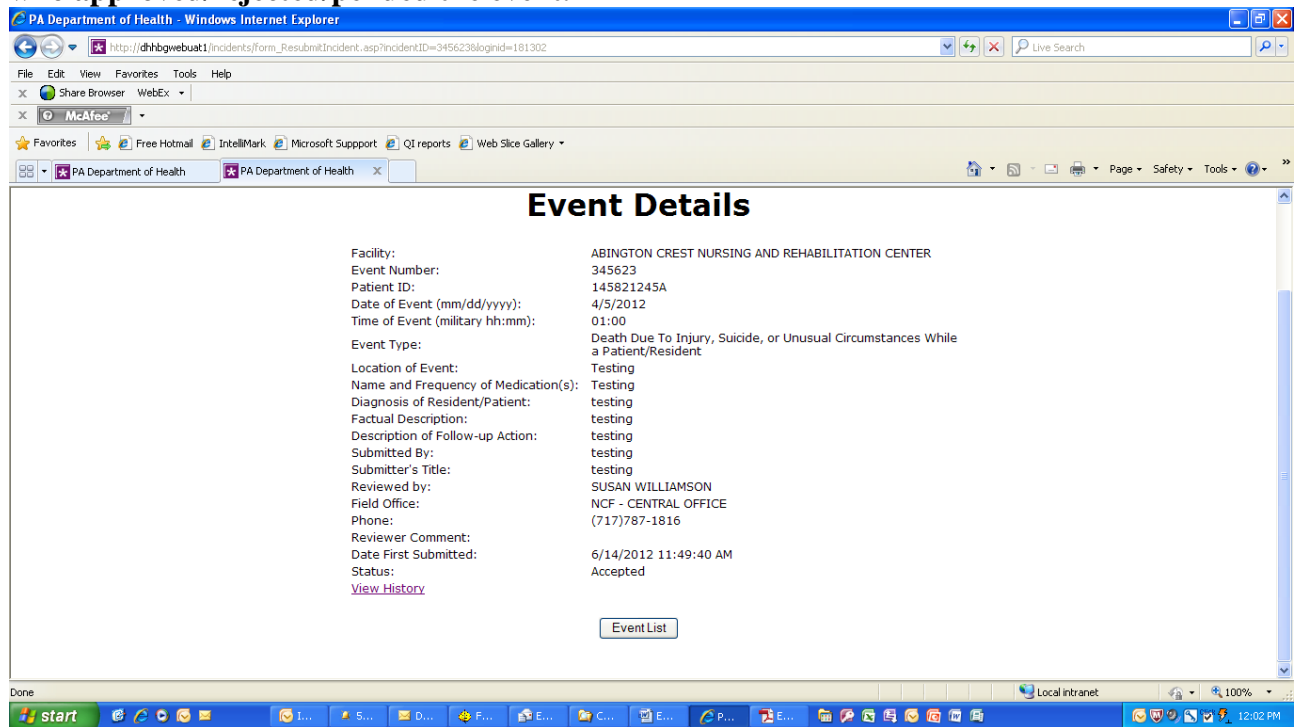

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*__Resident Address__: Indicate residents' address. Include the facility address if the resident is still at the facility and if the resident has been discharged, list address to contact resident.
*__Resident date of birth__: enter resident's date of birth
__Sex__: Sex of resident, male or female.
*__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**

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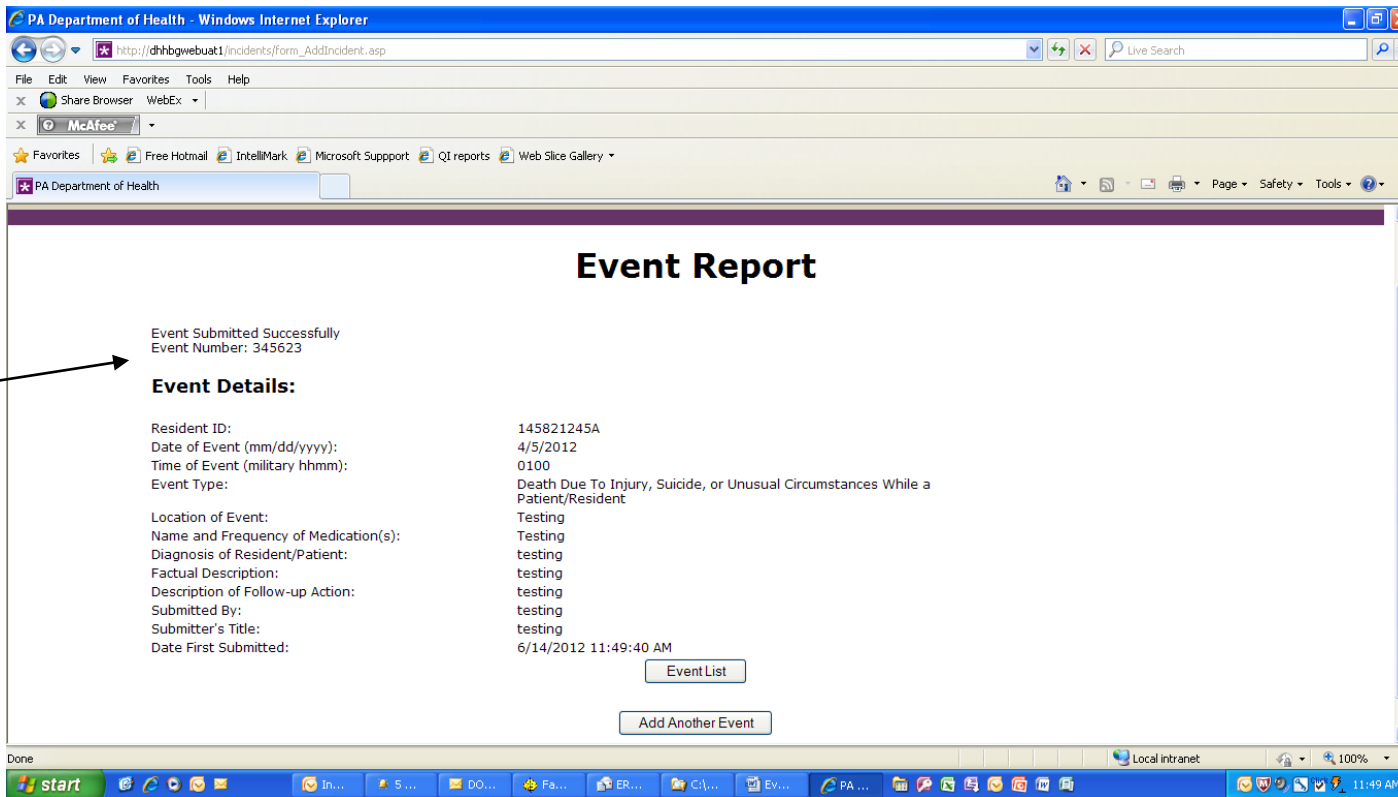
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Once you have received the confirmation that your event has been submitted. The event will be reviewed by DOH staff.

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

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

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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".

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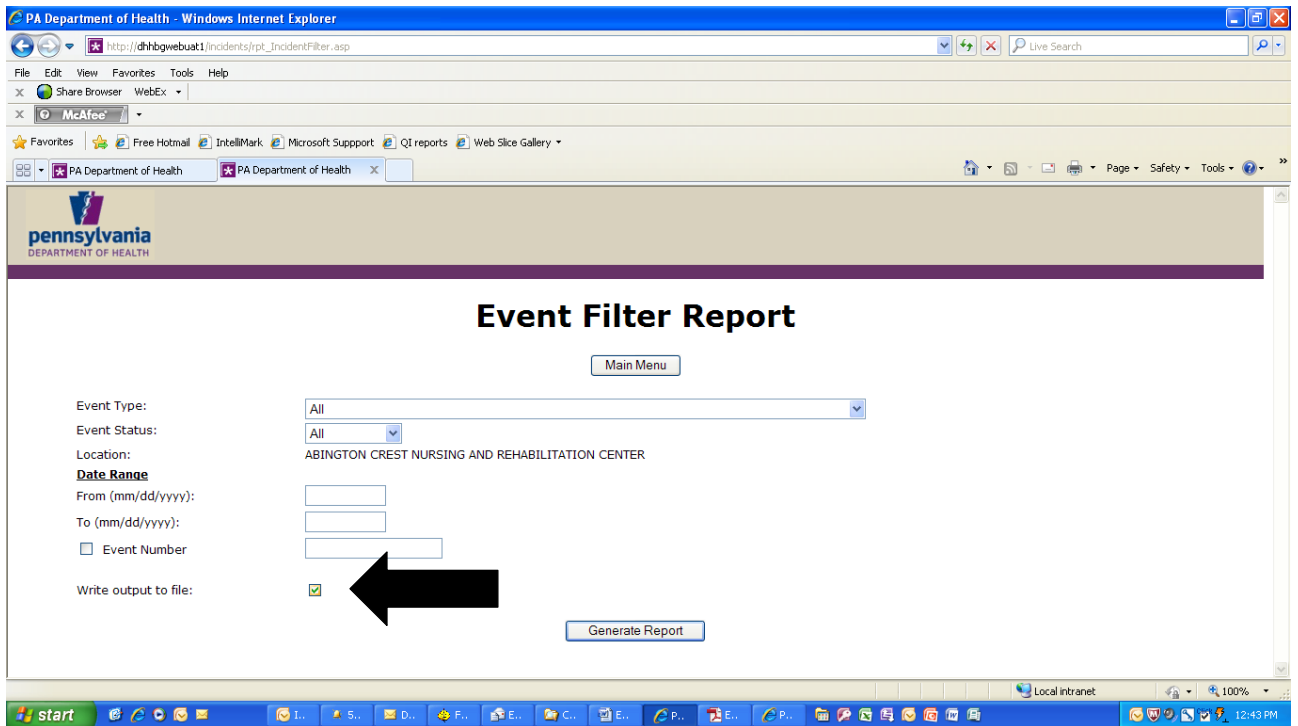Reviewed: May 28, 2013
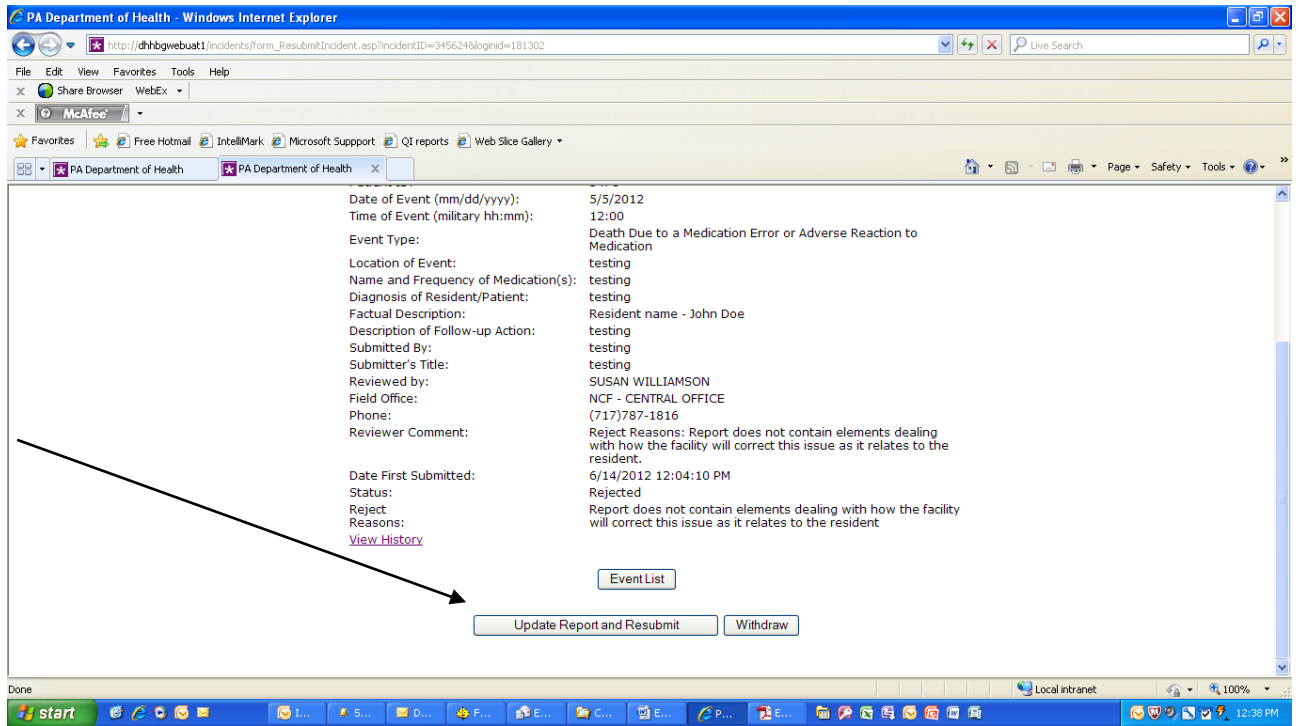
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Event Details – The Event Report List provides an overview of events. The details of any event may be displayed by clicking on the event number for that event in the event listing page.

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 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.

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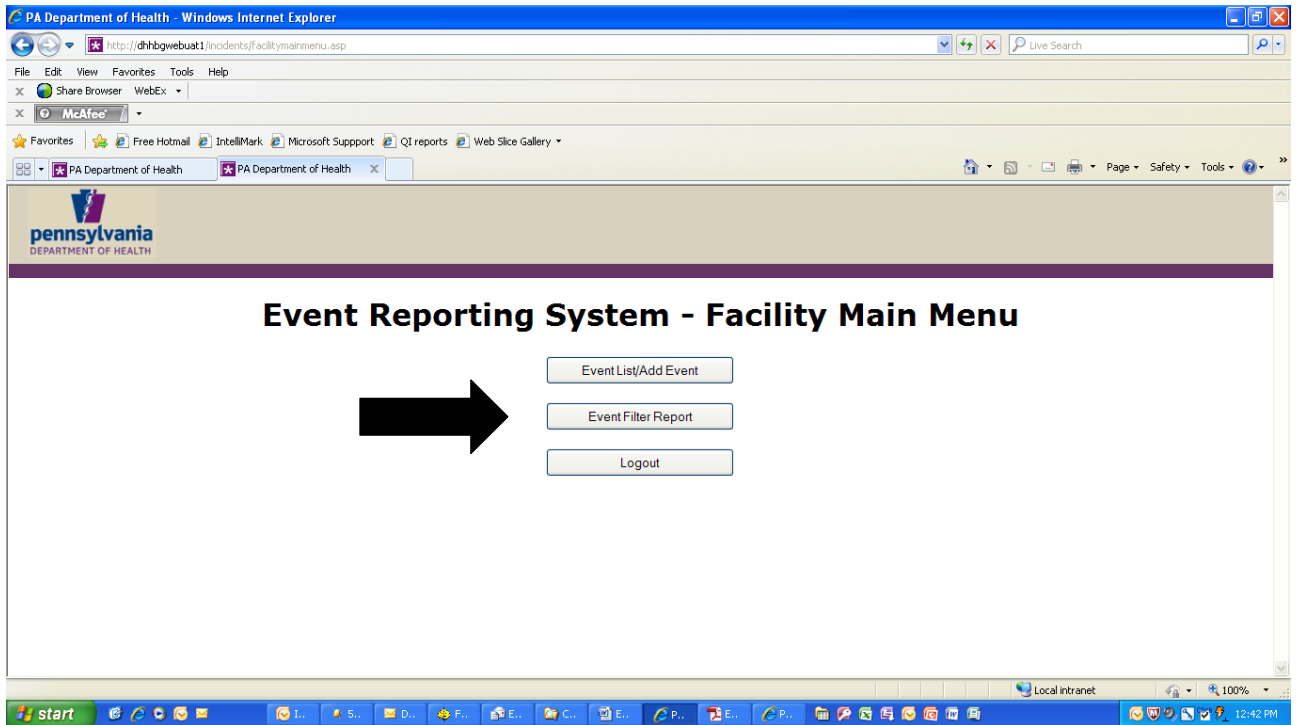
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This report can provide the facility with a list of events by event type (or all event types) or by a specific status (or all status) for a given date range (or all events entered if no date range is provided). Event types and status types can be selected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

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

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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.
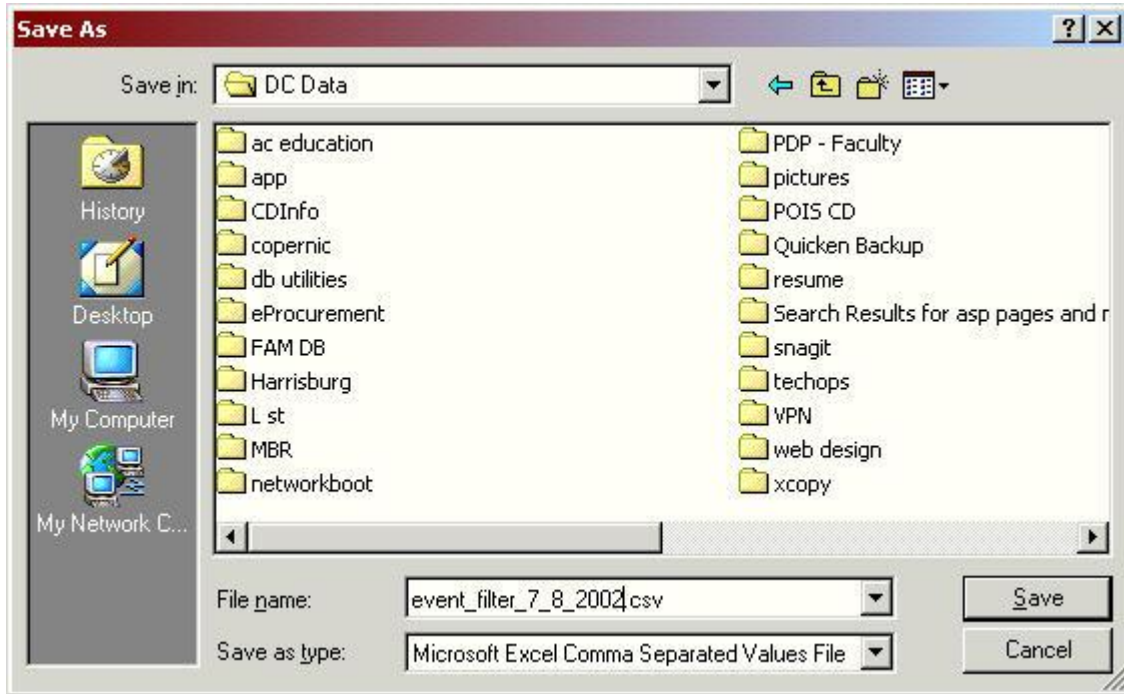
Note: To insure you always view the current report when you right click the link on the page, your browser settings must seek the current page. In Internet Explorer this is done by choosing Tools (top menu bar), Internet Options, General (tab), Settings (under Temporary Internet files), and for Check for Newer versions of stored pages select Every visit to the page.
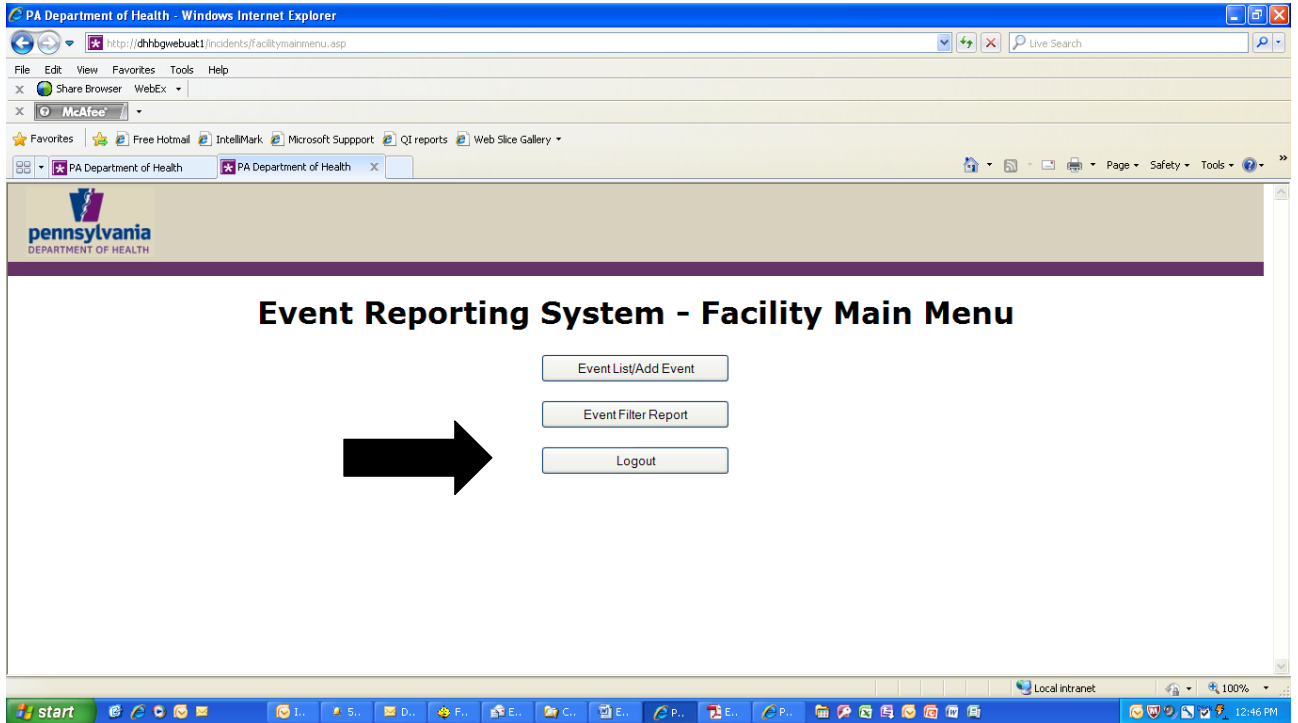
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Logout – To logout of the Event Notification System return to the Main Menu and click the Logout button. The Event Reporting System – Facility Login page opens.

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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.

Attachment 4

Provider FAQ Document II

1. I have a question regarding the new reporting requirements that go into effect on November 1. In the category for Transfer/Admission to Hospital Because of Injury or Accident listed under the prompts it states that admission –order from physician admitting resident to hospital –including observation stays. I would like clarification on whether or not this includes hospital stays for illness that is not related to an event or an elected surgery.

   <mark>This does not include hospital stays for illness not related to an event or elected surgery.</mark>

2. If a SNF resident is admitted to the hospital and expires at the hospital with cause of death listed as dehydration, malnutrition or sepsis, is the SNF to report this? If yes, is there a time frame after hospital admission that we should be responsible for reporting?

   <mark>If you are aware of a resident's death within 48 hours of admission to the hospital from malnutrition, dehydration or sepsis, it should be reported.</mark>

3. Is a pressure ulcer considered a lasting injury in cases of neglect?

   <mark>After further review, it has been determined that there does not need to be "lasting injury" to be reported. A pressure ulcer as a result of neglect is reportable.</mark>

4. After listening , reading and re-reading the Event Reporting in service , I still have questions .

   a. Must a PB22 be completed if the involved persons are both residents of the facility ?
   <mark>If there was intent or injury, yes.</mark>

   b. If we are having a planned electrical shutdown , do you need to be notified ?
   <mark>If the electrical outage exceeds 4 hour duration, it is reportable.</mark>

   c. If a resident sustains a fall or has an accident , and portable x-rays are done in the skilled nursing facility , do you need to be notified ? Does it make a difference if the x-rays are negative ?
   <mark>If there is outcome to the resident, it is reportable and should be reported in the most appropriate category.</mark>

d. Must a witness for allegation of abuse be a visual witness ? What if they heard what sounded like a slap ?

> A witness for an allegation of abuse must be a visual witness. If what is heard sounded like a slap, a statement can be obtained, however, there was not a witness.

e. A transcription error occurs - there is no ill effect to the resident - is this reportable?

> This is not reportable. It is an error.

5. Provider question - Following the excellent update presentation at PHCA, as well as earlier info r/t ERS, I wanted to ask for insight on a recent question from one of our facilities.

Are we required to report "rashes", that have not been confirmed as "scabies" nor appear as pustules, etc…. I am asking for guidance, because in our State reference (July 1, 1999), 211.1 (page 35-36), at top of page 36 when it refers to scabies needing to be reported, would we not have to have it confirmed? Also without any reference to "rash", I wanted to bounce this off you, before I respond to the facility. Many residents affected with rashes could be considered an outbreak and reported under Health Department Reportable Diseases. One resident with diagnosis of "scabies" would be reported under Health Department Reportable Diseases. If there is no diagnosis and only one person is affected, and not classified as an outbreak by the Medical Director, this would not need to be reported. If this becomes an outbreak, it is reported.

6. I am just reading all of the questions and answers and the subsequent changes from our original discussion/meeting and wondered if you would be kind enough to explain one of the changes. All transfers to the hospital for evaluation need to be reported resulting from accident. During our meetings we spoke to meaningful information for reporting purposes and trying to streamline the amount of reporting. This change will in fact increase the reporting. Can you help me to understand why this change has been made? I really appreciate your time on this issue.

Transfer/Admission to Hospital Because of Injury/Accident - The intent of this category is to record transfers or admissions to the hospital due to injuries or accidents as indicated in the regulations.

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