**§ 54327. Requirements for Special Incident Reporting by Vendors and Long-Term Health Care Facil...**

17 CA ADC § 54327BARCLAYS OFFICIAL CALIFORNIA CODE OF REGULATIONS

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Title 17. Public Health

Division 2. Health and Welfare Agency - Department of Developmental Services Regulations

Chapter 3. Community Services

Subchapter 2. Vendorization

Article 2. Vendorization Process

17 CCR § 54327

§ **54327. Requirements for Special Incident Reporting by Vendors and Long-Term Health Care Facilities.**

(a) Parent vendors, and consumers vendored to provide services to themselves, are exempt from the special incident reporting requirements set forth in this Article.

(b) All vendors and long-term health care facilities shall report to the regional center:

(1) The following special incidents if they occurred during the time the consumer was receiving services and supports from any vendor or long-term health care facility: **(Clarify)**

(A) The consumer is missing, and the vendor or long-term health care facility has filed a missing person’s report with a law enforcement agency; **(Clarify)**

(B) Reasonably suspected abuse/exploitation including:

1. Physical;

2. Sexual; (Mention of Social media)

3. Fiduciary;

4. Emotional/mental; (Mention of Social media) or

5. Physical and/or chemical restraint. (Clarify, Behavior plans, specific facilities)

(C) Reasonably suspected neglect including failure to:

1. Provide medical care for physical and mental health needs;

2. Prevent malnutrition or dehydration;

3. Protect from health and safety hazards;

4. Assist in personal hygiene or the provision of food, clothing or shelter or

5. Exercise the degree of care that a reasonable person would exercise in the position of having the care and custody of an elder or a dependent adult.

(D) A serious injury/accident including: (Provide clarification on automobile accidents)

1. Lacerations requiring sutures or staples;

2. Puncture wounds requiring medical treatment beyond first aid;

3. Fractures;

4. Dislocations;

5. Bites that break the skin and require medical treatment beyond first aid;

6. Internal bleeding requiring medical treatment beyond first aid;

7. Any medication errors; (Clarify medication refusal)

8. Medication reactions that require medical treatment beyond first aid; or

9. Burns that require medical treatment beyond first aid.

(E) Any unplanned or unscheduled hospitalization due to the following conditions:

1. Respiratory illness, including but not limited, to asthma; tuberculosis; and chronic obstructive pulmonary disease;

2. Seizure-related;

3. Cardiac-related, including but not limited to, congestive heart failure; hypertension; and angina;

4. Internal infections, including but not limited to, ear, nose and throat; gastrointestinal; kidney; dental; pelvic; or urinary tract; (Clarify, dx by med professional)

5. Diabetes, including diabetes-related complications;

6. Wound/skin care, including but not limited to, cellulitis and decubutus;

7. Nutritional deficiencies, including but not limited to, anemia and dehydration; or

8. Involuntary psychiatric admission; (Clarify-give detail on hold not admitted)

(2) The following special incidents regardless of when or where they occurred:

(A) The death of any consumer, regardless of cause;

(B) The consumer is the victim of a crime including the following:

1. Robbery, including theft using a firearm, knife, or cutting instrument or other dangerous weapons or methods which force or threaten a victim;

2. Aggravated assault, including a physical attack on a victim using hands, fist, feet or a firearm, knife or cutting instrument or other dangerous weapon;

3. Larceny, including the unlawful taking, carrying, leading, or riding away of property, except for motor vehicles, from the possession or constructive possession of another person;

4. Burglary, including forcible entry; unlawful non-forcible entry; and, attempted forcible entry of a structure to commit a felony or theft therein;

5. Rape, including rape and attempts to commit rape. (Provide info on sexual assault)

(c) The report pursuant to subsection (b) shall be submitted to the regional center having case management responsibility for the consumer.

(d) When the regional center with case management responsibility is not the vendoring regional center, the vendor or long-term health care facility shall submit the report pursuant to subsection (b) to both the regional center having case management responsibility and the vendoring regional center.

(e) The vendor's or long-term health care facility's report to the regional center pursuant to subsection (b) shall include, but not be limited to:

(1) The vendor or long-term health care facility's name, address and telephone number;

(2) The date, time and location of the special incident;

(3) The name(s) and date(s) of birth of the consumer(s) involved in the special incident;

(4) A description of the special incident;

(5) A description (e.g., age, height, weight, occupation, relationship to consumer) of the alleged perpetrator(s) of the special incident, if applicable;

(6) The treatment provided to the consumer(s), if any;

(7) The name(s) and address(es) of any witness(es) to the special incident;

(8) The action(s) taken by the vendor, the consumer or any other agency(ies) or individual(s) in response to the special incident;

(9) The law enforcement, licensing, protective services and/or other agencies or individuals notified of the special incident or involved in the special incident; and (Does DDS want to know if consumer does not know if LE called)

(10) The family member(s), if applicable, and/or the consumer's authorized representative, if applicable, who have been contacted and informed of the special incident.

(f) The report pursuant to subsection (b) shall be submitted to the regional center by telephone, electronic mail (Add text) or FAX immediately, but not more than 24 hours after learning of the occurrence of the special incident.

(g) The vendor or long-term health care facility shall submit a written report (Add text) of the special incident to the regional center within 48 hours after the occurrence of the special incident, unless a written report was otherwise provided pursuant to subsection (e). The report pursuant to this subsection may be made by FAX or electronic mail.

(h) When a vendor makes a report of an event to the Department of Social Services' Community Care Licensing Division pursuant to Title 22, California Code of Regulations, Section 80061(b) the vendor shall simultaneously report the event to the regional center by telephone, FAX or electronic mail.

(1) The vendor shall concurrently submit to the regional center a copy of any subsequent written report regarding the event that is submitted to the Department of Social Services' Community Care Licensing Division.

(i) When a long-term health care facility reports an unusual occurrence to the Department of Health Services' Licensing and Certification Division pursuant to Title 22, California Code of Regulations, Sections 72541, 75339, 76551 or 76923, the long-term health care facility shall simultaneously report the unusual occurrence to the regional center immediately by telephone, FAX or electronic mail.

(1) The long-term health care facility shall concurrently submit to the regional center a copy of any subsequent report, or any written confirmation of the unusual occurrence, that is submitted to the Department of Health Services' Licensing and Certification Division.

(j) The vendor or long-term health care facility may submit to the regional center a copy of the report submitted to a licensing agency when the report to the licensing agency contains all the information specified in subsection (d)(1) through (10).

(k) These regulations shall not remove or change any reporting obligations under the Elder and Dependent Adult Abuse Reporting Act commencing with Welfare and Institutions Code Section 15600 or the Child Abuse and Neglect Reporting Act commencing with Penal Code Section 11164. (Clarify Ombudsman reporting)

Note: Authority cited: Section 11152, Government Code. Reference: Sections 4500, 4501, 4502, 4648, 4648.1 and 4742, Welfare and Institutions Code.

**HISTORY**

1. New section filed 6-29-98 as an emergency; operative 6-29-98 (Register 98, No. 27). A Certificate of Compliance must be transmitted to OAL by 10-27-98 or emergency language will be repealed by operation of law on the following day.

2. New section refiled 10-20-98 as an emergency; operative 10-27-98 (Register 98, No. 43). A Certificate of Compliance must be transmitted to OAL by 2-24-99 or emergency language will be repealed by operation of law on the following day.

3. Certificate of Compliance as to 10-20-98 order, including further amendment of section, transmitted to OAL 12-31-98 and filed 2-17-99 (Register 99, No. 8).

4. Amendment filed 6-27-2001 as an emergency; operative 7-1-2001 (Register 2001, No. 26). A Certificate of Compliance must be transmitted to OAL by 10-29-2001 or emergency language will be repealed by operation of law on the following day.

5. Reinstatement of section as it existed prior to 6-27-2001 emergency amendment by operation of Government Code section 11346.1(f) (Register 2001, No. 43).

6. Amendment filed 10-25-2001 as an emergency; operative 10-31-2001 (Register 2001, No. 43). A Certificate of Compliance must be transmitted to OAL by 2-28-2002 or emergency language will be repealed by operation of law on the following day.

7. Certificate of Compliance as to 10-25-2001 order, including further amendment of section, transmitted to OAL 2-28-2002 and filed 4-10-2002 (Register 2002, No. 15).

8. Change without regulatory effect amending subsection (b)(2)(B)5. filed 5-27-2003 pursuant to section 100, title 1, California Code of Regulations (Register 2003, No. 22).

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**54327.1. Requirements for Special Incident Reporting by Regional Centers.**

17 CA ADC § 54327.1BARCLAYS OFFICIAL CALIFORNIA CODE OF REGULATIONS

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Title 17. Public Health

Division 2. Health and Welfare Agency - Department of Developmental Services Regulations

Chapter 3. Community Services

Subchapter 2. Vendorization

Article 2. Vendorization Process

17 CCR § 54327.1

§ 54327.1. Requirements for Special Incident Reporting by Regional Centers.

(a) The regional center shall submit an initial report to the Department of any special incident, as defined in Section 54327(b), within two working days following receipt of the report pursuant to Section 54327(b).

(b) When a regional center has knowledge of a special incident for which the vendor or long-term health care facility is responsible for reporting but has not submitted a report to the regional center within the required time period, the regional center shall submit an initial report to the Department within two working days of learning of the occurrence.

(c) The initial report shall include the following information, to the extent the information is available at the time of the initial report:

(1) The consumer(s) name and date of birth;

(2) The vendor or long-term health care facility's name, address and telephone number;

(3) The name and telephone number of the regional center contact person regarding the special incident;

(4) The consumer(s) Unique Consumer Identifier (UCI);

(5) Name of the consumer's conservator or guardian, if applicable;

(6) Date, time and location of the incident;

(7) Date the incident was reported to the regional center;

(8) Name of the person preparing the report;

(9) Date the report was prepared;

(10) Type of incident;

(11) Any medical care or treatment required as a result of the special incident;

(12) Relationship of the alleged perpetrator to the consumer;

(13) Identification of any persons or entities notified about the incident and the date they were notified;

(14) A description of the special incident;

(15) If the special incident was a death, indication if the death was disease related; non-disease related; or, unknown;

(16) A description of any actions/outcomes taken by any of the following persons or entities in response to the special incident:

(A) Regional center(s);

(B) Vendor(s);

(C) Department of Health Services Licensing;

(D) Department of Social Services Community Care Licensing;

(E) Child Protective Services;

(F) Adult Protective Services;

(G) Long Term Care Ombudsman;

(H) Law enforcement; and/or

(I) Coroner.

(17) Any additional information that the regional center determines is necessary to explain or describe the special incident.

**(d) Any required information that is not submitted with the initial report in (c) shall be submitted within 30 working days following receipt of the report of the special incident pursuant to Section 54327(b).**

**(e) The regional center shall comply with all Department requests for initial and follow-up information pertaining to a special incident.**

**(f) The report shall be considered complete when the regional center has submitted all the information required by this section.**

(g) Effective January 1, 2002, all reports of special incidents prepared by the regional center shall be transmitted to the Department utilizing the Department's Electronic Data Reporting System.

Note: Authority cited: Section 11152, Government Code. Reference: Sections 4434, 4500, 4501, 4502, 4629, 4648, 4648.1 and 4742, Welfare and Institutions Code.

**HISTORY**

1. New section filed 6-29-98 as an emergency; operative 6-29-98 (Register 98, No. 27). A Certificate of Compliance must be transmitted to OAL by 10-27-98 or emergency language will be repealed by operation of law on the following day.

2. New section refiled 10-20-98 as an emergency; operative 10-27-98 (Register 98, No. 43). A Certificate of Compliance must be transmitted to OAL by 2-24-99 or emergency language will be repealed by operation of law on the following day.

3. Certificate of Compliance as to 10-20-98 order, including further amendment of section, transmitted to OAL 12-31-98 and filed 2-17-99 (Register 99, No. 8).

4. Amendment filed 6-27-2001 as an emergency; operative 7-1-2001 (Register 2001, No. 26). A Certificate of Compliance must be transmitted to OAL by 10-29-2001 or emergency language will be repealed by operation of law on the following day.

5. Reinstatement of section as it existed prior to 6-27-2001 emergency amendment by operation of Government Code section 11346.1(f) (Register 2001, No. 43).

6. Amendment filed 10-25-2001 as an emergency; operative 10-31-2001 (Register 2001, No. 43). A Certificate of Compliance must be transmitted to OAL by 2-28-2002 or emergency language will be repealed by operation of law on the following day.

7. Certificate of Compliance as to 10-25-2001 order, including further amendment of section, transmitted to OAL 2-28-2002 and filed 4-10-2002 (Register 2002, No. 15).

8. Change without regulatory effect relettering subsections and the internal cross-references thereto filed 5-27-2003 pursuant to section 100, title 1, California Code of Regulations (Register 2003, No. 22).

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**54327.2. Regional Center Risk Management, Assessment and Planning Committee and Risk Manageme...**

17 CA ADC § 54327.2BARCLAYS OFFICIAL CALIFORNIA CODE OF REGULATIONS

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Title 17. Public Health

Division 2. Health and Welfare Agency - Department of Developmental Services Regulations

Chapter 3. Community Services

Subchapter 2. Vendorization

Article 2. Vendorization Process

17 CCR § 54327.2

§ 54327.2. Regional Center Risk Management, Assessment and Planning Committee and Risk Management and Mitigation Plans.

(a) Each regional center shall establish a Risk Management, Assessment and Planning Committee that, at a minimum, includes a representative from the regional center's clinical, quality assurance and training staff.

(b) The Risk Management, Assessment and Planning Committee shall develop the regional center's Risk Management and Mitigation Plan which shall address, at a minimum:

(1) The process and procedures for ensuring accurate and timely handling and reporting of special incidents by regional center staff, vendors, and long-term health care facilities;

(2) The provision of training and technical assistance to regional center staff, vendors and long-term health care facility staff and others on the legal obligations of abuse reporting, special incident reporting, risk assessment, developing and implementing an incident prevention plan and proactive accident/safety planning through the individualized program planning process;

(3) Coordination and communication with local licensing, protective service and law enforcement agencies relative to investigative actions and findings;

(4) A process for reviewing individual and aggregate special incident report data to identify trends and unusual patterns which may require regional center action, and;

(5) A process for reviewing medical records and coroner reports, as appropriate, associated with special incidents to ensure that appropriate medical attention was sought and/or given.

(c) The Risk Management, Assessment and Planning Committee shall:

(1) Monitor the regional center's Risk Management and Mitigation Plan to ensure it is being implemented;

(2) Annually review the regional center's internal special incident reporting and risk management systems; and

(3) Update the Risk Management and Mitigation Plan as necessary.

(d) The Risk Management, Assessment and Planning Committee shall meet at least semi-annually.

Note: Authority cited: Section 11152, Government Code. Reference: Sections 4434, 4500, 4501, 4502, 4629, 4648, 4648.1 and 4742, Welfare and Institutions Code.

**HISTORY**

1. New section filed 6-27-2001 as an emergency; operative 7-1-2001 (Register 2001, No. 26). A Certificate of Compliance must be transmitted to OAL by 10-29-2001 or emergency language will be repealed by operation of law on the following day.

2. Repealed by operation of Government Code section 11346.1(g) (Register 2001, No. 43).

3. New section filed 10-25-2001 as an emergency; operative 10-31-2001 (Register 2001, No. 43). A Certificate of Compliance must be transmitted to OAL by 2-28-2002 or emergency language will be repealed by operation of law on the following day.

4. Certificate of Compliance as to 10-25-2001 order, including amendment of subsection (b)(2), transmitted to OAL 2-28-2002 and filed 4-10-2002 (Register 2002, No. 15).

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