Office for People With Developmental Disabilities

INCIDENT REPORT

AND

MANAGEMENT

APPLICATION

January 24, 2013
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I. Background

The Incident Report and Management Application (IRMA) is designed to track all incidents in one central location. It is a mandatory application where only consumer-related incidents are entered; not employee-related incidents.

IRMA contains the majority of the fields that are on the 147 plus additional fields. This application can be used to create a PDF 147 and to notify CQC that a QCC100 form is available for them to view within the application. It serves as the notification to CQC required by the Part 624 regulations for all individual deaths. It also serves as notification to CQC for all incidents since CQC now has access to view incidents. This application can also serve as notification to the Central Office from the voluntary providers of incidents.

IRMA works in conjunction with “The Basic Security for the Web” (TBSW) application. TBSW application is the security system for IRMA and different users can have different user roles and/or filters. Some of the user roles include: Add, Delete, Edit, and View privileges. These roles will be determined and assigned by the Incident Coordinator at each DDSO.

In order to support OPWDDs mission, OPWDD requires that all service providers in the OPWDD system adhere to Title 14 of New York Codes, Rules and Regulations Part 624 (14 NYCRR Part 624), a regulation designed to protect people receiving OPWDD services. Part 624 sets forth the minimum requirements for the management of incidents and abuse allegations.

IRMA extracts data from the Tracking and Billing System (TABS) nightly to update consumer and program information. Therefore, data for consumers and/or programs needs to be updated in TABS before it will be available in IRMA. For example: New programs or consumer movements.

Acquiring access to IRMA

- Access to the application can be obtained by contacting the Incident Review Coordinator at your DDSO.
- User access forms must be filled out and submitted to the Central Office Incident Management Unit (IMU).

II. Common Functionality/Information

- The following are common buttons:
  - Continue button: Continues to the next step and displays the next screen.
  - Reset button: Replaces all information on the current screen to its last state.
  - Remove button: Removes information associated with the item that is selected.
  - Submit button: Submits the information entered on the screen.

- The following are common icons/images/functionality:
  - Opens a PDF version of the OPWDD 147 that can be redacted, printed, and/or saved.
  - : Opens a PDF version of the OPWDD 148 that can be redacted, printed, and/or saved.
  - Indicates that the Statewide Master Incident is being displayed. When clicked, it can change to ‘D’ or ‘A’.
  - Indicates that the DDSO Incident Number is being displayed. When clicked, it can change to ‘S’ or ‘D’.
  - Indicates that the Agency Incident Number is being displayed. When clicked, it can change to ‘S’ or ‘D’.
  - ‘+’: Expands the section below.
  - ‘-’: Collapses the section below.
  - Expands the section below.
  - Collapses the section below.
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- When clicked, the view incident details page for that incident will be displayed.
- When clicked, the edit incident details for that incident will be displayed.
- When clicked, the review page for that incident will be displayed.

- The following are common links:
  - Close link: Displays on pop-up screens, closes the pop-up screen and returns to the previous screen.
  - Menu link: Returns to the Main Menu.
  - Logout link: Disconnects from the application. This is the only correct way to disconnect from the system.
  - Help link: Displays detailed help on a pop-up screen.
  - More Information link: Displays detailed information about the field selected.
  - Print link: Displays on pop-up screens and prints the information on the screen.
  - Technical Bulletins link: Displays a MS Word document with detailed information about changes to the application.
  - User Manual link: Displays a PDF document with detailed information about the application.
  - Frequently Asked Questions link: Displays a MS Word document that contains common questions and their resolution.
  - Adhoc Report Documentation link: Displays a MS Word document with detailed information about IRMA reports using Crystal Reports/InfoView.

- Use the buttons that are available within the application. i.e., Click on any buttons that are available between (and/or including) the Logout/Help and Submit/Reset buttons.

- Use the browser back button only when viewing information. If the back button is used after data has been entered, error(s) may occur.

- Text Areas - There is no spell check and if the information is in another document, the copy and paste functionality is available.

- List of Values (LOV) is a list of items that can be select from a list. When three (3) or more items are displayed in a list, multiple items can be selected by a user. There are two different ways of selecting multiple items: consecutively or non-consecutively.

  - To select CONSECUTIVE items:
    - Click the first item,
    - Hold down the Shift key and simultaneously drag your mouse downwards, and select additional items.
    - The selected items are highlighted in blue, and
    - Release the mouse button.

    - Note: Another way is to select consecutive items - hold down the Shift key and select the FIRST item. Then, select the LAST item (while still holding down the Shift key). All items in between (and including) will be highlighted.

Consecutive items selected:

Committee Members Present:

James Jones
Jane Doe
Larry Lost

- To select NON-CONSECUTIVE items:
Incident Report and Management Application

- Click the first item,
- Hold down the Ctrl key, and using the mouse, simultaneously select ANY other necessary item(s), repeat this process until all necessary items are selected,
- Items selected are highlighted in blue.
- Release the mouse button.

Non-consecutive items selected:

<table>
<thead>
<tr>
<th>Committee Members Present</th>
</tr>
</thead>
<tbody>
<tr>
<td>James Jones</td>
</tr>
<tr>
<td>Jane Doe</td>
</tr>
<tr>
<td>Larry Lost</td>
</tr>
</tbody>
</table>

**Date Picker**

There are two different types of date pickers throughout the application.

1. Below is an image of the date picker. To navigate the date picker click the arrows on the top. The double arrows move the picker back/forward by one year and the single arrows move the date picker back/forward by one month. Click the appropriate date and the date picker will close and enter the date in the dropdown boxes.

2. Below is the second date picker. To navigate the date picker click on the single arrows on the top. They will move the picker back/forward by one month. In addition, there is a month drop down box and a drop down year box that can be used as navigation tools for the date picker. Click the appropriate date and the date picker will close and enter the date in the dropdown boxes.
III. Required Fields

**Fields required to create an incident:** Reported Date, Location 1, Discovered Date, Discovered Time, and Initial Findings Preliminary Report.

**Fields required to close an incident:** Program ID, Location 1, Reported Date, Discovered Date and Time, Status, Consumer Details (TABS ID (not required if Temp consumer), Category, Classification, Crime Committed, Referred to APS/CAR (if Category is Allegation of Abuse), Law Enforcement Notification, Receives Medication, Body Part for each injury type, Examined by a Healthcare Professional, Medical Exam Findings (If examined by a healthcare professional), Initial Contributing Factor 1, Initial findings preliminary report, Immediate consumer protection, Additional Steps Taken, Additional Steps Taken Description (If additional steps were taken), Name, Title, Date of party completing the Incident Details, Name, Title, and Date of party reviewing Incident Details, Allegations of Abuse Disposition (if Category is Allegation of Abuse), Abuse Classification, Disposition Status, Investigation Date Began, Investigation Date Due, Investigation Date Completed, Name of Investigators, Investigative Process and Factual Findings, Conclusions, Administrative Recommendations, Clinical Recommendations, Person Contacted for all Notifications, First Name, and Last Name, Agency Name (Notification for Law Enforcement), Agency Type (Notification for Law Enforcement), Final Corrective Measures (Administrative Action and Consumer-Specific Action), Minutes – Date, Committee Name, and Description.

**Browsers and Versions:** IRMA works best using Internet Explorer version 6.0 or higher. *If you keep receiving the Session Expired message, check the following:*

**TOOLS-INTERNET OPTIONS**
- In the BROWSING HISTORY section of the window click on the SETTINGS button
- Make sure the setting for the CHECK FOR NEWER VERSIONS OF STORED PAGES is set to EVERYTIME I VISIT THE WEBPAGE
- Change DISK SPACE USE from 250 (most likely) to 50 then click OK
- Delete the browser history

IV. Summary of New, Updated and Reviewed Incidents DDSO User

Incidents are counted based on Category and Classification. For each DDSO, only the state incidents are counted.

Incidents with more than one individual will be counted as:

<table>
<thead>
<tr>
<th>Incident #</th>
<th>Individual</th>
<th>Category</th>
<th>Classification</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>C1</td>
<td>A of A</td>
<td>Physical Abuse</td>
</tr>
<tr>
<td>1</td>
<td>C2</td>
<td>SR</td>
<td>Injury</td>
</tr>
<tr>
<td>1</td>
<td>C3</td>
<td>A of A</td>
<td>Sensitive Situation</td>
</tr>
<tr>
<td>1</td>
<td>C4</td>
<td>A of A</td>
<td>Sensitive Situation</td>
</tr>
</tbody>
</table>

In this example Physical Abuse will be counted once, Sensitive Situation will be counted once and Serious Reportable Injury will be counted once.

The following screen will be displayed after accepting the notice of confidentiality for a DDSO user.
Search functionality: Is always based on Incident Created Date and Updated Date, NOT Incident date. By default the Summary of Incidents displays data for the last 24 hours. The user can search incidents for 48 hours, one week, or based on date range.

NOTE: When the 24 hour, 48 hour, or One week searches are used, the timestamp (new incidents = created date and updated incidents = updated date) is considered. When the Date range search is used, the timestamp is NOT considered. Search is NOT valid for the Notified or Active tabs under the Review Incidents tab. For the Updated Incidents tab the Update Date information is NOT kept for more than one week. Therefore, when on the Updated Incidents tab, the maximum data that is available is one week.

NOTE: If an incident has been entered and only the ‘Incident Details Tab/Section’ has been completed, this incident will not display on the “Summary of New Incidents” page. The incident will only display on this page if the consumer information has been entered. Also, the OPWDD 147 icon will not display on any of the incident sections within the ‘Add’, ‘Edit’, ‘View’ functions until the consumer information has been entered.

NOTE: An incident is considered updated, only if the incident create date and the update date for any screen is different or if any of the screens are updated (submitted twice or deleted and added or removed).

Timeframe: This is a single select radio button that contains: 24hrs, 48hrs, One week, or Incident Date Range. The default is 24hrs.

To change to 48hrs, One week, or Incident Date Range, click the new selection and then click the Go button. This will populate the screen below with all new incidents within the timeframe selected. In the screen above One Week is selected and all state and voluntary agency incidents are totaled by category/classification of the incident for the past week in the Summary of Classification section. The list below the summary includes the following columns.

Tabs: There are 3 tabs displayed, New Incidents, Updated Incidents, and Review Incidents. Within the New and Updated Incidents tab these additional tabs are displayed: Allegations of Abuse, Serious Reportable, Reportable, Occurrence, and All. Within each of these tabs there is a Summary of Classification section with the incident classifications for the specific category with a count.
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New and Updated Incidents tab fields are listed below. These fields are the same for each category.

- **Incident #:** The master incident number is displayed.
- **Agency:** The agency name is displayed.
- **Incident:** The incident date is displayed.
- **Reported:** The reported date is displayed.
- **Classification:** The incident classification is displayed.
- **Name:** The individuals name is displayed with the OPWDD 147 icon after the name. The OPWDD 147 icon will only be displayed if the user has the specific right within TBSW. To view the OPWDD 147, click the icon and the OPWDD 147 PDF will be displayed. To view or edit information within the incident click the appropriate link. See [OPWDD 147](#) for more information.
- **Program:** The program name is displayed.
- **Status:** The status of the incident is displayed
- **Action:** Three icons are displayed – View, Edit, Review page. The specific icons will only be displayed if the user has the specific right within TBSW. **Note:** The Review page icon will NOT be displayed on the Updated Incidents tab.

The following screen will be displayed after clicking on the Review Incidents tab.

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**Search functionality:** Is always based on Incident Created Date and Updated Date, NOT Incident date.

By default the Summary of Incidents displays data for the last 24 hours. The user can search incidents for 48 hours, one week, or based on date range.

**NOTE:** When the 24 hour, 48 hour, or One week searches are used, the timestamp (new incidents = created date and updated incidents = updated date) is considered. When the Date range search is used, the timestamp is NOT considered. Search is NOT valid for the Notified or Active tabs under the Review Incidents tab. For the Updated Incidents tab the Update Date information is NOT kept for more than one week. Therefore, when on the Updated Incidents tab, the maximum data that is available is one week.

**Tabs:** There are 3 tabs displayed, Notified, Active, and Completed

**Note:** The Timeframe selection does NOT apply to the Notified and/or the Active tabs.
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Notified tab fields are listed below.

- **Incident #**: The master incident number is displayed.
- **Conversation Date**: The date of the last entry on the review page for the CO-DDSO conversation is displayed.
- **Conversation**: The beginning of the last entry in the CO-DDSO conversation is displayed. When the mouse is moved over this field, the entire entry will be displayed.
- **Agency**: The agency name is displayed.
- **Incident**: The incident date is displayed.
- **Notified**: The ‘notify me on’ date from the review page is displayed.
- **Name**: The individual's name is displayed with the OPWDD 147 icon after the name. The OPWDD 147 icon will only be displayed if the user has the specific right within TBSW. To view the OPWDD 147, click the icon and the OPWDD 147 PDF will be displayed. To view or edit information within the incident, click the appropriate link. See OPWDD 147 for more information.
- **Action**: Four icons are displayed – Remove, View, Edit, and Review page. The specific icons will only be displayed if the user has the specific right within TBSW.

The following screen will be displayed after clicking on the Review Incidents Active tab.

**Search functionality**: Is always based on Incident Created Date and Updated Date, NOT Incident date. By default, the Summary of Incidents displays data for the last 24 hours. The user can search incidents for 48 hours, one week, or based on date range.

**NOTE**: When the 24 hour, 48 hour, or One week searches are used, the timestamp (new incidents = created date and updated incidents = updated date) is considered. When the Date range search is used, the timestamp is NOT considered. Search is NOT valid for the Notified or Active tabs under the Review Incidents tab. For the Updated Incidents tab, the Update Date information is NOT kept for more than one week. Therefore, when on the Updated Incidents tab, the maximum data that is available is one week.

Active tab fields are listed below.
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- Incident #: The master incident number is displayed.
- Conversation Date: The date and time of the last entry on the review page for the CO-DDSO conversation is displayed.
- Conversation: The beginning of the last entry in the CO-DDSO conversation is displayed. When the mouse is moved over this field, the entire entry will be displayed.
- Agency: The agency name or DDSO name is displayed.
- Incident: The incident date is displayed.
- Name: The individual's name is displayed with the OPWDD icon after the name. The OPWDD icon will only be displayed if the user has the specific right within TBSW. To view the OPWDD, click the icon and the OPWDD PDF will be displayed. To view or edit information within the incident click the appropriate link. See OPWDD for more information.
- Action: Three icons are displayed – View, Edit, and Review page. The specific icons will only be displayed if the user has the specific right within TBSW.

The following screen will be displayed after clicking on the Review Incidents Completed tab.

![Screen capture of the Review Incidents Completed tab]

Search functionality: Is always based on Incident Created Date and Updated Date, NOT Incident date. By default, the Summary of Incidents displays data for the last 24 hours. The user can search incidents for 48 hours, one week, or based on date range.

NOTE: When the 24 hour, 48 hour, or One week searches are used, the timestamp (new incidents = created date and updated incidents = updated date) is considered. When the Date range search is used, the timestamp is NOT considered. Search is NOT valid for the Notified or Active tabs under the Review Incidents tab. For the Updated Incidents tab, the Update Date information is NOT kept for more than one week. Therefore, when on the Updated Incidents tab, the maximum data that is available is one week.

Incidents are moved from the Active to the Completed tab when a Central Office user checks the Completed box and enters a date on the Review page. This field is only available to Central Office users.

Completed tab fields are listed below.

- Incident #: The master incident number is displayed.
- Conversation Date: The date and time of the last entry on the review page for the CO-DDSO conversation is displayed.
- Conversation: The beginning of the last entry in the CO-DDSO conversation is displayed. When the mouse is moved over this field, the entire entry will be displayed.
- Agency: The agency name or DDSO name is displayed.
- Incident: The incident date is displayed.
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- **Name:** The individuals name is displayed with the OPWDD 147 icon after the name. The OPWDD 147 icon will only be displayed if the user has the specific right within TBSW. To view the OPWDD 147, click the icon and the OPWDD 147 PDF will be displayed. To view or edit information within the incident click the appropriate link. See [OPWDD 147](#) for more information.
- **Action:** Three icons are displayed – View, Edit, and Review page. The specific icons will only be displayed if the user has the specific right within TBSW.

V. Summary of New, Updated, and Reviewed Incidents

**Voluntary Agency User**

Incidents are counted based on Category and Classification.

Incidents with more than one individual will be counted as:

<table>
<thead>
<tr>
<th>Incident #</th>
<th>Individual</th>
<th>Category</th>
<th>Classification</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>C1</td>
<td>A of A</td>
<td>Physical Abuse</td>
</tr>
<tr>
<td>1</td>
<td>C2</td>
<td>SR</td>
<td>Injury</td>
</tr>
<tr>
<td>1</td>
<td>C3</td>
<td>A of A</td>
<td>Sensitive Situation</td>
</tr>
<tr>
<td>1</td>
<td>C4</td>
<td>A of A</td>
<td>Sensitive Situation</td>
</tr>
</tbody>
</table>

In this example Physical Abuse will be counted once, Sensitive Situation will be counted once and Serious Reportable Injury will be counted once.

The following screen will be displayed after accepting the notice of confidentiality for a voluntary agency user.

*NYS Office for People With Developmental Disabilities*

Search functionality: Is always based on Incident Created Date and Updated Date, NOT Incident date.

By default the Summary of Incidents displays data for the last 24 hours. The user can search incidents for 48 hours, one week, or based on date range.
NOTE: When the 24 hour, 48 hour, or One week searches are used, the timestamp (new incidents = created date and updated incidents = updated date) is considered. When the Date range search is used, the timestamp is NOT considered. Search is NOT valid for the Notified or Active tabs under the Review Incidents tab. For the Updated Incidents tab the Update Date information is NOT kept for more than one week. Therefore, when on the Updated Incidents tab, the maximum data that is available is one week.

NOTE: If an incident has been entered and only the ‘Incident Details Tab/Section’ has been completed, this incident will not display on the “Summary of New Incidents” page. The incident will only display on this page if the consumer information has been entered. Also, the OPWDD 147 icon will not display on any of the incident sections within the ‘Add’, ‘Edit’, ‘View’ functions until the consumer information has been entered.

NOTE: An incident is considered updated, only if the incident create date and the update date for any screen is different or if any of the screens are updated (submitted twice or deleted and added or removed).

Timeframe: This is a single select radio button that contains: 24hrs, 48hrs, One week, or Incident Date Range. The default is 24hrs.

To change to 48hrs, One week, or Incident Date Range, click the new selection and then click the Go button. This will populate the screen below with all new incidents within the timeframe selected. In the screen above One Week is selected and all state and voluntary agency incidents are totaled by category/classification of the incident for the past week in the Summary of Classification section. The list below the summary includes the following columns.

Tabs: There are 3 tabs displayed, New Incidents, Updated Incidents, and Review Incidents. Within the New and Updated Incidents tab these additional tabs are displayed: Allegations of Abuse, Serious Reportable, Reportable, Occurrence, and All. Within each of these tabs there is a Summary of Classification section with the incident classifications for the specific category with a count.

New and Updated Incidents tab fields are listed below. These fields are the same for each category.

- **Incident #**: The master incident number is displayed.
- **Agency/DDSO**: The agency name and the DDSO Code are displayed.
- **Incident**: The incident date is displayed.
- **Reported**: The reported date is displayed.
- **Classification**: The incident classification is displayed.
- **Name**: The individuals name is displayed with the OPWDD 147 icon after the name. The OPWDD 147 icon will only be displayed if the user has the specific right within TBSW. To view the OPWDD 147, click the icon and the OPWDD 147 PDF will be displayed. To view or edit information within the incident click the appropriate link. See OPWDD 147 for more information.
- **Program**: The program name is displayed.
- **Status**: The status of the incident is displayed.
- **Action**: Three icons are displayed – View, Edit, Review page. The specific icons will only be displayed if the user has the specific right within TBSW. **Note**: The Review page icon will NOT be displayed on the Updated Incidents tab.

The following screen will be displayed after clicking on the Review Incidents tab.
Search functionality: Is always based on Incident Created Date and Updated Date, NOT Incident date. By default the Summary of Incidents displays data for the last 24 hours. The user can search incidents for 48 hours, one week, or based on date range.

NOTE: When the 24 hour, 48 hour, or One week searches are used, the timestamp (new incidents = created date and updated incidents = updated date) is considered. When the Date range search is used, the timestamp is NOT considered. Search is NOT valid for the Notified or Active tabs under the Review Incidents tab. For the Updated Incidents tab the Update Date information is NOT kept for more than one week. Therefore, when on the Updated Incidents tab, the maximum data that is available is one week.

Review Incidents Notified tab fields are listed below.

- **Incident #:** The master incident number is displayed.
- **Conversation Date:** The date of the last entry on the review page for the CO-VA conversation is displayed.
- **Conversation:** The beginning of the last entry in the CO-VA conversation is displayed. When the mouse is moved over this field, the entire entry will be displayed.
- **Agency/DDSO:** The agency name and DDSO Number are displayed.
- **Incident:** The incident date is displayed.
- **Notified:** The ‘notify me on’ date from the review page is displayed.
- **Name:** The individuals name is displayed with the OPWDD 147 icon after the name. The OPWDD 147 icon will only be displayed if the user has the specific right within TBSW. To view the OPWDD 147, click the icon and the OPWDD 147 PDF will be displayed. To view or edit information within the incident click the appropriate link. See [OPWDD 147](#) for more information.
- **Action:** Four icons are displayed – Remove View, Edit, and Review page. The specific icons will only be displayed if the user has the specific right within TBSW.

The following screen will be displayed after clicking on the Review Incidents Active tab.
Search functionality: Is always based on Incident Created Date and Updated Date, NOT Incident date.
By default the Summary of Incidents displays data for the last 24 hours. The user can search incidents for 48 hours, one week, or based on date range.

**NOTE:** When the 24 hour, 48 hour, or One week searches are used, the timestamp (new incidents = created date and updated incidents = updated date) is considered. When the Date range search is used, the timestamp is NOT considered. Search is NOT valid for the Notified or Active tabs under the Review Incidents tab. For the Updated Incidents tab the Update Date information is NOT kept for more than one week. Therefore, when on the Updated Incidents tab, the maximum data that is available is one week.

Review Incidents Active tab fields are listed below.

- **Incident #:** The master incident number is displayed.
- **Conversation Date:** The date of the last entry on the review page for the CO-VA conversation is displayed.
- **Agency/DDSO:** The agency name and DDSO Number are displayed.
- **Incident:** The incident date is displayed.
- **Name:** The individuals name is displayed with the OPWDD 147 icon after the name. The OPWDD 147 icon will only be displayed if the user has the specific right within TBSW. To view the OPWDD 147, click the icon and the OPWDD 147 PDF will be displayed. To view or edit information within the incident click the appropriate link. See [OPWDD 147](#) for more information.
- **Action:** Three icons are displayed – View, Edit, and Review page. The specific icons will only be displayed if the user has the specific right within TBSW.

The following screen will be displayed after clicking on the Review Incidents Completed tab.
Search functionality: Is always based on Incident Created Date and Updated Date. By default the Summary of Incidents displays data for the last 24 hours. The user can search incidents for 48 hours, one week, or based on date range.

NOTE: When the 24 hour, 48 hour, or One week searches are used, the timestamp (new incidents = created date and updated incidents = updated date) is considered. When the Date range search is used, the timestamp is NOT considered. Search is NOT valid for the Notified or Active tabs under the Review Incidents tab. For the Updated Incidents tab the Update Date information is NOT kept for more than one week. Therefore, when on the Updated Incidents tab, the maximum data that is available is one week.

Review Incidents Completed tab fields are listed below.

- Incident #: The master incident number is displayed.
- Conversation Date: The date of the last entry on the review page for the DDSO-VA conversation is displayed.
- Conversation: The beginning of the last entry in the DDSO-VA conversation is displayed. When the mouse is moved over this field, the entire entry will be displayed.
- Agency/DDSO: The agency name and DDSO Number are displayed.
- Incident: The incident date is displayed.
- Name: The individual’s name is displayed with the OPWDD 147 icon after the name. The OPWDD 147 icon will only be displayed if the user has the specific right within TBSW. To view the OPWDD 147, click the icon and the OPWDD 147 PDF will be displayed. To view or edit information within the incident click the appropriate link. See OPWDD 147 for more information.
- Action: Three icons are displayed – View, Edit, and Review page. The specific icons will only be displayed if the user has the specific right within TBSW.

VI. Summary of New, Updated, and Reviewed Incidents Central Office User

The Central Office users will see the new incidents count, updated incidents count, and review incidents count (includes notified, active and completed) for all DDSOs within the last 24hr/48hr/one week period/for a particular date range.

By default this page will show the count for the last 24hrs.

Incidents are counted based on Category and Classification. For each DDSO, all of the incidents are counted, including both state and voluntary agency incidents.

Incidents with more than one individual will be counted as:

<table>
<thead>
<tr>
<th>Incident #</th>
<th>Consumer</th>
<th>Category</th>
<th>Classification</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>C1</td>
<td>A of A</td>
<td>Physical Abuse</td>
</tr>
</tbody>
</table>
In this example Physical Abuse will be counted once, Sensitive Situation will be counted once and Serious Reportable Injury will be counted once.

The following screen will be displayed after accepting the notice of confidentiality for a voluntary agency user.

NOTE: If an incident has been entered and only the ‘Incident Details Tab/Section’ has been completed, this incident will not display on the “Summary of New Incidents” page. The incident will only display on this page if the consumer information has been entered. Also, the OPWDD 147 icon will not display on any of the incident sections within the ‘Add’, ‘Edit’, ‘View’ functions until the consumer information has been entered.

Incident Search
The following search methods are available, click the radio button to search by:

- **Master Incident Number** – This is the default search. Enter all or part of the Master Incident Number that was assigned to the incident when the incident was created. This number starts with the year the incident was created, followed by a sequentially generated number; i.e., 2011-34
- **Individual Name or TABS ID** – Enter all or part of the individual’s name or their complete TABS ID.
- **Reported Date Range** – Enter a start and end date and all incidents that have a reported date within the range will be displayed.
- **Incident/Discovered Date Range** – Enter a start and end date and all incidents that have an incident/discovered date within the range will be displayed.
To search by Master Incident Number or Individual Name or TABS ID, click the appropriate radio button and enter the information into the text box and click the Go button.

To search by Reported Date or Incident/Discovered Date Range, click appropriate radio button and Start Date and End Date fields will be displayed. Enter the start and end dates and click the Continue button.

All incidents that match the search criteria will be listed below.

**NOTE:** An incident is considered updated, only if the incident create date and the update date for any screen is different or if any of the screens are updated (submitted twice or deleted and added or removed).

**Timeframe:** This is a single select radio button that contains: 24hrs, 48hrs, One week, or Incident Date Range. The default is 24hrs.

To change to 48hrs, One week, or Incident Date Range, click the new selection and then click the Go button. This will populate the screen below with all new incidents within the timeframe selected. In the screen above One Week is selected and all state and voluntary agency incidents are totaled by category/classification of the incident for the past week in the Summary of Classification section. The list below the summary includes the following columns.

Each DDSO is listed with the count for New, Updated, and Reviewed incidents. This is a count of incidents and may be different than the count within the tabs. The DDSO name is a link and when clicked the following will be displayed.

**Search functionality:** Is always based on Incident Created Date and Updated Date, NOT Incident date. By default the Summary of Incidents displays data for the last 24 hours. The user can search incidents for 48 hours, one week, or based on date range.

**NOTE:** When the 24 hour, 48 hour, or One week searches are used, the timestamp (new incidents = created date and updated incidents = updated date) is considered. When the Date range search is used, the timestamp is NOT considered. Search is NOT valid for the Notified or Active tabs under the Review Incidents tab. For the Updated Incidents tab the Update Date information is NOT kept for more than one week. Therefore, when on the Updated Incidents tab, the maximum data that is available is one week.

**Tabs:** There are 3 tabs displayed, New Incidents, Updated Incidents, and Review Incidents. Within the New and Updated Incidents tab these additional tabs are displayed: Allegations of Abuse, Serious Reportable, Reportable, Occurrence, and All. Within each of these tabs there is a Summary of Classification section with the incident classifications for the specific category with a count.

New and Updated Incidents tab fields are listed below. These fields are the same for each category.

- **D/A:** A ‘D’ or ‘A’ is displayed indicating if the incident is a DDSO incident or a voluntary agency incident.
- **Incident #:** The master incident number is displayed.
- **Agency:** The agency name is displayed.
- **Incident:** The incident date is displayed.
Incident Report and Management Application

- **Reported:** The reported date is displayed.
- **Classification:** The incident classification is displayed.
- **Name:** The individual's name is displayed with the OPWDD 147 icon after the name. The OPWDD 147 icon will only be displayed if the user has the specific right within TBSW. To view the OPWDD 147, click the icon and the OPWDD 147 PDF will be displayed. To view or edit information within the incident click the appropriate link. See [OPWDD 147](#) for more information.
- **Program:** The program name is displayed.
- **Status:** The status of the incident is displayed.
- **Action:** Three icons are displayed – View, Edit, Review page. The specific icons will only be displayed if the user has the specific right within TBSW. **Note:** The Review page icon will NOT be displayed on the Updated Incidents tab.

The following screen will be displayed after clicking on the Review Incidents tab.

Search functionality: Is always based on Incident Created Date and Updated Date, NOT Incident date. By default the Summary of Incidents displays data for the last 24 hours. The user can search incidents for 48 hours, one week, or based on date range.

**NOTE:** When the 24 hour, 48 hour, or One week searches are used, the timestamp (new incidents = created date and updated incidents = updated date) is considered. When the Date range search is used, the timestamp is NOT
considered. Search is NOT valid for the Notified or Active tabs under the Review Incidents tab. For the Updated Incidents tab the Update Date information is NOT kept for more than one week. Therefore, when on the Updated Incidents tab, the maximum data that is available is one week.

Review Incidents Notified tab fields are listed below.

- **D/A**: A ‘D’ or ‘A’ is displayed indicating if the incident is a DDSO incident or a voluntary agency incident.
- **Incident #**: The master incident number is displayed.
- **Conversation Date**: The date of the last entry on the review page for the CO-DDSO/VA conversation is displayed.
- **Conversation**: The beginning of the last entry in the CO-DDSO/VA conversation is displayed. When the mouse is moved over this field, the entire entry will be displayed.
- **Agency**: The agency name is displayed.
- **Incident**: The incident date is displayed.
- **Notified**: The ‘notify me on’ date from the review page is displayed.
- **Name**: The individuals name is displayed with the OPWDD 147 icon after the name. The OPWDD 147 icon will only be displayed if the user has the specific right within TBSW. To view the OPWDD 147, click the icon and the OPWDD 147 PDF will be displayed. To view or edit information within the incident click the appropriate link. See OPWDD 147 for more information.
- **Action**: Four icons are displayed – Remove View, Edit, and Review page. The specific icons will only be displayed if the user has the specific right within TBSW.

The following screen will be displayed after clicking on the Review Incidents Active tab.

**Search functionality**: Is always based on Incident Created Date and Updated Date, NOT Incident date. By default the Summary of Incidents displays data for the last 24 hours. The user can search incidents for 48 hours, one week, or based on date range.
NOTE: When the 24 hour, 48 hour, or One week searches are used, the timestamp (new incidents = created date and updated incidents = updated date) is considered. When the Date range search is used, the timestamp is NOT considered. Search is NOT valid for the Notified or Active tabs under the Review Incidents tab. For the Updated Incidents tab the Update Date information is NOT kept for more than one week. Therefore, when on the Updated Incidents tab, the maximum data that is available is one week.

Review Incidents Active tab fields are listed below.

- **D/A**: A ‘D’ or ‘A’ is displayed indicating if the incident is a DSO incident or a voluntary agency incident.
- **Incident #**: The master incident number is displayed.
- **Conversation Date**: The date of the last entry on the review page for the CO-DDSO/VA conversation is displayed.
- **Conversation**: The beginning of the last entry in the CO-DDSO/VA conversation is displayed. When the mouse is moved over this field, the entire entry will be displayed.
- **Agency**: The agency name is displayed.
- **Incident**: The incident date is displayed.
- **Name**: The individual's name is displayed with the OPWDD 147 icon after the name. The OPWDD 147 icon will only be displayed if the user has the specific right within TBSW. To view the OPWDD 147, click the icon and the OPWDD 147 PDF will be displayed. To view or edit information within the incident click the appropriate link. See OPWDD 147 for more information.
- **Action**: Three icons are displayed – View, Edit, and Review page. The specific icons will only be displayed if the user has the specific right within TBSW.

The following screen will be displayed after clicking on the Review Incidents Completed tab.

Search functionality: Is always based on Incident Created Date and Updated Date, NOT Incident date. By default the Summary of Incidents displays data for the last 24 hours. The user can search incidents for 48 hours, one week, or based on date range.

**NOTE:** When the 24 hour, 48 hour, or One week searches are used, the timestamp (new incidents = created date and updated incidents = updated date) is considered. When the Date range search is used, the timestamp is NOT considered. Search is NOT valid for the Notified or Active tabs under the Review Incidents tab. For the Updated Incidents tab the Update Date information is NOT kept for more than one week. Therefore, when on the Updated Incidents tab, the maximum data that is available is one week.
Review Incidents Completed tab fields are listed below.

- **D/A:** A ‘D’ or ‘A’ is displayed indicating if the incident is a DDSO incident or a voluntary agency incident.
- **Incident #:** The master incident number is displayed.
- **Conversation Date:** The date of the last entry on the review page for the CO-DDSO/VA conversation is displayed.
- **Conversation:** The beginning of the last entry in the CO-DDSO/VA conversation is displayed. When the mouse is moved over this field, the entire entry will be displayed.
- **Agency:** The agency name is displayed.
- **Incident:** The incident date is displayed.
- **Name:** The individuals name is displayed with the OPWDD 147 icon after the name. The OPWDD 147 icon will only be displayed if the user has the specific right within TBSW. To view the OPWDD 147, click the icon and the OPWDD 147 PDF will be displayed. To view or edit information within the incident click the appropriate link. See [OPWDD 147](#) for more information.
- **Action:** Three icons are displayed – View, Edit, and Review page. The specific icons will only be displayed if the user has the specific right within TBSW.

### VII. Review Page DDSO User

This section is used to make notes relating to an incident. It can be accessed through the menu and/or by clicking on the blue bubble icon on the Summary of Incidents page or next to the Master Incident Number on all incident screens.

Click the to display information for that section.
**Notify me on:** Date field. When a date is entered in this field, it will appear on the Summary of Incidents page, under the Notified tab.

**Review Reasons:** Multiple select dropdown box. Select as many reasons as necessary by placing a check in the box next to the reason and click submit. Values: Additional information required, CQC involvement - full review, Classification, Consumer protections, Description, Early alert agency - full review, Egregious incident - full review, Info-line referral - full review, Law enforcement involvement - full review, Notifications, Possible media attention - full review, Program certification request - full review, Routine/initial review, Willowbrook class member - full review, Other.

**Conversation to-date: CO and DDSO:** This is the conversation between Central Office and the DDSO. If a conversation has already started, the text will be displayed and cannot be edited. The DDSO text is displayed in blue and the central office text is displayed in red. To add more text, click in the box, type and when complete, hit enter. This will move the text above the box so it can no longer be edited.

**Notes to date:** This is a place for the user to enter notes. If notes have already been entered, the text will be displayed and cannot be edited. To add additional notes, click in the box, type, and when complete, hit enter. This will move the text above the box so it can no longer be edited.

**Review Completed:** Check box. This box should be checked when the DDSO has completed their review of the incident.
Review Completed Date: Date field. The date the DDSO review was completed in this field.

NOTE: When the Review Completed box is checked and a date has been entered in the Review Completed Date, the incident will be moved from the Active tab on the Summary of Incidents page to the Completed tab.

Final Note: Unlimited text area. Once the review is complete, enter any final notes in this area. When complete, click the Submit button.

VIII. Review Page Voluntary Agency User

This section is used to make notes relating to an incident. It can be accessed through the menu and/or by clicking on the blue bubble icon on the Summary of Incidents page or next to the Master Incident Number on all incident screens.

Click the to display information for that section.

Notify me on: Date field. When a date is entered in this field, it will appear on the Summary of Incidents page, under the Notified tab.

Review Reasons: Multiple select dropdown box. Select as many reasons as necessary by placing a check in the box next to the reason and click submit. Values: Additional information required, CQC involvement – full review,
Classification, Consumer Protections, Description, Law enforcement involvement – full review, Notifications, Routine/initial review, Willowbrook class member – full review, Other, Late entry, Accepted by Justice Center.

**Conversation to-date: CO and VA:** This is the conversation between CO and voluntary agency. If a conversation has already started, the text will be displayed and cannot be edited. The CO text is displayed in red and the voluntary agency text is displayed in green. To add more text, click in the box, type and when complete, hit enter. This will move the text above the box so it can no longer be edited.

**Notes to date:** This is a place for the user to enter notes. If notes have already been entered, the text will be displayed and cannot be edited. To add additional notes, click in the box, type, and when complete, hit enter. This will move the text above the box so it can no longer be edited.

**Review Completed:** Check box. This box should be checked when the voluntary agency has completed their review of the incident.

**Review Completed Date:** Date field. The date the voluntary agency review was completed in this field.

**NOTE:** When the Review Completed box is checked and a date has been entered in the Review Completed Date, the incident will be moved from the Active tab on the Summary of Incidents page to the Completed tab.

**Final Note:** Unlimited text area. Once the review is complete, enter any final notes in this area. When complete, click the Submit button.

**IX. Review Page Central Office User**

This section is used to make notes relating to an incident. It can be accessed through the menu and/or by clicking on the blue bubble icon on the Summary of Incidents page or next to the Master Incident Number on all incident screens.

Click the to display information for that section.
Notify me on: Date field. When a date is entered in this field, it will appear on the Summary of Incidents page, under the Notified tab.

Program Certification: Check box. This field will be displayed for certified programs only, which includes the following program class/type combinations.

<table>
<thead>
<tr>
<th>Class</th>
<th>Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 - Diagnostic &amp; Research Clinic</td>
<td>10 - Evaluation and Diagnosis</td>
</tr>
<tr>
<td>18 – Small Residential Unit</td>
<td>18 - Small Residential Unit</td>
</tr>
<tr>
<td>19 - Community Residence/ Free Standing Respite (CR/FSR)</td>
<td>27 - CR/FSR (9 or more beds)</td>
</tr>
<tr>
<td></td>
<td>84 - CR/FSR (8 beds or less)</td>
</tr>
<tr>
<td>20 - Community Residence (CR)</td>
<td>14 - IRA-C (1-8 beds) (State)</td>
</tr>
<tr>
<td></td>
<td>15 - IRA-C (9-14 beds) (State)</td>
</tr>
<tr>
<td></td>
<td>16 - IRA (1-8 beds) (Voluntary)</td>
</tr>
</tbody>
</table>
Incident Report and Management Application

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17 - IRA (9-14 beds) (Voluntary)
19 - CR (Supervised Apartment)
20 - CR (Supportive)
21 - CR (Supervised Group Home)
21 - Intermediate Care Facility (ICF)
22 - ICF (14 beds or less)
23 - ICF (15 beds or more)
30 - Clinic
30 - Clinic
32 – Day Treatment
35 - Day Treatment
33 – Day Training
31 – Day Training
32 – Day Training (Pre-School)
33 - Day Training (Client Ed)
34 – Sheltered Employment
34 - Day Training (WAC/Workshop)
44 - HCBS Waiver Services
44 - Day Habilitation
50 - Specialty Services
50 - Special Hosp/Inpatient
70 – Private School
70 - Inpatient Rehabilitation

**Initial Category:** Radio buttons. This is a single select radio button with the values of A, B, or C. If this value changes, the highest value will be stored.

**Incident Information:** The following information is displayed: Consumer, Immediate Consumer Protections, Law Enforcement Notification Information, and Initial Findings/Preliminary report.

**Review Reasons:** Multiple select dropdown box. Select as many reasons as necessary by placing a check in the box next to the reason and click submit. Values: Additional information required, Classification, Description, Other, Late entry, Accepted by Justice Center, Full Review, Law Enforcement Notification, Critical and Significant Event, Bureau of Program Certification.

**Conversation to-date:** CO and DDSO/VA: This is the conversation between the CO and the DDSO/VA. If a conversation has already started, the text will be displayed and cannot be edited. The DDSO text is displayed in blue, the voluntary agency text is displayed in green, and the central office text is displayed in red. To add more text, click in the box, type and when complete, hit enter. This will move the text above the box so it can no longer be edited.

**Notes to date:** This is a place for the user to enter notes. If notes have already been entered, the text will be displayed and cannot be edited. To add additional notes, click in the box, type, and when complete, hit enter. This will move the text above the box so it can no longer be edited.

**Review Completed:** Check box. This box should be checked when Central Office has completed their review of the incident.

**Review Completed Date:** Date field. The date the Central Office review was completed in this field.

**NOTE:** When the Review Completed box is checked and a date has been entered in the Review Completed Date, the incident will be moved from the Active tab on the Summary of Incidents page to the Completed tab.

**Final Note:** Unlimited text area. Once the review is complete, enter any final notes in this area. When complete, click the Submit button.

**X. DDSO Select**

This section is only available to agencies that cross DDSOs and will be displayed after accepting the notice of confidentiality or if the user has access to Summary of New Incidents, it will be a link in the upper right corner.
DDSO Code – DDSO Name: Single select drop down box that contains a list of all DDSOs in which the user’s agency operates in. The incident program DDSO should be selected.

XI. Incident

This section is used to add, edit, view, remove, edit the status of an incident, edit an incident date, or remove an individual from an incident.

1. Add

This section is used to add a new incident.

Incident Details - Page 1

From the Main Menu, click the ‘Add’ link under the heading ‘Incident’ to add a new incident.

Incident

Add
Edit
View
Remove
Edit Status
Edit Date(s) and/or Remove Consumer(s)

The Incident Details screen will be displayed.
The following tabs will be displayed on the screen.

- Each tab or sub-link represents a screen in the Incident Report and Management Application.
- The tab or screen that is currently displayed will be in bold.

**Program/Site:** This is a single select dropdown box that contains a list of values of all programs that have an open date of 1/1/2004 or later for the users DDSO or agency. This list of values is populated from the Tracking and Billing System (TABS) and only one program can be selected. Program Address and Program Name are displayed and the list is sorted by Program Address. The program where the incident occurred should be selected. To find out more information about a particular program/site, select that program and click the **More Information** link.

When the More Information link is clicked, a pop-up screen will be displayed with the following information for the program selected: Program Id, Name, Open Date, Close Date, Class, Type, and address.

**Location 1:** This is a single select dropdown box that contains a list of values of locations. The location where the incident occurred should be selected. The list contains values such as: Attic, Backyard, Bathroom, etc. This list is maintained by Central Office. To have a value added to the list, the IR Coordinator should bring the request to the IRMA User Group. [View complete list]

**Location 2:** This is a single select dropdown box that contains a list of values of DDSO specific locations. The location where the incident occurred should be selected. The list contains values such as: Crossgates Mall, Colonie Center. This list is maintained by the DDSOs. To have a value added to the list the IR Coordinator at the DDSO should enter it into the system using the Table Maintenance function.

**Date Reported:** This field uses the date picker. The date the incident was reported should be entered. This is a required field to create and close an incident. This date cannot be a future date.

**Date of Incident:** This field uses the date picker. The date the incident occurred should be entered. This date cannot be a future date and it cannot be before the date reported.

**Time of Incident:** There are three boxes, one for hour (HH), one for minutes (MM), and a drop down box for meridiem (AM/PM). The time the incident occurred should be entered. This cannot be a future time.

**Date Discovered:** This field uses the date picker. The date the incident was discovered should be entered. This date cannot be a future date and it cannot be before date reported or date of incident.

**Time Discovered:** The time the incident was discovered. There are three boxes, one for hour (HH), one for minutes (MM), and a drop down box for meridiem (AM/PM). This cannot be a future time.

**Initial Findings/Preliminary Report:** This is a free text area with a maximum number of 8000 characters.

**NOTE:** Location 1, Date Reported, Date Discovered, and Time Discovered are required fields to create an incident.

**Submitting Incident Details**

After all the required fields have been entered, click the Submit button to save the information and create the incident.
**Errors:** If there are any data entry errors, an error message will be displayed at the top of the screen with detailed information about the error.

**Success:** If there are no errors, the incident will be created and a success message will be displayed with a link to view the data entered and the Master Incident Number assigned to this incident.

**Master Incident Number:** A 6 digit sequence number that is generated by the system. It will have the current year first and then the six digits. For example: 2011-123456. The sequence numbers are generated statewide for all DDSC/voluntary provider incidents, therefore they may not be in order.

**View:** If the View link is clicked, a pop-up screen will be displayed with the data entered on the screen and a link to edit the information. The username and updated date will also be displayed.

**View Entire Incident:** Once an incident has been created, there will be a View Entire Incident link in the upper right corner of every screen. When this link is clicked, a new window will open and all the incident information data entered will be displayed. From this screen, data can be edited or removed from the incident.

Once an incident has been created, the Involved Persons and Consumer links will be active.

**Involved Persons**

To add involved persons, click the Involved Persons link and the following screen will be displayed.

**Involved Persons - Add**

**Type:** This is a single select dropdown that contains a list of values of person types. The type of the involved person should be selected. The list contains the following values: Person Making Allegation, Person Present, Person Reporting, and Target of Allegation of abuse. This is a required field to create a record for an involved person. [View complete list](#)

**Sub Type:** This is a single select radio button that contains: Family member, Individual, Staff – agency employee, Staff – contracted, Volunteer, and Other. The subtype of the involved person should be selected. This is a required field to create a record for an involved person. [View complete list](#)

**First Name:** This is a text area with a maximum of 20 characters. The first name of the Type/Sub Type selected should be entered.

**M.I.:** This is a one character text field.

**Last Name:** This is a text area with a maximum of 20 characters. The last name of the Type/Sub Type selected should be entered.
NOTE: When Type-‘Target of Allegation of Abuse’ is selected and Subtype-‘Staff – agency employee’, ‘Staff – contracted’, or ‘Volunteer’ are selected the following fields will be displayed for data entry.

Date of Birth: This field uses the date picker. The person’s date of birth should be entered.

SSN: This is a set of 3 numeric text boxes. The first one is 3 digits, the second is 2 digits, and the last box is 4 digits. The person’s social security number should be entered.

Address 1: This is a free text area with a maximum of 75 characters. The target’s mailing address line one should be entered.

Address 2: This is a free text area with a maximum of 75 characters. The target’s mailing address line 2 should be entered.

City: This is a free text area with a maximum of 30 characters. The target’s mailing address city should be entered.

State: This is a free text area with a maximum of 2 characters. The target’s mailing address state should be entered.

Zip: This is a free text area with a maximum of 5 digits. The target’s mailing address zip should be entered.

NOTE: Either first name or last name must be entered to create a record for an involved person.

Submitting Involved Persons

After all the required fields have been entered, click the Submit button to save the information and create the involved persons record.

Errors: If there are any data entry errors, an error message will be displayed at the top of the screen with detailed information about the error.

Success: If there are no errors, the involved persons record will be created and a success message will be displayed. All of the data entered will be displayed at the bottom of the page.

Additional Involved Persons
IRMA has the capability to store as many records as necessary for involved persons. If there was more than one person involved, repeat the steps above to enter all the involved persons for this incident.

Consumer

To add consumers, click the Consumer link and the following screen will be displayed.
Incident Report and Management Application

Incident Category: This is a single select dropdown box that contains: Allegation of Abuse, Occurrence, Reportable, and Serious Reportable. This is a required field to add a consumer to an incident. View complete list

Incident Classification: This is a single select dropdown box that contains a list of values that is dependent on the selection in the Incident Category field. This is a required field to add a consumer to an incident. View complete list

Allegation of Abuse Classifications: Mistreatment, Neglect, Physical Abuse, Psychological Abuse, Seclusion, Sexual Abuse, Unauthorized or inappropriate use of aversive conditioning, Unauthorized or inappropriate use of restraint, Unauthorized or inappropriate use of a time-out, Violation of a person’s civil rights.

Occurrence Classifications: Injury, Medication Error, Other.

Reportable Classifications: Death, Injury, Medication Error, Sensitive Situation.

Serious Reportable Classifications: Death, Injury, Medication Error, Missing Person, Possible Criminal Act, Restraint, Sensitive Situation.

NOTE: For definitions of Category and/or Classification, refer to The Part 624 Handbook.

Once a Category and Classification have been selected, the following will be displayed.

NOTE: If a consumer is already in IRMA with a classification of death, the user will receive an error and won’t be allowed to continue entering the consumer with a classification of death.

NOTE: If a consumer is already in IRMA with an incident on the same day, an alert will be displayed notifying the user. This was added to help reduce duplication of incidents.

Program: This is a single select dropdown box that contains a list of values of all programs that have an open date of 1/1/2004 or later for the users DDSO or agency. This list of values populated from the Tracking and Billing System (TABS) and only one program can be selected. If a Program/Site was selected on the Incident Details screen, the program information will be displayed in the Program box.

Consumers Enrolled in the Selected Program: This is a multiple select dropdown box that contains a list of all consumers enrolled in that specific program on the date of the incident.

NOTE: If a consumer is not in this list and should be, the TABS coordinator should be contacted to verify that this individual is enrolled in the correct program in TABS.

To add consumers to the incident, highlight the consumer name in the box and click the Add button. This action will move the consumer name from the box to the Consumer(s) Selected section. This is a multiple selection box,
Incident Report and Management Application

which means that several consumers can be selected at the same time for the selected category/classification combination.

**Search by TABS ID or Consumer Name:** If a consumer isn’t listed, enter the consumer’s TABS ID or part of the consumers name in this box and click the search button. A dropdown list will be displayed listing all the consumers that matched the search criteria. To add a consumer from the list, select the consumer name and click the add button. The consumer name will be displayed in the Consumer(s) Selected section.

**Consumers from other Agency:** If there are multiple consumers in an incident and they aren’t all in the same agency, the consumers that aren’t in the reporting agency will have to be selected from this box. Select the consumer name and click the Add button. The consumer name will be displayed in the Consumer(s) Selected section.

**Consumer(s) Selected:** Displays all consumers selected to be added to this incident. If a consumer was added in error, click the red x next to the consumer name and that consumer will NOT be added to the incident.

**Consumer not listed and Unknown Consumer**
Add a Consumer not Listed link: If a consumer that was involved in the incident isn’t listed in any of the above sections, use this link. When clicked the following pop-up screen will be displayed.

### Add a consumer

**Temporary consumer known to TABS must be replaced with a TABS consumer to close an incident**

<table>
<thead>
<tr>
<th><strong>TABS</strong></th>
<th>○ Known to TABS</th>
<th>○ Not known to TABS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Last Name</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>First Name</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Date of Birth</strong></td>
<td>Month</td>
<td>Day</td>
</tr>
<tr>
<td><strong>Consumer Age(in Years)</strong></td>
<td>○ Under 18</td>
<td>○ 18 and Over</td>
</tr>
<tr>
<td><strong>Gender</strong></td>
<td>○ Female</td>
<td>○ Male</td>
</tr>
<tr>
<td><strong>Residential Type</strong></td>
<td>Select residential type</td>
<td></td>
</tr>
<tr>
<td><strong>Willowbrook Class Member</strong></td>
<td>○ Yes</td>
<td>○ No</td>
</tr>
<tr>
<td><strong>Program Sector</strong></td>
<td>Select program sector</td>
<td></td>
</tr>
<tr>
<td><strong>Program Class</strong></td>
<td>Select program class</td>
<td></td>
</tr>
</tbody>
</table>

**Submit** **Reset**

This screen is used to add temporary consumers to an incident.

**TABS:** This is a single select radio button that contains: Known to TABS or Not known to TABS. This is a required field to create a temporary consumer to add to the incident. Known to TABS should be used when a consumer’s enrollment may not be entered into TABS yet. There is the possibility that a consumer was recently moved to a new program and the enrollment hasn’t been updated in TABS. Not known to
Incident Report and Management Application

TABS should be used when the consumer is a known individual but they are not enrolled in TABS and therefore aren’t an OPWDD consumer.

**Last Name**: This is a text area with a maximum of 20 characters. The last name of the consumer should be entered.

**First Name**: This is a text area with a maximum of 20 characters. The first name of the consumer should be entered.

**Date of Birth**: These are dropdown boxes and the consumer’s date of birth should be selected.

**Consumer Age (in Years)**: This is a single select radio button that contains: Under 18 or 18 and Over.

**Gender**: This is a single select radio button that contains: Female or Male.

**Residential Type**: This is a single select dropdown box that contains: Adult Home, Lives Independently, Lives with Family, OMH Certified Residence, OMRDD Certified Residence, and Other.

**Willowbrook Class Member**: This is a single select radio button selection that contains: Yes or No.

**Program Sector**: This is a single select dropdown box that contains: NON-FUNDED PROGRAMS, OTHER GOVERNMENT OPERATED, PROPRIETARY, PUBLIC SCHOOL DISTRICTS, STATE, VOLUNTARY, VOLUNTARY INTERGRATED CLINIC.

**Program Class**: This is a single select dropdown box that contains: CLINIC, COMMUNITY RESIDENCE, CR/FSR, DAY SERVICE INITIATIVE, DAY TRAINING, DAY TREATMENT, DEVELOPMENTAL CENTER, DIAGNOSTIC/RESEARCH CLINIC, FAMILY CARE, FAMILY SUPPORT SERVICES, HCBS WAIVER SERVICES, INTERMEDIATE CARE FACILITY, LABORATORY, MEDICAL CARE – LONG TERM, NEIGHBORHOOD BASED INITIATIVES, PERSONAL CARE PROVIDERS/FAMILY TRAINERS, PRECERTIFIED, PRIVATE SCHOOL, SERVICE COORDINATION, SHELTERED EMPLOYMENT, SMALL RESIDENTIAL UNIT, SPECIALTY SERVICES, UNCERTIFIED.

**Unknown Consumer Link**: To add an unknown consumer to the incident, click this link and Unknown will be displayed in the Consumer(s) Selected section.

**NOTE**: This screen is dynamic, meaning if there are multiple consumers with different categories and/or classifications from different programs, all the information can be added from this screen.

Once all consumers involved in the incident have been selected, click the Continue button and the following screen will be displayed.
All consumers selected on the previous screen will be displayed under the Category/Classification selected on the previous screen.

**DDSO Incident #**: This is a text area with a maximum of 20 characters. If a DDSO has their own numbering system, this field can be used to record that number in IRMA. There is no validation performed on this field, therefore duplicates are allowed. This field can NOT be edited by an agency user.

**Agency Incident #**: This is a text area with a maximum of 20 characters. If a voluntary provider has their own numbering system, this field can be used to record that number in IRMA. There is no validation performed on this field, therefore duplicates are allowed.

**Possible Crime**: This field is a single select radio button that contains: Yes or No. It is to answer the question “Is this an incident where a crime may have been committed?”

**NOTE**: If yes is selected, Law Enforcement will be a required notification on the Notifications screen. If the incident category is Serious Reportable and incident classification is Possible Criminal Act, the answer to this question is defaulted to Yes and cannot be changed to No. If the incident category is Allegation of Abuse and incident classification is Sexual Abuse, the answer to this question is defaulted to Yes and cannot be changed to No.

**Receives Medication**: This field is a single select radio button that contains: Yes or No. This field is to answer the question “Does this consumer receive medication?”

**Law Enforcement**: This field is a single select radio button that contains: Yes or No. This field is to answer the question “Was law enforcement notified?” This question will only be displayed if the category is Allegation of Abuse, or the classification is Death or Possible Criminal Act. If the answer is yes, the question Accepted for investigation will be displayed with radio buttons for yes, no, or unknown.

**Accepted by APS/CAR?**: This field is a single select radio button that contains: Yes or No. This field is to answer the question “If this incident was referred to APS/CAR, was it accepted by APS/CAR?” This question will only be displayed if the answer to Referred to APS/CAR was Yes. If the consumer is over 18 on the date of the incident, this question is referring to APS (Adult Protective Services) and if the consumer is under 18 on the date of the incident this question is referring to CAR (Child Abuse Registry).
Apply above data to all of the consumers below: This is a checkbox that when checked, will copy all of the information entered for every consumer that has the same category and classification.

**Submitting Consumer Details**

After all the required fields have been entered, click the Submit button to save the information and add the consumer(s) to the incident.

**Errors:** If there are any data entry errors, an error message will be displayed at the top of the screen with detailed information about the error.

**Success:** If there are no errors, the consumer(s) will be added to the incident and a success message will be displayed with a link to view the data entered.

**View:** If the View link is clicked, a pop-up screen will be displayed with the data entered on the screen and a link to edit the information. The username and updated date will also be displayed.

Once consumer(s) have been added to an incident several things happen:

1. For a DDSO user an icon with a D is displayed next to Statewide Incident Number(s), that when clicked, will display the DDSO Incident Number entered instead of the Statewide Incident Number next to each consumer on all of the screens for this incident. For a voluntary provider an icon with an A is displayed next to the Statewide Incident Number(s), that when clicked, will display the Agency Incident Number entered instead of the Statewide Incident Number next to each consumer on all of the screens for this incident.

2. An icon with a person and 147 is displayed next to each consumer’s name, that when clicked, will display the OPWDD 147 form that can be saved or printed. See [OPWDD 147](#) for more information.

3. An icon with a person and 148 is displayed next to each individual’s name, that when clicked will display the OPWDD 148 form that can be saved or printed. See [OPWDD 148](#) for more information.

4. All tabs become links and data may be entered in any section.

5. When there is more than one consumer an additional number is added to the Master Incident Number for each consumer. For example: 2011-123456-01

6. The consumer name(s) are displayed as links, that when clicked, will display a pop-up with detailed information about the consumer – TABS ID, Consumer Name, Date of Birth, Age, Gender, Residential Programs (Active and Inactive), Non-Residential Programs (Active and Inactive), Willowbrook Class Member, Primary Disability, and Developmental Disability. This information is gathered from TABS (Tracking and Billing System).

**OPWDD 147**

*Business Rules for the latest version of the OPWDD 147*
NOTE: All information that is extracted from TABS, must be updated in TABS and it will be reflected in IRMA on the next business day. It can NOT be updated in IRMA. To update the information in TABS, contact your TABS Coordinator.

Box 1: Agency Completing this form: The agency name is displayed. This information is extracted from TABS.

Box 2: Facility: If the Incident occurred in a program, the Program Name will be displayed; otherwise the box will be blank. This information is extracted from TABS. If the information is incorrect, you will have to contact your TABS Coordinator to have it corrected in TABS and the information will be updated in IRMA the following day.

Box 3: Program Type: If the Incident occurred in a program, the program type will be displayed; otherwise the box will be blank. This information extracted from TABS.

Box 4: Program Address: If the Incident occurred in a program, the program address will be displayed; otherwise the box will be blank. This information is extracted from TABS and is related to the Program/Site selected from the Incident Details screen.

Box 5: Phone: This is the phone number of the program. This information is extracted from TABS and is related to the Program/Site selected from the Incident Details screen.

Box 6: Statewide, DDSO and Agency Incident Numbers: This box will contain the following:
- 'Statewide:' followed by the Master Incident Number.
- 'Local:' followed by the DDSO Incident Number if one has been entered; otherwise blank.
- 'Agency:' followed by the Voluntary Agency Incident Number if one has been entered; otherwise blank.

Box 7: Was an OMR 147 Previously Submitted? This data is not stored in IRMA so it will always be left blank.

Box 8: Name of person receiving Services: Consumer’s name. This is the consumer selected from the Consumer screen.

Box 9: Date of Birth: Consumer’s date of birth. This information is extracted from TABS and is related to the consumer selected from the consumer screen.

Box 10: Gender: Consumer’s gender. This information is extracted from TABS and is related to the consumer selected from the consumer screen.

Box 11: ID Number: This box will contain the following:
- Consumer TABS ID will be displayed for Consumers in IRMA (ID has no beginning prefix). This information is extracted from TABS.
- Temp ID will be displayed for Temporary Consumers (ID begins with 'T-')
- Unknown ID will be displayed for Unknown Consumers (ID begins with 'U-')

Box 12: Receives Medication: Values: Yes, No, Unknown by Individual Completing this Form. This information can be viewed on the Consumer screen – Page 1.

Box 13: Date and Time Incident/Alleged Abuse was: Discovered. The date the incident was discovered will be displayed. This information is entered on the Incident Details screen – Date/Time Discovered field.
**Box 14:** Date & Time Incident/Alleged Abuse Occurred (if Known): Occurred. The date the incident occurred will be displayed. This information is entered on the Incident Details screen – Date/Time of Incident field.

**Box 15:** Number of Persons Receiving Services Present at Time of Event: This field is calculated by counting the number of ‘Involved Persons’ that have an Involved Person Type of ‘Person Present’ and a Sub Type of ‘Consumer’ + 1(to include the person receiving services listed in Box 8 on the form).

**Box 16:** Number of Employees Present at Time of Event: This field is calculated by counting the number of ‘Involved Persons’ that have an Involved Person Type of ‘Person Present’ and a Sub Type of ‘Staff’. This information is entered on the Involved Person screen.

**Box 17:** Preliminary Classification (X One): ONLY one of the boxes will be checked. This information is entered on the Consumer screen.

**Box 18:** Specific Location Where Incident/Alleged Abuse Occurred. The form has checkboxes which indicates that multiple values are allowed. However, IRMA only allows one value for Location1. Therefore, there will ALWAYS only be one. For values that are in IRMA but aren't on the form 'Other' will be checked on the form and the value from IRMA Location 1 will be displayed.

If the value in Location1 is blank, 'Off Facility Property', 'Other' or 'Unknown', Other will be selected and the Location 2, if available, will be displayed. This information is entered on the Incident Details screen, Location 1 and/or Location 2.

**Box 19:** Brief Description of the Incident/Alleged Abuse. This information is entered on the Initial Findings screen – Initial Findings Preliminary Report field.

**Box 20:** List all the Immediate Corrective/Protective Actions that have been taken to safeguard the person(s). This should include, but is not limited to, any first aid, medical/dental treatment or counseling provided. This information is entered on the Initial Findings screen – Immediate Consumer Protection(s) field.

**Box 21:** Notification of Law Enforcement Officials.

- **Values:** REFERRED: Yes, or No. If Yes is selected,
  - Values ACCEPTED: Accepted, Not Accepted, or Unknown
  - Date
  - Person Contacted
  - Reported By
  - Time
  - Law Enforcement Agency Name

This information is entered on the Consumer details screen – Law Enforcement, Referred/Accepted field and the Notifications screen – Date, Person Contacted, Reported By, Time, and Law Enforcement Name.

**Box 22:** Referral to State Cent. Reg. of Child Abuse and Maltreatment.

- **Values:** REFERRED: Yes, No, or N/A (i.e., No Data Entered)
  - Values ACCEPTED: Accepted, Not Accepted, Unknown

This information is entered on the Consumer details screen – Referred/Accepted.

**Box 23:** Permanent Residential Address and Phone Number (of person listed in #8 above, if different than #4 and #5 above)

Business Rules:
First, the consumer’s program address and phone number are retrieved.
Next, the consumers Permanent Residential Address and phone number are retrieved.

**Business Rules for getting the Consumers Permanent Residential Address (This information is extracted from TABS):**

If the incident program is the current residential program:
- a) If the consumer is enrolled in the residential program at the time of incident, but has a permanent residential address that is different than the residential program address, the permanent residential address should be displayed.
- b) If the consumer is enrolled in the residential program, but also has permanent residential address that is the same as the residential program address, the permanent residential address box will be empty.
- c) If the consumer is enrolled in the residential program, but has no permanent residential address, then the permanent residential address box will be empty.

If the incident program is a day program or no program or not an active residential program:
- a) If the consumer has a permanent residential address, it will be displayed.
- b) If the consumer has no permanent residential address and is enrolled in a residential program (This program can be in any agency, irrespective of DDSO) at the time of incident, the residential program address will be displayed.

The consumers programs address (#1) and phone number is compared to the consumers’ permanent residential address and phone number (#2). If they are equal nothing is displayed in this box. If they are different, there will be data displayed in this box.

**Box 24:** DDSO. The DDSO Code will be displayed. This information is extracted from TABS.

**Box 25:** Type of Residence. This information is extracted from TABS and is evaluated based on the residential program of the consumer. SOIRA, VOIRA, SOICF, VOICF, FC, DC, CR, and Other. Other will be selected for a consumer not known to TABS, Unknown Consumers, the consumer’s residential program type isn’t listed above, or if there is no residential program in TABS for the consumer, or if the consumer is a temporary consumer (the program name will be displayed).

**Box 26:** Temporary Residential Address and Phone Number. This information is NOT in IRMA and will always be blank.

**Box 27:** Print Name of Party Completing Items 1 – 26. Date and Title. This information is entered on the Initial Findings screen, Person Providing Incident Details, Last Name, First Name, Title, and Date.

**Box 28:** Print Name of Party Reviewing Items 1 – 26. Date and Title. This information is entered on the Initial Findings screen, Person Completing Incident Details, Last Name First Name, Title, and Date.

**Box 29:** Notification (As Appropriate)

**NOTE:** The notifications that print will be based on which of the notifications are required for this individual/incident. This information can be viewed from the Notifications screen.

Row 1: DDSO
Row 2: DDSO Director/Agency CEO or Designee
Row 3: Service Coordinator/Case Manager
Row 4: Willowbrook CAB (Consumer Adv. Bd.)
Row 5: Willowbrook Litigation Support
Row 6: MHLS (Mental Hygiene Legal Service)
Box 30: Additional Steps Taken to Ensure the Individual's Safety. If “Additional steps taken to ensure Individual's safety” is ‘Yes’, then text area “Additional Steps Taken” is displayed. This information is entered on the Initial Findings screen, Additional Steps Taken field.

Box 31: Print Name, Title and Date of Party Completing Item 30. Date and Title. if “Additional steps taken to ensure Individual's safety” is ‘Yes’, then Last Name, First Name, Title of the person, and Date are displayed. This information is entered on the Initial Findings screen, Additional Steps Taken, Last Name, First Name, Title, and Date.

NOTE: The content of the information on the OPWDD Form 147 is based on the business rules and instructions found in the Part 624 Handbook. Refer to the handbook for further information.

To view the OPWDD 147, click the 147 icon next to the consumer name. There are three different versions of the 147 – revised 08/07, revised 10/08, and revised 04/11. The revised 08/07 form displays if the incident date is prior to 12/01/2008, the revised 10/08 form displays if the incident date is on or after 12/01/2008 and the revised 04/11 form displays if the incident date is on or after 6/1/2011. The correct version is displayed based on incident date. The form is not available for occurrences. See appendix for each version of the form. For instructions on how the form is completed, refer to the appropriate section in the Part 624 Handbook, or the OPWDD Website.

If the user doesn’t have access to redact the OPWDD 147, a PDF OPWDD 147 will be displayed. If the user has access to redact the OPWDD 147 the following pop up will be displayed.

Click the Cancel button to display the OPWDD 147 without redacting. Click OK to continue and the one of the following screens will be displayed.

This screen will be displayed for the revised 08/07 and revised 10/08 forms.
If there is data in IRMA for these fields, it will default in and display in the popup window.

**BRIEF DESCRIPTION OF THE INCIDENT/ALLEGED ABUSE:** This is a free text area and will be populated with text entered in the Initial Findings/Preliminary Report from the Initial Findings screen. This text can be updated to remove consumer specific information or names.

**PRINT NAME OF PARTY COMPLETING FORM (Enter First Name, Last Name):** This is a free text area and will be populated with text entered in the Involved Person - Person Reporting field. This text can be updated to remove or change the name.

This screen will be displayed for the revised 04/11 form.
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Redacted Form 147

BRIEF DESCRIPTION OF THE INCIDENT/ALLEGED ABUSE (Maximum 8000 characters):

If there is data in IRMA for these fields, it will default in and display in the popup window.

BRIEF DESCRIPTION OF THE INCIDENT/ALLEGED ABUSE: This is a free text area and will be populated with text entered in the Initial Findings/Preliminary Report from the Initial Findings screen. This text can be updated to remove consumer specific information or names.

PRINT NAME OF PARTY COMPLETING ITEMS 1-26:
FIRST NAME: [Lisa] LAST NAME: [Lee]
TITLE: [Direct Care Emp]

ADDITIONAL STEPS TAKEN TO ENSURE THE INDIVIDUAL’S SAFETY:

PRINT NAME OF PARTY COMPLETING ITEM 30.
FIRST NAME: [Lisa] LAST NAME: [Lee]
TITLE: [Direct Care Emp]

ASSIGNED INVESTIGATORS: [Scott Prescott]
NOTE: The changes made to the information on this page will only display on the printed copy of the Redacted Form 147 and will not be saved (stored) in the IRMA Database.

If there is data in IRMA for these fields, it will default in and display in the popup window.

PRINT NAME OF PARTY COMPLETING ITEMS 1-26: These fields are text boxes and will be populated with text entered in First Name, Last Name and Title text boxes in Initial Findings - Party Providing Incident Details fields. First Name and Last Name fields are text areas with a maximum of 20 characters; Title is a text area with a maximum of 100 characters. These text areas can be updated to remove or change the First Name, Last Name and/or Title.
Incident Report and Management Application

ADDITIONAL STEPS TAKEN TO ENSURE THE INDIVIDUAL’S SAFETY: This is a free text area and will be populated with text entered in the Initial Findings - Additional Steps Taken field. This text can be updated to remove consumer specific information or names.

PRINT NAME OF PARTY COMPLETING ITEM 30: These fields are text boxes and will be populated with text entered in First Name, Last Name and Title text boxes in Initial Findings - Party Completing Additional Steps Taken fields. First Name and Last Name fields are text areas with a maximum of 20 characters; Title is a text area with a maximum of 100 characters. These text areas can be updated to remove or change the First Name, Last Name and/or Title.

ASSIGNED INVESTIGATOR: This is a free text area and will be populated with text entered in the Investigation – Investigator(s) field. This text can be updated to remove or change the name.

Once all changes have been made, click the Continue button and the PDF OPWDD 147 will be displayed with the redacted information. The form will display the word “Redacted” in the upper left hand corner of the form.

If there is no data in IRMA for these fields, the following popup will be displayed.

The redacted Popup will display messages in lieu of input text area boxes:
For the Revised 08/07 and Revised 10/08 forms:
  a) There was no data entered in ‘Initial Findings Preliminary Report’ for this Incident
  b) There was no data entered for ‘Involved Persons Person Reporting’ for this Incident

For the Revised 04/11 form:
  a) There was no data entered in ‘Initial Findings Preliminary Report’ or
  b) There was no data entered for ‘Party Providing Incident Details’ or
  c) There was no data entered for ‘Additional steps taken to ensure the individuals safety’ or
  d) There was no data entered for ‘Party Reviewing Incident Details’

Click OK and the original OPWDD 147 will be displayed. Click Cancel and the popup window and the confirm message box will close.

NOTES:
• All or part of the data in these boxes can be redacted
• The redacted information from the popup will display on the form 147, however, it is not stored/saved in the IRMA database. A message displays on the redacted popup in regard to this ➔ “NOTE: The changes made to the information on this screen will only display on the printed copy of the Redacted Form 147 and will not be saved (stored) in the IRMA Database.”
• Closed incidents can be redacted through the View section.

OPWDD148

Business Rules for the latest version of the OPWDD 148
NOTE: All information that is extracted from TABS, must be updated in TABS and it will be reflected in IRMA on the next business day. It can NOT be updated in IRMA. To update the information in TABS, contact your TABS Coordinator.

Field 1: Contact Name: The name of the person to contact at the agency/DDSO for additional information. This information is entered on the Redact 148 form.

Field 2: Telephone Number: The telephone number of the contact person at the agency/DDSO. This information is entered on the Redact 148 form.

Field 3: Ext.: The extension of the telephone number of the contact person at the agency/DDSO. This information is entered on the Redact 148 form.

Field 4: Name of person receiving services: Individual’s name. This is the individual selected from the Consumer screen.

Field 5: Date the incident occurred or was discovered. The date the incident occurred and/or was discovered will be displayed. This information is entered on the Incident Details screen – Incident/Discovered Date field.

Field 6: Preliminary Classification of incident. Only one box will have a checkmark. The values are: Reportable, Serious Reportable, and Allegation of Abuse – Mistreatment. This information is entered on the Consumer screen.

Field 7: Agency completing this form. The agency name is displayed. This information is extracted from TABS.

Field 8: Master incident number. This field will contain the statewide system generated master incident number.

Field 9: This report is being provided to (name). The name of the person to whom the report is being sent is entered on the Redact 148 form.

Field 10: Relationship to person receiving services. The relationship to the person receiving services is entered on the Redact 148 form.

Field 11: Address of person receiving this form. The address of the person receiving this form is entered on the Redact 148 form.

Field 12: Date initial notification was provided to person receiving this form. The date the initial notification was provided to the person receiving this form is entered on the Redact 148 form.

Field 13: Immediate steps taken. List all the Immediate Corrective/Protective Actions that have been taken to safeguard the person(s). This should include, but is not limited to, any first aid, medical/dental treatment or counseling provided. This information is entered on the Initial Findings screen – Immediate Consumer Protection(s) field.

Field 14: Name of person completing this report. The name of the person completing this report is entered on the Redact 148 form.

Field 15: Date this report was completed. The date the report was completed is entered on the Redact 148 form.
To view the OPWDD 148, click the 148 icon next to the individual name. The form is not available for occurrences. For instructions on how the form is completed, refer to the appropriate section in the Part 624 Handbook, or the Frequently Asked Questions document in IRMA, or the OPWDD Website.

If the user doesn’t have access to redact the OPWDD 148, a PDF OPWDD 148 will be displayed. If the user has access to redact the OPWDD 148 the following pop up will be displayed.

Click the Cancel button to display the OPWDD 148 without redacting. Click OK to continue and the following screen will be displayed.
All provider agencies are required to use the OPWDD 149 for investigations of reportable incidents, serious notable occurrences, and minor notable occurrences effective June 30,
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2013. The requirement applies to investigations of incidents that occur or are discovered on or after June 30, 2013. There may be occasions when one OPWDD 149 can be used to document an investigation into more than one incident, such as in a case when interviews conducted during the investigation into one incident result in the identification of other similar or related incidents. Additional incidents may be reported separately in IRMA, but can be investigated simultaneously with investigative activities documented in one report, as long as details that are specific to one allegation, but not the other(s), are clearly identified in each section of the report, using the master incident numbers assigned to each incident in IRMA.

In the event that the information to be entered in the OPWDD 149 exceeds the box size on page 1 (e.g. ten names must be entered), note that the size of the boxes can be expanded as the form is a Word document. The OPWDD 149 and these completion instructions are available to provider agencies on the OPWDD website at www.opwdd.ny.gov.

For questions about completing the form that are not addressed in the instructions, please contact OPWDD’s Incident Management Unit by e-mail at incident.management@opwdd.ny.gov.

Line by Line Completion Instructions

Person Receiving Services:
Enter the full names of all persons receiving services to whom the incident or alleged abuse occurred. Do not use nicknames.

Address:
Enter the full street address of the certified program where the incident occurred and include the program type (e.g. ICF, IRA, Family Care, Day Habilitation). For non-certified services identify the individuals' home addresses.

Incident Location:
Enter as detailed a description as possible of the location as first reported, such as: the third floor men's bathroom at the 12 East Main Street day habilitation program operated by agency X in Yonkers, NY. If the incident occurred, or allegedly occurred at the person's residential program, it is acceptable to identify a specific area at the "home address noted above." Sometimes the location can be unknown.

DDSO: Enter the name of the DDSO where the incident is reported to have occurred. This is because IRMA is currently based on the DDSOs prior to the organization of OPWDD in July 2012.

Reporting Agency: Enter the name of the agency that operates the program or service environment where the incident is reported to have occurred. If the incident occurred in a non-certified service environment identify the service the individual receives from the reporting agency (e.g. Medicaid Service Coordination, Respite).

Form OPWDD 149 Instructions, revised 4/30/15 Page 1

Form OPWDD 149: Investigative Report Format -- Completion Instructions (revised 4/30/15)

Master Incident Number: This refers to the master incident number that is automatically assigned to an incident once the initial incident reporting data is entered in IRMA. When one investigative report is used to document an investigation into multiple incidents every master incident number representing these incidents must be listed in this section of the investigative report. Note: For minor notable occurrences that are not entered into IRMA an "agency incident number" described below must be used for this purpose.

Agency Incident Number(s): Instructions for the completion of the OPWDD 147 initial incident report specify that providers should assign an incident reference number for each incident that is reported. When a single investigative report is used to document an investigation of multiple incidents, every master and/or agency incident number representing these incidents must be listed, as applicable, in the master and agency incident number sections of the investigative report.
Date/Time of Incident: Enter the dates and times of all incidents included in the investigation documented in the investigative report (using master and/or agency incident numbers for multiple entries, as noted above). This section must identify the date and time an incident or allegation was witnessed or known to have occurred.

Date/Time of Discovery: Enter the dates and times when agency staff discovered the incidents included in the investigation report.

For example, a staff member might see a person limping and notice evidence of a knee injury at a specific time and date, but no one witnessed a fall or other event that caused the injury and the person cannot tell staff how or when he was hurt. The date and time should be entered as "discovered at _ : __ pm on / / ."

Incident Classification: Enter the original incident classification, using the IRMA master incident numbers for multiple entries.

Introduction/Description of Incident: Enter a basic description of the original incident that was reported. The description may be taken directly from the original report or may be re-phrased or elaborated on for clarity. This section must also include descriptions of any additional incidents discovered and investigated during the investigation (using IRMA master incident numbers for multiple entries).

For example:
2014-XX1051: 2014-XX1051: At 3:45am on 12/8/14, Direct Support Assistant (DSA) Melissa Works called the Administrator On Duty (AOD) Wendy Holmes to report that she witnessed her overnight shift co-worker DSA Michael Smith push facility resident Jerry Walker to the floor when Jerry attempted to leave his bedroom at approximately 3:30am that morning.

2014-XX1053: When interviewed during the evening on 12/8/14 Jerry's roommate Benjamin Lewis told the investigator that DSA Michael Smith had also hit and yelled at Jerry the previous night (the 12/7/14 overnight shift). Ben said that he pretended to be asleep when Michael was in the room. Ben said he told House Manager, Joseph Jones, about this in the morning on 12/7/14, but nothing was done.

Background Information: Enter general background information relevant to the individuals involved in the incident(s) under investigation, as well as relevant information about the environment or circumstances surrounding the event.

Example:
A review of Jerry Walker’s Individualized Service Plan (ISP) revealed that he is a forty-five year old gentleman with diagnoses of Profound Intellectual Disability, Chronic Obstructive Pulmonary Disease, and a seizure disorder. Jerry is able to ambulate independently. He was not able to offer any relevant testimony related to this incident.

The residence is a five-bed IRA. Three individuals were away on vacation at the time of the incident. One individual was interviewed during this investigation.

Immediate Protections:
(1) Melissa Works sat with Jerry on the floor while Wendy Holmes arranged for Registered Nurse Elizabeth Zee, from the agency-operated ICF next door, to immediately assess Jerry.
(2) RN Zee examined Jerry and called 911 to send Jerry to the emergency room to assess right knee swelling and complaints of back pain.
(3) Wendy Holmes placed Michael Smith on administrative leave and notified the New York State Police. (The police did not accept the case.)
(4) Wendy Holmes also left Joseph Jones a message instructing him to report directly to the quality assurance director's office at 9:30am on 12/8/14.
Investigatory Question: This section must include the specific question or questions which must be answered in response to the incident or allegation of abuse report(s).
For example, the following questions would be appropriate in the example noted in the introduction/description of incident section:

Did Michael Smith push Jerry to the floor in his bedroom at approximately 3:30am on 12/8/14? On the previous night, did Michael Smith hit and yell at Jerry in Jerry’s bedroom on the overnight shift?
Did Ben report this to Joseph Jones the next morning on 12/7/14?

Form OPWDD 149 Instructions, revised 4/30/15 Page 3
Form OPWDD 149: Investigative Report Format -- Completion Instructions (revised 4/30/15)

Investigative Process: The investigative process comprises a listing of testimonial, documentary, demonstrative, physical, and reviewed evidence as well as written statements taken from staff members and other relevant parties, as appropriate.

1.) Testimonial Evidence
a.) Interviews: Interviews should include known participants in the incidents and witnesses, including other persons receiving services, and other parties with relevant information to contribute to the investigation, such as physicians, treatment team members, or family members. Some parties may be interviewed more than once to clarify information or to resolve conflicting statements. The names of those interviewed, their titles (or roles), and the dates of their interviews, along with the name of the interviewer, must be identified and listed as follows:
The following individuals were interviewed during the course of this investigation:
Name Title Date(s) Interviewed Interviewer

b.) Interrogations (if applicable): Identify and list parties interrogated during the investigation in the same manner as interviews were documented above. Also identify additional parties present, such as a union representative or other official, and make note of any type of recording done (and where the recording can be found) during the interrogation.
Name Title Date(s) Interviewed Interrogator:
Note: This is meant to be an index to the report. Narratives of people’s testimony should not be included in this section.

2.) Documentary Evidence: This section must include a list of specific reports and records relevant to the investigation such as a person’s behavior support plan or a diagnostic report (X-ray, MRI, etc.) that are attached the investigative report. The listing must include the name of each report, the name of the person who signed or completed the reported, and the date each report was completed.

Note: The documentary evidence must include a copy of each VPCR Incident Information narrative

The following documents were reviewed and copies are attached:

Examples:

D-1: A copy of the VPCR Incident Information narrative for incident # 101-000000000, dated 12/8/14, classified as Significant Incident

D-2: A copy of Jerry Walker’s Behavior Support Plan, dated 10/9/13, signed by Psychologist, Margaret Jones

3.) Demonstrative Evidence: This section must include a listing of any evidence gathered that demonstrates or represents an actual object, action, or factor (including photographs, video, diagrams, models, or graphs) relevant to the investigation.

Example:

DM-1: A photograph of bruises on Jerry Walker’s left shoulder, taken by Registered Nurse
4.) Physical Evidence: This section must include a listing of any actual objects relevant to the investigation such as blood-stained or torn clothing or a broken piece of furniture that may have caused a fall. The list must identify where each object has been secured during the investigation.

Example:

P-1: Jerry's pajama pants, with a torn right knee, initially locked in the Registered Nurse Elizabeth Zee's desk at 4:10 am morning on 12/8/14. The pajama pants were secured in the quality assurance office safe (where they remain to date) by the investigator Daniel Wise at 3:00pm that afternoon.

5.) Written Statements: Written statements must be obtained from witnesses relevant to the investigation. Written statements preserve testimony of a witness which has been obtained through interview. The written statements must be listed as follows in this section of the investigation report:

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Date(s) of Written Statement</th>
<th>Interviewer</th>
</tr>
</thead>
<tbody>
<tr>
<td>S-1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>S-2</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: This is meant to be an index to the report. Summaries of written statements should not be included in this section.

A written statement should be included from every staff member interviewed. If a written statement is not included, and explanation why it was not taken should be included in the report.

Summary of Evidence: This section must contain a summation of factual information obtained from the evidence gathered during the investigation. Each section must be presented and numbered separately and each must include a reference to the source of the information. The findings are typically presented in chronological order.

The testimony of each person interviewed should be summarized separately.

This section must also include a finding which describes how the investigator identified the pool of potential witnesses to the incident.

(1) A review of bed check records revealed that three of the five individuals who reside at the residence were away on vacation on 12/8/14.

(2) During her interview, DSA Melissa Works reported that Jerry shares his second floor bedroom with Ben Lewis. A review of the current IRA communication log and time sheets showed that Melissa Works and Michael Smith were the only staff members on duty during the 12/8/14 overnight shift.

Conclusions:

An investigation into an allegation of abuse must determine if there was sufficient evidence to substantiate or unsubstantiate the allegation and the investigative report must clearly identify the finding of the case as “substantiated” or “unsubstantiated” and may have a concurrent finding that a systemic problem caused or
contributed to the occurrence of the incident. The investigative report must also identify the evidence that led to the conclusion.

Information contained in the summary of evidence often results in other types of conclusions about factors that contributed to the incident such as failure to address a person's increased maladaptive behavior or a failure to properly staff or manage a facility.

Each conclusion must be numbered separately and must refer to the evidence that led to the conclusion.

Example:

(3) It is concluded that the allegation of physical abuse that Michael Smith pushed Jerry Walker on 12/8/14 is substantiated. This is based on the testimony of DSA Melissa Works and Jerry's roommate, Ben Lewis, and on a review of the photograph of the bruises on Jerry's left shoulder.

Recommendations:

The investigator's recommendations must be based on the conclusions and must include actions needed to address specific failures or omissions identified during the investigation. Recommendations must also address systemic problems discovered during an investigation, such as staffing or oversight issues which were determined to be contributing factors to the incident. Recommendations must include the job title of the person responsible for implementing the protection.

Each recommendation must be presented and numbered separately and each must refer to the conclusion that led to each recommendation.

Examples:

(4) It is recommended that the Residential Director take appropriate administrative action relative to the substantiated allegation of physical abuse that DSA Michael Smith pushed Jerry Walker on 12/8/14.

(5) It is recommended that the Medicaid Service Coordinator ensure the treatment team review Jerry Walker's behavior support plan relative to his required level of supervision.

For additional guidance in completing this form please see line by line instructions, available at www.opwdd.ny.gov.
Investigatory Question:
Investigative Process

1.) Testimonial Evidence:
a) The following individuals were interviewed during the course of this investigation:
Name Title Date(s) Interviewed Interviewer
b) The following individuals were interrogated during the course of this investigation:
Note: Other parties present during interrogations must also be identified below.
Name Title Date(s) Interviewed Interrogator

2.) Documentary Evidence:
The following documents were reviewed and copies are attached:

INSTRUCTIONS FOR COMPLETING FORM OPWDD 150
(08/2013)
Use of Form OPWDD 150: Agencies must enter Events/Situations as defined in Part 625 into the Incident Report and Management Application (IRMA). Agencies may choose to use the Form OPWDD 150 to record these Events/Situations internally.
Intent of the Form: Form OPWDD 150 is intended to be used specifically for the purpose of recording that an event which must be reported in conformance with Part 625 has occurred. It may be the first documentation of that event. For Events/Situations as defined in Part 625, the Event/Situation must be entered into IRMA.
Obtaining Form OPWDD 150: The form is available on the OPWDD website at www.opwdd.ny.gov.
General Instructions for Completing Form OPWDD 150:

• Type or print legibly, using a dark colored ink that will reproduce when photocopied.
• Enter the complete names of agencies and facilities, as appropriate.
• The staff who may complete Form OPWDD 150 are to be designated in agency policy.
• Full names of persons receiving services and others involved are to be used in completing Form OPWDD 150.
• Complete each line or box; if the requested information is not applicable, enter “N/A.”
• It is possible that not all requested information will be available at the time the form is completed. Complete the form as thoroughly as possible.
• If an event or situation involves more than one person receiving services, and the description of the event/situation is the same concerning all persons, a single OPWDD 150 should be completed for the event or situation, and an Event/Situation created in IRMA. For statistical purposes, this is considered one event.

Line-by-Line Instructions for Completing Form OPWDD 150
Form OPWDD 150 may be completed by agencies for Events/Situations that happen to or involve people with developmental disabilities.

Item 1 – AGENCY COMPLETING THIS FORM:
Enter the name of the agency that is initiating the report (this is the agency which is responsible for taking appropriate steps).
Item 2 – PROGRAM TYPE:
- Non-certified Day Habilitation
- MSC
- PCSS
- SEMP
- Prevocational services
- HCBS waiver respite (except for free-standing respite)
- Hourly community habilitation
- Family support services

If the facility identified in Item 2 is State operated, also enter “SO.” If the facility identified in Item 2 is voluntary operated, also enter “VO.” For family care homes sponsored by a DDSO, use “SO.” For family care homes sponsored by a voluntary agency, use “VO.”

Item 3 – PROGRAM ADDRESS:
Enter the complete address of the non-certified location identified in Item 2.

Item 4 – ADDRESS WHERE EVENT/SITUATION OCCURRED:
When entering into IRMA, this must be included in the DESCRIPTION OF EVENT/SITUATION.

Item 5 – PHONE:
Enter the telephone number, including the area code, of the facility or non-certified location identified in Item 2.

Item 6 – EVENT/SITUATION REFERENCE NUMBER:
Each event/situation being reported will be assigned a reference number in IRMA.

Item 7 – PERSON COMPLETING REPORT:
Enter the name of the person completing the OPWDD 150.

Item 8 – NAME OF PERSON RECEIVING SERVICES (LAST, FIRST):
Enter the full name of the person receiving to which the Event/Situation occurred by entering the last name and then the first name. Do not use nicknames.

Item 9 – DATE OF BIRTH:
Enter the date of birth of the person receiving services whose name appears in Item 8.

Item 10 – GENDER:
Check “M” for male or “F” for female for the person receiving services whose name appears in Item 8.

Item 11 – TABS ID:
Enter the TABS ID number.

Item 12 – DATE AND TIME EVENT/SITUATION WAS OBSERVED/DISCOVERED:
Indicate whether the date and time entered in this section was that of observation or discovery by making an “x” in the appropriate box. If the report is made at the time the event took place (or immediately subsequent to it), mark the “observed” box. If the report is made OPWDD 150 Instructions Revised 08/2013 -3- At another time (hours, days, weeks later) because it was discovered or reported at a later date, rather than when witnessed and reported immediately, mark the “discovered” box, even if the exact time the event took place is reported then. Complete the rest of the Item by filling in the month, day (date), year, hour, and minutes using the boxes provided. One number only should be entered in each division. Make an “x” in the applicable box to indicate whether the time is between midnight and 11:59 (A.M.) or between noon and 11:59 (P.M.). The next item records the date and time the event occurred. If the report is made out immediately, based on observation, the dates and times in Items 12 and 13 would be the same.
Item 13 – DATE AND TIME EVENT/SITUATION OCCURRED, IF KNOWN:
If the event was witnessed, this would be the same date and time as the previous entry. If the event was
“discovered” (learned about later or reported at a later date, rather than when witnessed and reported
immediately), and the person or staff can provide information as to the date and time the event was supposed to
have happened, it would be entered here.

Item 14 – PRELIMINARY CLASSIFICATION: Check one box which most closely describes the Event/Situation. Do not
add a category not listed. Make the decision based on the definitions in Part 625. If the situation could be classified
in more than one category the most serious category should be checked.

Item 15 – REFERRALS: Use this space to record any referrals made in response to the Event/Situation for the
benefit of the person.

Item 16 – ACTION TAKEN Use this space to select actions taken to provide protection/safety of persons receiving
services and any other additional information.

Item 17 - DESCRIPTION OF THE EVENT/SITUATION: (Note: To the extent possible, item 17 should be completed by
the person who observed and/or discovered the incident/allegation): A clear, concise description of those facts
known at the time the report is being completed must be provided here without speculation or opinion. The
description should cover the “who,” “what,” “where,” “when,” and “how” of the Event/Situation. The full names of
all persons with developmental disabilities and others who are involved in the Event/Situation must be listed, if
known. DO NOT USE INITIALS. When providing the “who” information, be sure to include the names (or other
appropriate descriptor) of those involved. Also list the full names of persons known to have witnessed the event. If
additional space is needed, continue the description on a separate sheet of paper.

Item 18 – SUMMARY OF RESOLUTION OF EVENT/SITUATION: (conclusions from IRMA)

Item 19 - NOTIFICATIONS: These fields should be used if notifications are made to address an event or situation.
Notifications are required in some specific circumstances (e.g. mandated reporters are required to report
suspected child abuse to the Statewide Central Register of Child Abuse and Maltreatment; incidents occurring
under the auspices of a school or hospital are required by Part 625 to be reported to management of the school or
hospital; deaths must be reported to the Justice Center Death Reporting Line). In other cases, notifications may be
made as an element of the intervention (e.g. to family members, law enforcement, Adult Protective Services).
Note that the requirements for notifications in Part OPWDD 150 Instructions Revised 08/2013 -4- 624 do NOT
apply to events/situations reported in Part 625 (e.g. “Jonathan’s Law” notifications, MHLS notifications). See
Sections 625.3 and 625.5 for more specifics.

Item 20 – PRINT NAME OF PARTY COMPLETING FORM: Print the name of the party completing the form and with
their Title and Date the form.

ADDITIONAL INFORMATION CONTACT NAME AND PHONE NUMBER:
FIRST NAME: Maximum 20 characters. This is a free text area and the first name of the person to contact at the
agency/DDSO for additional information should be entered.

LAST NAME: Maximum 20 characters. This is a free text area and the last name of the person to contact at the
agency/DDSO for additional information should be entered.

PHONE NUMBER: Maximum number of characters is 12. This is a free text area and the telephone number of the
contact person at the agency/DDSO should be entered.

THIS REPORT IS BEING PROVIDED TO:
Incident Report and Management Application

FIRST NAME: Maximum number of characters is 20. This is a free text area and the first name of the person to whom the report is being sent should be entered.

LAST NAME: Maximum number of characters is 20. This is a free text area and the last name of the person to whom the report is being sent should be entered.

RELATIONSHIP TO PERSON RECEIVING SERVICES: Maximum number of characters is 20. This is a free text area and the relationship to the person receiving services should be entered.

ADDRESS OF PERSON RECEIVING THIS FORM:
ADDRESS LINE 1: Maximum number of characters is 40. This is a free text area and the address line one information should be entered.

ADDRESS LINE 2: Maximum number of characters is 40. This is a free text area and the address line two information should be entered.

CITY: Maximum number of characters is 25. This is a free text area and the city should be entered.

STATE: Maximum number of characters is 2. This is a free text area and the state abbreviation should be entered.

ZIP CODE: Maximum number of characters is 10. This is a free text area and the zip code should be entered.

DATE INITIAL NOTIFICATION WAS PROVIDED TO PERSON RECEIVING THIS FORM:
DATE: Date initial notification was provided to person receiving this form. The date the initial notification was provided to the person receiving this form should be entered.

ADDITIONAL STEPS TAKEN TO ENSURE THE INDIVIDUAL’S SAFETY: Maximum number of characters is 2000. This is a free text area and will be populated with text entered in the Initial Findings - Additional Steps Taken field. This text can be updated to remove consumer specific information or names.

FIRST NAME: Maximum number of characters is 20. This is a free text area and the first name of the person who completed the report should be entered.

LAST NAME: Maximum number of characters is 20. This is a free text area and the last name of the person who completed the report should be entered.

DATE: Date this report was completed. The date this form was completed should be entered.

NOTES:
- All or part of the data in these boxes can be redacted
- The redacted information from the popup will display on the form 148, however, it is not stored/saved in the IRMA database. A message displays on the redacted popup in regard to this → “NOTE: The changes made to the information on this screen will only display on the printed copy of the Redacted Form 148 and will not be saved (stored) in the IRMA Database.”
- Closed incidents can be redacted through the View section.

Change Category/Classification

When the Change Category/Classification link is clicked, a pop-up screen will display all the information that has been entered for this incident with a message to print this information. Once the information has been printed, click the close link and the following screen will be displayed.
Incident Category: This is a single select dropdown box that contains: Allegation of Abuse, Occurrence, Reportable, and Serious Reportable. View complete list

Incident Classification: This is a single select dropdown box that contains a list of values that is dependent on the selection in the Incident Category field. View complete list

Allegation of Abuse Classifications: Mistreatment, Neglect, Physical Abuse, Psychological Abuse, Seclusion, Sexual Abuse, Unauthorized or inappropriate use of aversive conditioning, Unauthorized or inappropriate use of restraint, Unauthorized or inappropriate use of a time-out, Violation of a person’s civil rights.

Occurrence Classifications: Injury, Medication Error, Other.

Reportable Classifications: Death, Injury, Medication Error, Sensitive Situation.

Serious Reportable Classifications: Death, Injury, Medication Error, Missing Person, Possible Criminal Act, Restraint, Sensitive Situation.

NOTE: For definitions of Category and/or Classification, refer to The Part 624 Handbook.

Select the NEW Category and Classification.

Change Category/Classification (Upgrade/Downgrade): This field is a single select radio button that contains: Yes or No. This field is to answer the question “Has the original category or classification of this incident changed?”

Change in incident category/classification description: This is a free text area with a maximum of 2000 characters.

Check the box next to all the consumers to which the NEW category and classification apply.
**Submitting Change Category/Classification**

After all the required fields have been entered, click the Submit button to save the information and update the category/classification for the consumer(s) selected.

**Errors:** If there are any data entry errors, an error message will be displayed at the top of the screen with detailed information about the error.

**Success:** If there are no errors, the updates will be made and a success message will be displayed with a link to view the data entered.

**View:** If the View link is clicked, a pop-up screen will be displayed with the data entered on the screen and a link to edit the information. The username and updated date will also be displayed.

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**Initial Findings**

When the Initial Findings link is clicked, the following screen will be displayed.

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**Initial Findings - Add**

<table>
<thead>
<tr>
<th>Incident Details</th>
<th>Consumer</th>
<th>Initial Findings</th>
<th>Physical Findings</th>
<th>GCC 100</th>
<th>Notifications</th>
<th>Investigation</th>
<th>Final Corrective Measures</th>
<th>SRC Minutes</th>
</tr>
</thead>
</table>

To select multiples, hold down the Ctrl key while clicking selections.

**Date Reported:** The reported date is displayed.
Date of Incident: The incident date is displayed.

Contributing Factor(s): This is a multiple selection dropdown box that contains: Accidental, Actions of Other Consumers, etc... This is required to close an incident. View complete list

Contributing Factor(s) 2: This is a multiple selection dropdown box that contains a list of values of DDSO specific Contributing Factors. The list contains values such as: Exploitation, Family Member Action/Inaction, Late Reporting, Overtime, Untrained Staff, etc... The Contributing Factor for this incident should be selected. This list is maintained by the DDSOs. To have a value added to the list the IR Coordinator at the DDSO should enter it into the system using the Table Maintenance function.

Immediate Consumer Protection(s): This is a multiple selection dropdown box that contains: Administrative Leave, Called 911, Code Called for Emergency, etc... This is required to close an incident. View complete list

Were additional steps taken to ensure the individual’s safety?: This field is a single select radio button that contains: Yes or No.

Additional Steps Taken: This is a free text area with a maximum number of characters is 2000. This field will only be displayed if the answer to ‘Were additional steps taken to ensure the individual’s safety?’ is yes.

Party Completing Additional Steps Taken
   First Name: This is a text area with a maximum of 20 characters. The first name of the party providing additional steps taken should be entered.
   Last Name: This is a text area with a maximum of 20 characters. The last name of the party providing additional steps taken should be entered.
   Title: This is a text area with a maximum of 100 characters. The title of the party providing additional steps taken should be entered.
   Date: This is a date picker. The date the party provided the additional steps taken should be entered. This date cannot be a future date and it cannot be before the date reported.

Party Providing Incident Details
   First Name: This is a text area with a maximum of 20 characters. The first name of the party providing incident details should be entered.
   Last Name: This is a text area with a maximum of 20 characters. The last name of the party providing incident details should be entered.
   Title: This is a text area with a maximum of 100 characters. The title of the party providing incident details should be entered.
   Date: This is a date picker. The date the party provided the incident details should be entered. This date cannot be a future date and it cannot be before the date reported.

Party Reviewing Incident Details
   First Name: This is a text area with a maximum of 20 characters. The first name of the party reviewing the incident details should be entered.
   Last Name: This is a text area with a maximum of 20 characters. The last name of the party reviewing the incident details should be entered.
   Title: This is a text area with a maximum of 100 characters. The title of the party reviewing the incident details should be entered.
   Date: This is a date picker. The date the party reviewed the incident details should be entered. This date cannot be a future date and it cannot be before the date reported.

NOTE: If there are multiple consumers in an incident the Immediate Consumer Protection(s), Were additional steps taken to ensure the individual’s safety, Additional Steps Taken, and the Party Providing Additional Steps Taken, fields will be displayed for each consumer. There will be an additional selection in Immediate Consumer
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Protections – Same as first consumer selected. If the immediate consumer protections were the same for the additional consumers, select ‘Same as first consumer selected’.

**Submitting Initial Findings**

After all the required fields have been entered, click the Submit button to save the initial findings information.

**Errors:** If there are any data entry errors, an error message will be displayed at the top of the screen with detailed information about the error.

**Success:** If there are no errors, the updates will be made and a success message will be displayed with a link to view the data entered.

**View:** If the View link is clicked, a pop-up screen will be displayed with the data entered on the screen and a link to edit the information. The username and updated date will also be displayed.

**Physical Findings - Page 1**

When the Physical Findings link is clicked, the following screen will be displayed.

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**Physical Findings Page 1 - Add**

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**Date of Incident:** Will be displayed.

**Consumer Name:** If there is only one consumer in the incident, the name will be displayed as text. If there are multiple consumers in the incident, this will be a multiple selection box. For multiple consumers, select all the consumers that have the same injury type to be selected.

**Injury Type(s):** This is a multiple selection dropdown box that contains: None, Abrasion, Altered Body Temperature, Anal Redness Bruising, Anal/Vaginal Tearing, Avulsion, Bite, Breathing Difficulty, Bruise/Contusion, Bruises/Bites on Breast(s), Bruises/Bites On Legs/Inner Thighs, Burn, etc... This is a multiple select box and is required to close an incident. If none is selected, Physical Findings – Page 2 will not become a link when the Submit button is clicked. View complete list

**Was the consumer examined by a Healthcare Professional/LPN/EMT?:** This is a single select radio button that contains: Yes or No. If yes is selected, once the Submit button is clicked; “Medical Exam Findings” will become a link.
Submitting Physical Findings Page 1

After all the required fields have been entered, click the Submit button to save the physical findings – Page 1 information.

Errors: If there are any data entry errors, an error message will be displayed at the top of the screen with detailed information about the error.

Success: If there are no errors, the updates will be made and a success message will be displayed with a link to view the data entered.

View: If the View link is clicked, a pop-up screen will be displayed with the data entered on the screen and a link to edit the information. The username and updated date will also be displayed.

Physical Findings – Page 2

When the Physical Findings – Page 2 link is clicked, the following screen will be displayed.
Consumer Name: If there is only one consumer in the incident, the name will be displayed as text. If there are multiple consumers in the incident, this will be a single select dropdown box. Only consumer names that had injuries selected in the previous screen will be displayed. Select the name of the consumer and the Injury Type box will be populated with the injury types selected for that consumer on the previous screen.

Injury Type: This is a single select dropdown box that contains the injury types selected in the previous screen. Select an injury type.

Picture of a body front and back: Click on the body part where the injury occurred and it will be displayed on the right side of the screen in the injury list. View complete list

Injury List: The Body Part Number, Body Part Name, and Injury Type will be displayed with a remove link in case an error is made.

Repeat this process for all consumer(s) injuries and then click the Submit button.

Submitting Physical Findings Page 2

After all the required fields have been entered, click the Submit button to save the physical findings – page 2 information.

Errors: If there are any data entry errors, an error message will be displayed at the top of the screen with detailed information about the error.

Success: If there are no errors, the updates will be made and a success message will be displayed with a link to view the data entered.

View: If the View link is clicked, a pop-up screen will be displayed with the data entered on the screen and a link to edit the information. The username and updated date will also be displayed.

Medical Exam Findings

When the Medical Exam Findings link is clicked, the following screen is displayed.
Date of Incident:  The date of the incident is displayed.

Consumer Name:  If there is only one consumer in the incident, the name will be displayed as text. If there are multiple consumers in the incident, this will be a single select dropdown box. Only consumer names that had Yes answered for the question "Was the consumer examined by a Healthcare Professional/LPN/EMT?" will be displayed. Select the consumer to enter medical exam findings.

Examiner Last Name:  This is a text area with a maximum of 20 characters. The last name of the medical examiner should be entered.

Examiner First Name:  This is a text area with a maximum of 20 characters. The first name of the medical examiner should be entered.

Examiner Title:  This is a single select dropdown box that contains: Dentist, Emergency Medical Technician, Licensed Practical Nurse, Nurse Practitioner, Physician, Physician’s Assistant, and Registered Nurse. View complete list

Date of Medical Exam:  There are dropdowns for the selection or there is a date picker that can be used. The date the medical exam occurred should be entered. This date cannot be before the date of the incident and if the date of incident is blank, it cannot be before the date discovered.

Time of Medical Exam:  There are three boxes, one for hour (HH), one for minutes (MM), and a drop down box for meridiem (AM/PM). The time the medical exam occurred should be entered. This cannot be a time before the time the incident was reported or the time the incident occurred.

Medical Exam Location:  This is a single select dropdown box that contains: Clinic, Day Program, Hospital Emergency Room, Other, Private Physician’s Office, and Residence.

Medical Exam Findings Description:  This is a free text area with a maximum number of characters is 4000

Submitting Physical Findings – Medical Exam Findings

After all the required fields have been entered, click the Submit button to save the physical findings – medical exam findings information.
Errors: If there are any data entry errors, an error message will be displayed at the top of the screen with detailed information about the error.

Success: If there are no errors, the updates will be made and a success message will be displayed with a link to view the data entered.

View: If the View link is clicked, a pop-up screen will be displayed with the data entered on the screen and a link to edit the information. The username and updated date will also be displayed.

QCC 100 – Consumer Select

QCC100 will only be a link when there is a death and the consumer select screen will only be displayed if there is more than one consumer in the incident that has died.

When the QCC100 link is clicked, if there is more than one consumer in the incident that has died, the following screen will be displayed.

Consumer Name: This is a single select dropdown box that contains the consumer names that have death entered as a classification. Select the consumer to enter the QCC100 form and click the Continue button.

The following screen will be displayed once the Continue button is clicked on the screen above or if there is only one consumer who has died in the incident.

QCC100 – Section 1
Reporting Agency/Facility/Program Data
Contributing Factor(s) to Death: This is a single selection dropdown box that contains: Cancer, Chronic Respiratory Disease, Congenital Anomalies, etc... View complete list

Consumer Name: Will be displayed.

Name of Reporting Agency: This is a free text area with a maximum of 40 characters. The name of the reporting agency should be entered.

Address: This is a free text area with a maximum of 40 characters. The address of the reporting agency should be entered.

City: This is a free text area with a maximum of 40 characters. The city of the reporting agency should be entered.

State: This is a single select dropdown box that contains: AK, AL, AR, AZ, CA, CO, CT, DC, DE, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV, WY. The state of the reporting agency should be selected.

Zip Code: This is a free text area with a maximum of 10 characters. The zip code of the reporting agency should be entered.

Executive Director/CEO: This is a free text area with a maximum of 40 characters. The Executive Director of the reporting agency should be entered.

Telephone and Extension: This is a free text area with a maximum of 10 characters for telephone number and a maximum of 5 characters for extension. The telephone number of the reporting agency should be entered.

Person Preparing Report: This is a free text area with a maximum of 40 characters. The name of the person preparing the report should be entered.
Incident Report and Management Application

Telephone and Extension: This is a free text area with a maximum of 10 characters for telephone number and a maximum of 5 characters for extension. The telephone number of the person preparing the report should be entered.

Date Report Prepared: There are dropdowns for the selection or there is a date picker that can be used. The date the report was prepared should be entered. This date cannot be before the date reported, before the date of the incident, or a future date.

Name and address of specific program/facility within the agency, which served the recipient: This is a free text area with a maximum of 200 characters. The name and address of the program that was serving the consumer at the time of death should be entered.

Program/Facility Operated/Certified/Funded By: OPWDD will always be displayed.

Program Facility Type: This is a single select dropdown box that contains: Assistive Supports, BEHAVIOR MANAGEMENT, BLENDED DAY HAB/PREVOC, BLENDED DAY HAB/RESPITE, BLENDED DAY HAB/RESPITE/CARE AT HOME I (DOH), CARE AT HOME II (DOH), CARE AT HOME III (OMR), CARE AT HOME IV (OMR), CARE AT HOME V (DOH), CARE AT HOME VI (OMR), CASE MANAGEMENT, CHILD CARE, CLINIC, CLINIC - OFF SITE, COLLOCATED DAY TREATMENT, COUNSELING, COUNSELING/TRAINING (OBSELETE 8/91), CR (SUPERVISED APARTMENT), CR (SUPERVISED GROUP HOME), CR (SUPPORTIVE), CRISIS INTERVENTION, Consolidated Supports and Service, DAY HABILITATION, DAY TRAINING, DAY TRAINING (CLIENT ED), DAY TRAINING (PRE-SCHOOL), DAY TRAINING (WAC/WORKSHOP), DAY TREATMENT, DAY/EVENING RECREATION, DAY/EVENING RESPITE, DENTAL CARE, DEVELOPMENTAL CENTER (DC), EARLY INTERVENTION (INFANT SCRNMUTRNTN), EVALUATION AND DIAGNOSIS, FAMILY CARE, FAMILY CARE/PERSONAL CARE (OBS 10/97), Family Ed and Training, HOME MODIF/ADAPT. EQUIP, HOMECARE/HOMEMAKER, HOURS RESPITE, ICF (14 BEDS OR LESS), ICF (15 BEDS OR MORE), INDIVIDUAL SUPPORT SERVICES, INFORMATION AND REFERRAL/OUTREACH, INPATIENT REHABILITATION, IRA (1-8 BEDS), IRA (9-14 BEDS), IRA-C (1-8 BEDS), IRA-FSR 1-8 beds, IRA-FSR 9-14 beds, ISS/Registrants, LABORATORY, MEDICAID SERVICE COORDINATION, MEDICAL CARE, NURSING FACILITY, NURSING HOME (HRF), OTHER FSS, OTHER NON-RESIDENTIAL PGM, OTHER RESIDENTIAL PROGRAM, OVERNITE RESPITE, PERSONAL CARE, PERSONAL CARE/CR, PERSONAL CARE/FAMILY CARE, PERSONAL CARE/RESPITE, PREVOCATIONAL, PRIVATE HOME, REIMBURS/VOUCHER/SUBSIDY, RESIDENTIAL HABILITATION, SENIOR CITIZEN/GERIATRIC SVCS, SLEEP AWAY CAMP/VACATION, SMALL RESIDENTIAL UNIT(SRU), SPEC. HOSPITAL/INPATIENT, SPECIAL POPULATIONS, SPECIAL SERVICES (OBSELETE 8/91), SUMMER DAY RECREATION (DAY CAMP), SUPPORTED WORK, SUPPORTED WORK (FOLLOW), THERAPY (OT, PT, SPEECH), TRAINING (FAMILY,CAREGVR,SELF-DEVLPMT), TRANSITIONAL EMPLOYMENT, TRANSPORTATION, WAIVER, WAIVER PLAN OF CARE SUPPORT SERVICES. Select the program type of the consumer at the time of death.

There are NO required fields in Section 1 of the QCC100 form. The form is a replica of the paper form issued by CQC.

Submitting QCC100 Section 1

After all applicable fields have been entered; click the Submit button to save the QCC100 Section 1 information.

Errors: If there are any data entry errors, an error message will be displayed at the top of the screen with detailed information about the error.

Success: If there are no errors, the updates will be made and a success message will be displayed with a link to view the data entered.

View: If the View link is clicked, a pop-up screen will be displayed with the data entered on the screen and a link to edit the information. The username and updated date will also be displayed.

QCC100 – Section 2
Recipient Information
When the QCC100 – Section 2 link is clicked, the following screen will be displayed.
Incident Report and Management Application

QCC 100 Section 2 - Add

Master Incident Number: 2012-000130 (5 consumers)
- 23A140 FARMER, WALTER
- 2012-000130-01 (AA - Misadministration)
- 23A140 DUQUIN, DENNIS
- 2012-000130-02 (AA - Misadministration)
- 23A140 DUQUIN, DENNIS
- 2012-000130-03 (AA - Misadministration)
- 23A140 BANKS, CAROL
- 2012-000130-08 (SR - Death)
- 23A140 ALEXANDER, MARO
- 2012-000130-09 (SR - Death)

<table>
<thead>
<tr>
<th>Incident Details</th>
<th>Consumer</th>
<th>Initial Findings</th>
<th>Physical Findings</th>
<th>QCC 100</th>
<th>Notifications</th>
<th>Investigation</th>
<th>Final Corrective Measures</th>
<th>SRC Minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Section 2: Recipient Information</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Consumer Name:** ALEXANDER, MARO
**Date of Birth:** March 01, 1981
**Age:** 42
**Gender:** MALE
**Race:** BLACK
**Height:**
**Weight:**

Recipient's Service Relationship to Agency/Program at time of death:
- **Inpatient:** Psychiatric Center of Article 28(1) Hospital or Person in Developmental Center
- **Receiving:** Any non-residential services
- **Residing:** In one of the agency's certified licensed programs

For Recipients receiving only non-residential services from the reporting agency, did the recipient reside in a program under the jurisdiction of NYS?
- **Yes**
- **No**

*If yes, give the name and address of the responsible agency*

**Name:**
**Address:**

**Mental Disability Diagnosis:** No data entered

Was recipient ever hospitalized for psychiatric reasons?
- **Yes**
- **No**

*If yes, enter date of last hospitalization*

**Month:**
**Day:**
**Year:**

Was there any physical illness/conditions diagnosed prior to death?
- **Yes**
- **No**

*If yes, enter physical illness/conditions diagnosed*

**Disorder:**
**Type:**

Was the recipient a smoker at time of death?
- **Yes**
- **No**

Was recipient ever hospitalized for physical illness reasons?
- **Yes**
- **No**

*If yes, enter date of last hospitalization*

**Month:**
**Day:**
**Year:**

**Within 30 days of death, did the recipient visit the emergency room for psychiatric reasons?**
- **Yes**
- **No**

*If yes, enter date of last visit*

**Month:**
**Day:**
**Year:**

**Within 30 days of death, did the recipient visit the emergency room for physical illness reasons?**
- **Yes**
- **No**

*If yes, enter date of last visit*

**Month:**
**Day:**
**Year:**

**Within 30 days of death, did the recipient's insurance plan refuse to authorize requested services?**
- **Yes**
- **No**

*If yes, explain*

Are the most recent laboratory results being recorded separately?
- **Yes**
- **No**

**Allergies/Severe adverse drug reactions**
- **Yes**
- **No**

*If yes, list*

Did the recipient ever have an EKG?
- **Yes**
- **No**

**Date of last EKG:**

**Month:**
**Day:**
**Year:**

Results

**Q10 Interval**

Within 24 hours at death was recipient
- **In mechanical restraint**
- **Physically restrained, taken down**
- **Given stat/DNR** for behavioral or psychiatric reasons
- **In time out**
- **In sedation**

*If yes, enter medication information*

Submit | Reset
Incident Report and Management Application

Consumer Name: Will be displayed.

Date of Birth: Will be displayed.

Age: Will be displayed.

Gender: Will be displayed.

Race: Will be displayed.

Height: This is a free text area with a maximum of 20 characters. The height of the consumer at the time of death should be entered.

Weight: This is a free text area with a maximum of 3 characters. The weight of the consumer at the time of death should be entered.

Recipient’s Service Relationship to Agency/Program at time of death: This is a single select radio button that contains: Inpatient of Psychiatric Center of Article 28/31 Hospital living in Developmental Center, Receiving only non-residential services, and Residing in one of the agency's certified/funded programs.

For Recipients receiving only non-residential services from the reporting agency, did the recipient reside in a program under the jurisdiction of NYS?: This is a single select radio button that contains: Yes or No.

If yes, give the name and address of the responsible agency:
Name: This is a free text area with a maximum of 100 characters. The name of the consumer’s responsible agency should be entered.
Address: This is a free text area with a maximum of 200 characters. The address of the consumer’s responsible agency should be entered.

Mental Disability Diagnosis: Will be displayed.

Was recipient ever hospitalized for psychiatric reasons?: This is a single select radio button that contains: Yes or No.

If yes, enter dates of last hospitalization: There are dropdowns for the selection or there is a date picker that can be used. The last date the consumer was hospitalized should be entered. This date cannot be a future date.

Were there any physical illnesses/conditions diagnosed prior to death?: This is a single select radio button that contains: Yes or No.

If yes, enter physical illness/conditions diagnosis: This is a link that, when clicked, will display the following pop-up window.

---

Physical Illness/Conditions Diagnosis

* Required Fields

Physical Illness/Conditions Diagnosis

---

Submit Reset Remove

---
Physical Illness/Conditions Diagnosis: This is a single select drop down box that contains all the values that have been entered previously. Select a previously entered illness/condition or select Add if the one illness/condition of the consumer is not listed.

Enter or change Physical Illness/Conditions Diagnosis: This is a text area with a maximum of 100 characters. If Add was selected in the previous box, enter the new illness/condition and click the Submit button to add the information to the incident. If a previously entered illness/diagnosis was selected in the previous box, it will be displayed here. Click the Submit button to add the information to the incident. This process can be repeated as many times as necessary until all illnesses/conditions have been added.

Seizure Disorder: This is a single select radio button that contains: Yes or No.

If yes, Type: This is a free text area with a maximum of 100 characters. The type of seizure disorder should be entered.

Was the recipient a smoker at time of death?: This is a radio button that contains: Yes or No.

Was recipient ever hospitalized for physical illness reasons?: This is a single select radio button that contains: Yes or No.

If yes, enter dates of last hospitalization: There are dropdowns for the selection or there is a date picker that can be used. The date the last time the consumer was hospitalized should be entered. This date cannot be a future date.

Within 30 days of death, did the recipient visit the emergency room for psychiatric reasons?: This is a single select radio button that contains: Yes or No.

If yes, enter date of last visit: There are dropdowns for the selection or there is a date picker that can be used. This date cannot be a future date.

Within 30 days of death, did the recipient visit the emergency room for physical illness reasons?: This is a single select radio button that contains: Yes or No.

If yes, enter date of last visit: There are dropdowns for the selection or there is a date picker that can be used. The date the last time the consumer went to the emergency room for a physical illness should be entered. This date cannot be a future date.

Within 30 days of death, did the recipient's insurance plan refuse to authorize requested services?: This is a single select radio button that contains: Yes or No.

If yes, explain: This is a free text area with a maximum of 150 characters. The reason the consumer’s insurance plan refused to authorize requested services should be entered.

Are the most recent laboratory results being mailed separately?: This is a single select radio button that contains: Yes or No.

Allergies/serious adverse drug reactions: This is a radio button that contains: Yes or No.

If yes, list: This is a free text area with a maximum of 150 characters. The consumer’s allergies/serious drug reactions should be entered.

Did the recipient ever have an EKG?: This is a single select radio button that contains: Yes or No.
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**Date of last EKG:** There are dropdowns for the selection or there is a date picker that can be used. The date of the consumer’s last EKG should be entered. This date cannot be a future date.

**Results:** This is a free text area with a maximum of 200 characters. The results of the consumer’s last EKG should be entered.

**QTC Interval:** This is a free text area with a maximum of 150 characters. The QTC interval should be entered.

**Within 24 hours of death was recipient in mechanical restraint?** This is a single select radio button that contains: Yes or No.

**Within 24 hours of death was recipient physically restrained, taken down?** This is a single select radio button that contains: Yes or No.

**Within 24 hours of death was recipient given stat/PRN for behavioral or psychiatric reasons?** This is a single select radio button that contains: Yes or No.

**Within 24 hours of death was recipient in time out?** This is a single select radio button that contains: Yes or No.

**Within 24 hours of death was recipient in seclusion?** This is a single select radio button that contains: Yes or No.

**Was the recipient receiving medications at the time of death?** This is a single select radio button that contains: Yes or No.

**If yes, enter medication information:** This is a link that, when clicked, will display the following pop-up window.

**Medication Information**

*At least one field must have data entered.*

<table>
<thead>
<tr>
<th>Select Medication Information</th>
<th>Add</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Medication</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dose (in mg.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Frequency</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Route</td>
<td>Select a route</td>
<td></td>
</tr>
</tbody>
</table>

*Select Medication Information:* This is a single select drop down box that contains all the values that have been entered previously. Select previously entered medication information or select Add if the medication information of the consumer is not listed.

*Medication:* This is a free text area with a maximum of 100 characters. The consumer’s medication should be entered.

*Dose (in mg.):* This is a free text area with a maximum of 20 characters. The dose of the medication entered in the previous box should be entered.
Incident Report and Management Application

**Frequency:** This is a free text area with a maximum of 100 characters. The frequency the medication/dose in the previous boxes was given to the consumer should be entered.

**Route:** This is a single select dropdown box that contains: Inhaled, Intramuscularly, Intravenous, Oral, Other, Rectal, Subcutaneous, Topical, Transdermal, Vaginal. Select the route the medication entered in the previous boxes was administered to the consumer. Click the Submit button to add the information to the incident.

NOTE: This process can be repeated as many times as necessary until all medications have been added.

**Submitting QCC100 – Section 2**

After all applicable fields have been entered; click the Submit button to save the QCC100 Section 2 information.

**Errors:** If there are any data entry errors, an error message will be displayed at the top of the screen with detailed information about the error.

**Success:** If there are no errors, the updates will be made and a success message will be displayed with a link to view the data entered.

**View:** If the View link is clicked, a pop-up screen will be displayed with the data entered on the screen and a link to edit the information. The username and updated date will also be displayed.

QCC100 - Section 3

Death Data

When the QCC100 – Section 3 link is clicked, the following screen will be displayed.
Consumer Name: Will be displayed.

Date of Death: There are dropdowns for the selection or there is a date picker that can be used. The date of the consumer’s death should be entered. This date cannot be a future date.

Time of Death: There are three boxes, one for hour (HH), one for minutes (MM), and a drop down box for meridiem (AM/PM). This cannot be a future time.

Place recipient pronounced: This is a single select radio button that contains: Community, Hospital, Program, Residence, and Unknown.

Hospital/Facility where recipient died
Name: This is a free text area with a maximum of 100 characters. The name of the hospital or facility where the consumer died should be entered.

Address: This is a free text area with a maximum of 200 characters. The address of the hospital or facility where the consumer died should be entered.
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Cause of death
Immediate: This is a free text area with a maximum of 100 characters. The immediate cause of death should be entered.

Cause
Due to or as a consequence of: This is a free text area with a maximum of 100 characters. The cause of death due to or consequence of should be entered.

Due to or as a consequence of: This is a free text area with a maximum of 100 characters. The cause of death due to or consequence of should be entered.

Manner of death: This is a single select radio button that contains: Unknown Accidental, Homicide, Natural, Suicide, Therapeutic Complication, and Undetermined/Unexplained. Select the manner of death.

Autopsy: This is a single select radio button that contains: Yes or No.

If yes, ME/Coroner case number or hospital where performed: This is a free text area with a maximum of 100 characters. The case number or name of the hospital where the autopsy was performed should be entered.

Source of cause of death/manner of death is: This is a single select radio button that contains: Autopsy Report, Clinical Summary, Death Certificate, Hospital, Other, Verbal Report from ME/Coroner/Attending Physician.

If verbal report from ME/Coroner/Attending Physician
Name: This is a free text area with a maximum of 100 characters. The name of the person who gave the verbal report should be entered.

Telephone Number: This is a free text area with a maximum of 20 characters. The phone number of the person who gave the verbal report should be entered.

For residential recipients was next of kin notified that death reported to CQC?: This is a single select radio button that contains: Yes or No.

If yes, enter Name and Address
Name: This is a free text area with a maximum of 100 characters. The name of the next of kin that was notified of the consumer’s death should be entered.

Address: This is a free text area with a maximum of 200 characters. The address of the next of kin that was notified of the consumer’s death should be entered.

Submitting QCC100 – Section 3

After all applicable fields have been entered; click the Submit button to save the QCC100 Section 3 information.

Errors: If there are any data entry errors, an error message will be displayed at the top of the screen with detailed information about the error.

Success: If there are no errors, the updates will be made and a success message will be displayed with a link to view the data entered.

View: If the View link is clicked, a pop-up screen will be displayed with the data entered on the screen and a link to edit the information. The username and updated date will also be displayed.

QCC100 – Section 4
Narrative Summary
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When the QCC100 – Section 4 link is clicked, the following screen will be displayed.

QCC 100 Section 4 - Add

Consumer Name: The consumer name will be displayed.

There are 3 text boxes on this screen used to detail information about the consumer and the events surrounding the death. All of the fields on this screen are free text areas with a maximum of 4000 characters.

**Submitting QCC100 – Section 4**

After all applicable fields have been entered; click the Submit button to save the QCC100 Section 4 information.

**Errors:** If there are any data entry errors, an error message will be displayed at the top of the screen with detailed information about the error.

**Success:** If there are no errors, the updates will be made and a success message will be displayed with a link to view the data entered.

**View:** If the View link is clicked, a pop-up screen will be displayed with the data entered on the screen and a link to edit the information. The username and updated date will also be displayed.

**QCC100 - E-mail CQC and/or CO**

When the E-mail CQC and/or CO link is clicked, the following screen will be displayed.
E-mail Address(es): This is a list of e-mail addresses that contains an email address for an OPWDD Central Office mailbox and an email address for CQC staff mailbox.

Once the Submit button is clicked, both e-mail recipients listed will receive an e-mail notification that a QCC100 form has been entered in IRMA and is available for viewing.

Notifications
Page 1

When the Notifications link is clicked, the following screen will be displayed.

Date of Incident: Will be displayed.

All required notifications will be listed as links in the center of the screen. To enter information for required notifications, click on the link of the required notification, enter the information, and click the Submit button. There are several criteria that are applied to an incident to determine required notifications. See Appendix D.

NOTE: If ‘n/a’ is selected for ‘Form of Notification’ the only field required to close the incident is ‘Description’.
Notification/Consumer Name: The name of the required notification selected and the consumer name will be displayed.

Date: There are dropdowns for the selection or there is a date picker that can be used. The date the notification was made should be entered. This cannot be before the date of the incident or a future date.

Time: There are three boxes, one for hour (HH), one for minutes (MM), and a drop down box for meridiem (AM/PM). The time the incident occurred. The time the notification was made should be entered. This cannot be before the time of the incident or a future time.

Form of notification: This is a single select dropdown box that contains: E-mail, FAX, In Person, Letter, N/A, and Telephone. Select the method of notification. View complete list

By Whom: This is a free text area with a maximum of 40 characters. The name of the person who made the notification should be entered.

Person Contacted:
  Last Name: This is a text area with a maximum of 20 characters. The last name of the person contacted should be entered.

  First Name: This is a text area with a maximum of 20 characters. The first name of the person contacted should be entered.

Description: This is a free text area with a maximum of 150 characters. Any additional information should be entered.

Law Enforcement Notification – For the law enforcement notification there are two additional required fields.
  Agency Name: This is a free text area with a maximum of 100 characters. The name of the agency contacted should be entered.
  Agency Type: This is a single select dropdown box that contains: 911, District Attorney, NYS Police, Other, Precinct, and Sheriff. View complete list

NOTE: No fields are required to close an incident for ‘Other’ notifications. Also, if N/A is selected as ‘Form of Notification’ the only field required is ‘Description’.

If this is an incident that has no required notifications, an error message will be displayed.

Submitting Notifications

After all applicable fields have been entered, click the Submit button to save the notification information.

Errors: If there are any data entry errors, an error message will be displayed at the top of the screen with detailed information about the error.

Success: If there are no errors, the updates will be made and a success message will be displayed with a link to view the data entered.

View: If the View link is clicked, a pop-up screen will be displayed with the data entered on the screen and a link to edit the information. The username and updated date will also be displayed.

Special Notifications

The Special Notifications link will be displayed on the Notifications Page for all Allegations of Abuse, Medication Errors (Serious Reportable and Reportable only), Injuries (Serious Reportable and Reportable only), Missing Person (this is only under Serious Reportable), and Deaths (this is only under Serious Reportable).
NOTE: When the Special Notifications link is clicked, the following screen will be displayed. All fields are required to close the incident unless ‘Not required (by JL) for this incident’ is selected. These fields are required as of October 1, 2007 for DDOs and January 1, 2001 for voluntary agencies.

Incident Date: Will be displayed.

Consumer Name: If there is one consumer, the consumer name will be displayed as text. If there are multiple consumers that require special notifications, this field will be a single select dropdown box. Select a consumer to enter special notification information.

Was the eligible person contacted: This is a single select radio button that contains Yes or No.

If yes
Date: There are dropdowns for the selection or there is a date picker that can be used. The date the eligible person was contacted should be entered. This cannot be a date before the incident date and it cannot be a future date.

Time: There are three boxes, one for hour (HH), one for minutes (MM), and a drop down box for meridiem (AM/PM). The time the eligible person was contact. This cannot be before the date of the incident and it cannot be a future time.

Number of attempts: This is a free text area with a maximum of 3 digits.

If no
Reason: This is a single select dropdown box that contains: Consumer request not to notify, Eligible person is the target, No eligible party available, Not required (by JL) for this incident.
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If the eligible person wasn’t contacted, the answer to the next question is defaulted to N/A and cannot be changed.

**Date the OPWDD 147 was completed:** There are dropdowns for the selection or there is a date picker that can be used. The date the OPWDD 147 was completed should be entered. This cannot be a date before the incident date and it cannot be a future date.

**Date the OPWDD 148 or equivalent was provided:** There are dropdowns for the selection or there is a date picker that can be used. The date the OPWDD 148 was provided should be entered. This cannot be a date before the incident date and it cannot be a future date.

**Was the eligible person contacted:** This is a single select radio button that contains Yes or No.

If yes
**Date:** There are dropdowns for the selection or there is a date picker that can be used. The date the eligible person was contacted should be entered. This cannot be a date before the incident date and it cannot be a future date.

**Time:** There are three boxes, one for hour (HH), one for minutes (MM), and a drop down box for meridiem (AM/PM). The time the eligible person was contact. This cannot be before the date of the incident and it cannot be a future time.

**Number of attempts:** This is a free text area with a maximum of 3 digits.

If no
**Reason:** This is a single select dropdown box that contains: Consumer request not to notify, Eligible person is the target, No eligible party available.

If the eligible person wasn’t contacted, the answer to the next question is defaulted to N/A and cannot be changed.

**If the eligible person was contacted, was the offer to meet accepted?:** This is a single select radio button that contains: Yes or No.

If yes
**Date of Meeting:** There are dropdowns for the selection or there is a date picker that can be used. The date of the meeting should be entered. This cannot be before the incident date.

**Time:** There are three boxes, one for hour (HH), one for minutes (MM), and a drop down box for meridiem (AM/PM). The time the incident occurred. This cannot be a future time.

**Was a written request for the OPWDD 147 received?**
If yes
**Date request received:** There are dropdowns for the selection or there is a date picker that can be used. The date the request was received should be entered. This cannot be before the incident date.

**Date redacted 147 sent:** There are dropdowns for the selection or there is a date picker that can be used. The date the redacted 147 was sent should be entered. This cannot be before the incident date.

**If not sent, denial reason:** This is a single select dropdown box that contains: Eligible person is the target.

If the consumer is a Willowbrook consumer and if the incident is Serious Reportable or Allegation of Abuse Neglect, then the following alert message is displayed:
Click OK and the alert message disappears.

**Submitting Special Notifications**

After all applicable fields have been entered; click the Submit button to save the special notifications information.

**Errors:** If there are any data entry errors, an error message will be displayed at the top of the screen with detailed information about the error.

**Success:** If there are no errors, the updates will be made and a success message will be displayed with a link to view the data entered.

**View:** If the View link is clicked, a pop-up screen will be displayed with the data entered on the screen and a link to edit the information. The username and updated date will also be displayed.

**Investigation – Page 1**

When the Investigation link is clicked, the following screen will be displayed.
**Date Reported:** Will be displayed.

**Date Begun:** Date field. The date the investigation started should be entered. This date cannot be before the incident date.

**Date Due:** Date field. The date the investigation was/is due should be entered. This date cannot be before the incident date.

**Date Completed:** Date field. The date the investigation was completed should be entered. This date cannot be before the incident date.

**Name of Investigator(s):** This is a free text area with a maximum of 150 characters. The name of the investigator(s) should be entered.

**Investigative Process and Factual Findings:** This is an unlimited free text area.

**Conclusion(s):** This is an unlimited free text area.

**Administrative Recommendations:** This is an unlimited free text area.

**Clinical Recommendations:** This is an unlimited free text area.

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**Submitting Investigation Page 1**

After all applicable fields have been entered; click the Submit button to save the investigation Page 1 information.

**Errors:** If there are any data entry errors, an error message will be displayed at the top of the screen with detailed information about the error.

**Success:** If there are no errors, the updates will be made and a success message will be displayed with a link to view the data entered.

**View:** If the View link is clicked, a pop-up screen will be displayed with the data entered on the screen and a link to edit the information. The username and updated date will also be displayed.

---

**Investigation – Allegation of Abuse Disposition**

This will only be a link if there is a consumer in the incident with an incident category of Allegation of Abuse. When the Allegation of Abuse Disposition is clicked, the following screen will be displayed.
Consumer Name: If there is one individual, the individual’s name will be displayed as text. If there are multiple individuals that have a category of Allegation of Abuse, this field will be a multiple select dropdown box. Select an individual to enter classification, allegation of abuse disposition information, and Target information.

Classification: This field is a multiple select dropdown containing the entire list of allegation of abuse classifications.

Disposition: This is a single select radio button field containing the values: Disconfirmed, Inconclusive, and Substantiated.

Target(s): This field is a multiple select dropdown containing all of the names entered on the Involved Persons page with a Type of ‘Target of Allegation of Abuse’.

Add/Edit Target (link): This will open a new window. In addition to having the ability to enter a ‘Target of Allegation of Abuse’ on the Involved Persons screen, a user also has the ability to add ‘Target of Allegation of Abuse’ information from the Investigation – Allegation of Abuse Disposition screen.

Submitting Allegation of Abuse Disposition

After all applicable fields have been entered; click the Submit button to save the allegation of abuse information.

Errors: If there are any data entry errors, an error message will be displayed at the top of the screen with detailed information about the error.

Success: If there are no errors, the updates will be made and a success message will be displayed. All of the entered information will be displayed at the bottom of the page.

Final Corrective Measures

When the Final Corrective Measures link is clicked, the following screen is displayed:
Administrative Actions: This field is a multiple check box list that contains: Additional staff supervision, Disciplinary action, etc...  [View complete list]

Consumer-Specific Actions: This field is a multiple check box list that contains: Referral for clinical evaluation/service, Referral for medical evaluation/service, etc...  [View complete list]

NOTE: If ‘None’ is selected, no other selections are allowed.

Submitting Final Corrective Measures

After all applicable fields have been entered; click the Submit button to save the final corrective measures information.

Errors: If there are any data entry errors, an error message will be displayed at the top of the screen with detailed information about the error.

Success: If there are no errors, the updates will be made and a success message will be displayed with a link to view the data entered.
View: If the View link is clicked, a pop-up screen will be displayed with the data entered on the screen and a link to edit the information. The username and updated date will also be displayed.

**SRC Minutes**

When the SRC Minutes link is clicked, the following screen is displayed:

![Special Review Committee Minutes - Add](image)

**NOTE:** Minutes with no incidents can be created for voluntary agencies only.

**Minutes Date:** There are dropdowns for the selection or there is a date picker that can be used. The date of the meeting should be entered.

**Committee Name:** This is a single select dropdown box that contains a list of values entered from the Committee Name Table Maintenance screen. It will contain all available committee names. The committee name for which incidents will be added should be selected.

**Committee Members Present:** This is a multiple select dropdown box that contains a list of values entered for the Committee Members Table Maintenance screen. It will contain all available committee members that are associated with the Committee Name selected in the previous box. All members present at the meeting should be selected.

**NOTE:** If the date and committee selected already have minutes associated with them, if the committee members present are changed, the change will occur for all of the other incidents associated with the date/committee name combination. The following pop-up message will be displayed:
Minutes: This is a free text area with a maximum of 20,000 characters. There is no spell check and if the information is in another document, the copy and paste functionality is available.

Notes: This is a free text area with a maximum of 2,000 characters. There is no spell check and if the information is in another document, the copy and paste functionality is available.

Status: This field is a single select dropdown box that contains: Closed, Closed with follow up issues, and Open. The status of the incident should be selected.

Submitting SRC Minutes

After all the required fields have been entered, click the Submit button to save the information and create the minutes record.

Errors: if there are any data entry errors, an error message will be displayed at the top of the screen with detailed information about the error.

Success: If there are no errors, the record will be created and a success message will be displayed.

After the incident has been successfully added to the minutes, there will be an Add minutes for the same date link in the upper right corner of the screen. When clicked, this link will display the Incident Search screen again and another incident can be added to this minutes date. This process can be repeated for as many incidents as were discussed at this particular meeting.

Committee Name

When the Committee Name link is clicked, the following screen is displayed. This section is used to add, edit, and remove committee names.

Committee Name - Add

Committee Name: This is a multiple select box that contains a list of all the previously entered committee names.

Enter or Change Committee Name: This is a text area with a maximum of 40 characters.
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To add a committee name, select Add in the Committee Name box and enter the committee name in the Enter or Change Committee Name box. Click the Submit button and the member will be added to the selected committee.

To edit a committee name, select the name from the Committee Name box and make the necessary changes in the Enter or Change Committee Name box. Click the Submit button and the name information will be changed.

To remove a committee name, select the name from the Committee Name box and click the Remove button. If the name isn’t already associated with minutes, the name will be successfully removed. If the name is already associated with minutes, an error message will be displayed.

Committee Member

When the Committee Member link is clicked, the following screen is displayed. This section is used to add, edit, and remove committee members.

The committee member field is found on the Add/Edit/View Special Review Committee Minutes screen.

Committee Member: This is a single select dropdown box that contains a list of all committee names entered and the value of add to add new members to a committee.

Enter or Change Committee Member: This is a text area with a maximum of 40 characters.

Committee Name: This is a multiple select box that contains a list of all the previously entered committee names.

To add a committee member to a committee, select Add in the Committee Member box, enter the name of the member in the Enter or Change Committee Member box, and select the committee name they are to be added to from the Committee Name box. Click the Submit button and the member will be added to the selected committee.

To edit a committee member’s name, select the name from the Committee Member box and make the necessary changes in the Enter or Change Committee Member box. Click the Submit button and the member’s information will be changed. To add a committee member to additional committees, select the name from the Committee Member box and select all of the new committee’s the member should be added to from the Committee Name box. Click the Submit button and the member will be added to the new selected committees.

To remove a committee member, select the member’s name from the Committee Member box and click the Remove button. If the member isn’t already associated with minutes, the name will be successfully removed. If the member is already associated with minutes, an error message will be displayed.
To activate or inactivate a committee member, select the member’s name from the Committee Member box, and click the Activate/Inactivate link. The following pop-up screen will be displayed.

**Activate/Inactivate Committee Member**

* Required Fields
- Committee Member: Richard Hubbard

<table>
<thead>
<tr>
<th>Active</th>
<th>Inactive</th>
<th>Committee Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑</td>
<td>☐</td>
<td>Committee 2</td>
</tr>
<tr>
<td>☑</td>
<td>☐</td>
<td>Eastern</td>
</tr>
<tr>
<td>☑</td>
<td>☐</td>
<td>IRC - CNY DDSO</td>
</tr>
</tbody>
</table>

Committee Member: This is a single select dropdown box that will have the selected member’s name selected. Below the Committee Member box, radio buttons will be displayed indicating the member’s active/inactive status for all of their associated committees. Click the radio buttons to make necessary changes and then click the Submit button to save the changes.

2. **Edit**

This section is used to edit an existing incident.

From the Main Menu, click the Edit link under the heading ‘**Incident**’ to add a new incident.

**Incident**
- Add
- Edit
- View
- Remove
- Edit Status
- Edit Date(s) and/or Remove Consumer(s)

The Incident Search screen will be displayed.
The following search methods are available, click the radio button to search by:

- **Master Incident Number** – This is the default search. Enter all or part of the Master Incident Number that was assigned to the incident when the incident was created. This number starts with the year the incident was created, followed by a sequentially generated number; i.e., 2011-34
- **DDSO Incident Number** – Enter all or part of the DDSO Incident Number that was entered on the Consumer Details screen.
- **Agency Incident Number** – Will only be available for voluntary providers. Enter all or part of the Agency Incident Number that was entered on the Consumer Details screen.
- **Consumer Name** – Enter all or part of the Consumer Name.
- **Reported Date Range** – Enter a start and end date and all incidents that have an incident date within the range will be displayed.

To search by Master Incident Number, DDSO Incident Number, Agency Incident Number, or Consumer Name, enter the information into the text box and click the Continue button.

To search by Reported Date Range, click the Reported Date Range radio button and Start Date and End Date fields will be displayed. Enter the start and end dates and click the Continue button.

If the search matches only one incident, the incident details edit screen will be displayed. If the search matches more than one incident the Incident List screen will be displayed.

The Incident List screen displays all incidents that match the search criteria entered on the previous screen. The list is sorted by Master Incident Number oldest to newest. The fields displayed in the list are: Master Incident Number, DDSO Incident Number, Agency Incident Number (for voluntary providers only), Category, Classification, Consumer Name, Date of Incident/Date Discovered, and Status. If the Status is Closed or Closed with follow up issues, the incident cannot be edited. This list can be sorted by Master Incident Number or Date of Incident/Date Discovered. To change the sort order, click the Master Incident Number link or the Date of Incident/Date Discovered link.
If there are more than 10 incidents that match the search criteria, there will be Previous, Next, and page number links on the right that can be used to navigate through the list.

To edit an incident, click on the master incident number of the incident to be edited and the Incident Details Edit screen will be displayed.

Click the Edit link and the following screen will be displayed:

Make all required changes and click the Submit button.

To edit the involved person’s information, click the Involved Persons link and the following screen will be displayed.
To add involved persons, select Type, Sub type, and enter the involved person’s information. To remove all information previously entered, click the Remove All link. To edit or remove specific information, click the Edit or Remove links next to the specific information to be edited or removed.

To edit consumer information, click the Consumer link and the following screen will be displayed.

To add a consumer, click the Add link. To remove all information for all consumers previously entered click the Remove link next to Consumer Details. To edit or remove one consumer, click the Edit or Remove links next to the consumer to be edited or removed.

To edit the category/classification information, click the Change Category/Classification link, click the Edit link and the following screen will be displayed.
Make all required changes and click the Submit button.

To edit the initial findings information, click the Initial Findings link and the following screen will be displayed.
To edit initial findings information, click the Edit link. To remove all information for all consumers previously entered click the Remove link next to Initial Findings. To edit or remove specific information for one consumer, click the Edit or Remove links next to the information to be edited or removed. If no information has been previously entered for initial findings, there will be an add link next to Initial Findings, click that link to add initial findings information.

To edit the physical findings information, click the Physical Findings link and the following screen will be displayed.

To remove all information for all consumers previously entered click the Remove link next to Physical Findings Page 1. To edit or remove specific information for one consumer, click the Edit or Remove links next to the information to be edited or removed. If no information has been previously entered for physical findings, there will be an add link next to Physical Findings Page 1, click that link to add physical findings information.
To edit physical findings Page 2 information, click the Page 2 link and the following page will be displayed.

<table>
<thead>
<tr>
<th>Physical Findings Page 2 - Edit</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Injury List</strong></td>
</tr>
<tr>
<td>Body Part Number</td>
</tr>
<tr>
<td>20</td>
</tr>
</tbody>
</table>

To add physical findings page 2 information, click the body part to be added and click the Submit button. If there are multiple consumers with injuries in the incident, select the consumer name and injury and then click the body part to be added. To remove all information previously entered for a consumer, click the Remove link next to the consumer name. To remove specific information entered, click the Remove links next to the specific information to be removed. If no information has been previously entered for physical findings Page 2, there will be an add link next to Physical Findings Page 2, click that link to add physical findings Page 2 information.
To edit medical exam findings information, click the Medical Exam Findings link and the following screen will be displayed.

To add medical exam findings information, click the Add link next to Medical Exam Findings. To remove all information for all consumers previously entered click the Remove link next to Medical Exam Findings. To edit or remove specific information for one consumer, click the Edit or Remove links next to the specific information to be edited or removed. If no information has been previously entered for medical exam findings, there will be an add link next to Medical Exam Findings, click that link to add medical exam findings information.

To edit QCC 100 information, click the QCC 100 link and the following screen will be displayed.

To edit contributing factors to death, click the edit link next to Contributing Factor(s) to Death, make all required changes and click the Submit button. To remove all information for all consumers previously entered contributing factors, click the Remove link next to Contributing Factor(s) to Death.
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To edit section 1, click the Edit link next to Section 1: Reporting Agency/Facility Program Data, make all required changes and click the Submit button. To remove all previously entered information for all consumers for section one, click the Remove link next to Section 1: Reporting Agency/Facility Program Data.

To edit QCC 100 Section 2 information, click the Section 2 link and the following screen will be displayed.

### QCC 100 Section 2 - Edit

<table>
<thead>
<tr>
<th>Incident Details</th>
<th>Consumer Information</th>
<th>Physical Findings</th>
<th>QCC 100</th>
<th>Final Comments</th>
<th>SRC Minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Section 2: Recipient Information

- **Consumer Name:** ALIENANGEL MARINO
- **Date of Birth:** March 01, 1979
- **Gender:** MALE
- **Race:** BLACK
- **Height:** 610
- **Weight:** 160

**Recipient's Service Relationship to Agency/Program at time of death:**
- Current Recipient of Psychiatric Services for 30 days at time of death: Yes
- Recipient received services from the reporting agency: Yes
- Resident in a program under the jurisdiction of NYS: Yes
- Mental Illness Diagnosis: No
- Recipient ever hospitalized for psychiatric reasons: Yes
- Recipient ever hospitalized for physical illness reasons: Yes
- Within 30 days of death, did the recipient visit the emergency room for psychiatric reasons: Yes
- Within 30 days of death, did the recipient visit the emergency room for physical illness reasons: Yes
- Within 30 days of death, did the recipient's insurance plan refuse to authorize requested services: No
- Any of the most recent laboratory results being masked separately: No
- Allergic/anaphylactic adverse drug reaction: No
- Did the recipient ever have an EKG: No
- Within 24 hours of death was recipient in mechanical restraint: No
- Physically restrained, taken down: No
- Given staff anti for behavioral or psychiatric reasons: No
- In pain: No
- In seclusion: No
- Was the recipient receiving medications at the time of death: Yes

To edit section 2 information, click the Edit link next to Section 2: Recipient Information, make all required changes and click the Submit button. To remove all previously entered information for all consumers for section two, click the Remove link next to Section 2: Recipient Information.

To edit QCC 100 Section 3 information, click the Section 3 link and the following screen will be displayed.
To edit section 3 information, click the Edit link next to QCC 100 Section 3: Death Data, make all required changes and click the Submit button. To remove all previously entered information for all consumers for section three, click the Remove link next to QCC 100 Section 3: Death Data.

To edit QCC 100 Section 4 information, click the Section 4 link and the following screen will be displayed.

To edit section 4 information, click the Edit link next to QCC 100 Section 4, make all required changes and click the Submit button. To remove all previously entered information for all consumers for section four, click the Remove link next to QCC 100 Section 4.

To e-mail CQC and/or CO, click the E-mail CQC and/or CO link and the following screen will be displayed.
Once the Submit button is clicked, both e-mail recipients listed will receive an e-mail notification that a QCC100 form has been entered in IRMA and is available for viewing.

To edit notifications information, click the Notifications link and the following screen will be displayed.

To remove all notifications information for all consumers, click the Remove link next to Notifications. To edit specific notifications, click the Edit link next to the specific notification to be edited, make all required changes and click the Submit button. To remove entire notification information for all consumers for a specific notification, click the Remove link next to the specific notification to be removed. To remove notification information for a specific consumer, click the Remove link on the same line as the consumer name to be removed. To edit Special Notifications, click on the Special Notifications link.

To edit investigation information, click the Investigation link and the following screen will be displayed.
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Investigation - Edit

<table>
<thead>
<tr>
<th>Incident Details</th>
<th>Consumer</th>
<th>Initial Findings</th>
<th>Physical Findings</th>
<th>QCC 300</th>
<th>Notifications</th>
<th>Investigation</th>
<th>Final Corrective Measures</th>
<th>SRC Minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date Received</td>
<td>March 19, 2012</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date Reopen</td>
<td>March 27, 2012</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date Due</td>
<td>March 27, 2012</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name of Investigation</td>
<td>Nancy Wise</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

This is the investigative process and factual findings field.

Conclusions

These are the conclusions.

Administrative Recommendations

These are the administrative recommendations.

Clinical Recommendations

These are the clinical recommendations.

To remove all investigation information for all consumers, click the Remove link next to Investigation. To edit investigation information, click the Edit link next to the Investigation, make all required changes and click the Submit button. To edit the allegations of abuse disposition, click on the Allegations or Abuse Disposition link.

To edit Allegation of Abuse Disposition, click the Allegation of Abuse Disposition link and the following screen will be displayed.

Allegations of Abuse Disposition - Edit

<table>
<thead>
<tr>
<th>Required Fields</th>
<th>Required Fields To Close Incident</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual(s)</td>
<td>Classifications</td>
</tr>
<tr>
<td>TYLER,USA</td>
<td>Physical Abuse</td>
</tr>
<tr>
<td>PRZYBYCZIEN, CHRISTINE R</td>
<td>Neglect</td>
</tr>
</tbody>
</table>

Allegations of Abuse Disposition(s) Remove All

<table>
<thead>
<tr>
<th>Individual</th>
<th>Classification</th>
<th>Disposition</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRZYBYCZIEN, CHRISTINE R</td>
<td>Neglect</td>
<td>Disconfirmed</td>
<td>Jones, Jerry J - Staff - agency employee</td>
</tr>
<tr>
<td>TYLER, USA</td>
<td>Physical Abuse</td>
<td>Substantiated</td>
<td>Jones, Jerry J - Staff - agency employee</td>
</tr>
</tbody>
</table>

- 97 -
To add information, select individual, classification, disposition and Target and click the Submit button. To remove all previously entered information, click the Remove All link. To edit information, click the Remove link next to the information to be edited, it will be removed and then the user can re-enter the correct information. To remove specific information, click the Remove link next to the specific information to be removed.

To edit final corrective measures information, click the Final Corrective Measures link and the following screen will be displayed.

If no final corrective measures have been previously entered, click the Add link next to Final Corrective Measures to add them, check all final corrective measures and click the Submit button. To edit all final corrective measures, click the Edit link next to Final Corrective Measures, make all required changes and click the Submit button. To remove all final corrective measures for all consumers, click the Remove link next to Final Corrective Measures. To remove all administrative actions for all consumers, click the Remove link next to Administrative Actions. To remove specific administrative actions, click the Remove link on the same line as the administrative action to be removed. To remove all consumer-specific actions, click the Remove link next to Consumer-Specific Actions. To remove specific consumer-specific actions, click the Remove link on the same line as the consumer-specific action to be removed.

To edit the SRC Minutes, click on the SRC Minutes and the following screen will be displayed.

If the user clicks on the ‘Remove’ link at the top of the screen (next to the Add Link), all of the minutes dates for all committees for this incident will be removed. A success message, “All Minutes Dates have been successfully removed” will display in the main window.
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If the user clicks on the ‘Remove’ link next to the Edit Link for an individual minutes date and committee name, the minutes dates for this committee for this incident will be removed. A success message will display indicating which minutes date record has been removed.

If the user clicks on the ‘Remove’ link next to the Minutes Description for an individual minutes date and committee name, the minutes description for this committee for this incident will be removed. A success message “The Minutes Description has been successfully removed from the Incident.” will display in the main window.

If the user clicks on the ‘Remove’ link next to the Notes Description for an individual minutes date and committee name, the notes description for this committee for this incident will be removed. A success message “The Notes Description has been successfully removed from the Incident.” will display in the main window.

3. **View**

This section is used to view an incident.

From the Main Menu, click the View link under the heading ‘Incident’ to view an existing incident.

**Incident**

- Add
- Edit
- View
- Remove
- Edit Status
- Edit Date(s) and/or Remove Consumer(s)

The Incident Search screen will be displayed:

The following search methods are available, click the radio button to search by:

- **Master Incident Number** – This is the default search. Enter all or part of the Master Incident Number that was assigned to the incident when the incident was created. This number starts with the year the incident was created, followed by a sequentially generated number; i.e., 2011-34.
- **DDSO Incident Number** – Enter all or part of the DDSO Incident Number that was entered on the Consumer Details screen.
- **Agency Incident Number** – Will only be available for voluntary providers. Enter all or part of the Agency Incident Number that was entered on the Consumer Details screen.
- **Consumer Name** – Enter all or part of the Consumer Name.
- **Reported Date Range** – Enter a start and end date and all incidents that have an incident date within the range will be displayed.

To search by Master Incident Number, DDSO Incident Number, Agency Incident Number, or Consumer Name, enter the information into the text box and click the Continue button.
To search by Reported Date Range, click the Reported Date Range radio button and Start Date and End Date fields will be displayed. Enter the start and end dates and click the Continue button.

If the search matches only one incident, the incident details view screen will be displayed. If the search matches more than one incident, the Incident List screen will be displayed.

The Incident List screen displays all incidents that match the search criteria entered on the previous screen. The list is sorted by Master Incident Number oldest to newest. The fields displayed in the list are: Master Incident Number, DDSO Incident Number, Agency Incident Number (for voluntary providers only), Category, Classification, Consumer Name, Date of Incident/Date Discovered, and Status. This list can be sorted by Master Incident Number or Date of Incident/Date Discovered. To change the sort order, click the Master Incident Number link or the Date of Incident/Date Discovered link.

If there are more than 10 incidents that match the search criteria, there will be Previous, Next, and page number links on the right that can be used to navigate through the list.

To view an incident, click on the master incident number of the incident to be viewed and the Incident Details View screen will be displayed.
To view any/all sections of the incident, click on the appropriate link/tab and the corresponding information will be displayed.

4. **Remove**

This section is used to remove an incident.

From the Main Menu, click the Remove link under the heading ‘**Incident**’ to remove an incident.

The Incident Search screen will be displayed.

This screen is not a lookup screen, which means that the entire master incident number must be entered in order to remove an incident.

Enter the master incident number to be removed, click the Continue button and a screen will be displayed listing all of the incident information except for the QCC 100 data. To view the QCC 100 information click on the section link and the information will be displayed in a separate window. There is only one field on this screen, the Remove
Reason and it is a single select required field that contains: Downgrade, Duplicate, and Error. After the remove reason has been entered, click the Submit button to remove the incident.

**Errors:** If no remove reason is selected, an error message will be displayed at the top of the screen.

**Success:** If there are no errors, the incident will be removed from the application and a success message will be displayed.

5. **Edit Status**

This section is used to edit the status of an incident.

From the Main Menu, click the Edit Status link under the heading ‘Incident’ to edit the status of an incident.

**Incident**

- Add
- Edit
- View
- Remove
- Edit Status
- Edit Date(s) and/or Remove Consumer(s)

The Incident Search screen will be displayed:

The following search methods are available, click the radio button to search by:

- **Master Incident Number** – This is the default search. Enter all or part of the Master Incident Number that was assigned to the incident when the incident was created. This number starts with the year the incident was created, followed by a sequentially generated number; i.e., 2011-34.
- **DDSO Incident Number** – Enter all or part of the DDSO Incident Number that was entered on the Consumer Details screen.
- **Voluntary Agency Incident Number** – Will only be available for voluntary providers. Enter all or part of the Agency Incident Number that was entered on the Consumer Details screen.
- **Consumer Name** – Enter all or part of the Consumer Name.
- **Reported Date Range** – Enter a start and end date and all incidents that have an incident date within the range will be displayed.

To search by Master Incident Number, DDSO Incident Number, Agency Incident Number (for voluntary providers only), or Consumer Name, enter the information into the text box and click the Continue button.

To search by Reported Date Range, click the Reported Date Range radio button and Start Date and End Date fields will be displayed. Enter the start and end dates and click the Continue button.
If the search matches only one incident, the incident details view screen will be displayed. If the search matches more than one incident, the Incident List screen will be displayed.

6. **Edit Date(s) and/or Remove Consumer(s)**

This section is used to edit the date of an incident or remove a consumer from an incident.

**Incident**

- Add
- Edit
- View
- Remove
- Edit Status
- Edit Date(s) and/or Remove Consumer(s)

### Incident Search

- **Required Fields**
  - Master Incident Number

- Continue
- Reset

This screen is not a lookup screen, which means that the entire master incident number must be entered in order to edit the date or remove a consumer from an incident.

Enter the master incident number to be edited, click the Continue button and the following screen will be displayed.
If there are discrepancies in this incident, there will be a message in red describing the discrepancy. In the example above Sal Sharps is not enrolled in a program within the agency on the date of the incident. This happens when consumer enrollment information is modified in TABS after the incident has been created. When this occurs, the dates must be modified or the consumer must be removed from the incident in order to edit the incident.

**Date Reported:** There are drop downs for the selection or there is a date picker that can be used. The date the incident was reported should be entered.

**Date of Incident:** There are drop downs for the selection or there is a date picker that can be used. The date the incident occurred should be entered. This date cannot be a future date and it cannot be before the date reported.

**Date Discovered:** There are drop downs for the selection or there is a date picker that can be used. The date the incident was discovered should be entered. This date cannot be a future date and it cannot be before the date reported or date of incident.

The consumer name will be a link, that when clicked, will display the consumer discrepancy information. There will also be a remove link next to the consumer name that has the discrepancy. To remove the consumer and all related consumer information, click the remove link. If there is only one consumer in the incident, minutes will be removed. If the status is closed or closed with follow up issues, the status will be changed to open.

**NOTE:** An incident with a discrepancy will NOT display in the search results list for Edit Incident until the discrepancy is resolved through this screen.

Make all necessary changes and click the Submit button to save the information.

**XII. Enter Data for a Voluntary Agency**

This section is used to enter incident information for a voluntary agency. This link is only available for DDSO users.
From the Main Menu, click the Enter Data for a Voluntary Agency link to add incident information for a voluntary agency.

**Enter Data for a Voluntary Agency**

The Agency Search screen will be displayed.

**Agency ID or Name:** This is a text box with a maximum of 40 characters. Enter all or part of the agency name/ID to be searched and click the Continue button.

The Agency Select screen will be displayed.

**Agency Name/Agency ID:** This is a single select box that contains all agencies that match the search criteria entered in the Agency Search screen. Select the agency for which incident information is to be entered and click the Continue button.

The Voluntary Agency Main Menu will be displayed. This menu will have the same links and functionality as the DDSO Main Menu. To return to the DDSO menu, click the DDSO Menu link.

**XIII. Special Review Committee Minutes**

1. **Add**

   This section is used to add minutes for an incident.

   From the Main Menu, click the Add link under the heading ‘Special Review Committee Minutes’ to add minutes to an incident.

   The Special Review Committee Minutes – Add screen will be displayed.
Committee Name: This is a single select dropdown box that contains a list of values entered from the Committee Name Table Maintenance screen. It will contain all available committee names. The committee name for which incidents will be added should be selected.

Committee Members Present: This is a multiple select dropdown box that contains a list of values entered for the Committee Members Table Maintenance screen. It will contain all available committee members that are associated with the Committee Name selected in the previous box. All members present at the meeting should be selected.

Minutes Date: There are dropdowns for the selection or there is a date picker that can be used. The date of the meeting should be entered.

Are there incidents associated with these minutes: These are radio buttons - Yes or No. This question is only available for voluntary agency users.

NOTE: The question ‘Are there incidents associated with these minutes?’ is only available for voluntary agencies.

After all required fields have been entered, click the Continue button and the Incident Search screen will be displayed.

The following search methods are available, click the radio button to search by:

- **Master Incident Number** – This is the default search. Enter all or part of the Master Incident Number that was assigned to the incident when the incident was created. This number starts with the year the incident was created, followed by a sequentially generated number; i.e., 2011-34.

- **DDSO Incident Number** – Enter all or part of the DDSO Incident Number that was entered on the Consumer Details screen.

- **Agency Incident Number** – Will only be available for voluntary providers. Enter all or part of the DDSO Incident Number that was entered on the Consumer Details screen.

- **Consumer Name** – Enter all or part of the Consumer Name.
Incident Report and Management Application

- **Reported Date Range** – Enter a start and end date and all incidents that have an incident date within the range will be displayed.

To search by Master Incident Number, DDSO Incident Number, Agency Incident Number, or Consumer Name, enter the information into the text box and click the Continue button.

To search by Reported Date Range, click the Reported Date Range radio button and Start Date and End Date fields will be displayed. Enter the start and end dates and click the Continue button.

If the search matches only one incident, the incident details view screen will be displayed. If the search matches more than one incident, the Incident List screen will be displayed.

The Incident List screen displays all incidents that match the search criteria entered on the previous screen. The list is sorted by Master Incident Number oldest to newest. The fields displayed in the list are: Master Incident Number, DDSO Incident Number, Agency Incident Number (for voluntary providers only), Category, Classification, Consumer Name, Date of Incident/Date Discovered, and Status. This list can be sorted by Master Incident Number or Date of Incident/Date Discovered. To change the sort order, click the Master Incident Number link or the Date of Incident/Date Discovered link.

If there are more than 10 incidents that match the search criteria, there will be Previous, Next, and page number links on the right that can be used to navigate through the list.

To add an incident to minutes, click on the master incident number of the incident to be added and the following screen will be displayed.
There will be a View All Minutes For Incident link in the upper right corner of the screen. When clicked, this link will display a popup screen with all previously entered minutes for this incident.

The committee name, date, and committee members present entered previously will be displayed at the top of the screen. The initial findings/preliminary report, medical exam findings, investigative process and factual findings, and final corrective measures will be displayed for the selected incident.

**Status:** This field is a single select dropdown box that contains: Closed, Closed with follow up issues, and Open. The status of the incident should be selected.

**Minutes:** This is a free text area with a maximum of 20,000 characters. There is no spell check and if the information is in another document, the copy and paste functionality is available.

**Notes:** This is a free text area with a maximum of 2,000 characters. There is no spell check and if the information is in another document, the copy and paste functionality is available.

**Submitting Minutes**

After all the required fields have been entered, click the Submit button to save the information and create the minutes record.

**Errors:** if there are any data entry errors, an error message will be displayed at the top of the screen with detailed information about the error.

**Success:** If there are no errors, the record will be created and a success message will be displayed.
After the incident has been successfully added to the minutes, there will be an Add minutes for the same date link in the upper right corner of the screen. When clicked, this link will display the Incident Search screen again and another incident can be added to this minutes date. This process can be repeated for as many incidents as were discussed at this particular meeting.

2. **Edit**

This section is used to edit minutes for an incident.

From the Main Menu, click the Edit link under the heading ‘Special Review Committee Minutes’ to edit minutes of an incident.

The Special Review Committee Minutes – Edit screen will be displayed.

**Start Date**: This is the standard date picker. Enter a start date for the search.

**End Date**: This is the standard date picker. Enter an end date for the search.

**Committee Name**: This is a single select dropdown box that contains a list of values entered from the Committee Name Table Maintenance screen. It will contain all available committee names. The committee name for which minutes will be edited should be selected.

After all fields have been entered – Start Date, End Date, and Committee Name, click the Continue button and all minutes that match the search criteria selected will be displayed below. If there are no minutes that match the search criteria, an error message will be displayed.
Click on the minutes date to be edited and the following screen will be displayed.

Special Review Committee Minutes - Edit

Eastern - April 12, 2011

The Incident List screen displays all incidents listed for that minutes date. The list is sorted by Master Incident Number oldest to newest. The fields displayed in the list are: Master Incident Number, DDSO Incident Number, Agency Incident Number (for voluntary providers only), Category, Classification, Consumer Name, Date of Incident/Date Discovered, and Status. This list can be sorted by Master Incident Number or Date of Incident/Date Discovered. To change the sort order, click the Master Incident Number link or the Date of Incident/Date Discovered link.

If there are more than 10 incidents that match the search criteria, there will be Previous, Next, and page number links on the right that can be used to navigate through the list.

To add an incident to minutes, click on the Master Incident Number of the incident to be added and the following screen will be displayed.

Edit Committee Members Present: This is a link that, when clicked, will display the following pop-up window.
Committee Members Present: This is a multiple select dropdown box that contains a list of values entered for the Committee Members Table Maintenance screen. It will contain all available committee members that are associated with the committee name selected in the previous box. All members present at the meeting should be selected. Click the Submit button to save the changes.

Edit Minutes Date: This is a link that, when clicked, will display the following pop-up window.

The current minutes date is displayed for reference.

New Minutes Date: There are dropdowns for the selection or there is a date picker that can be used. The new date of the meeting should be entered. Click the Submit button to save the changes.

Add minutes for an incident number not listed: This is a link that, when clicked, the incident search screen will be displayed. See section on Adding Minutes for detailed information.
To edit minutes for an incident that has already been added to this minutes date, click on the incident number to be edited and the Special Review Committee Minutes – Edit screen will be displayed.

Make all required changes and click the Submit button.

3. View

This section is used to view minutes for an incident.

From the Main Menu, click the View link under the heading ‘Special Review Committee Minutes’ to view minutes of an incident.

The Special Review Committee Minutes – View screen will be displayed.
Special Review Committee Minutes - View

Start Date: This is the standard date picker. Enter a start date for the search.

End Date: This is the standard date picker. Enter an end date for the search.

Committee Name: This is a single select dropdown box that contains a list of values entered from the Committee Name Table Maintenance screen. It will contain all available committee names. The committee name for which minutes will be edited should be selected.

After all fields have been entered – Start Date, End Date, and Committee Name, click the Continue button and all minutes that match the search criteria selected will be displayed below.

Special Review Committee Minutes - Edit

If there are no minutes that match the search criteria, an error message will be displayed. Click on the minutes date to be edited and the following screen will be displayed.
The incident list screen displays all incidents for the minute date. The list is sorted by Master Incident Number oldest to newest. The fields displayed in the list are: Master Incident Number, DDSO Incident Number, Agency Incident Number (for voluntary providers only), Category, Classification, Consumer Name, Date of Incident/Date Discovered, and Status. This list can be sorted by Master Incident Number or Date of Incident/Date Discovered. To change the sort order, click the Master Incident Number link or the Date of Incident/Date Discovered link.

If there are more than 10 incidents that match the search criteria, there will be Previous, Next, and page number links on the right that can be used to navigate through the list.

To add an incident to minutes, click on the master incident number of the incident to be added and the following screen will be displayed.

**View all minutes for this date:** This is a link that, when clicked, will display the following pop-up window.

<table>
<thead>
<tr>
<th>#</th>
<th>Master Incident Number</th>
<th>DDSO Incident Number</th>
<th>Category</th>
<th>Classification</th>
<th>Consumer Name</th>
<th>Date of Incident/Date Discovered</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2011-000001</td>
<td></td>
<td>Allegation Of Abuse</td>
<td>Physical Abuse</td>
<td>ADULT GARY</td>
<td>01/04/2011</td>
<td>Open</td>
</tr>
<tr>
<td>2</td>
<td>2011-000002</td>
<td></td>
<td>Allegation Of Abuse</td>
<td>Physical Abuse</td>
<td>CARLSON SUSAN</td>
<td>01/04/2011</td>
<td>Open</td>
</tr>
<tr>
<td>3</td>
<td>2011-000003</td>
<td></td>
<td>Allegation Of Abuse</td>
<td>Physical Abuse</td>
<td>JONES HARRY</td>
<td>01/04/2011</td>
<td>Open</td>
</tr>
<tr>
<td>4</td>
<td>2011-000004</td>
<td></td>
<td>Allegation Of Abuse</td>
<td>Physical Abuse</td>
<td>Unknown 1</td>
<td>01/04/2011</td>
<td>Open</td>
</tr>
</tbody>
</table>
Incident Report and Management Application

Special Review Committee Minutes

Eastern - April 12, 2011

Syracuse Developmental Center (DC)
Central New York DDSO

Master Incident Number: 2011-000003 (4 Consumers)
Date Reported: January 04, 2011
● Statewide Incident Number(s):
ADULT, GARY 2011-000003-04
CARLSON, SUSAN 2011-000003-06
JONES, HARRY 2011-000003-03
Unknown 1 2011-000003-02
Name of Investigator(s) - Charlie Smith
Minutes

This is the minutes section.

Status: Open
Notes

This is the notes section.

Master Incident Number: 2011-000018 (1 Consumer)
Date Reported: April 08, 2011
● Statewide Incident Number(s):
ZAEROYOKI, SALLY 2011-000018-01
Name of Investigator(s) - Nancy South
Minutes

This is the minutes section.

Status: Open
Notes

This is the notes section.

To return to the Special Review Committee Minutes – View list, click the browser’s back button.
Incident Report and Management Application

To see the history of all minutes entered for an incident, click the View All Minutes For Incident link and a pop-up window will be displayed that contains the history of meeting minutes for this incident.

View
All Minutes For Incident

<table>
<thead>
<tr>
<th>Minutes Date</th>
<th>April 12, 2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minutes</td>
<td>This is the minutes section.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Minutes Date</th>
<th>April 08, 2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minutes</td>
<td>Minutes section</td>
</tr>
</tbody>
</table>

4. Remove Incident from SRC Minutes

This section is used to remove incidents from minutes.

From the Main Menu, click the Remove Incident from SRC Minutes link under the heading ‘Special Review Committee Minutes’ to remove an incident from minutes.

The Special Review Committee Minutes – Remove screen will be displayed.

Special Review Committee Minutes - Remove

Start Date: This is the standard date picker. Enter a start date for the search.

End Date: This is the standard date picker. Enter an end date for the search.

Committee Name: This is a single select dropdown box that contains a list of values entered from the Committee Name Table Maintenance screen. It will contain all available committee names. The committee name for which minutes will be edited should be selected.
After all fields have been entered – Start Date, End Date, and Committee Name, click the Continue button and all minutes that match the search criteria selected will be displayed below.

**Special Review Committee Minutes - Remove**

If there are no minutes that match the search criteria, an error message will be displayed. Click on the minutes date to be removed and the following screen will be displayed.

**Special Review Committee Minutes - Remove**

Eastern - April 12, 2011

The Incident List screen displays all incidents that match the search criteria entered on the previous screen. The list is sorted by Master Incident Number oldest to newest. The fields displayed in the list are: Master Incident Number, DDSO Incident Number, Agency Incident Number (for voluntary providers only), Category, Classification, Consumer Name, Date of Incident/Date Discovered, and Status. This list can be sorted by Master Incident Number or Date of Incident/Date Discovered. To change the sort order, click the Master Incident Number link or the Date of Incident/Date Discovered link.

If there are more than 10 incidents that match the search criteria, there will be Previous, Next, and page number links on the right that can be used to navigate through the list.

To remove an incident from the minutes, click on the master incident number of the incident to be removed and the following screen will be displayed. To remove the incident from the minutes, click the Remove button and a success message will be displayed.
XIV. Table Maintenance

This section is used to add, edit, and remove DDSO specific information.

1. Committee Member

This section is used to add, edit, and remove committee members.

From the Main Menu click the Committee Member link under the heading 'Table Maintenance' to add, edit, or remove committee members.

Table Maintenance
Committee Member
Committee Name
Initial Contributing Factor 2
Location 2

The Table Maintenance – Committee Member screen will be displayed.
The committee member field is found on the Add/Edit/View Special Review Committee Minutes screen.

**Committee Member**: This is a single select dropdown box that contains a list of all committee names entered and the value of add to add new members to a committee.

**Enter or Change Committee Member**: This is a text area with a maximum of 40 characters.

**Committee Name**: This is a multiple select box that contains a list of all the previously entered committee names.

To add a committee member to a committee, select Add in the Committee Member box, enter the name of the member in the Enter or Change Committee Member box, and select the committee name they are to be added to from the Committee Name box. Click the Submit button and the member will be added to the selected committee.

To edit a committee member’s name, select the name from the Committee Member box and make the necessary changes in the Enter or Change Committee Member box. Click the Submit button and the member’s information will be changed. To add a committee member to additional committees, select the name from the Committee Member box and select all of the new committee’s the member should be added to from the Committee Name box. Click the Submit button and the member will be added to the new selected committees.

To remove a committee member, select the member’s name from the Committee Member box and click the Remove button. If the member isn’t already associated with minutes, the name will be successfully removed. If the member is already associated with minutes, an error message will be displayed.

To activate or inactivate a committee member, select the member’s name from the Committee Member box, and click the Activate/Inactivate link. The following pop-up screen will be displayed.
Committee Member: This is a single select dropdown box that will have the selected member’s name selected. Below the Committee Member box, radio buttons will be displayed indicating the member’s active/inactive status for all of their associated committees. Click the radio buttons to make necessary changes and then click the Submit button to save the changes.

2. Committee Name

This section is used to add, edit, and remove committee names.

From the Main Menu click the Committee Name link under the heading ‘Table Maintenance’ to add, edit, or remove committee names.

Committee Name: This is a multiple select box that contains a list of all the previously entered committee names.

Enter or Change Committee Name: This is a text area with a maximum of 40 characters.
To add a committee name, select Add in the Committee Name box and enter the committee name in the Enter or Change Committee Name box. Click the Submit button and the member will be added to the selected committee.

To edit a committee name, select the name from the Committee Name box and make the necessary changes in the Enter or Change Committee Name box. Click the Submit button and the name information will be changed.

To remove a committee name, select the name from the Committee Name box and click the Remove button. If the name isn’t already associated with minutes, the name will be successfully removed. If the name is already associated with minutes, an error message will be displayed.

3. Initial Contributing Factor 2

This section is used to add, edit, and remove initial contributing factor 2 values.

From the Main Menu click the Initial Contributing Factor 2 link under the heading ‘Table Maintenance’ to add, edit, or remove contributing factor 2 values.

The Table Maintenance – Initial Contributing Factor 2 screen will be displayed.

**Initial Contributing Factor 2**: This is a single select box that contains a list of all the previously entered initial contributing factor 2 values.

**Enter or Change Initial Contributing Factor 2**: This is a text area with a maximum of 40 characters.

To add an initial contributing factor 2, select Add in the Initial Contributing Factor 2 box and enter the contributing factor in the Enter or Change Initial Contributing Factor 2 box. Click the Submit button and the new initial contributing factor will be added.

To edit an initial contributing factor 2 value, select the contributing factor from the Initial Contributing Factor 2 box and make the necessary changes in the Enter or Change Initial Contributing Factor 2 box. Click the Submit button and the contributing factor 2 information will be changed.

To remove an initial contributing factor 2 value, select the contributing factor from the Initial Contributing Factor 2 box and click the Remove button. If the contributing factor 2 value isn’t already associated with an incident, the contributing factor 2 will be successfully removed. If the contributing factor 2 value is already associated with an incident, an error message will be displayed.
4. Location 2

This section is used to add, edit, and remove location 2 values.

From the Main Menu click the Location 2 link under the heading ‘Table Maintenance’ to add, edit, or remove location 2 values.

Table Maintenance

Location 2

The Table Maintenance – Location 2 screen will be displayed.

Location 2: This is a single select box that contains a list of all the previously entered location 2 values.

Enter or Change Location 2: This is a text area with a maximum of 40 characters.

To add a location 2, select Add in the Location 2 box and enter the location in the Enter or Change Location 2 box. Click the Submit button and the new location will be added.

To edit a location 2 value, select the location from the Location 2 box and make the necessary changes in the Enter or Change Location 2 box. Click the Submit button and the location 2 information will be changed.

To remove a location 2 value, select the location from the Location 2 box and click the Remove button. If the location 2 value isn’t already associated with an incident, the location 2 will be successfully removed. If the location 2 value is already associated with an incident, an error message will be displayed.

XV. Consumer

This section is used to replace temporary consumers with TABS consumers in an incident and to grant access from one agency to another for consumers. This link should be used when a data entry error is made and the wrong consumer is added to an incident or if a temporary consumer had to be added to an incident because the enrollments in TABS weren’t current at the time of data entry.

1. Replace

From the Main Menu, click the Replace link under the heading ‘Consumer’ to replace a temporary consumer with a TABS consumer.
The Incident Search screen is displayed.

The following search methods are available, click the radio button to search by:

- **Master Incident Number** – This is the default search. Enter all or part of the Master Incident Number that was assigned to the incident when the incident was created. This number starts with the year the incident was created, followed by a sequentially generated number; i.e., 2011-34.
- **DDSO Incident Number** – Enter all or part of the DDSO Incident Number that was entered on the Consumer Details screen.
- **Agency Incident Number** – Will only be available for voluntary providers. Enter all or part of the Agency Incident Number that was entered on the Consumer Details screen.
- **Consumer Name** – Enter all or part of the Consumer Name.
- **Reported Date Range** – Enter a start and end date and all incidents that have an incident date within the range will be displayed.

To search by Master Incident Number, DDSO Incident Number, Agency Incident Number, or Consumer Name, enter the information into the text box and click the Continue button.

To search by reported date range, click the Reported Date Range radio button and Start Date and End Date fields will be displayed. Enter the start and end dates and click the Continue button.

If the search matches only one incident, the Consumer Replace screen will be displayed. If the search matches more than one incident, the Incident List screen will be displayed.
The Incident List screen displays all incidents that match the search criteria entered on the previous screen. The list is sorted by Master Incident Number oldest to newest. The fields displayed in the list are: Master Incident Number, DDSO Incident Number, Agency Incident Number (for voluntary providers only), Category, Classification, Consumer Name, Date of Incident/Date Discovered, and Status. This list can be sorted by Master Incident Number or Date of Incident/Date Discovered. To change the sort order, click the Master Incident Number link or the Date of Incident/Date Discovered link.

If there are more than 10 incidents that match the search criteria, there will be Previous, Next, and page number links on the right that can be used to navigate through the list.

To replace a temporary consumer, click on the master incident number of the incident and the following screen will be displayed.

If there are multiple consumers in an incident, Consumer Information will be a single selection dropdown box. Select the consumer to be replaced and click the Continue button.

The Consumer Search screen will be displayed.
Consumer - Replace

Consumer Search

Consumer TABS ID or Name: This is a text area with a maximum of 40 characters. Enter all or part of the consumer name or the complete TABS ID of the consumer to be added to this incident and click the Continue button.

The Consumer Select screen will be displayed.

Consumer Information: This is a single select dropdown box that contains a list of values that match the search criteria entered on the previous screen. Select the consumer to be added to this incident. For more information about a specific consumer, select the consumer information for the dropdown box and click the More Consumer Information. A pop-up window will be displayed with detailed information about the selected consumer. Once the correct consumer has been selected, click the Continue button.

NOTE: If a consumer is already in IRMA with a classification of death, the user will receive an error and won’t be allowed to continue entering the consumer with a classification of death.

NOTE: If a consumer is already in IRMA with an incident on the same day, an alert will be displayed notifying the user. This was added to help reduce duplication of incidents.

The Consumer Replace confirmation screen will be displayed.
Once all information has been verified, click the Submit button to save the change. This will remove one consumer from an incident and add the other consumer to the incident. All related consumer specific incident information will remain the same. However, this change may affect notifications.

2. Grant Access by Agency

This option allows one agency to grant access to a consumer to another agency. For example: If there was an incident with multiple consumers from different agencies, the agency responsible for reporting the incident would have to be able to access the consumers from other agencies. The other agency would have to access this section to grant access to their consumer to the agency responsible for recording the incident.

From the Main Menu, click the Grant Access by Agency link under the heading ‘Consumer’ to grant access to a consumer to another agency.

The Consumer Search screen will be displayed.

**Consumer TABS ID or Name:** This is a text area with a maximum of 40 characters. Enter all or part of the consumer name or the complete TABS ID of the consumer to be added to another agency’s access and click the Continue button.

The Consumer Select screen will be displayed.
Consumer Information: This is a single select dropdown box that contains a list of values that match the search criteria entered on the previous screen. Select the consumer to be added to the other agency’s access. For more information about a specific consumer, select the consumer information for the dropdown box and click the More Consumer Information. A pop-up window will be displayed with detailed information about the selected consumer. Once the correct consumer has been selected, click the Continue button.

The Agency Search screen will be displayed.

Agency ID or Name: This is a text area with a maximum of 40 characters. Enter all or part of the agency name or the agency ID of the agency gaining access to the consumer selected in the previous screens and click the Continue button.

The Agency Select screen will be displayed.

Agency Name/Agency ID: This is a single select dropdown box that contains a list of values that match the search criteria entered on the previous screen. Select the agency to be given access to the consumer selected in the previous screens and click the Continue button.

The Grant Access by Agency confirmation screen will be displayed.
Once all information has been verified, click the Submit button to save the change. This will give another agency access to the consumer forever. This allows the agency responsible for recording an incident with multiple consumers from multiple agencies the ability to see the consumer from the Incident – Consumer screen.

XVI. Agency Replace

This section is only available for DDSO users and is used when an incident is incorrectly entered under the wrong agency. It allows the incident to be moved to the correct agency without having to delete the incident and re-enter all of the incident information.

From the Main Menu, click the Agency Replace link to replace an agency for an incident.

The Incident Search screen is displayed.

The following search methods are available, click the radio button to search by:

- **Master Incident Number** – This is the default search. Enter all or part of the Master Incident Number that was assigned to the incident when the incident was created. This number starts with the year the incident was created, followed by a sequentially generated number; i.e., 2011-34.

- **DDSO Incident Number** – Enter all or part of the DDSO Incident Number that was entered on the Consumer Details screen.

- **Consumer Name** – Enter all or part of the Consumer Name.

- **Reported Date Range** – Enter a start and end date and all incidents that have an incident date within the range will be displayed.

To search by Master Incident Number, DDSO Incident Number, or Consumer Name, enter the information into the text box and click the Continue button.

To search by reported date range, click the Reported Date Range radio button and Start Date and End Date fields will be displayed. Enter the start and end dates and click the Continue button.
If the search matches only one incident, the Agency Replace screen will be displayed. If the search matches more than one incident, the Incident List screen will be displayed.

### Incident List

The Incident List screen displays all incidents that match the search criteria entered on the previous screen. The list is sorted by Master Incident Number oldest to newest. The fields displayed in the list are: Master Incident Number, DDSO Incident Number, Category, Classification, Consumer Name, Date of Incident/Date Discovered, and Status. This list can be sorted by Master Incident Number or Date of Incident/Date Discovered. To change the sort order, click the Master Incident Number link or the Date of Incident/Date Discovered link.

If there are more than 10 incidents that match the search criteria, there will be Previous, Next, and page number links on the right that can be used to navigate through the list.

To replace an agency, click on the master incident number of the incident and the Agency Replace – Agency Select screen will be displayed.
Incident Report and Management Application

Agency Name/Agency ID: This is a single select dropdown box that contains all of the available agencies within the DDSO. The agency currently assigned to the incident is listed above the dropdown box. Select the new agency that will replace the current agency listed and click the Continue button.

The Agency Replace confirmation screen will be displayed.

Agency Replace

Agency Select

SYRACUSE DEVELOPMENTAL CENTER (DC)
Central New York DDO

Agency SYRACUSE DEVELOPMENTAL CENTER (DC)/51210 for incident 2011-000018 will be replaced with Agency CENTRAL NY ALD7/0160

Submit

Verify that the correct agency has been selected and click the Submit button to update the incident.

XVII. Incidents with TABS Enrollment Discrepancies

This section lists incidents that have been entered into IRMA and then had a subsequent data change in TABS that makes the incident invalid. For example: If an incident occurred on 1/2/2011 and was data entered on 1/3/2011 with the consumer enrolled in the program on 1/2/2011. Then someone made a change to the consumer enrollment and removed the consumer from the program on 1/1/2011, the incident becomes invalid because the incident couldn’t have occurred on 1/2/2011 if the consumer wasn’t enrolled in the program at the time of the incident. Therefore, either the date of the incident in IRMA is wrong or the remove date in TABS is wrong. Something needs to be updated to validate this incident.

From the Main Menu, click on the Incidents with TABS Enrollment Discrepancies.

NOTE: If there are discrepancies there will be a number, at the end of the link displayed below, in parenthesis, to indicate the number of incidents with TABS Enrollment Discrepancies.

The Incident List screen will be displayed.

Incidents with TABS Enrollment Discrepancies

Incident List

Displaying incidents 1 - 3 of 3.

<table>
<thead>
<tr>
<th>#</th>
<th>Master Incident Number</th>
<th>DDSO Incident Number</th>
<th>Category</th>
<th>Classification</th>
<th>Consumer Name</th>
<th>Date of Incident/Date Discovered</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2006-000294</td>
<td>Serious Reportable</td>
<td>Injury</td>
<td>SANTINO, APRIL</td>
<td>06/03/2006</td>
<td>Open</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>2006-000579</td>
<td>Allegation of Abuse</td>
<td>Sexual Abuse</td>
<td>* SHARPS BAL</td>
<td>12/10/2006</td>
<td>Open</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>2006-000585</td>
<td>Allegation of Abuse</td>
<td>Physical Abuse</td>
<td>CARLSON, SUSAN</td>
<td>12/09/2006</td>
<td>Open</td>
<td></td>
</tr>
</tbody>
</table>
The Incident List screen displays all incidents that currently have a discrepancy. The list is sorted by Master Incident Number oldest to newest. The fields displayed in the list are: Master Incident Number, DDSO Incident Number, Agency Incident Number (for voluntary providers only), Category, Classification, Consumer Name, Date of Incident/Date Discovered, and Status. This list can be sorted by Master Incident Number or Date of Incident/Date Discovered. To change the sort order, click the Master Incident Number link or the Date of Incident/Date Discovered link.

If there are more than 10 incidents that match the search criteria, there will be Previous, Next, and page number links on the right that can be used to navigate through the list.

The consumer name with the discrepancy will have an asterisk next to it and it will be a link, that when clicked, will display Consumer Information.

### Consumer Information

SHARPS, SAL is not enrolled in any program with this agency on the Date of Incident/Date Discovered - 06/03/2006.

<table>
<thead>
<tr>
<th>TABS ID</th>
<th>199599</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consumer Name</td>
<td>SHARPS, SAL</td>
</tr>
<tr>
<td>Date of Birth</td>
<td>September 01, 1959</td>
</tr>
<tr>
<td>Age</td>
<td>51 Year(s)</td>
</tr>
<tr>
<td>Gender</td>
<td>MALE</td>
</tr>
</tbody>
</table>

#### Program(s)

<table>
<thead>
<tr>
<th>Type</th>
<th>Name</th>
<th>Address</th>
<th>Add Date</th>
<th>Remove Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residential</td>
<td>HOUSE #6</td>
<td>120 STATE HIGHWAY 4, ROME NY 13440</td>
<td>01/01/1998</td>
<td>01/10/2004</td>
</tr>
</tbody>
</table>

The reason for the discrepancy will be in red text. This discrepancy needs to be resolved before the incident can be edited. To resolve discrepancies click on the Edit Date(s) and/or Remove Consumer(s) link from the Main Menu.

### XVIII. Historic Data

This section is only available for the following DDSOs: Finger Lakes, Taconic, and Hudson Valley.

### XIX. Reports Menu

This section is used to run reports.

From the Main Menu, click the Reports Menu link.
Incident Report and Management Application

January 2013

The Reports Menu will be displayed. The following is a list of all canned reports.

<table>
<thead>
<tr>
<th>Agency</th>
<th>Committee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Summary of Administrative Actions by Agency</td>
<td>All Incidents by Status</td>
</tr>
<tr>
<td>Summary of Administrative Actions by Agency, Program</td>
<td>Agenda for Open Incidents</td>
</tr>
<tr>
<td>Summary of Consumer-Specific Actions by Agency, Program</td>
<td>Agenda for New Meeting</td>
</tr>
<tr>
<td>Summary of Immediate Consumer Protections by Agency</td>
<td>Committee Meeting Minutes by Date</td>
</tr>
<tr>
<td>Summary of Immediate Consumer Protections by Agency, Program</td>
<td>Incidents by Date/Date Range by Committee</td>
</tr>
<tr>
<td></td>
<td>Incident Minutes History</td>
</tr>
<tr>
<td></td>
<td>New Incidents</td>
</tr>
<tr>
<td></td>
<td>New Incidents Tracking By Date/Date Range</td>
</tr>
<tr>
<td></td>
<td>Thirty Day Review Report</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Individual/Incident History</th>
<th>Investigator/Investigation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agency Incident History</td>
<td>Investigation Report By Due Date</td>
</tr>
<tr>
<td>Entire Incident</td>
<td>Investigation Report By Due Date Range</td>
</tr>
<tr>
<td>Incident With Minutes History by Consumer</td>
<td>Investigator</td>
</tr>
<tr>
<td>Incident With Minutes History by Incident</td>
<td></td>
</tr>
<tr>
<td>Individual Incident History</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Trend</th>
<th>Central Office Reports</th>
</tr>
</thead>
<tbody>
<tr>
<td>Category by Days of Week, Shift, Status</td>
<td>Quarterly Statistical Report</td>
</tr>
<tr>
<td>Consumers With 3 or More Incidents by Category</td>
<td>Category By Facility Type</td>
</tr>
<tr>
<td>Contributing Factors for Injuries</td>
<td>Classification of Category</td>
</tr>
<tr>
<td>Death Trends</td>
<td>DDSO Classification of Category</td>
</tr>
<tr>
<td>Incidents by Category and Classification by Sector</td>
<td>Status Of Allegation Of Abuse</td>
</tr>
<tr>
<td>Injuries by Category and Location</td>
<td></td>
</tr>
<tr>
<td>Injury Type by Category</td>
<td></td>
</tr>
<tr>
<td>Injury Unknown Origin</td>
<td></td>
</tr>
<tr>
<td>Program Incident History (Injury Types)</td>
<td></td>
</tr>
<tr>
<td>Program Incident History (Allegations of Abuse Disposition)</td>
<td></td>
</tr>
<tr>
<td>Totals by Category</td>
<td></td>
</tr>
<tr>
<td>Totals by Category and Classification</td>
<td></td>
</tr>
<tr>
<td>Total Number of Allegations of Abuse Disposition</td>
<td></td>
</tr>
<tr>
<td>Allegation of Abuse Referral</td>
<td></td>
</tr>
</tbody>
</table>

For detailed information in reports, click on the Reports Description link on the Reports Menu screen.

**NOTE:** Central Office Reports are only available for Central Office and DDSO users.

**XX. Contact Information**

For problems with IRMA, please contact the Incident Management Unit. If they cannot help, contact the IMS Helpdesk.

For a IRMA contact information, please view the IRMA Contact Information from the IRMA Login page.

1. **IMS Helpdesk:**
   - e-mail Address: help.desk@opwdd.ny.gov
   - Telephone #: (518) 381-2100

2. **Training Unit:**
## Incident Report and Management Application

Kris Vemula  
e-Mail: krishna.vemula@opwdd.ny.gov  
Telephone #: (518) 381-2135

3. **OPWDD - IMS FAX #:** (518) 381-2190

4. **OPWDD – IMS Mailing Address:** New York State OPWDD  
Information Management Solutions  
500A Balltown Road  
Schenectady, New York 12304-2291

### Appendix A

#### Table of Contents

| Form OPWDD 147 Revised 8/97 | State of New York  
|------------------------------|-------------------
| **OFFICE FOR PEOPLE WITH**  | **OPWDD - IMS FAX #:** (518) 381-2190  
| **DEVELOPMENTAL DISABILITIES** | **Telephone #:** (518) 381-2135  

### Form OPWDD 147 Revised 8/97

For additional guidance in completing this form please see line by line instructions

#### 1. AGENCY COMPLETING THIS FORM

<table>
<thead>
<tr>
<th>Column 1</th>
<th>Column 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>AGENCY</td>
<td>COMPLETING THIS FORM</td>
</tr>
</tbody>
</table>

#### 2. FACILITY

- FACILITY ADDRESS

#### 3. PROGRAM TYPE

- PROGRAM TYPE

#### 4. FACILITY ADDRESS

- FACILITY ADDRESS

#### 5. PHONE

- PHONE

#### 6. INCIDENT - ALLEGATION REFERENCE NUMBER

- INCIDENT - ALLEGATION REFERENCE NUMBER

#### 7. WAS AN OPWDD 147 PREVIOUSLY SUBMITTED?

- YES
- NO

#### 8. NAME OF THE PERSON RECEIVING SERVICES (Last,First)

- NAME OF THE PERSON RECEIVING SERVICES (Last,First)

#### 9. DATE OF BIRTH

- DATE OF BIRTH

#### 10. GENDER

- MALE
- FEMALE

#### 11. ID NO

- ID NO

#### 12. DATE & TIME INCIDENT - ALLEGED ABUSE WAS:

- DATE & TIME INCIDENT - ALLEGED ABUSE WAS:

#### 13. DATE & TIME INCIDENT - ALLEGED ABUSE OCCURRED (IF KNOWN):

- DATE & TIME INCIDENT - ALLEGED ABUSE OCCURRED (IF KNOWN):

#### 14. PRELIMINARY CLASSIFICATION (X ONE):

- PRELIMINARY CLASSIFICATION (X ONE):

#### 15. SPECIFIC LOCATION WHERE INCIDENT - ALLEGED ABUSE OCCURED

- SPECIFIC LOCATION WHERE INCIDENT - ALLEGED ABUSE OCCURED:

#### 16. BRIEF DESCRIPTION OF INCIDENT - ALLEGED ABUSE

- BRIEF DESCRIPTION OF INCIDENT - ALLEGED ABUSE:

#### 17. LIST THE IMMEDIATE CORRECTIVE PROTECTIVE ACTIONS THAT HAVE BEEN TAKEN INCLUDE MEDICAL OR DENTAL TREATMENT AND FIRST AID RENDERED:

- LIST THE IMMEDIATE CORRECTIVE PROTECTIVE ACTIONS THAT HAVE BEEN TAKEN INCLUDE MEDICAL OR DENTAL TREATMENT AND FIRST AID RENDERED:

#### 18. REFERRAL TO ADULT PROTECTIVE SERVICES

- REFERRAL TO ADULT PROTECTIVE SERVICES:

#### 19. PERMANENT RESIDENTIAL ADDRESS AND PHONE NUMBER (of person listed in #9 above, if different than #2 and #5 above)

- PERMANENT RESIDENTIAL ADDRESS AND PHONE NUMBER (of person listed in #9 above, if different than #2 and #5 above)

#### 20. ID/SS

- ID/SS

#### 21. TYPE OF RESIDENCE

- TYPE OF RESIDENCE

#### 22. TEMPORARY RESIDENTIAL ADDRESS AND PHONE NUMBER (of applicable, of person listed in #9 above)

- TEMPORARY RESIDENTIAL ADDRESS AND PHONE NUMBER (of applicable, of person listed in #9 above)

#### 23. PRINT NAME OF PARTY COMPLETING FORM

- TITLE

#### 24. PRINT NAME OF PARTY REVIEWING FORM

- TITLE

#### 25. ID/SO DIRECTOR/AGENCY CHIEF EXECUTIVE OFFICER OR DESIGNEE WAS NOTIFIED OF SITUATION

- ID/SO DIRECTOR/AGENCY CHIEF EXECUTIVE OFFICER OR DESIGNEE WAS NOTIFIED OF SITUATION

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This form was printed by SMITHS on November 17, 2007 at 11:00AM
# Appendix B

## Table of Contents

1. **Incident Report and Management Application**
2. **OPWDD 147 Revised 9/2010**
3. **For additional guidance in completing this form please see line by line instructions**
4. **in the Part 624 Handbook**
5. **State of New York**
6. **OFFICE FOR PEOPLE WITH**
7. **DEVELOPMENTAL DISABILITIES**
8. **REPORTING FORM**
9. **Reportable Incident**
10. **Serious Reportable Incident**
11. **Allegation of Abuse**
12. **7. WAS AN OPWDD 147 PREVIOUSLY SUBMITTED?**
13. **YES **
14. **NO**
15. **11. ID NO**
16. **12. RECEIVES MEDICATION**
17. **1. YES **
18. **2. NO **
19. **3. UNKNOWN BY INDIVIDUAL COMPLETING THIS FORM**
20. **13. DATE & TIME INCIDENT/ALLEGED ABUSE OCCURRED**
21. **14. DATE & TIME INCIDENT/ALLEGED ABUSE OCCURRED**
22. **15. NUMBER OF PERSONS RECEIVING SERVICES**
23. **PRESENT AT TIME OF EVENT:**
24. **16. NUMBER OF EMPLOYEES PRESENT AT TIME OF EVENT:**
25. **17. PRELIMINARY CLASSIFICATION (X ONE)**
26. **18. SPECIFIC LOCATION WHERE INCIDENT/ALLEGED ABUSE OCCURRED**
27. **19. BRIEF DESCRIPTION OF THE INCIDENT/ALLEGED ABUSE:**

---

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Incident Report and Management Application

Appendix C

Form OPWDD 147 Revised 04/2011
For additional guidance in completing this form please see line by line instructions: (in the Part 624 Handbook). NOTE: This form only contains the information that was available at the time of its completion.

State of New York
OFFICE FOR PEOPLE WITH
DEVELOPMENTAL DISABILITIES

1. AGENCY COMPLETING THIS FORM

2. FACILITY

3. PROGRAM TYPE

4. FACILITY ADDRESS

5. PHONE

6. INCIDENT/ALLEGATION REFERENCE NUMBER

7. WAS AN OPWDD 147 PREVIOUSLY SUBMITTED?
   C. YES  C. NO

TO BE COMPLETED BY STAFF DESIGNATED IN POLICY

8. NAME OF PERSON(S) RECEIVING SERVICES (Last, First)

9. DATE OF BIRTH

10. GENDER
    C. MALE
    C. FEMALE

11. ID. NO

12. RECEIVES MEDICATION:
    C. 1. YES  C. 2. NO  C. 3. UNKNOWN BY INDIVIDUAL COMPLETING THIS FORM

13. DATE & TIME INCIDENT/ALLEGED ABUSE WAS DISCOVERED / OCCURRED
    MONDAY-YEAR  HR:MIN  AM/PM

14. DATE & TIME INCIDENT/ALLEGED ABUSE OCCURRED (IF KNOWN)
    MONDAY-YEAR  HR:MIN  AM/PM

15. NUMBER OF PERSONS RECEIVING SERVICES PRESENT AT TIME OF EVENT: 0

16. NUMBER OF EMPLOYEES PRESENT AT TIME OF EVENT: 0

17. PRELIMINARY CLASSIFICATION (ONE)

REPORTEABLE INCIDENT
- 1. Injury
- 2. Death (Also file QCC 100)
- 3. Medication Error
- 4. Sensitive Situation

SERIOUS REPORTABLE INCIDENT
- 1. Injury
- 2. Missing Person
- 3. Death (Also file QCC 100)
- 4. Restraint
- 5. Medication Error
- 6. Possible Criminal Act
- 7. Sensitive Situation

ALLEGED ABUSE
- 1. Physical Abuse
- 2. Sexual Abuse
- 3. Psychological Abuse
- 4. Seclusion
- 5. Unauthorized or Inappropriate Use of Restraint
- 6. Unauthorized or Inappropriate Use of Aversive Conditioning
- 7. Unauthorized or Inappropriate Use of Time-Out

18. SPECIFIC LOCATION WHERE INCIDENT/ALLEGED ABUSE OCCURRED

- 1. Living Room
- 2. Bedroom
- 3. Kitchen
- 4. Bathroom
- 5. Hallway
- 6. Staircase
- 7. Dine Room
- 8. Program Room
- 9. Recreation Area
- 10. Off-Facility Property
- 11. Unknown
- 12. Vehicle

19. BRIEF DESCRIPTION OF THE INCIDENT/ALLEGED ABUSE
   (Continue on separate sheet if necessary)

20. LIST ALL THE IMMEDIATE CORRECTIVE/PROTECTIVE ACTIONS THAT HAVE BEEN TAKEN TO SAFEGUARD THE PERSON(S). THIS SHOULD INCLUDE, BUT IS NOT LIMITED TO, ANY FIRST AID, MEDICAL/DENTAL TREATMENT OR COUNSELING PROVIDED.
   (Continue on separate sheet if necessary)

21. NOTIFICATION OF LAW ENFORCEMENT OFFICIALS:

- 1. YES  1a. Referral accepted  1b. Not accepted  1c. Unknown

- 2. NO

DATE
PERSON CONTACTED
REPORTED BY

TIME
LAW ENFORCEMENT AGENCY NAME

22. REFERRAL TO STATE CENT. REG. OF CHILD ABUSE AND MALTREATMENT

- 1. YES  1a. Referral accepted  1b. Not accepted  1c. Unknown

- 2. NO  3. N/A

DATE
PERSON CONTACTED
REPORTED BY

TIME

23. PERMANENT RESIDENTIAL ADDRESS AND PHONE NUMBER. (of person listed in #8 above, if different than #4 and #5 above)

24. DESO

- 1. SOIRA  2. VOIRA  3. SOICF  4. VCICF  5. FC  6. DC  7. CR  8. Other (Specify)
### Incident Report and Management Application

**January 2013**

---

<table>
<thead>
<tr>
<th>INCIDENT REPORT AND PHONE NUMBER (if applicable, of person listed in #8 above)</th>
</tr>
</thead>
</table>

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<table>
<thead>
<tr>
<th>PRINT NAME OF PARTY COMPLETING ITEMS 1-26</th>
<th>TITLE</th>
<th>SIGNATURE</th>
<th>DATE</th>
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<table>
<thead>
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<th>PRINT NAME OF PARTY REVIEWING ITEMS 1-26</th>
<th>TITLE</th>
<th>SIGNATURE</th>
<th>DATE</th>
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<table>
<thead>
<tr>
<th>NOTIFICATION (AS APPROPRIATE)</th>
<th>CONTACT</th>
<th>DATE</th>
<th>TIME</th>
<th>PERSON CONTACTED</th>
<th>REPORTED BY</th>
<th>METHOD</th>
</tr>
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<tbody>
<tr>
<td>DDSC (if applicable - for voluntary patients)</td>
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<tr>
<td>DUSD: Director/Agency CEO or Designee</td>
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<td></td>
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<tr>
<td>Service Coordinator/Case Manager</td>
<td></td>
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<td></td>
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<td></td>
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<tr>
<td>Willowbrook CAB (Consumer Adv. Bd.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(if applicable - see Appx. 1, 624 Handbook)</td>
<td></td>
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</tr>
<tr>
<td>Willowbrook Litigation Support</td>
<td></td>
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</tr>
<tr>
<td>(if applicable - see Appendix 1)</td>
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</tr>
<tr>
<td>MHLs (Mental Hygiene Legal Service)</td>
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</tr>
<tr>
<td>(if applicable - see Appendix 1)</td>
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<tr>
<td>Board of Visitors</td>
<td></td>
<td></td>
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<td>(if applicable - see Appendix 1)</td>
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</tr>
<tr>
<td>Commission on Quality of Care</td>
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<tr>
<td>(if applicable - see Appendix 1)</td>
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</tr>
<tr>
<td>Corporate/Medical Examiner</td>
<td></td>
<td></td>
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<tr>
<td>(if applicable - see Appendix 1)</td>
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</tr>
<tr>
<td>Family/Guardian/Advocate Notification</td>
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</tr>
<tr>
<td>Other</td>
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</tr>
</tbody>
</table>

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**ADDITIONAL STEPS TAKEN TO ENSURE THE INDIVIDUAL’S SAFETY** (Use this section to explain any additions or modifications to immediate protections, box 20, or to add additional information)

**CONTINUE ON SEPARATE SHEET IF NECESSARY**

---

<table>
<thead>
<tr>
<th>PRINT NAME OF PARTY COMPLETING ITEM 30</th>
<th>TITLE</th>
<th>SIGNATURE</th>
<th>DATE</th>
</tr>
</thead>
</table>

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<table>
<thead>
<tr>
<th>ASSIGNED INVESTIGATOR</th>
</tr>
</thead>
</table>

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This form was printed by desanje on August 08, 2012 at 11:33 AM
Redacted Form OPWDD 148 (06/2012)

**Report on Actions Taken in Response to an Incident**

NYS Office For People With Developmental Disabilities

This report includes any immediate corrective/protective actions taken in response to an incident to safeguard the health or safety of the person receiving services. This should include, but is not limited to, a general description of any initial first aid, medical/dental treatment, or counseling provided. Please note that the investigation may still be ongoing and additional actions may be taken pending the results and recommendations of the investigation. Further actions may be taken by agency administration. For additional information regarding this incident, please contact ____________________________ by telephone at ________________________ Ext ______

**Name of person receiving services**

TAYLOR JOSEPH

**Date the incident occurred or was discovered**

- [ ] Reportable
- [ ] Serious Reportable
- [✓] Allegation of Abuse - Neglect

**Occurred:** 11/07/2011

**Agency completing this form**

SYRACUSE DEVELOPMENTAL CENTER (DC)

Master incident number (N/A if none)

2011-300267

**This report is being provided to (name)**

**Relationship to person receiving services**

**Address of person receiving this form:**

**Date initial notification was provided to person receiving this form:**

**Immediate steps taken in response to the incident to safeguard the health or safety of the person receiving services (please use additional sheet if necessary). In the event of a death, N/A may be entered if appropriate.**

**Name of person completing this report (print name)**

**Date this report was completed**

**Signature**

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This form was printed by SMITHS on August 03, 2012 at 02:35 PM
# Incident Report and Management Application

## Appendix E

### Form 150

**Form OPWDD 150 (rev. 08/2013)**

For additional guidance in completing this form please see line by line instructions.

**REPORTING FORM**

14 NYCRR Part 625

---

<table>
<thead>
<tr>
<th>1. REPORTING AGENCY</th>
<th>2. PROGRAM TYPE</th>
<th>3. PROGRAM ADDRESS</th>
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</thead>
<tbody>
<tr>
<td>0233 - BROOME</td>
<td>FAMILY CARE/PERSONAL CARE</td>
<td>111 S. BROAD ST., NORWICH NY 13815</td>
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<table>
<thead>
<tr>
<th>4. ADDRESS WHEN EVENT/SITUATION OCCURRED</th>
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</thead>
<tbody>
<tr>
<td></td>
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<table>
<thead>
<tr>
<th>5. PHONE</th>
<th>6. EVENT/SITUATION REFERENCE NUMBER</th>
<th>7. PERSON COMPLETING REPORT</th>
</tr>
</thead>
<tbody>
<tr>
<td>(027)334-9155</td>
<td>2015-00026</td>
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</tbody>
</table>

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**TO BE COMPLETED BY STAFF DESIGNATED IN POLICY**

<table>
<thead>
<tr>
<th>8. NAME OF THE INVOLVED INDIVIDUAL (Last, First)</th>
<th>9. DATE OF BIRTH</th>
<th>10. GENDER</th>
<th>11. TABS ID (if applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>TEST, MR.</td>
<td>01/01/1922</td>
<td>MALE</td>
<td>T-2015-268-2</td>
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</tbody>
</table>

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<table>
<thead>
<tr>
<th>12. DATE &amp; TIME EVENT/SITUATION WAS:</th>
</tr>
</thead>
<tbody>
<tr>
<td>MONDAY/YEAR: 07/22/2015</td>
</tr>
<tr>
<td>HR/MIN: 10:15</td>
</tr>
<tr>
<td>AM:</td>
</tr>
</tbody>
</table>

**13. DATE & TIME EVENT/SITUATION OCCURRED (IF KNOWN):**

*Discovered*

<table>
<thead>
<tr>
<th>MONDAY/YEAR: 07/22/2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>HR/MIN: 11:30</td>
</tr>
<tr>
<td>AM:</td>
</tr>
</tbody>
</table>

---

**14. PRELIMINARY CLASSIFICATION (ONE):**

- [ ] 1. Active Neglect
- [ ] 2. Death
- [ ] 3. Emotional Abuse
- [x] 4. Financial Exploitation
- [ ] 5. Passive Neglect
- [ ] 6. Physical Abuse
- [ ] 7. Self Neglect
- [ ] 8. Sexual Abuse
- [ ] 9. Other

**15. REFERRALS (if applicable):**

- [x] 1. Adult Protective Services
- [ ] 2. Family Members
- [ ] 3. Hospital
- [ ] 4. Law Enforcement
- [ ] 5. Office of Professional Discipline
- [ ] 6. School
- [ ] 7. Statewide Central Register of Child Abuse and Maltreatment

**16. ACTION TAKEN:**

- [x] 1. Assessing and monitoring the individual
- [ ] 2. Educating the individual about choices/options
- [ ] 3. Interview involved individuals and/or witnesses
- [x] 4. Offering to make referral to appropriate Service Provider
- [ ] 5. Review records and other relevant documentation
- [ ] 6. Other

---

**17. DESCRIPTION OF EVENT/SITUATION (Initial Findings in IRMA):**

*This is a Test*

**18. SUMMARY OF RESOLUTION OF EVENT/SITUATION (Conclusions in IRMA):**

*Conclusions*

**19. NOTIFICATIONS**: Please list notifications made to address the event/situation (e.g. SCR, APS, law enforcement, family member).

*Note: the notifications are not required by Part 625 except as necessary to address the event/situation.*

**CONTACT**

<table>
<thead>
<tr>
<th>DATE</th>
<th>TIME</th>
<th>PERSON CONTACTED</th>
<th>REPORTED BY</th>
<th>METHOD</th>
</tr>
</thead>
</table>

**20. PRINT NAME OF PARTY COMPLETING FORM**

<table>
<thead>
<tr>
<th>TITLE</th>
<th>SIGNATURE</th>
<th>DATE</th>
</tr>
</thead>
</table>

---

**THIS DOCUMENT IS CONFIDENTIAL AND MAY NOT BE REDISCLOSED PURSUANT TO 14 NYCRR PART 625**

This form was printed by YOUNGSID on August 30, 2015 at 04:10 PM.
Appendix F

Form 162

NYS Office for People with Developmental Disabilities
Report of Death Form

Form OPWDD 162
(05/20/2014)

Master Incident Number: 2015-000059/624

Justice Center Incident Report Confirmation # 101-10299102

Justice Center Case Serial #: __________________________

Please fill in all information, do not leave any blanks. Write unknown if applicable

<table>
<thead>
<tr>
<th>Name: (Last,First)</th>
<th>TEST, MR.</th>
<th>Gender: Male</th>
<th>Race:</th>
<th>Height:</th>
<th>Date of Birth: 01/01/1922</th>
<th>Age: 93</th>
<th>Weight: — lbs.</th>
</tr>
</thead>
</table>

SSN: __________________________ Tabs Id: T-2015-89-2

Select Primary Contributing Factor to Death:

- Cancer
- Chronic Respiratory Disease
- Congenital Anomalies
- Diabetes
- Gastrointestinal: Intestinal Obstruction
- Gastrointestinal: Other (GI Bleed, etc.)
- Heart Disease
- Influenza
- Injury: Homicide
- Injury: Suicide
- Injury: Unintentional: Choking
- Injury: Unintentional: Drowning
- Injury: Unintentional: Other Injuries/Trauma
- Kidney Disease
- Liver Disease
- Neurological Disease (ALS, MS, etc.)
- Neurological Alzheimer’s/End Stage Dementia
- Neurological: Parkinson’s Disease
- Other
- Pending Autopsy Results
- Pneumonia
- Pneumonia: Aspiration
- Seizure Disorder
- Sepsis/Sepsicemia
- Stroke/Cerebral Hemorrhage
- Undetermined Following Autopsy
- Unknown - No Autopsy

Section 1: Reporting Agency/Facility/Program Data

Name of Reporting Agency: 0233 - BROOME

Address: MAKE THE WORLD GO AWAY!
         SUITE 100
         MIAMI, NY 12308

Executive Director/CEO: __________________________ Telephone: __________________________

Name of Person Preparing Report: __________________________ Telephone: __________________________

Title of Person Preparing Report: __________________________

Name of Contact Person for this Report: __________________________ Telephone: __________________________

Title of Contact Person: __________________________

Name and Address of Specific Program/Facility, Within the Agency, Which Served the Recipient: __________________________
Section 2: Recipient Information

Recipient’s Service Relationship to Agency/Facility/Program at time of death: __________________________
Type of Program: ____________________________________________

□ Resided in an Operated-Certified/Licensed program
□ Received Only non-residential services

Yes □ No □

Is the individual receiving service from any other program under the jurisdiction of NYS?

Yes □ No □

Mental Disability Diagnosis (including Substance Abuse Diagnosis)

Unknown

Yes □ No □

Physical Illness/Conditions Diagnosed Prior to Death-ICD Codes if available:

Unknown

Yes □ No □

Medications at time of death:

<table>
<thead>
<tr>
<th>Medication</th>
<th>Dose (in mg.)</th>
<th>Frequency</th>
<th>Route</th>
</tr>
</thead>
</table>

Section 3: Death Data

Date of Death: __________________________

Pronounced Time of Death: □ AM □ PM

Location Where Individual Died: Location Address: __________________________

Actual Time of Death: □ AM □ PM

County of Death: __________________________

Location Classification: □ Community □ Hospital □ Program □ Residence □ Unknown □ Other

Cause of Death: Immediate Cause: __________________________

Due to or as a consequence of: __________________________

Due to or as a consequence of: __________________________

Manner of Death: □ Accidental □ Homicide □ Natural □ Suicide □ Therapeutic Complication □ Undetermined/Unexplained

Was an Autopsy Completed: □ Unknown □ NO □ Yes

ME/Coroner case number or hospital where performed: __________________________

Source of Cause of Death and Manner of Death is: __________________________

Name and Telephone Number of Source (if applicable): __________________________

Within 24 hours of death was recipient: □ On DNR/DNI status □ Unknown

□ Given stat/PRN medication for behavioral or psychiatric reasons □ None

Is there any indication that this death may:

□ have resulted from an accident
□ have resulted from a homicide
□ have resulted from a suicide
□ have resulted from a medication error
□ have resulted from a medication error/drug overdose

□ have resulted from the use of a controlled substance or alcohol
□ have resulted from the attempted use of restraint
□ have resulted from the attempted use of seclusion/time out
□ be an unexplained death
□ be an unexpected death
□ None
## Section 4: Narrative Summary

Describe the recipient’s psychiatric, behavioral and medical status within 90 days prior to Death

<table>
<thead>
<tr>
<th>Cardiologist</th>
<th>Unknown</th>
<th>None</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gastroenterologist</td>
<td>Unknown</td>
<td>None</td>
</tr>
<tr>
<td>Urologist</td>
<td>Unknown</td>
<td>None</td>
</tr>
<tr>
<td>Gynecologist</td>
<td>Unknown</td>
<td>None</td>
</tr>
<tr>
<td>Neurologist</td>
<td>Unknown</td>
<td>None</td>
</tr>
<tr>
<td>Orthopedist</td>
<td>Unknown</td>
<td>None</td>
</tr>
</tbody>
</table>

Enter dates of routine medical follow-up:  
- Primary care visit: [Date]  
- Routine specialty care visit within 90 days prior to death: 
  - Pulmonologist: [Date]

### Acute medical issue (within 90 days prior to death)

<table>
<thead>
<tr>
<th>Yes</th>
<th>NO</th>
<th>Unknown</th>
<th>Check:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Choking</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Unknown</td>
<td>Fall</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Unknown</td>
<td>Seizure</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Unknown</td>
<td>Weight Loss  lbs.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Unknown</td>
<td>Weight Gain  lbs.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Unknown</td>
<td>Change in bowel habits</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Unknown</td>
<td>Change in bladder habits</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Unknown</td>
<td>Change in ambulation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Unknown</td>
<td>Change in food intake</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Unknown</td>
<td>Change in medication</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Unknown</td>
<td>Change in fluid intake</td>
</tr>
</tbody>
</table>

Other (specify):

### Describe the level of supervision, protective oversight plan and diet, if ordered:

Safeguards:

---
Incident Report and Management Application

Appendix G

Form OPWDD 149: Investigative Report Format
(Revised 4/30/15)

For additional guidance in completing this form please see line by line instructions, available at www.opwdd.ny.gov.

Person Receiving Services: 

DDSO: 

Reporting Agency: 

Address: 

Master Incident Number: 

Agency Incident Number:

This document is confidential and may not be redisclosed pursuant to 14 NYCRR PART 624
This form was printed by YOUNGND on August 28, 2013 at 04:16 PM
<table>
<thead>
<tr>
<th>Date/Time of Incident:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Incident Location:</td>
</tr>
<tr>
<td>Date/Time of Discovery (if appropriate):</td>
</tr>
<tr>
<td>Incident Classification:</td>
</tr>
</tbody>
</table>

**Introduction/Description of Incident:**

**Background Information:**

**Immediate Protections:**

**Investigatory Question:**
# Investigative Process

1.) **Testimonial Evidence:**

   a) The following individuals were interviewed during the course of this investigation:

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Date(s) Interviewed</th>
<th>Interviewer</th>
</tr>
</thead>
</table>

   b) The following individuals were interrogated during the course of this investigation:

   Note: Other parties present during interrogations must also be identified below.

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Date(s) Interviewed</th>
<th>Interrogator</th>
</tr>
</thead>
</table>

2.) **Documentary Evidence:**

   The following documents were reviewed and copies are attached:

3.) **Demonstrative Evidence:**

4.) **Physical Evidence:**

5.) **Written Statements:**

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Date</th>
<th>Interviewer</th>
</tr>
</thead>
</table>
Summary of Evidence:

Conclusions:

Recommendations:

<table>
<thead>
<tr>
<th>Full Name of Investigator (Print)</th>
<th>Agency/Title:</th>
<th>Signature/Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Appendix H

Required Notifications

If Incident Category is **Reportable** the following have to be notified:

- CEO/Director or Designee
- Other
- Service Coordinator/Case Manager

If Incident Category is **Serious Reportable** the following have to be notified:

- CEO/Director or Designee
- DDSO (only if it is a voluntary agency incident)
- Family/Parent/Guardian/Correspondent
- Law Enforcement (if a crime may have been committed)
- QMRP (only if consumer lives in ICF)
- Service Coordinator/Case Manager
- Other

If Incident Category is **Serious Reportable** and involves a Willowbrook Class Member, the following have to be notified:

- CAB
- CEO/Director or Designee
- DDSO (only if it is a voluntary agency incident)
- Family/Parent/Guardian/Correspondent
- Law Enforcement (only if a crime may have been committed)
- Litigation Support
- Other
- QMRP (only if consumer lives in ICF)
- Service Coordinator/Case Manager

If Incident Category is **Serious Reportable** and Incident Classification is **Death** the following have to be notified:

- CEO/Director or Designee
- Coroner/Medical Examiner
- CQC
- DDSO (only if it is a voluntary agency incident)
- Family/Parent/Guardian/Correspondent
- Law Enforcement (only if a crime may have been committed)
- Other
- QMRP (only if consumer lives in ICF)
- Service Coordinator/Case Manager

If Incident Category is **Serious Reportable**, and the Incident Classification is **Death** and the Consumer is a Willowbrook Class member the following have to be notified:

- CAB
- CEO/Director or Designee
- Coroner/Medical Examiner
- CQC
- DDSO (only if it is a voluntary agency incident)
Incident Report and Management Application

- Family/Parent/Guardian/Correspondent
- Law Enforcement (only if a crime may have been committed)
- Litigation Support
- Other
- QMRP (only if consumer lives in ICF)
- Service Coordinator/Case Manager
- Willowbrook Plaintiff’s Counsel (NY Lawyers for the Public Interest)

If the Incident Category is Abuse the following have to be notified:
- Board of Visitors (If the incident occurs in state operated residential program and the consumer is enrolled in a state operated residential program)
- CEO/Director or Designee
- CQC
- DDSO (only if it is a voluntary agency incident)
- Family/Parent/Guardian/Correspondent
- Law Enforcement (only if a crime may have been committed)
- MHLS (residences only)
- State Central Register of Child Abuse and Maltreatment (only if under 18 compared to date of incident)
- Other
- QMRP (only if consumer lives in ICF)
- Service Coordinator/Case Manager

If the Incident Category is Abuse and the consumer is a Willowbrook Class Member the following have to be notified:
- Board of Visitors (State Ops. Only)
- CAB
- CEO/Director or Designee
- CQC
- DDSO (only if it is a voluntary agency incident)
- Family/Parent/Guardian/Correspondent
- Law Enforcement (only if a crime may have been committed)
- Litigation Support
- MHLS (residences only)
- QMRP (only if consumer lives in ICF)
- State Central Register of Child Abuse and Maltreatment (only if under 18 compared to date of incident)Service Coordinator/Case Manager
- Willowbrook Plaintiff’s Counsel (ACLU)
- Other

If Incident Category is Occurrence and Incident Classification is Injury the following have to be notified:
- Other
Screen: Incident Details

Program Site – This field is populated from TABS based on a user's access.

<table>
<thead>
<tr>
<th>Location 1</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Attic</td>
<td>Back Yard</td>
<td>Basement/Cellar</td>
</tr>
<tr>
<td>Bathroom</td>
<td>Bedroom</td>
<td>Dining Room</td>
</tr>
<tr>
<td>Elevator</td>
<td>Foyer</td>
<td>Front Yard</td>
</tr>
<tr>
<td>Garage</td>
<td>Hallway</td>
<td>Kitchen</td>
</tr>
<tr>
<td>Laundry Room</td>
<td>Living Room</td>
<td>Loading Dock</td>
</tr>
<tr>
<td>Lunch Room</td>
<td>Off Facility Property</td>
<td>Office</td>
</tr>
<tr>
<td>Other</td>
<td>Parking Lot</td>
<td>Program Room</td>
</tr>
<tr>
<td>Recreation Area</td>
<td>Sidewalk</td>
<td>Staircase</td>
</tr>
<tr>
<td>Swimming Pool</td>
<td>Time-out Room</td>
<td>Treatment Room</td>
</tr>
<tr>
<td>Unknown</td>
<td>Vehicle</td>
<td>Work Area</td>
</tr>
</tbody>
</table>

Location 2: DDSO specific
Date Reported: Date entered
Date of Incident: Date entered
Time of Incident: Time entered
Date Discovered: Date entered
Time Discovered: Time entered
Initial Findings Preliminary Report: Description entered

Screen: Involved Persons

Type: Person Making Allegation, Person Present, Person Reporting, Target of Allegation of Abuse
Subtype: Family Member, Individual, Staff – agency employee, Staff – contracted, Volunteer, or Other
First Name: Name entered
Last Name: Name entered
Date of Birth: Date entered
SSN: Social Security Number entered
Address 1: Address line 1 entered
Address 2: Address line 2 entered
City: City entered
State: State entered
Zip: Zip Code entered

Screen: Consumer Details

Consumer Name/ID – This field is populated from TABS
Incident Category: Allegation of Abuse, Occurrence, Reportable, Serious Reportable
Incident Classification - Depends on selection for Incident Category

If Incident Category is Allegation of Abuse, Incident Classifications include: Mistreatment, Neglect, Physical Abuse, Psychological Abuse, Seclusion, Sexual Abuse, Unauthorized or inappropriate use of aversive conditioning, Unauthorized or inappropriate use of restraint, Unauthorized or inappropriate use of time-out, and Violation of a person’s civil rights

If Incident Category is Occurrence, Incident Classifications include: Injury, Medication Error, and Other
Incident Report and Management Application

If Incident Category is **Reportable**, Incident Classifications include: Death, Injury, Medication Error, and Sensitive Situation

If Incident Category is **Serious Reportable**, Incident Classifications include: Death, Injury, Medication Error, Missing Person, Possible Criminal Act, Restraint, and Sensitive Situation

**DDSO/Agency Incident Number**: Number entered
**Was a crime committed?**: Yes or No
**Does the consumer receive medication?**: Yes or No
**Was the incident referred to APS/CAR?**: Yes or No
**Was the incident accepted by APS/CAR?**: Yes or No
**Was there an upgrade or downgrade to the incident?**: Yes or No
  *If yes, details.*

**Screen: Initial Findings**

<table>
<thead>
<tr>
<th>Contributing Factor(s)</th>
<th>Act. of other pers (not ind, staff, vol)</th>
<th>Action of family member</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accidental</td>
<td></td>
<td>Action of individual served</td>
</tr>
<tr>
<td>Action of individual served</td>
<td>Action of other individual served</td>
<td>Action/Inaction of staff</td>
</tr>
<tr>
<td>Action/Inaction of vol or contract staff</td>
<td>Behavioral issue</td>
<td>Choking</td>
</tr>
<tr>
<td>Crime in community</td>
<td>Environmental Hazard or faulty equipment</td>
<td>Fall</td>
</tr>
<tr>
<td>Fire</td>
<td>Heat/cold emergency</td>
<td>Identity Theft</td>
</tr>
<tr>
<td>Ingestion of Inedible Object</td>
<td>Injury(s) of Unknown Origin</td>
<td></td>
</tr>
<tr>
<td>Medication Error</td>
<td>Missing Person</td>
<td>Natural disaster</td>
</tr>
<tr>
<td>Physical intervention</td>
<td>Potential Theft/Financial Exploitation</td>
<td>Substance Abuse</td>
</tr>
<tr>
<td>Suicidal Ideations/Actions</td>
<td>Vehicle Accident</td>
<td>Verbal Altercation</td>
</tr>
</tbody>
</table>

**Immediate Consumer Protections**

<table>
<thead>
<tr>
<th>Administrative Leave</th>
<th>Called 911</th>
</tr>
</thead>
<tbody>
<tr>
<td>Code Called for Emergency Response Team</td>
<td>Consumer Arrested</td>
</tr>
<tr>
<td>Consumer Counseled</td>
<td>Consumer Review Meeting</td>
</tr>
<tr>
<td>Contract Staff Suspended</td>
<td>Correct Hazardous Condition</td>
</tr>
<tr>
<td>Emergency Room Visit</td>
<td>Emotional support provided by staff</td>
</tr>
<tr>
<td>Evacuation</td>
<td>Family Meeting</td>
</tr>
<tr>
<td>First Aid</td>
<td>Hospitalization</td>
</tr>
<tr>
<td>Increased Supervision – Staff</td>
<td>Increased Supervision – Consumer</td>
</tr>
<tr>
<td>Law Enforcement Notified</td>
<td>Medical Monitoring</td>
</tr>
<tr>
<td>Medication (PRN or STAT)</td>
<td>Mental Status Examination</td>
</tr>
<tr>
<td>None Needed</td>
<td>Other</td>
</tr>
<tr>
<td>Physical Examination</td>
<td>Plan Modification</td>
</tr>
<tr>
<td>Prescription</td>
<td>Quiet Room/Time</td>
</tr>
<tr>
<td>Removed from contact w/all individuals</td>
<td>Restraint</td>
</tr>
<tr>
<td>Risk Assessment</td>
<td>SCIP – R Seclusion</td>
</tr>
<tr>
<td>Separation/Transfer of Consumer</td>
<td>Separation/Transfer of Employee</td>
</tr>
<tr>
<td>Staff Retraining</td>
<td>Suspension of Home Visits</td>
</tr>
<tr>
<td>Time Out</td>
<td>X-Ray</td>
</tr>
</tbody>
</table>
Incident Report and Management Application

January 2013

**Contributing Factors 2:** DDSO specific contributing factors

**Screen:** Physical Findings

<table>
<thead>
<tr>
<th>Injury Type</th>
<th>Physical Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>Abrasion</td>
</tr>
<tr>
<td>Altered Body Temperature</td>
<td>Anal Redness/Brusing</td>
</tr>
<tr>
<td>Anal/Vaginal Tearing</td>
<td>Avulsion</td>
</tr>
<tr>
<td>Bite</td>
<td>Breathing Difficulty</td>
</tr>
<tr>
<td>Bruise/Contusion</td>
<td>Bruises/Bites on Breast(s)</td>
</tr>
<tr>
<td>Bruises/Bites on Legs/Inner Thighs</td>
<td>Burn</td>
</tr>
<tr>
<td>Concussion</td>
<td>Decubiti</td>
</tr>
<tr>
<td>Dislocation</td>
<td>Evidence of semen/secretions</td>
</tr>
<tr>
<td>Fracture</td>
<td>Headache</td>
</tr>
<tr>
<td>Hematoma</td>
<td>Hyperactivity</td>
</tr>
<tr>
<td>Ingestion of Foreign Object</td>
<td>Insertion of Foreign Object</td>
</tr>
<tr>
<td>Internal Injuries</td>
<td>Laceration w/o Sutures</td>
</tr>
<tr>
<td>Laceration with Sutures</td>
<td>Lethargy</td>
</tr>
<tr>
<td>Loss of Consciousness</td>
<td>Loss of Limb or Organ</td>
</tr>
<tr>
<td>Loss of Weight</td>
<td>Nausea</td>
</tr>
<tr>
<td>Other</td>
<td>Pattern of Injuries</td>
</tr>
<tr>
<td>Penis/Redness/Brusing</td>
<td>Poisoning</td>
</tr>
<tr>
<td>Pregnancy</td>
<td>Puncture</td>
</tr>
<tr>
<td>Redness</td>
<td>Redness/Imprint</td>
</tr>
<tr>
<td>Scratch</td>
<td>Seizure</td>
</tr>
<tr>
<td>Skin Reaction</td>
<td>Sprain</td>
</tr>
<tr>
<td>Swelling</td>
<td>Vaginal Redness/Brusing</td>
</tr>
<tr>
<td>Vomiting</td>
<td></td>
</tr>
</tbody>
</table>

**Was the consumer examined by a Healthcare Professional/LPN/EMT:** Yes or No

**Body Part Name:** Front Right Forehead, Front Left Forehead, Right Eye, Left Eye, Front Right Cheek, Front Left Cheek, Nose, Mouth, Right Jaw, Chin, Left Jaw, Front Right Neck, Front Left Neck, Front Right Upper Shoulder, Front Left Upper Shoulder, Front Right Shoulder, Front Right Lower Shoulder, Front Upper Right Chest, Front Upper Left Chest, Front Left Shoulder, Front Left Lower Shoulder, Front Right Bicep, Right Lower Chest, Left Lower Chest, Front Left Bicep, Front Right Elbow, Front Right Upper Forearm, Front Right Upper Abdomen, Front Left Upper Abdomen, Front Left Elbow, Front Left Upper Forearm, Front Right Lower Forearm, Front Right Wrist, Right Hip, Front Right Lower Abdomen, Genital Area, Front Left Lower Abdomen, Left Hip, Front Left Lower Forearm, Front Left Wrist, Front Right Thumb, Front Right Palm, Front Right Fingers, Front Right Upper Thigh, Front Left Upper Thigh, Front Left Palm, Front Left Thumb, Front Left Fingers, Front Right Lower Thigh, Front Left Lower Thigh, Front Right Knee, Front Left Knee, Front Right Upper Shin, Front Left Upper Shin, Front Right Lower Shin, Front Left Lower Shin, Front Right Ankle, Front Left Ankle, Front Right Foot, Front Left Foot, Front Right Toes, Front Left Toes, Rear Left Upper Head, Rear Right Upper Head, Rear Left Lower Head, Rear Right Lower Head, Left Ear, Right Ear, Rear Left Neck, Rear Right Neck, Rear Left Upper Shoulder, Rear Right Upper Shoulder, Rear Left Shoulder, Rear Right Shoulder, Rear Left Lower Shoulder, Rear Right Lower Shoulder, Rear Left Upper Arm, Rear Left Upper Back, Rear Right Upper Back, Rear Right Upper Arm, Rear Left Elbow, Rear Left Upper Forearm, Rear Left Lower Back, Rear Right Lower Back, Rear Right Elbow, Rear Right Upper Forearm, Rear Left Lower Forearm, Rear Left Wrist, Rear Left Buttock, Anus, Rear Right Buttock, Rear Right Lower Forearm, Rear Left Thumb, Rear Left Hand, Rear Left Fingers, Rear Right Wrist, Rear Right Hand, Rear Right Thumb, Rear Right Fingers, Rear Left Upper Thigh, Rear Right Upper Thigh, Rear Left Lower Thigh, Rear Right Lower Thigh, Rear Left Knee, Rear Right Knee, Rear Left Upper Calf, Rear Right Upper Calf, Rear Left Lower Calf, Rear Right Lower Calf, Rear Left Heel, Rear Right Heel, Rear Left Flat, Rear Right Flat, Rear Left Foot Ball, Rear Right Foot Ball
### Screen: Medical Exam Findings

**Examiner Last Name:** Name entered  
**Examiner First Name:** Name entered  
**Examiner Title:** Dentist, Emergency Medical Technician, Licensed Practical Nurse, Nurse Practitioner, Physician, Physician’s Assistant, and Registered Nurse  
**Date of Medical Exam:** Date entered  
**Time of Medical Exam:** Time entered  
**Medical Exam Location:** Clinic, Day Program, Hospital Emergency Room, Other, Private Physician’s Office, Residence  
**Medical Exam Findings:** Description entered

### Screen: QCC 100

**Contributing Factor(s) to Death for incidents entered before 04/20/2012**

<table>
<thead>
<tr>
<th>Factor</th>
<th>Cause</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol Abuse</td>
<td>Alzheimer’s Disease</td>
</tr>
<tr>
<td>Anaphylactic Shock</td>
<td>Asphyxia</td>
</tr>
<tr>
<td>Cardiac Arrhythmias</td>
<td>Choking</td>
</tr>
<tr>
<td>Dehydration</td>
<td>Dental Related</td>
</tr>
<tr>
<td>Drowning</td>
<td>Drug Abuse</td>
</tr>
<tr>
<td>Fall</td>
<td>Fractures</td>
</tr>
<tr>
<td>Head Injury</td>
<td>Hyperglycemia/Diabetes</td>
</tr>
<tr>
<td>Hypothermia</td>
<td>Intestinal obstruction</td>
</tr>
<tr>
<td>Kidney failure</td>
<td>Liver failure</td>
</tr>
<tr>
<td>Malignancy</td>
<td>Medication Error</td>
</tr>
<tr>
<td>Other</td>
<td>Pneumonia</td>
</tr>
<tr>
<td>Restraints</td>
<td>SCIP-R Related</td>
</tr>
<tr>
<td>Seizure</td>
<td>Sudden Death</td>
</tr>
<tr>
<td>Suicide</td>
<td>Surgical complications</td>
</tr>
<tr>
<td>Trauma</td>
<td>Tuberculosis</td>
</tr>
<tr>
<td>Undetermined</td>
<td>Vehicle Accident</td>
</tr>
</tbody>
</table>

**Contributing Factor(s) to Death for incidents entered after 04/20/2012**

<table>
<thead>
<tr>
<th>Factor</th>
<th>Cause</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alzheimer’s/End Stage Dementia</td>
<td>Other</td>
</tr>
<tr>
<td>Aspiration Pneumonia (unrelated to choking)</td>
<td>Other Gastrointestinal (GI Bleed, etc)</td>
</tr>
<tr>
<td>Cancer</td>
<td>Other Injuries/Trauma</td>
</tr>
<tr>
<td>Cardiac/Heart Disease</td>
<td>Parkinson’s Disease</td>
</tr>
<tr>
<td>Choking</td>
<td>Pending Autopsy Results</td>
</tr>
<tr>
<td>Chronic Respiratory Disease</td>
<td>Renal/Kidney Disease</td>
</tr>
<tr>
<td>Diabetes</td>
<td>Seizure Disorder</td>
</tr>
<tr>
<td>Drowning</td>
<td>Sepsis/Septicemia</td>
</tr>
<tr>
<td>Homicide</td>
<td>Stroke/Cerebral Hemorrhage</td>
</tr>
<tr>
<td>Influenza/Pneumonia</td>
<td>Suicide</td>
</tr>
<tr>
<td>Intestinal Obstruction</td>
<td>Undetermined Following Autopsy</td>
</tr>
<tr>
<td>Liver Disease</td>
<td>Unknown – No Autopsy</td>
</tr>
<tr>
<td>Neurological Disease (ALS, MS, etc)</td>
<td>Other</td>
</tr>
</tbody>
</table>

**Contributing Factor(s) to Death for incidents entered after 06/15/2012**

<table>
<thead>
<tr>
<th>Factor</th>
<th>Cause</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancer</td>
<td>Liver Disease</td>
</tr>
<tr>
<td>Chronic Respiratory Disease</td>
<td>Neurological Disease (ALS, MS, etc)</td>
</tr>
<tr>
<td>Congenital Anomalies</td>
<td>Neurological: Alzheimer’s/End Stage Dementia</td>
</tr>
<tr>
<td>Diabetes</td>
<td>Neurological: Parkinson’s Disease</td>
</tr>
</tbody>
</table>
Incident Report and Management Application

<table>
<thead>
<tr>
<th>Gastrointestinal: Intestinal Obstruction</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gastrointestinal: Other (GI Bleed, etc)</td>
<td>Pending Autopsy Results</td>
</tr>
<tr>
<td>Heart Disease</td>
<td>Pneumonia</td>
</tr>
<tr>
<td>Influenza</td>
<td>Pneumonia: Aspiration</td>
</tr>
<tr>
<td>Injury, Unintentional: Choking</td>
<td>Seizure Disorder</td>
</tr>
<tr>
<td>Injury, Unintentional: Drowning</td>
<td>Sepsis/Septicemia</td>
</tr>
<tr>
<td>Injury, Unintentional: Other Injuries/Trauma</td>
<td>Stroke/Cerebral Hemorrhage</td>
</tr>
<tr>
<td>Injury: Homicide</td>
<td>Undetermined Following Autopsy</td>
</tr>
<tr>
<td>Injury: Suicide</td>
<td>Unknown - No Autopsy</td>
</tr>
<tr>
<td>Kidney Disease</td>
<td></td>
</tr>
</tbody>
</table>

All information on the QCC100

Screen: Notifications
For a list of required notifications see Appendix E.

Date: Date entered
Time: Time entered
Form of Notification: E-mail, Fax, In Person, Letter, N/A, and Telephone
By Whom: Name entered
Description: Description entered

NOTE: For Law Enforcement notification, Agency Name and Agency Type are fields.
Agency Name: Text entered
Agency Type: 911, District Attorney, NYS Police, Precinct, Other, Sheriff

Screen: Special Notifications

Consumer name: Populated from incident data, user must select
Date the OPWDD 147 was completed: Date entered
Date the OPWDD 148 or equivalent was provided: Date entered
Was the eligible person contacted?: Yes or No
   If “was the eligible person contacted’ is Yes, date and time must be entered along with number of attempts
   If “was the eligible person contacted’ is No, a reason must be entered.
       Values for No: Consumer request not to notify, Eligible person is the target, and No eligible party available, Not required (by JL) for this incident.
If the eligible person was contacted, was the offer to meet accepted?: Yes or No
   If “was the eligible person contacted’ is Yes, the “offer to meet accepted” requires date and time to be entered
   If “was the eligible person contacted’ is No, the “offer to meet accepted” defaults to N/A
Was a written request for the OPWDD 147 received?: Yes or No
Date request received: Date entered
Date redacted 147 sent: Date entered
   If “was a written request for the OMR147 received” is Yes and if the redacted 147 was not sent, a denial reason must be entered.
       Values for No: Eligible person is the target

Screen: Investigation

Date Begun: Date entered
Date Due: Date entered
Date Completed: Date entered
Name of Investigators: Names entered
Investigative Process and Factual Findings: Text entered
Conclusions: Text entered
Administrative Recommendations: Text entered
Clinical Recommendations: Text entered

Screen: Final Corrective Measures

Administrative Actions

<table>
<thead>
<tr>
<th>Action</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Additional staff supervision</td>
<td>Disciplinary action</td>
</tr>
<tr>
<td>Facility repair/environmental enhancement</td>
<td>Initial training in consumers rights</td>
</tr>
<tr>
<td>Initial training in Part 624</td>
<td>Initial training in positive approaches</td>
</tr>
<tr>
<td>Initial training in SCIP-R</td>
<td>Policy and procedure change</td>
</tr>
<tr>
<td>Referral to Employee Assistance Program</td>
<td>Retraining in consumers rights</td>
</tr>
<tr>
<td>Retraining in Part 624</td>
<td>Retraining in positive approaches</td>
</tr>
<tr>
<td>Retraining in SCIP-R</td>
<td>Review and revision of safeguards</td>
</tr>
<tr>
<td>Staff relocation</td>
<td>Staff Retraining</td>
</tr>
<tr>
<td>Termination</td>
<td>Verbal counseling</td>
</tr>
<tr>
<td>Written counseling</td>
<td>Other</td>
</tr>
<tr>
<td>None</td>
<td></td>
</tr>
</tbody>
</table>

Consumer-Specific Actions: Counseling, Referral for clinical evaluation/service, Referral for medical evaluation/service, Relocation, Review and revision of behavior support plan, Review and revision of program or treatment plan, Review and revision of safeguards, Supervision, Other, and None

Screen: Special Review Committee Minutes

Minutes: Text entered
Notes: Text entered
Status: Open, Closed, and Closed with follow-up issues