

ADULT RESIDENTIAL LICENSING – PERSONAL CARE HOMES

REPORTABLE INCIDENT – 55 Pa.Code § 2600.16

TYPE OF REPORT

☐ Initial
 ☐ Final (no prior report submitted)
 ☐ Final (prior report was submitted)
 ☐ Both Initial and Final

FACILITY INFORMATION

NAME OF LEGAL ENTITY: _____	NAME OF ADMINISTRATOR: _____	TELEPHONE: _____
ADDRESS OF LEGAL ENTITY: _____		
NAME OF PERSONAL CARE HOME (if different from Legal Entity): _____		LICENSE # _____
ADDRESS OF PERSONAL CARE HOME (if different from Legal Entity): _____		COUNTY NAME/#: _____

DATE/TIME OF INCIDENT

Date: _____ Time: _____ AM/PM

TYPE OF INCIDENT: Check all that apply:

- ☐ Death of a resident.
- ☐ Physical act by a resident to commit suicide.
- ☐ Serious bodily injury or trauma requiring treatment at a hospital or medical facility.
- ☐ Violation of a resident's rights.
- ☐ Unexplained absence of a resident for 24 hours or more, or when the support plan so provides, a period of less than 24 hours, or an absence of a resident from the secured dementia care unit.
- ☐ Misuse of a resident's funds by the home's staff persons or legal entity.
- ☐ Outbreak of a serious communicable disease.
- ☐ Food poisoning of residents.
- ☐ Physical or sexual assault by or against a resident.
- ☐ Fire or structural damage to the home.
- ☐ Incident requiring the services of an emergency management agency, fire department or law enforcement agency.
- ☐ Complaint of resident abuse, suspected resident abuse or referral of a complaint of resident abuse to a local authority.
- ☐ Prescription medication error.
- ☐ Emergency in which the procedures under 2600.107 (relating to emergency preparedness) are implemented.
- ☐ Unscheduled closure of the home or the relocation of the residents.
- ☐ Bankruptcy filed by the legal entity.
- ☐ Criminal conviction against the legal entity, administrator or staff that are subsequent to the reporting on the criminal history checks under 2600.51 (relating to criminal history checks).
- ☐ Termination notice from a utility.
- ☐ Violation of applicable health and safety laws.

DESCRIPTION OF INCIDENT: Provide at least the following information: Where did the incident happen? What were the circumstances leading up to the incident? Who were the other people involved in incident and how they can be contacted?
(Attach additional pages if necessary).

RESIDENT INFORMATION: Complete for any incident relating to a specific resident(s).

Name(s) of Resident(s)

Last	First	MI	Sex	Date of birth
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

NAME OF PERSONAL CARE HOME:

FOLLOW-UP ACTION TAKEN: What action, if any, was initiated or is planned in response to the incident?
What, if any, further action will be taken? Include any referrals made. (Attach additional pages if necessary).

NOTIFICATION

Regional Adult Residential Licensing Office _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Telephone <input type="checkbox"/> Written	Date _____ Time _____
Resident _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Telephone <input type="checkbox"/> Written	Date _____ Time _____
Resident's Designated Person _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Telephone <input type="checkbox"/> Written	Date _____ Time _____
Other Residents _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Telephone <input type="checkbox"/> Written	Date _____ Time _____
Others _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Telephone <input type="checkbox"/> Written	Date _____ Time _____

CONTACT INFORMATION

Name of person completing report: _____ Title: _____
Date/time this report was completed: Date: _____ Time: _____ AM/PM
Contact Person Name: _____ Contact Person Telephone Number: _____

SUMMARY OF REGULATORY REPORTING REQUIREMENTS

ALL INCIDENTS 24 hours - Written report to Department's Regional Adult Residential Licensing Office
CERTAIN INCIDENTS 24 hours - Phone call to Regional Adult Residential Licensing Office
1. Unexpected death
2. Unexplained absence
3. Fire/Structure damage making home uninhabitable
4. Emergency under 2600.107 5. Unscheduled closure of home
6. Termination of heat in winter
7. Termination of water or electricity
ALL INCIDENTS - IMMEDIATELY FOLLOWING THE CONCLUSION OF THE INVESTIGATION -
Final written report to the Regional Adult Residential Licensing Office
VALID INCIDENTS - IMMEDIATE - Written or oral report to effected residents or designated persons

FOR DEPARTMENT OF PUBLIC WELFARE USE ONLY:

REGIONAL ASSIGNMENT (if any): _____

REGIONAL LICENSING ADMINISTRATOR DATE/INITIAL: _____