

SPECIAL INCIDENT REPORT FOR ALL VENDORS
(eFax to South Central L.A. Regional Center (SCLARC) within 24 hours of the incident)

Consumer's Name:	UCI #:
Consumer's Address:	Date of Birth: Sex: _____ Male _____ Female
Vendor or Agency Name:	Date of Report:
If in Residential facility, date of admission:	Service Coordinator:
Conservator/Guardian name (if applicable):	CCL Facility Number:
Name of person reporting:	Position at agency:

E Fax: (213) 402-2906

<p>TYPE OF INCIDENT (Check all that apply)</p>	
<p><u>Suspected Abuse/Exploitation</u> (Limited to that which has occurred while under care/supervision of a vendor.) Check type: Sexual Fiduciary Emotional/Mental Physical and/or Chemical Restraint</p>	<p><u>Suspected Neglect</u> (Limited to that which has occurred while under care/supervision of a vendor.) Check type: Failure to Assist in Personal Hygiene, Provision of Food, Clothing, Shelter Failure to Prevent Malnutrition or Dehydration Failure to Provide Medical Care Failure to Protect from Health & Safety Hazards</p>
<p><u>Serious Injury/Accident Which Occurs While the Consumer is Under the Care and Supervision of Any Vendor and Results in One or More of the Following</u> Check type: Lacerations requiring sutures or staples Puncture wounds requiring medical treatment beyond first aid Fractures Dislocations Bites that break the skin and require medical treatment beyond first aid Internal bleeding Medication errors/reactions that require intervention by licensed medical personnel Burns that require medical treatment beyond first aid</p>	<p><u>Any Unplanned or Unscheduled Hospitalization Due to the Following Conditions.</u> Check type: Respiratory illness Seizure-related Cardiac related Internal infections Diabetes related Wound/skin care Nutritional deficiencies Involuntary psychiatric admission</p>
<p><u>Victim of Crime</u> (Regardless of consumer's living arrangement or perpetrator.) Check type: Personal Robbery Aggravated assault Burglary Forcible rape Larceny Other (specify)</p>	<p><u>Missing Person</u> (Complete only when reported to law enforcement and if consumer was under care/supervision of a vendor.)</p> <p><u>Death</u> (Regardless of living arrangement, cause or perpetrator) See page 3</p>
<p><u>Serious Injury/Accident Which Occurs While the Consumer is Under the Care and Supervision of Any Vendor and Results in One or More of the Following:</u> Check type: Injury-Accident Injury-Unknown origin Injury from seizure Injury from another consumer Injury from behavior episode</p> <p><u>Aggression Displayed by Consumer.</u> Check type: Aggressive act to self Aggressive act to another consumer Aggressive act to staff Aggressive act to family/visitor</p>	<p><u>Other</u> Check type: Violation of Rights Pregnancy Disease outbreak Fire Suicide attempt Threatened suicide Medical emergency Property damage Other sexual incident—Not rape Unauthorized absence—law enforcement not notified Other:</p>
<p>Incident date</p> <p align="center">Definitive Approximate</p>	<p>Time of incident</p> <p align="center">Definitive Approximate</p>
<p>Date incident reported to RC</p>	<p>Medical Care/Treatment Required?</p> <p align="center">Yes No</p>
<p>Relationship of alleged perpetrator to consumer</p> <p>Unknown Self Vendor or Employee of Vendor Non-Vendor or Employee of Non-Vendor</p>	<p>Another Consumer Relative/Family Member Individual known to consumer (Not a provider or another consumer) Not applicable</p>

**Incident location
(Check only one)**

Acute hospital—not ER
Acute hospital—ER
Day care/ Intervention program
Psychiatric treatment center
SNF
Other

Job site
Out of home respite
Community setting
Home of family
In transit
Sub acute or pediatric sub acute

Day program
Consumer's residence
Hospice
Jail or related setting
Pubic school
Rehabilitation facility

Person/Agency responsible for consumer at time of incident

Vendor
Vendor Number:
Self/Spouse Residential
Parent/Family Day Program
Other

Name:
Address:
City/Zip:
Telephone:

Other agencies notified by person/agency making this report

Community Care Licensing	DHS Licensing & Certification
Child Protective Services	Adult Protective Services
Parent/Guardian/Conservator	Long-Term Care Ombudsman
Police/Law Enforcement	Other
Coroner	Other Specify

Description of incident

Attending Physician's name, findings, and treatment, if any:

Specific preventative action taken or planned:

Disposition:

Complete Only if Incident Type is Death

Describe the circumstances of the consumer's death

Describe nature of medical treatment and where administered

Other comments or information regarding death

Type of Death

Disease Related

Unknown

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Non-Disease Related

Homicide Suicide
Accident Alleged Abuse/Neglect
Suspected Substance Abuse
Catastrophic Event (Fire, Flood)

Other (specify)