

Incident Reporting and Grievance/Complaints

Incidents & Complaints
OSDH – Long Term Care

OKLAHOMA
State Department of Health

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Incident Reports

OKLAHOMA
State Department
of Health

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Want FRI's With That ?

FRI = Facility Reported Incident required by CMS

CMS only requires reporting of abuse, neglect, misappropriation and Injuries of Unknown Source allegations)

- **F 608** : Facility must ensure the reporting of **crimes** occurring in the facility to law enforcement entities and the state survey agency within **two hours** if **serious** bodily injury results, including reasonable suspicions of a crime against any resident. If **no serious** bodily injury is involved, the crime or allegation must be reported to the same agencies **within 24 hours**. All sexual abuse will be considered serious bodily injury, as are all reasonable suspicions of the same.
- **F609**: Facility must ensure the reporting of **allegations** of abuse, neglect, misappropriation, and IUS within **two hours** to law enforcement and OSDH
- Federal requirements define injuries of unknown source as 'source of the injury was not observed by any person or the source of the injury could not be explained by the resident **AND** the injury is suspicious because of the extent of the injury **OR** the location of the injury **OR** the number of injuries at one point in time **OR** the incidence of injury over time'.

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State Reportables

310:675-7-5.1. Reports to state and federal agencies

- **L612 Timeline for reporting.** All reports to the Department shall be made within **twenty-four (24) hours** of the reportable incident unless otherwise noted. A follow-up report of the incident shall be submitted to the Department within **five (5) Department business days** after the incident. The final report shall be filed with the Department within **ten (10) Department business days after the incident.**

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State Reportables (cont.)

- **L610 Reporting abuse, neglect or misappropriation.** The facility shall report to the Department allegations and incidents of resident abuse, neglect or misappropriation of residents' property (**CMS requires initial reporting within 2 hours if serious bodily injury results and final reporting within 5 days**)

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State Reportables (cont.)

- **L608 Reporting communicable diseases.** The facility shall report communicable diseases and injuries as specified by the Department in OAC 310:515 (relating to communicable disease and injury reporting). (COVID-19 and Influenza)
- **L609 Reporting certain deaths.** The facility shall report deaths by unusual occurrence, such as accidental deaths or deaths other than by natural causes, and deaths that may be attributed to a medical device, according to applicable state and federal laws. The facility shall also report such deaths to the Department.

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State Reportables (cont.)


- **L611 Reporting missing residents.** The facility shall report missing residents to the Department after a search of the facility and facility grounds and a determination by the facility that the resident is missing. In addition, the facility shall make a report to local law enforcement agencies within **two (2) hours** if the resident is still missing.

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State Reportables (cont.)

- **L670 Reporting utility failures.** The facility shall report to the Department utility failures of more than eight (8) hours.
- **L672 Reporting storm damage.** The facility shall report to the Department storm damage resulting in relocation of a resident from a currently assigned room.
- **L673 Reporting fires.** The facility shall report to the Department all accidental fires and fires not planned or supervised by facility staff occurring on the licensed real estate. (Is smoke fire?)

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OKLAHOMA
State Department
of Health

Oklahoma State Department of Health
Long Term Care
123 Robert S Kerr Ave, Suite 1702
Oklahoma City, OK 73102-6406
p. (405) 428-8200

INCIDENT REPORT FORM: ☐ Initial ☐ Combined Initial and Final ☐ Follow up Info. ☐ Final

Please complete Parts A & B for 24-hour notifications. Include Part C for 5 day and final reports. All incident reports/notifications may be submitted to toll-free fax number 1-866-239-7553.

Part A

Facility ID _____ Name of Facility _____

Address _____

City _____ State _____ Zip _____

Incident Date _____ Incident Location _____

Resident(s)/Client(s) Involved _____

Incident Type (For allegations against nurse-aides or nontech services workers, please include ODH Form 718)

<input type="checkbox"/> Certain Injuries (OAC 310:675-7-5.1(i))	<input type="checkbox"/> Storm Damage
<input type="checkbox"/> Utility Failure (more than 8 hours)	<input type="checkbox"/> Fire
<input type="checkbox"/> Misappropriation of Resident Property	<input type="checkbox"/> Allegations of Neglect
<input type="checkbox"/> Allegations of Abuse/Mistreatment	<input type="checkbox"/> Injury of Unknown Source
<input type="checkbox"/> Death Other than by Natural Causes	<input type="checkbox"/> Missing Resident
<input type="checkbox"/> Communicable Disease (Call the Acute Disease Service for initial outbreak notification only at (405) 426-8710. Updates not required for ongoing outbreak.)	<input type="checkbox"/> Physical Harm*
<input type="checkbox"/> Suspected Criminal Act*	

*If Physical Harm and Suspected Criminal Act, indicate Local Law Enforcement Agency contacted in the 'Notifications Made' box at the right.

Notifications Made (Check all that apply)

<input type="checkbox"/> Physician
<input type="checkbox"/> Family
<input type="checkbox"/> Resident's legal representative
<input type="checkbox"/> DHS: Adult Protective Services
<input type="checkbox"/> Local Law Enforcement
Agency Name: _____
Date: _____ Time: _____
<input type="checkbox"/> Appropriate licensing board
<input type="checkbox"/> Nurse Aide Registry
<input type="checkbox"/> Attorney General
<input type="checkbox"/> Other _____

Part B

Description of Incident. Please include injuries sustained as well as measures taken to protect the resident(s) during investigation. (500 characters max) Attach additional pages as needed.

Please include relevant resident history (i.e. cognitive status, fall risk assessment, relevant care plan instructions prior to this incident, etc.) (500 characters max) Attach additional pages as needed.

Part C

For 5 day and final reports, please include a summary of the investigation (include investigative actions, findings and causative factors) and corrective measures implemented to prevent recurrence. (500 characters max) Attach additional pages as needed.

Failure to document credible protective/preventative measures at the time of initial reporting and/or failure to provide evidence of a thorough investigation with corrective measures on the final report may require the OSDH to perform an onsite visit to determine if acceptable measures are being taken to protect residents.

Reporting Party _____

Oklahoma State Department of Health
Protective Health Services

ODH Form 283
Revised 06/2021

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INCIDENT REPORT FORM: ☐ Initial ☐ Combined Initial and Final ☐ Follow up Info. ☐ Final
Please check only one box above.

Please complete Parts A & B for 24-hour notifications. Include Part C for 5 day and final reports. All incident reports/notifications may be submitted to toll-free fax number **1-866-239-7553**.

Part A

Facility ID _____ Name of Facility _____

Address _____
Street _____ City _____ State _____ Zip _____

Incident Date _____ **Incident Location** _____

Resident(s)/Client(s) _____
Involved _____

Incident Type (For allegations against nurse-aides or nontech services workers, please include ODH Form 718)

<input type="checkbox"/> Certain Injuries (OAC 310:675-7-5.1(i))	<input type="checkbox"/> Storm Damage
<input type="checkbox"/> Utility Failure (more than 8 hours)	<input type="checkbox"/> Fire
<input type="checkbox"/> Misappropriation of Resident Property	<input type="checkbox"/> Allegations of Neglect
<input type="checkbox"/> Allegations of Abuse/Mistreatment	<input type="checkbox"/> Injury of Unknown Source
<input type="checkbox"/> Death Other than by Natural Causes	<input type="checkbox"/> Missing Resident
<input type="checkbox"/> Communicable Disease (Call the Acute Disease Service for <u>initial outbreak</u> notification only at (405) 426-8710. <u>Updates not required for ongoing outbreak</u>).	
<input type="checkbox"/> Suspected Criminal Act*	<input type="checkbox"/> Physical Harm*

*If Physical Harm and Suspected Criminal Act, indicate Local Law Enforcement Agency contacted in the 'Notifications Made' box at the right.

Notifications Made (Check all that apply)

<input type="checkbox"/> Physician
<input type="checkbox"/> Family
<input type="checkbox"/> Resident's legal representative
<input type="checkbox"/> DHS: Adult Protective Services
<input type="checkbox"/> Local Law Enforcement
Agency Name: _____
Date: _____ Time: _____
<input type="checkbox"/> Appropriate licensing board
<input type="checkbox"/> Nurse Aide Registry
<input type="checkbox"/> Attorney General
<input type="checkbox"/> Other _____

Part B

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Part B

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Please include relevant resident history (i.e. cognitive status, fall risk assessment, relevant care plan instructions prior to this incident, etc.)

Part C

For 5 day and final reports, please include a summary of the investigation (include investigative actions, findings and causative factors) and corrective measures implemented to prevent recurrence. **Attach additional pages as needed.**

Failure to document credible protective/preventative measures at the time of initial reporting and/or failure to provide evidence of a thorough investigation with corrective measures on the final report may require the OSDH to perform an onsite visit to determine if acceptable measures are being taken to protect residents.

Reporting Party

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Specific to COVID-19

- For all Residents and Staff
- Report COVID-19 positive or under investigation (tested for COVID-19 but results pending)
- Initial within 24 hours
- Check Communicable Disease Box
- Notify Acute Disease Services for initial outbreaks only

☐ **Communicable Disease (Call the Acute Disease Service for initial outbreak notification only at (405) 426-8710. Updates not required for ongoing outbreak).**

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Oklahoma State Department of Health
Protective Health Services

ODH Form 718
(Rev. 09/2020)

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What is not reportable ?

- Anything that is not described in the categories of the OSDH 283!
- The OSDH 283 is a comprehensive list of all required reporting categories in Oklahoma, for both federal and state requirements.
- If you need to make your own category because nothing else fits, then it is not likely to be reportable.
- Approximately 20% of all report submissions are either not reportable, or contain insufficient information to identify them as reportable.
- When in doubt, ASK. OSDH LTC 405.426.8200 or email: LTC@health.ok.gov

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Licensure reporting requirements

- Missing residents must be reported to the Department. If a resident is missing for more than two hours, law enforcement must also be notified if the resident is still missing at that time.
- For criminal acts or situations arising where a criminal intent is suspected, local law enforcement must also be notified. If serious physical harm has occurred, the report must be made on an immediate basis by all licensed facilities. This is the state requirement only !
- Certified facilities must report to law enforcement within two hours. All sexual abuse is considered serious harm.
- If any question exists about criminal matters, contact local law enforcement !

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State Reporting Requirements

- Storm damage resulting in the relocation of residents from their assigned room. Facilities may report initial disaster damage to LERC, final still goes to OSDH. **Note alternative notification.**
- Fires – all fires occurring on the licensed real estate. Is smoke fire ?
- **ALLEGATIONS** and incidents of abuse, neglect, or misappropriation of resident property by a nurse aide or non-technical service worker must be reported using OSDH 718 within 24 hours.
- Serious injury = 2 hour notification.

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THANK YOU

- Incident Fax #: 1-866-239-7553
- 405-426-8200 – Long Term Care
 - For Complaints - (Press 1)
- 405-426-8181 – Complaint line
- Contact LTC@health.ok.gov with any questions

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