

Traumatic Brain Injury (TBI)
February 1, 2012

Personal Options
Incident Report

During this time of transition, TBI Waiver Providers will not be issued a user account for the West Virginia Incident Management System (WVIMS)

Please see Chapter 512: Traumatic Brain Injury Waiver Services Manual Section 512.7 for classifications of incidents involving members.

This form is to be completed by the individual witnessing the incident when a simple or critical incident occurs or if there is evidence/suspicion of abuse, neglect, or exploitation. All incidents involving abuse, neglect and/or exploitation must be reported to Adult Protective Services, but must also be reported to APS Healthcare, Inc.

APS Healthcare, Inc. reviews each incident, investigates and documents the outcome of its investigation within 14 calendar days of the incident. At any time during the course of the

Section I, Member Information: to be completed by the person reporting the incident. (Completed by PPL)

Section II, Description of Incident: to be completed and signed by the person reporting the incident. This should be a factual account of the incident. (Completed by PPL)

Section III, Incident Information: to be completed and signed by the person reporting the incident

Section IV, Incident Follow-Up: a detailed description of the incident investigation must be documented with findings and conclusions. **(Completed by APS Healthcare, Inc.)**

Section V, Death: to be completed and signed by staff member when a member has died. If certain information is unknown, make a notation in the appropriate space.

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INCIDENT REPORT

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Incident Date: ___/___/___

Time: _____ am/pm

SECTION I – Member Information (completed by person reporting incident)

LAST:	FIRST:	MIDDLE INITIAL:	
ADDRESS:	CITY:	STATE:	ZIP:
COUNTY:	DOB:	GENDER <input type="checkbox"/> M <input type="checkbox"/> F	

SECTION II – Description of Incident (completed & signed by person reporting incident)

Describe in detail the reportable incident including other persons involved. Attach additional page(s) if necessary.

When was the Resource Consultant Notified? Date: ___/___/___ Time: _____

Resource Consultant's Name: _____

Signature of Person Reporting Incident: _____ Date: ___/___/___

SECTION III – Incident Information

INCIDENT TYPE: SIMPLE CRITICAL ALLEGED ABUSE, NEGLECT, EXPLOITATION

ALLEGED INCIDENTS(S) Check all that apply:

ABUSE:	<input type="checkbox"/> PHYSICAL	<input type="checkbox"/> SEXUAL	<input type="checkbox"/> VERBAL	<input type="checkbox"/> EMOTIONAL
NEGLECT:	<input type="checkbox"/> NUTRITIONAL	<input type="checkbox"/> MEDICAL	<input type="checkbox"/> SELF	<input type="checkbox"/> ENVIRONMENT
EXPLOITATION	<input type="checkbox"/> FINANCIAL	<input type="checkbox"/> THEFT	<input type="checkbox"/> DESTRUCTION OF PROPERTY	
ACCIDENT/INJURY:	<input type="checkbox"/> (REQUIRING TREATMENT BEYOND FIRST AID)			
DEATH (Complete page 3)	<input type="checkbox"/> ANTICIPATED	<input type="checkbox"/> UNANTICIPATED	<input type="checkbox"/> DATE DEATH _____	
TREATMENT ERROR:	<input type="checkbox"/> MEDICATION	<input type="checkbox"/> OTHER (DESCRIBE): _____		
OTHER:	<input type="checkbox"/> MISSING PERSON	<input type="checkbox"/> ABANDONMENT	<input type="checkbox"/> RIGHTS VIOLATION	<input type="checkbox"/> OTHER (DESCRIBE):

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SECTION V – Death (completed & signed by agency personnel)

If incident is regarding the death of the member, please include the following information:

Member Information as Reported in Section I.

Member's Name _____

Incident Date: ____/____/____ Incident Time: _____

1. Date of Death:

Time of Death:

2. Place of Death:

HOME

HOSPITAL

OTHER SETTING (PLEASE EXPLAIN/DESCRIBE):

3. Describe all life-saving measures, if any were applicable, that were attempted at the time of death (i.e., CPR administered, 911 called, transport to hospital, etc.), if known:

4. Circumstance immediately preceding the death, if know:

5. If no-life-saving measures were taken, please explain why not (i.e., was there a no-code status, do not resuscitate (DNR) or, etc.). if known:

Signature

Title

Date