**DDS Required Follow Up Information**

Updated 7.2.24

**LATE REPORTING REMINDER**

Special incidents are required by Title 17 to be verbally reported by vendors to San Diego Regional Center within 24 hours of occurrence and a written report must be provided within 48 hours of occurrence.  We advise vendors to report all special incidents even if they are unsure if it is reportable. SCs must submit a SIR in SANDIS within two work days to ensure DDS reporting guidelines are met. SCs should not wait for vendors to submit SIR to SDRC once made aware of the reportable incident. It is recommended that SDRC SC, On-Call SC, or Liaison review these guidelines with the vendor to avoid future late reporting. If you require additional assistance with information collection or SIR reporting protocols, feel free to contact the SIR Team at [sirs@sdrc.org](mailto:sirs@sdrc.org).

**Special incidents should be reported by Vendor according to DDS timeliness regardless if SIR is reportable or not.**

Please provide DDS compliance-specific follow-up information below to complete the SIR within 14 days of the incident date:

**Alleged Abuse/Neglect/Failure to Protect/Restraints:**

Result of investigation: (check outside agencies notified)

Reported to:

[ ] APS/CPS [ ] Long Term Care Ombudsman

[ ] Law Enforcement [ ] CCL/Health Care Licensing

Outcome:

[ ] Substantiated [ ] Inconclusive

[ ] to DA [ ] Arrest made

[ ] Unsubstantiated/unfounded

Action:

[ ] Referred to Criminal Action [ ] Client relocated

[ ] Plan of Corrective Action [ ] Citation

[ ] Deficiency [ ] Cross-reported to Law Enforcement

Any pertinent/relevant information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does client require any support/equipment for daily mobility? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Prevention Plan (immediate response & moving forward): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Alleged Abuse/Neglect/Failure to Protect (Unit 10/CPP Movers)**

Please provide DDS compliance-specific follow-up information below to complete the SIR within 14 days of the incident date:

Was Ombudsman/APS notified of incident? \_\_\_\_\_\_\_

Any recommendations by Ombudsman/APS? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What was the result of the Ombudsman/APS/police investigation (substantiated, unfounded, inconclusive), if shared with SDRC? \_\_\_\_\_\_

Any recommendation by Ombudsman/APS? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will client continue to reside in the same residence? \_\_\_\_\_\_\_\_\_

Other than relocation, will the consumer require any new or modified services/supports because of the incident? \_\_\_\_\_\_\_\_\_

If so, what are the new or modified services/supports? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

What actions, if any, were taken against the alleged perpetrator(s)? \_\_\_\_\_\_\_\_\_\_\_\_\_

What will SDRC to do to assist the vendor? \_\_\_\_\_\_\_\_\_When? \_\_\_\_\_\_\_\_\_\_

Is SDRC investigating the incident? \_\_\_\_\_\_\_\_\_\_ Outcomes? \_\_\_\_\_\_\_\_\_\_\_\_\_

Any QA investigations? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provide an update (outcomes) re: SDRC's interaction with the vendor\_\_\_\_\_\_\_\_\_\_

Prevention Plan (immediate response & moving forward): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**COVID:**

**Test date:** \_\_\_\_\_\_\_\_\_\_\_

**Positive result date**: \_\_\_\_\_\_\_\_

Symptoms: \_\_\_\_\_\_\_\_

Was hospitalization required? \_\_\_\_\_

Vaccination status: \_\_\_\_\_

**Crime / Assault**

Police Report No./Case No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (most important)

Any arrests made? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Outcome of investigation by police: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

APS/CPS involvement/outcome? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Was case submitted to DA? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any other pertinent/relevant information? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Prevention Plan (immediate response & moving forward): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Deaths:**

What is the exact date of death? \_\_\_\_\_\_\_\_\_\_\_\_

What is the exact location of death?  \_\_\_\_\_\_\_\_\_ (hospital, home, etc.)

Where did the client reside before their passing? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(include vendor # if under vendored care + date they moved in to home/facility)

Was the client receiving care for a medical / psych condition prior to passing? (i.e. lung cancer diagnosed 1/1/23 or trached stomach diagnosed 2/24/24 etc) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Was the client taking medications to treat a medical / psych condition prior to passing? (i.e. Pantoprazole 40mg daily for stomach acid or Risperidone 0.25mg 2x/day for behaviors etc) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When was the client last at their baseline health prior to date of passing? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Was the client’s activity and appetite normal? If tube fed, were feedings being tolerated normally? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If death occurred in hospital, what day were they admitted to the hospital? \_\_\_\_\_\_\_\_\_\_\_\_\_

If death occurred in hospital & client was under vendored care, when did vendor last visit client at the hospital? \_\_\_\_\_\_\_\_\_

If conserved, who was the conservator and what was their level of involvement? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Were HOSPICE services active at time of death? (If yes, by who?) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Why was HOSPICE initiated (diagnosis & date)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When was client last seen by a physician / PCP prior to date of passing? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When was client last seen by a nurse prior to date of passing? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When was client last given a nursing health assessment and what were the findings? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Was an SDRC doctor or nurse involved in this case? (i.e. did they provide a consult, assisted /advised on hospital treatment, assessment) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What were the events leading up in the weeks/days prior to death? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What did the client do the day before he/she died? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any concerns of abuse/neglect? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Was there a DNR in place? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Was any type of intervention or resuscitation attempted? If so, what was done? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Was CCL/HCL notified? If not, why not? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ER Visits:**

Discharge Diagnosis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­\_

Date of ER visit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­\_

Discharge Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Released to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (location)

Reason for going to ER: ­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Follow up needed after ER: ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any concerns regarding abuse and/or neglect?: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does client require any support/equipment for daily mobility? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Prevention Plan (immediate response & moving forward):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Falls (under vnd care):**

Where did fall occur? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did a medical condition contribute to fall?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is there a history of falling: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does client require any support/equipment for daily mobility? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fall Prevention Plan (immediate response & moving forward): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Fracture:**

Discharge Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client was discharged to: \_\_\_\_\_\_\_\_\_\_\_ (location)

Any appliance (cast, sling, splint, brace, boot, cane, or walker, wheelchair, etc.) prescribed? \_\_\_\_\_\_

Any related surgeries? \_\_\_\_\_\_ (please include dates)

Any specialist referrals? \_\_\_\_\_\_ (please indicate medical specialty)

Date and location where appliance (cast, sling, splint, brace, boot, cane, or walker, etc.) was removed/discontinued\_\_\_\_\_\_\_\_\_\_\_\_\_

Does client require any support/equipment for daily mobility? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does client have a history of falling? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Prevention Plan  (immediate response & moving forward): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SC and nurse clinician to participate in discharge planning as needed.

**Hospitalizations:**

**Discharge Diagnosis**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Discharge Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client discharged to: \_\_\_\_\_\_\_\_\_\_\_ (location)

Follow up needed after discharge (i.e. PT): ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any concerns regarding abuse and/or neglect?: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does client require any support/equipment for daily mobility? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Prevention Plan (immediate response & moving forward):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medication Errors:**

Name and dosage of the medication(s) \_\_\_\_\_\_\_\_\_\_\_\_ (most important)

Any adverse reactions? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did staff determine if there was or was not an adverse reaction? \_\_\_\_\_\_\_\_\_\_

Days medication was to be given: \_\_\_\_\_\_\_\_\_\_\_\_\_

Time medication was to be given: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Was the medication error by the same staff member on the same shift?: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Was med error reported to CCL/HCL (include notification date)? \_\_\_\_\_\_\_\_\_\_\_\_

Primary Care Physician (MD, NP, PA, or Psychiatrist) notification: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name and date)

Prevention plan (immediate response & moving forward): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Missing Person - AWOL**

Client was missing for approximately: \_\_\_\_\_\_\_\_\_\_\_ (days/hours)

Did client return to residence on his/her own?  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (yes/no)

Specify location and date client located?   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who located client? \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (police, vendor staff, relative, etc.)

Who transported client?  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physical condition when found:  \_\_\_\_\_\_\_\_\_\_\_\_ (unharmed, unkempt, bruised, etc.)

Current community safety or elopement behavioral IPP outcome (if applicable):\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preventative/Community Access Plan (immediate response & moving forward): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Psych. Hospitalization 5150 / 5250:**

Please ***confirm🡪*** this incident is considered an involuntary psych hospitalization \_\_\_\_\_ (🡨**yes or no**) according to legal guidelines in Section **5150** of the California Welfare and Institutions Code (specifically, the [Lanterman-Petris-Short Act](http://en.wikipedia.org/wiki/Lanterman-Petris-Short_Act) or "LPS") which allows a qualified officer or clinician to [involuntarily confine](http://en.wikipedia.org/wiki/Involuntary_commitment) a person deemed to have a mental disorder that makes them a danger to him or herself, and/or others and/or gravely disabled. A qualified officer, that includes any California [peace officer](http://en.wikipedia.org/wiki/Peace_officer), as well as any specifically designated [county](http://en.wikipedia.org/wiki/County) clinician, can request the confinement after signing a written declaration. If those characteristics are not met, the incident is NOT reportable to DDS.

Discharge date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where client is discharged to: \_\_\_\_\_\_\_\_\_\_\_

Any other pertinent/relevant information (behavior consultant meeting, new DX, assessments etc): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Prevention Plan (immediate response & moving forward): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reminder: Please notify Kim Steitz of all psych hospitalizations more than 5 days.

**Serious Injury/Accident (Lacerations, Puncture Wounds, Bites, Burns, Internal Bleeding, Dislocation, and Medication Reactions that require medical attention beyond first aid):**

**Discharge Date (if admitted):** \_\_\_\_\_\_\_\_\_\_\_\_\_

Dates of follow-up MD visits, if applicable\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of stitches \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (most important)

Where and when stitches/sutures/staples/casts removed (if any) \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (location and date)

Does client have a history of falling? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Prevention Plan (immediate response & moving forward)? \_\_\_\_\_\_\_\_\_\_\_

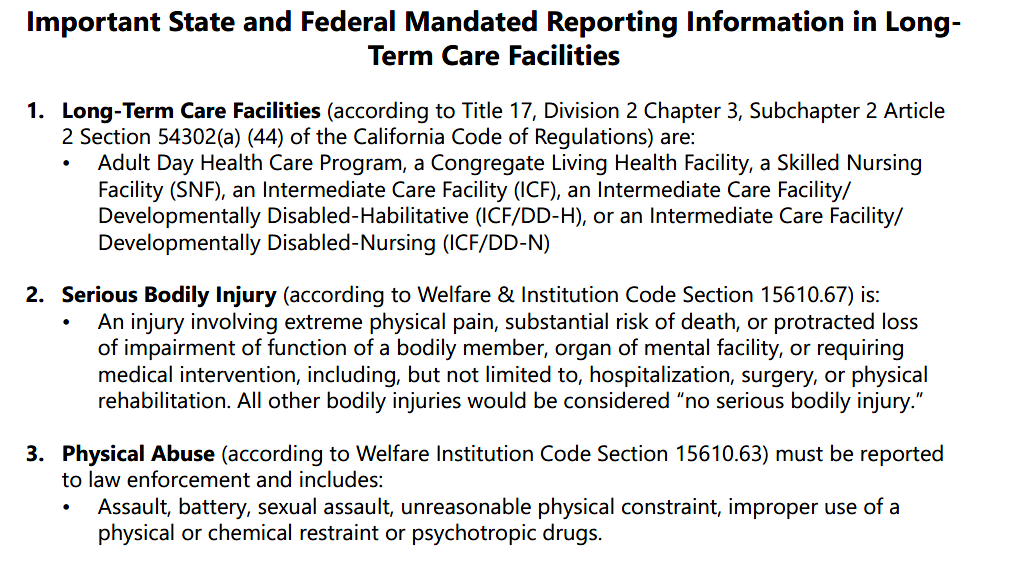
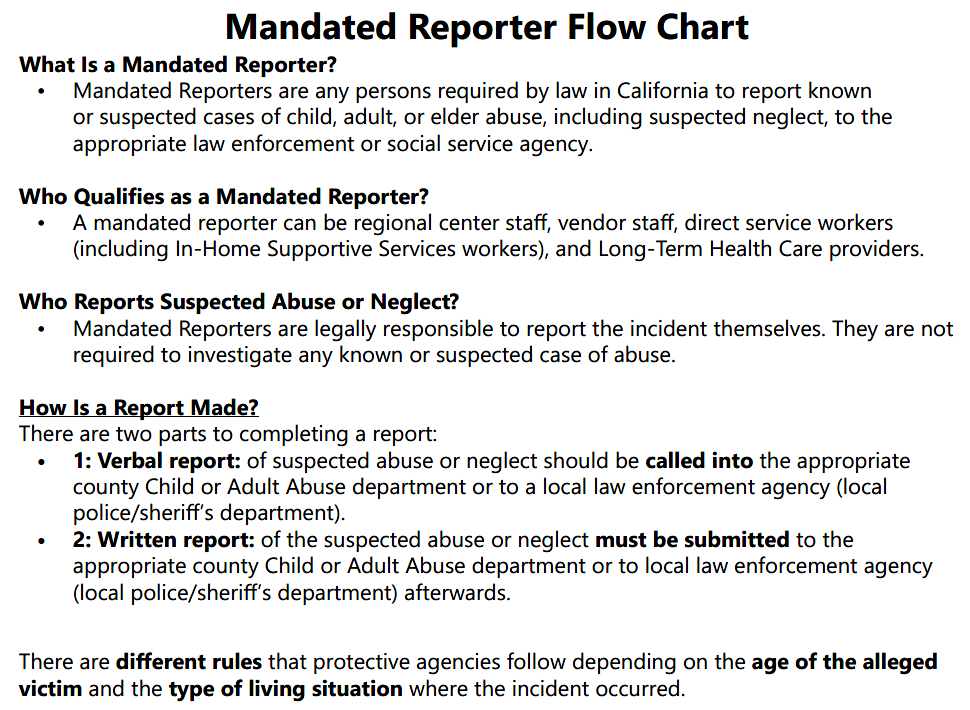
**LATE SIRS**

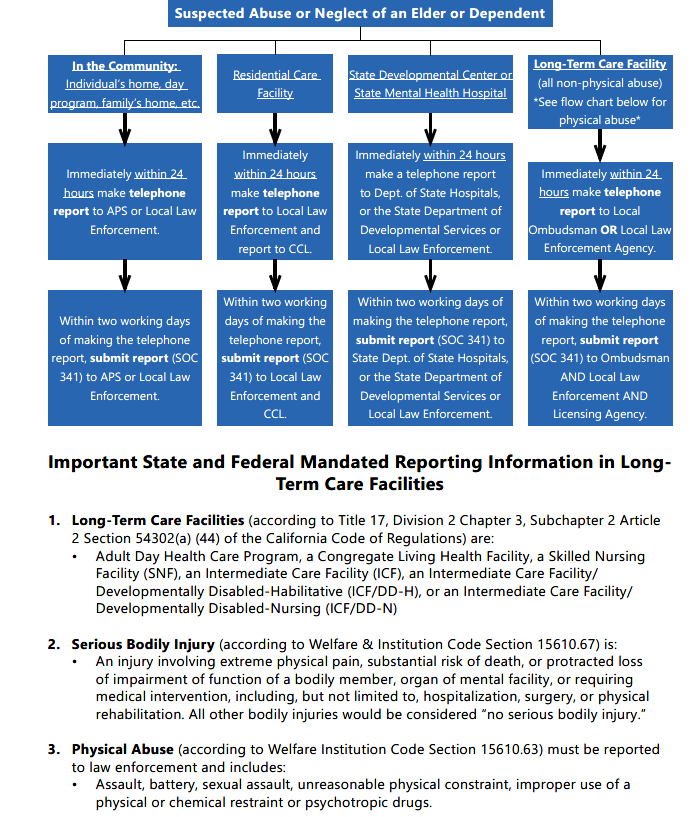
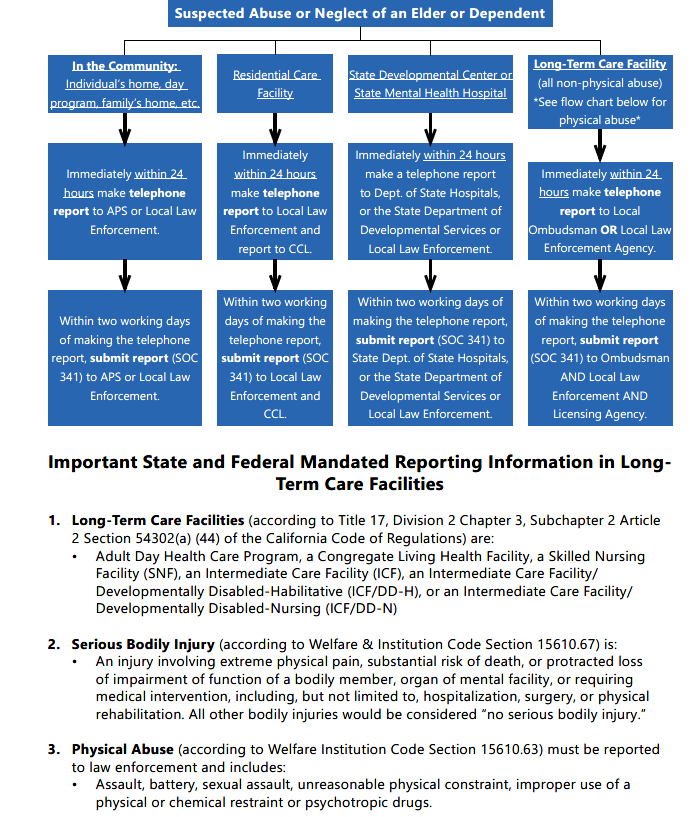
**Timely Reporting Reminder (SDRC)**:

The *Specific Preventative Action Taken or Planned by RC* of this client’s SIR was updated per DDS staff follow up request **(SAME FOR EMAIL):**

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