OLDER ADULT DAILY LIVING CENTER
Unusual Incident Report
6 Pa. Code § 11.16

FACILITY INFORMATION	
Name of Facility:	**License Number:**
Address of Facility:	**County:**
Name of Director:	**Telephone Number:**

DATE AND TIME OF INCIDENT	
Date:	**Time:** **AM** ☐ **PM** ☐

TYPE OF INCIDENT: (Check all that apply)	
☐	Criminal conviction against the legal entity, owner, operator or employee as described in 6 Pa. Code § 11.281
☐	Injury, trauma or illness of a client requiring treatment at a medical facility
☐	Violation or suspected violation of a client's rights
☐	A client who is missing and presumed to be at risk *(all elopements are considered reportable)*
☐	Abuse, neglect or exploitation or suspected abuse, neglect or exploitation of a client
☐	Misuse or suspected misuse of a client's funds or property
☐	Outbreak of a communicable disease as defined in 28 Pa. Code § 27.2
☐	An incident involving the fire department or circumstances requiring police action
☐	A condition, except for snow or ice, that results in closure of the facility for more than one scheduled day of operation
☐	Client death, that occurs at the center per 6 Pa. Code § 11.17

CLIENT INFORMATION		
Name of Client: (Last, First)	**Sex** **M:** ☐ **F:** ☐	**Date of Birth**

Funding Source

☐ Aging Waiver ☐ COMMCARE ☐ Independence ☐ OBRA ☐ Options ☐ Private ☐ Other (Specify) ______________________

LOCATION OF INCIDENT: (Bathroom, Program Area, Center Grounds, etc)

DESCRIPTION OF INCIDENT: Provide a detailed description of what happened. What were the circumstances leading up to the incident? Attach additional sheets if necessary.

FOLLOW UP ACTION TAKEN: What action was initiated or is planned in response to the incident? Attach supporting documents if applicable. (i.e. revised care plans, progress or treatment notes, revised policies/procedures, in-service training, etc). Address measures taken to reduce the risk of repeat incidents at the conclusion of the investigation, if applicable. Include referrals if applicable.

NOTIFICATION			
Department of Aging - Division of Licensing	☐ Yes ☐ No	☐ Telephone ☐ Written	Date: Time:
Funding Agency *(specify)*	☐ Yes ☐ No	☐ Telephone ☐ Written	Date: Time:
Client's Responsible Person *(specify relationship)*	☐ Yes ☐ No	☐ Telephone ☐ Written	Date: Time:
Local MH/MR Office *(if applicable)*	☐ Yes ☐ No	☐ Telephone ☐ Written	Date: Time:
ABUSE/NEGLECT/EXPLOITATION/ABANDONMENT & ACT 13 MANDATORY ABUSE NOTIFICATION (if applicable)			
Local Area Agency on Aging (All Suspected Abuse, Neglect, Exploitation, Abandonment & Act 13 Reports)	☐ Yes ☐ No	☐ Telephone ☐ Written	Date: Time:
Law Enforcement (For Act 13 Reports)	☐ Yes ☐ No	☐ Telephone ☐ Written	Date: Time:
Department of Aging - Criminal History Background Check Unit *(Call 717-265-7887 to report Act 13 - serious physical, serious bodily, sexual abuse or suspicious death)*	☐ Yes ☐ No	☐ Telephone ☐ Written	Date: Time:

CONTACT INFORMATION	
Name and Title of Person Completing Report:	**Telephone Number of Contact Person:**
Date of Report:	**Time of Report:** **AM** ☐ **PM** ☐
Signature of person completing report:	

SUMMARY OF REGULATORY REPORTING REQUIREMENTS

§ 11.16(b) - The responsible party, the client's family, if appropriate, and the residential services provider, if applicable, shall be immediately notified in the event of an unusual incident relating to a client.

§ 11.16(c) - In cases of abuse or suspected abuse, an incident involving a fire department, or circumstances requiring police action, within 24 hours after an unusual incident occurs but not later than the next working day, the center operator shall orally notify the following: (1) The Department. (2) The funding agency when the services of the client involved in the unusual incident are being publicly funded. (3) The mental health and mental retardation program of the county in which the center is located if the client involved in the unusual incident has mental illness or mental retardation.

§ 11.16(d) - Within 3 working days after an unusual incident occurs, the center operator shall conduct an investigation of the unusual incident and complete and send copies of an unusual incident report on a form specified by the Department to the following: (1) The Department. (2) The funding agency when the services of the client involved in the unusual incident are being publicly funded. (3) The mental health and mental retardation program of the county in which the center is located if the client involved in the unusual incident has mental illness or mental retardation.

REPORTING INSTRUCTIONS

Print the report for your records. Email the report to ADLC-UIReport@pa.gov.
Do not abbreviate words or use acronyms.

FOR DEPARTMENT OF AGING USE ONLY:	
Date report received:	**Reviewed by:**