

AFC LICENSING DIVISION - INCIDENT / ACCIDENT REPORT

Michigan Department of Human Services

Date Received: _____
Date Reviewed: _____ Initials: ____
Action: ___ No Follow-Up Needed
___ Phone Call Follow-Up
___ SI Opened

Name of Facility/Home	License Number	Name of Person Directly Involved	<input type="checkbox"/> Resident <input type="checkbox"/> Employee <input type="checkbox"/> Visitor
Facility Address		Address	
Facility Phone		City/State/Zip Code	
Licensee Name		Phone	Case Number (if applicable)

OTHER PERSON(S) INVOLVED / WITNESSES:

Name	<input type="checkbox"/> Resident <input type="checkbox"/> Employee <input type="checkbox"/> Visitor	Name	<input type="checkbox"/> Resident <input type="checkbox"/> Employee <input type="checkbox"/> Visitor
Name	<input type="checkbox"/> Resident <input type="checkbox"/> Employee <input type="checkbox"/> Visitor	Name	<input type="checkbox"/> Resident <input type="checkbox"/> Employee <input type="checkbox"/> Visitor

FACTS OF THE INCIDENT (ATTACH ADDITIONAL PAGES AS NEEDED):

Date of Incident	Time: <input type="checkbox"/> AM <input type="checkbox"/> PM	Name of Employee Assigned to Resident (if Applicable)	Location of Incident (Kitchen, Yard, etc.)
Explain What Happened / Describe Injury (if any):			
Action taken by Staff / Treatment Given (Attach separate sheet if necessary):			
Corrective Measures Taken to Remedy and/or Prevent Recurrence (Attach separate sheet if necessary):			
Name of Treating Physician / Health Care / Medical Facility / Hospital	Phone Number	Date Care Given	Time: <input type="checkbox"/> AM <input type="checkbox"/> PM
Physician's Diagnosis of Injury, Illness or Cause of Death, if known			

PERSON(S) NOTIFIED:

AFC Licensing	Notification Date / Time Written Notice / Date	Adult Protective Services (if applicable)	Notification Date / Time
Physician or RN (if applicable)	Notification Date / Time	Office of Recipient Rights (if applicable)	Notification Date / Time
Responsible Agency	Notification Date / Time Written Notice / Date	Law Enforcement Agency (if applicable)	Notification Date / Time
Designated Representative / Legal Guardian	Notification Date / Time Written Notice / Date	Other (please specify)	Notification Date / Time

SIGNATURE(S):

Signature of Person Completing Report	Print Name and Title	Date
Signature of Licensee / Licensee Designee / Administrator	Print Name and Title	Date

LICENSING RULES FOR AFC SMALL AND LARGE GROUP HOMES

R 400.15311 Investigation and reporting of incidents, accidents, illnesses, absences, and death.

Rule 311.(1) A licensee shall make a reasonable attempt to contact the resident's designated representative and responsible agency by telephone and shall follow the attempt with a written report to the resident's designated representative, responsible agency, and the adult foster care licensing division within 48 hours of any of the following:

- (a) The death of a resident.
- (b) Any accident of illness that requires hospitalization.
- (c) Incidents that involve any of the following:
 - (i) Displays of serious hostility.
 - (ii) Hospitalization.
 - (iii) Attempts at self-inflicted harm or harm to others.
 - (iv) Instances of destruction to property.
- (d) Incidents that involve the arrest or conviction of a resident as required pursuant to the provisions of section 1403 of Act No. 322 of the Public Acts of 1988.

(2) An immediate investigation of the cause of an accident or incident that involves a resident, employee, or visitor shall be initiated by a group home licensee or administrator and an appropriate accident record or incident report shall be completed and maintained.

(3) If a resident is absent without notice, the licensee or direct care staff shall do both of the following:

- (a) Make a reasonable attempt to contact the resident's designated representative and responsible agency.
- (b) Contact the local police authority.

(4) A licensee shall make a reasonable attempt to locate the resident through means other than those specified in subrule (3) of this rule.

(5) A licensee shall submit a written report to the resident's designated representative and responsible agency in all instances where a resident is absent without notice. The report shall be submitted within 24 hours of each occurrence.

(6) An accident record or incident report shall be prepared for each accident or incident that involves a resident, staff member, or visitor. "Incident" means a seizure or a highly unusual behavior episode, including a period of absence without prior notice. An accident record or incident report shall include all of the following information:

- (a) The name of the person who was involved in the accident or incident.
- (b) The date, hour, place, and cause of the accident or incident.
- (c) The effect of the accident or incident on the person who was involved and the care given.
- (d) The name of the individuals who were notified and the time of notification.
- (e) A statement regarding the extent of the injuries, the treatment ordered, and the disposition of the person who was involved.
- (f) The corrective measures that were taken to prevent the accident or incident from happening again.

(7) A copy of the written report that is required pursuant to subrules (1) and (6) of this rule shall be maintained in the home for a period of not less than 2 years. A department form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.

LICENSING RULES FOR AFC FAMILY HOMES

R 400.1416 Resident health care.

Rule 16. (1) A licensee, in conjunction with a resident's cooperation, shall follow the instructions and recommendations of a resident's physician with regard to such items as medications, special diets, and other resident health care needs that can be provided in the home.

(2) A licensee shall maintain a health care appraisal on file for not less than 2 years from the resident's admission to the home.

(3) A licensee shall record the weight of a resident upon admission and monthly thereafter. Weight records shall be kept on file for 2 years.

(4) A licensee shall make a reasonable attempt to contact the resident's next of kin, designated representative, and responsible agency by telephone, followed by a written report to the resident's designated representative and responsible agency within 48 hours of any of the following:

- (a) The death of a resident.
- (b) Any accident or illness requiring hospitalization.
- (c) Incidents involving displays of serious hostility, hospitalization, attempts at self-inflicted harm or harm to others, and instances of destruction to property.

(5) A copy of the written report required in subrule (4) of this rule shall be maintained in the home for a period of not less than 2 years. A department form shall be used unless prior authorization for a substitute form has been granted in writing by the department.

R 400.1417 Absence without notice.

Rule 17. (1) If a resident is absent without notice, the licensee or responsible person shall do both of the following:

- (a) Make a reasonable attempt to contact the resident's next of kin, designated representative, and responsible agency.
- (b) Contact the local police authority.

(2) A licensee shall make a reasonable attempt to pursue other steps in locating the resident.

(3) A licensee shall submit a written report to the resident's designated representative and responsible agency in all instances where a resident is absent without notice. The report shall be submitted within 24 hours of each occurrence.

LICENSING RULES FOR AFC CONGREGATE FACILITIES

R 400.2404 Illnesses and accidents.

Rule 404. (1) In case of an accident or sudden adverse change in a resident's physical condition or adjustment a congregate facility shall obtain needed care immediately and notify the responsible relative and the person or agency responsible for placing and maintaining the resident in the congregate facility.

(2) An occurrence of a reportable communicable disease as defined by the laws of this state or the rules implementing such laws shall be reported immediately to the local health department and the department.

(3) Immediate investigation of the cause of an accident or incident involving a resident, employee or visitor shall be initiated by a congregate facility licensee or administrator and an appropriate accident record or incident report completed and maintained. Within 72 hours, serious accidents requiring medical attention shall be reported to the department for remedial review.

R 400.2405 Deaths of Residents.

Rule 405. When a resident dies, a congregate facility licensee or administrator shall notify immediately the resident's physician, the next of kin or legal guardian and the person or agency responsible for placing and maintaining the resident in the congregate facility. Statutes applicable to the reporting of sudden or unexpected death shall be observed. The death shall be reported to the department within 72 hours.

AUTHORITY:	P.A. 218 of 1979.
COMPLETION:	Is Required
CONSEQUENCE:	Violation of Adult Foster Care Administrative Rule

Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.
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