New Facility Incident Reporting Effective 10/24/2022

Presenters : Laura Daley, Statewide Complaint Manager Suzanne Caligiuri, RN, MSN and Wendy D'Agostino, RN

WELCOME

Good Morning

New reporting forms:

This is a two-part presentation:

 1) Nursing Home Facility Incident Report

 2) Nursing Home Investigative Report

We will take you step by step through entering a facility incident report

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Questions

We are asking you to hold your questions during this webinar. Please send questions to

NHFRI@health.ny.gov.

This address will be repeated and distributed via HCS message.

This webinar will be recorded and archived. The slides will be made available after the webinar.

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Reporting Changes

Due to the changes to facility incident reporting requirements, The Division of Nursing Homes and ICF/IID Surveillance, is introducing new electronic facility Incident reporting forms, which will require nursing homes to report their incidents through a web-based survey application. The new **Nursing Home Facility Incident Report** form will replace the previous method of reporting incidents occurring at the nursing home using the Health Commerce System (HCS) (HERDS)

The facility will be required to submit 2 surveys for each reportable incident. In addition to an initial facility incident report following reporting timelines. (42 CFR 483.12), the facility will now be required to submit to The Department the results of the facility investigation, called Nursing Home Investigative Report, within 5 days of the incident occurrence

Reporting Requirements

Reportable Incidents include:

- Abuse, neglect, mistreatment, exploitation
- Misappropriation
- Injury of Unknow Origin
- Physical Environment Incidents
- Elopement
- Death not due to natural causes.

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Drupal – Survey

The new forms are accessed via the internet

A weekly email with the links will be sent via Health Commerce System (HCS)

The survey application utilizes:
- Prepopulated answers V
- Free form text boxes

Required fields are marked with an *

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How to Connect – Method 1

This is the web address for the facility incident report

- Hover your cursor over the blue words
- A small text box will appear. "Ctrl – Click to follow link"

  [Nursing Home Facility Incident Report | Survey Builder (ny.gov)](ny.gov)

- You must keep your cursor over the blue letters. Hold the CTRl key (your cursor will appear as a hand), use your mouse – left click you mouse

- This will take you directly to the online Nursing Home Facility Incident report

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How to Connect – Method 2

This is the web address for the facility incident report

[Nursing Home Facility Incident Report | Survey Builder (ny.gov)](#)

- Position your cursor just before the address, press your left mouse button and move your mouse to select the address text
- Release the mouse button
- Hover your cursor over the selected area and click you right mouse button- Select COPY
- Now open your browser and hover your mouse in the address field at the top
- Click you right mouse button and select Paste- Press Enter

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Completing the Report

Required Fields

- You must complete the required information that is marked with *

- An incident report cannot be saved and completed later. Once started, the incident report must be submitted prior to closing the internet browser

- When you click submit your report, a summary of your report will pop-up, we recommend that you copy the incident report onto a word document for your own records

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Prepopulated Selections

Fields with a v indicates there is a prepopulated choice. Click on the v to select the appropriate choice. If you choose the "no" answer to a question, the subsequent questions related to that question are unavailable and not required. If you choose the "yes" answer, you must answer the required questions related to that question. You may answer "unknown" or Not Applicable" where appropriate.

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Example of a required field * that has a prepopulated selection ⌄

Is there reasonable cause to believe that abuse, neglect or mistreatment occurred? *

- Select - ⌄

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Overview Questions

Text boxes appear for the following questions/fields

- Facility Name

- Facility ID

- Contact Person – the person to contact regarding this incident.

- Contact Person HCS ID

- Contact Person Title

- Contact Person Phone Number

- Contact Person E-Mail address

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Allegation Type

Select all that apply to this incident – check the box next to the allegation
- ❑ Physical Abuse
- ❑ Sexual Abuse
- ❑ Mental/Verbal Abuse
- ❑ Deprivation of Goods and Services by staff
- ❑ Neglect
- ❑ Misappropriation of Resident Property/Exploitation
- ❑ Injury of Unknown Source
- ❑ Suspected Crime
- ❑ Physical Plant or Environment (loss of service, fire, smoke, flood or other similar incident

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Additional Overview Questions

- Click on the **V.**

- Select Yes or No.

Is there reasonable cause to believe that abuse, neglect or mistreatment occurred? *

- Select - ▾

Was the incident a result of a care plan violation? *

- Select - ▾

Is the facility investigation complete? *

- Select - ▾

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Incident Time and Location

- The first page captures the details of the incident. Date fields contain a icon that allows you to choose the correct date

- Time fields contain a   icon. Time is in hours and minutes AM and PM

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Incident Time and Location Information

- Incident Location-This is a text box. Enter the room or location where the incident occurred

- Use the icon 🗓 or type in the Incident Date

- Use the icon 🕐 or type in the time

Incident date/time⭐ | mm/dd/yyyy 🗓 || --:-- -- 🕐

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Date and Time Administrator First Made Aware of incident

(Leave blank if the Administrator has not been notified)

If the Administrator was notified, enter the date and time of that notification

Date/Time administrator first made aware of the incident★

Please leave blank if Administrator has not been made aware.

| mm/dd/yyyy 🗓 | --:-- -- 🕐 |

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Elopement

Use the selection icons **V** and date
and time   icons to complete this section.

Incident Overview

Describe the incident, including any injury or psychological harm to resident(s):
Please use last names to identify residents in all answers on this section

Indicate whether serious bodily injury occurred, if known.

Describe any type of injury such as a bruise, scratch, laceration, puncture wound, fracture, bleeding, redness on the skin, etc.

Describe any changes in the resident's behavior that indicate something different from the resident's normal baseline such as crying, expressions or displays of fear, cowering, anger, withdrawal, difficulty sleeping, etc.

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Describe the Investigation Findings to Date

If you have no findings at the time of submission, state: "None at this time"

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Resident Information

The resident can be either a victim or a perpetrator

- First indicate how many residents were affected **V**

- Complete the required fields for the first 2 affected residents. If there were more than 2 affected residents, enter additional resident names and room number as text

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Non-Resident Perpetrator Information

Non-residents are employees, vendors, third parties, and individuals not residing in facility suspected of abuse, neglect, mistreatment, or misappropriation. They are not witnesses, interviewed staff, visitors, or resident aggressors.

- First indicate how many how many non-residents were accused of abuse, mistreatment, neglect, or misappropriation . **V**

- Complete the required fields for the first 2 accused perpetrators. If there were more than 2 accused perpetrators, enter perpetrator's names, titles, relationships, etc.

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Witness Information

- This section is completed like the Resident and Perpetrator sections using **v** and text boxes for information

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Page complete

After all required information is completed, click on the [Next Page >] button

Outside Agency Questions

Types of outside agencies include law enforcement agencies, Attorney General, State Education, Bureau of Narcotics Enforcement, or other

Was a report made to an outside agency?

Select Yes or No.

- Reported to – Use the **v** to select: Law Enforcement, Attorney General, State Education, Bureau of Narcotics Enforcement, or Other.
- Report Number - If no report number, please leave blank.
- Name of individual handling report - If Law Enforcement or Other, please enter organization **and** individual.
- Tittle of the individual.
- Phone Number of Individual - enter the best telephone number to reach the individual listed.
- Enter the date reported.

Add

Use the add button to report all outside agencies you reported the incident to.

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Check your information

Use the Previous Page button to go back and review the information.

If all information is correct, return to the second page. Click on Submit.

REMINDER: An incident report cannot be saved and completed later. Once started, the incident report **must** be submitted prior to closing the internet browser. Otherwise, the reported data will be erased.

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Submitting

- When you click on submit, the system will generate a pop-up window with a summary of your report. (See the next slide for a partial screen shot)

- We encourage providers to maintain a copy the incident report (word doc) for your records

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This is a partial screen shot of the pop-up
We recommend that you copy this report onto a word document for your own records.

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Nursing Home Facility Incident Report Submitted Successfully

Nursing Home Facility Incident Report Successfully Submitted
Reports can only be submitted once.
Please save a copy of this page for your records, the values will not be transmitted to you electronically.

Submitted on Thu, 10/06/2022 - 13:37
Submitted by: lge01
Submission ID: 637612

Submitted values are:
Incident Overview ---------------- Overview Questions ------------------ Facility Name:
Facility 1 Facility ID: 19991 Contact person: Joan Jett Contact Person HCS ID:
Loremipsum Contact Person Title: Loremipsum Contact Person Phone Number: 123-
456-7890 Contact Person E-Mail Address: test@test.com Allegation Type: Injury of
Unknown Source, Suspected Crime, Elopement Is there reasonable cause to believe
that abuse, neglect or mistreatment occurred?   : Yes Was the incident a result of a care
plan violation?   : No Is the facility investigation complete?   : Yes Incident location:
Room 649 Incident date/time: Fri, 02/02/2029 - 23:06 Date/Time staff first made aware
of the incident: Sun, 03/25/2040 - 22:07 Date/Time administrator first made aware of the
incident: Mon, 02/07/2033 - 12:11 Elopement details ------------------ Was this incident an
elopement?: No Was the resident considered an elopement risk?   : No Did the system
to prevent elopement function properly?   : No Has the resident returned to the
facility?   : Yes Incident Overview ------------------ Describe the incident, including any
injury or psychological harm to resident(s): Please use last names to identify residents in

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Case Identification Number

- Within 24 -48 hours, you will receive an email containing the case number and instructions for submitting the **Nursing Home Investigative Report**

- The Investigative Report is due no later then 5 days after the incident occurrence

- Refer to the Nursing Home Investigative Report.ppt for instructions on submitting your investigation report

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Nursing Home Investigative Report

The next presentation will be on the follow-up investigative report.

Submitting a Nursing Home Investigative Report.pptx

Reminder to send questions to: nhfri@health.ny.gov