

**Mental Health Recovery Board Serving Warren and Clinton Counties
Residential Facility (Classes 1, 2 and 3) - Provider Notification of Incident**

Provider Generated Incident #	Date Submitted to MHRB	Date of Discovery	Date of Incident	Time of Incident
Provider Name		Facility Name		License Number
Name of Person Completing Report				
Other Notifications Made:				
<input type="checkbox"/> Other ADAMH Board(s) (list names): <input type="checkbox"/> Children's Services <input type="checkbox"/> Family/Guardian <input type="checkbox"/> Other Protective Agency <input type="checkbox"/> Other:				
Type of Incident (check all that apply)				
Death of a Resident:				
<input type="checkbox"/> Homicide of Resident <input type="checkbox"/> Death due to Other Causes <input type="checkbox"/> Death related to Seclusion/Restraint				
Involuntary Termination/Discharge: <input type="checkbox"/> Inappropriate Discharge (MH Residential only)				
Medication/Drug Issues:				
<input type="checkbox"/> Medication Diversion <input type="checkbox"/> Sale of Drugs on Premises				
Seclusion/Restraint:				
<input type="checkbox"/> Inappropriate Use of Seclusion or Restraint (Class 1 only) <input type="checkbox"/> Inappropriate Restraint Techniques and other Use of Force (Class 1 only) <input type="checkbox"/> Seclusion/Restraint Related Injury to RESIDENT – <i>Specify sub-category:</i> <input type="checkbox"/> Injury requiring first aid <input type="checkbox"/> Injury requiring emergency/unplanned medical intervention <input type="checkbox"/> Injury requiring hospitalization <input type="checkbox"/> Seclusion/Restraint Related Injury to STAFF – <i>Specify sub-category:</i> <input type="checkbox"/> Injury requiring first aid <input type="checkbox"/> Injury requiring emergency/unplanned medical intervention <input type="checkbox"/> Injury requiring hospitalization <input type="checkbox"/> Interventions Used as a result of the reported incident (Class 2/3 only)– <i>Specify sub-category:</i> <input type="checkbox"/> Seclusion <input type="checkbox"/> Mechanical Restraint <input type="checkbox"/> Physical Restraint excluding Transitional Hold <input type="checkbox"/> Involuntary Emergency Medications				
Resident Injury/Medical Emergency when emergency/unplanned medical intervention or medical hospitalization is required:				
<input type="checkbox"/> Drug Overdoses <input type="checkbox"/> Resident Injury on Provider Premises/in Vehicle operated by Provider <input type="checkbox"/> Injury from fall <input type="checkbox"/> Medical Emergency resulting from Illness <input type="checkbox"/> Medical Emergency due to unknown cause				
Persons Involved in the Incident				
Race/Ethnicity Codes: A=Asian B=Black/African American H=Hispanic I=Alaskan Native M=Bi/Multiracial N=Native Am./Am. Indian P=Native Hawaiian/Other Pacific Islander W=White O=Other Race U=Unknown				
Resident(s) Involved - Use a HIPAA/42CFR Part 2 Compliant Identifiers (NO Resident Names)	Age	Gender: M=Male; F=Female; O=Other identified	Race (see codes above)	P=Perpetrator V=Victim
Other(s) Involved (Initials/Provider Identifier – No names):	S = Staff	V = Visitor	O = Other	P=Perpetrator V=Victim
Explain incident. Include what action provider staff took, if any. Note if other entities (police, fire, etc.) were involved. No names				

Please submit this form to MHRBWCC within 24 business hours of incident discovery via:

Email: IncidentReports@mhrbwcc.org OR Fax: 513-695-1776

This information is subject to a public record request

See MHRBWCC System Policy # 1-6 for definitions