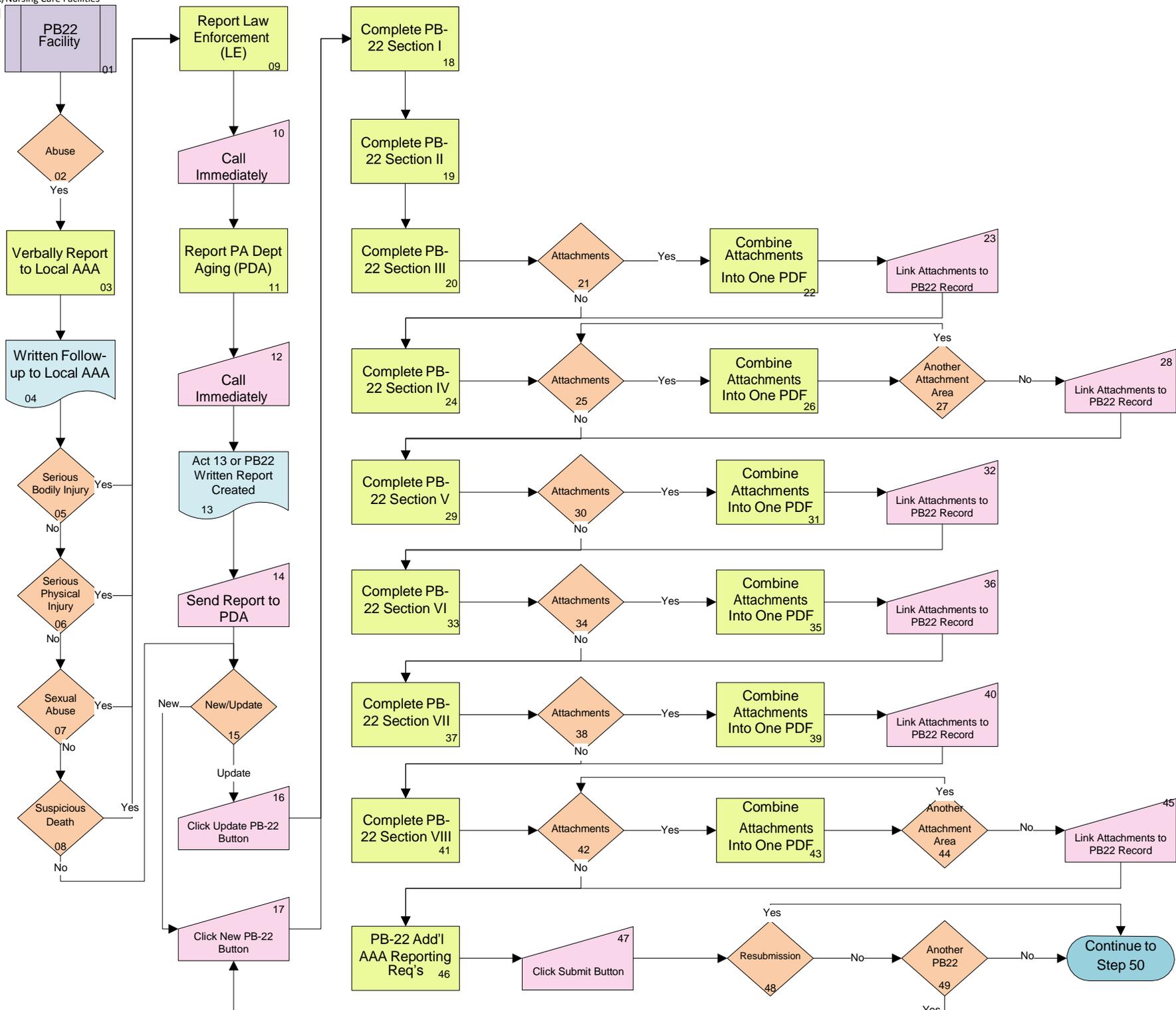


M1





# Summary Narrative of Process Mapping Activity for Division of Nursing Care Facilities

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## **PB22 Facility**

- 1. PB22 Facility** ---This map details the process a facility takes to submit a PB22 in Event Reporting System (ERS). Note: It is advisable to frequently save completed work. Saving does not constitute submission to Department of Health.
  - \*Event Reporting System PP*
  - \*Event Reporting System Manual Facility*
  - \*Mandatory Abuse Act 13*
  - \*Website <https://app2.health.state.pa.us/incidents/facilitylogin.asp>.*
- 2. Abuse**---Decision point-when abuse is identified or brought to the attention of the facility, proceed to step 03.
  - \*Abuse Regulations*
- 3. Verbally Report to Local AAA**---Verbally report the abuse to the local Area Agency on Aging (AAA).
- 4. Written Follow-up to Local AAA**---Follow-up the phone call with a written notification of abuse to AAA.
- 5. Serious Bodily Injury**--- Decision point-if abuse was the result of serious bodily injury proceed to step 09. Otherwise proceed to step 06.
- 6. Serious Physical Injury**--- Decision point- if abuse was the result of serious physical injury proceed to step 09. Otherwise proceed to step 07.
- 7. Sexual Abuse**--- Decision point- if abuse was the result of sexual abuse proceed to step 09. Otherwise proceed to step 08.
- 8. Suspicious Death**--- Decision point- if abuse was the result of suspicious death proceed to step 09. Otherwise proceed to step 15.
- 9. Report Law Enforcement (LE)**---Any abuse related to serious bodily injury, serious physical injury, sexual abuse or suspicious death must be reported to Law Enforcement (LE) immediately.
- 10. Call Immediately**---Call local LE immediately and report abuse.
- 11. Report PA Dept Aging (PDA)** --- Any abuse related to serious bodily injury, serious physical injury, sexual abuse or suspicious death must be reported to PA Dept of Aging (PDA) immediately.
- 12. Call Immediately**---Call PDA immediately and report abuse.
- 13. Act 13 or PB22 Written Report Created**---Either an Act 13 or PB22 report must be created to send to PDA.
- 14. Send Report to PDA**---Send Act 13 or PB22 report to PDA.
- 15. New/Update**--- Decision point-if PB22 submission is new proceed to step 17. If PB22 needs updated proceed to step 16.

16. **Click Update PB-22 Button**---Click "Update PB22" button in ERS.
17. **Click New PB-22 Button**---Click "New PB22" button in ERS.
18. **Complete PB-22 Section I**---Complete Section I of PB22 entitled "General Information."
19. **Complete PB-22 Section II**--- Complete Section II of PB22 entitled "Allegations/Individual Involved."
20. **Complete PB-22 Section III**--- Complete Section III of PB22 entitled "Description of Incident."
21. **Attachments**--- Decision point-if facility has attachments to add to this portion of the PB22 submission, proceed to step 22. Otherwise proceed to step 24.
22. **Combine Attachments Into One PDF**---If multiple attachments will be attached to this section of the PB22 submission, combine the attachments into one PDF file before attaching.
23. **Link Attachments to PB22 Record**---Link the attachment(s) to this PB22 record.
24. **Complete PB-22 Section IV**--- Complete Section IV of PB22 entitled "Investigative Activities— how did the facility become aware of the incident? Who reported it?"
25. **Attachments**--- Decision point-if facility has attachments to add to this portion of the PB22 submission, proceed to step 26. Otherwise proceed to step 29.
26. **Combine Attachments Into One PDF**---If multiple attachments will be attached to this section of the PB22 submission, combine the attachments into one PDF file before attaching.
27. **Another Attachment Area**--- Decision point-if attachments need made to another area of this section return to step 25. Otherwise proceed to step 28.
28. **Link Attachments to PB22 Record**---Link the attachment(s) to this PB22 record.
29. **Complete PB-22 Section V**--- Complete Section V of PB22 entitled "Findings of Facility Investigation."
30. **Attachments**--- Decision point-if facility has attachments to add to this portion of the PB22 submission, proceed to step 31. Otherwise proceed to step 33.
31. **Combine Attachments Into One PDF**--- If multiple attachments will be attached to this section of the PB22 submission, combine the attachments into one PDF file before attaching.
32. **Link Attachments to PB22 Record**---Link the attachment(s) to this PB22 record.
33. **Complete PB-22 Section VI**--- Complete Section VI of PB22 entitled "Conclusions."
34. **Attachments**--- Decision point-if facility has attachments to add to this portion of the PB22 submission, proceed to step 35. Otherwise proceed to step 37.
35. **Combine Attachments Into One PDF**---If multiple attachments will be attached to this section of the PB22 submission, combine the attachments into one PDF file before attaching.
36. **Link Attachments to PB22 Record**---Link the attachment(s) to this PB22 record.
37. **Complete PB-22 Section VII**--- Complete Section VII of PB22 entitled "Actions Taken."
38. **Attachments**--- Decision point-if facility has attachments to add to this portion of the PB22 submission, proceed to step 39. Otherwise proceed to step 41.
39. **Combine Attachments Into One PDF**---If multiple attachments will be attached to this section of the PB22 submission, combine the attachments into one PDF file before attaching.
40. **Link Attachments to PB22 Record**---Link the attachment(s) to this PB22 record.
41. **Complete PB-22 Section VIII**--- Complete Section VIII of PB22 entitled "Relative/Supportive Documentation Attached."

42. **Attachments**--- Decision point-if facility has attachments to add to this portion of the PB22 submission, proceed to step 43. Otherwise proceed to step 46.
43. **Combine Attachments Into One PDF**---If multiple attachments will be attached to this section of the PB22 submission, combine the attachments into one PDF file before attaching.
44. **Another Attachment Area**--- Decision point-if attachments need made to another area of this section return to step 42. Otherwise proceed to step 45.
45. **Link Attachments to PB22 Record**---Link the attachment(s) to this PB22 record.
46. **PB-22 Add'l AAA Reporting Req's**--- Complete Section of PB22 entitled "Additional Department of Aging Reporting Requirements."
47. **Click Submit Button**---Click the "Submit Button" to submit PB22.
48. **Resubmission**--- Decision point-if PB22 submission is a resubmission proceed to step 50. Otherwise proceed to step 49.
49. **Another PB22**--- Decision point-if facility needs to submit an additional PB22 return to step 17. Otherwise proceed to step 50.
50. **Make Changes**--- Decision point-if facility wants to make changes to PB22 submission, proceed to step 51. Otherwise proceed to step 52.
51. **Contact FO**---Contact the Field Office and let them know you want to make changes to PB22 already submitted.
52. **Voluntary Withdraw**--- Decision point-if facility voluntary wants to withdraw a submitted PB22 proceed to step 53. Otherwise proceed to step 55.
53. **Contact FO**--- Contact the Field Office and let them know you want to withdraw the PB22 already submitted.
54. **Withdraw in ERS**---Field Office allows facility the ability to withdraw the PB22. End of process.
55. **DOH Review Response**--- Decision point-when DOH response is received, if PB22 is accepted as submitted proceed to step 56. If PB22 is rejected as submitted proceed to step 57.
56. **Accepted**---DOH accepted the PB22 as submitted. End of process.
57. **Rejected**---DOH rejected the PB22 as submitted.
58. **Meet Def of Abuse**--- Decision point-if PB22 submission meets the definition of abuse proceed to step 61. Otherwise proceed to step 59.
59. **Withdraw**---PB22 is rejected by DOH and must be removed from ERS.
60. **Withdraw in ERS**---Facility withdraws PB22 in ERS. End of process.
61. **Resolve PB22 Submission Issues**---Resolve the PB22 issues and return to step 16.

END

## PA Department of Health (PA-DOH) Event Notification Internet Site Overview – Facilities Effective November 1, 2012

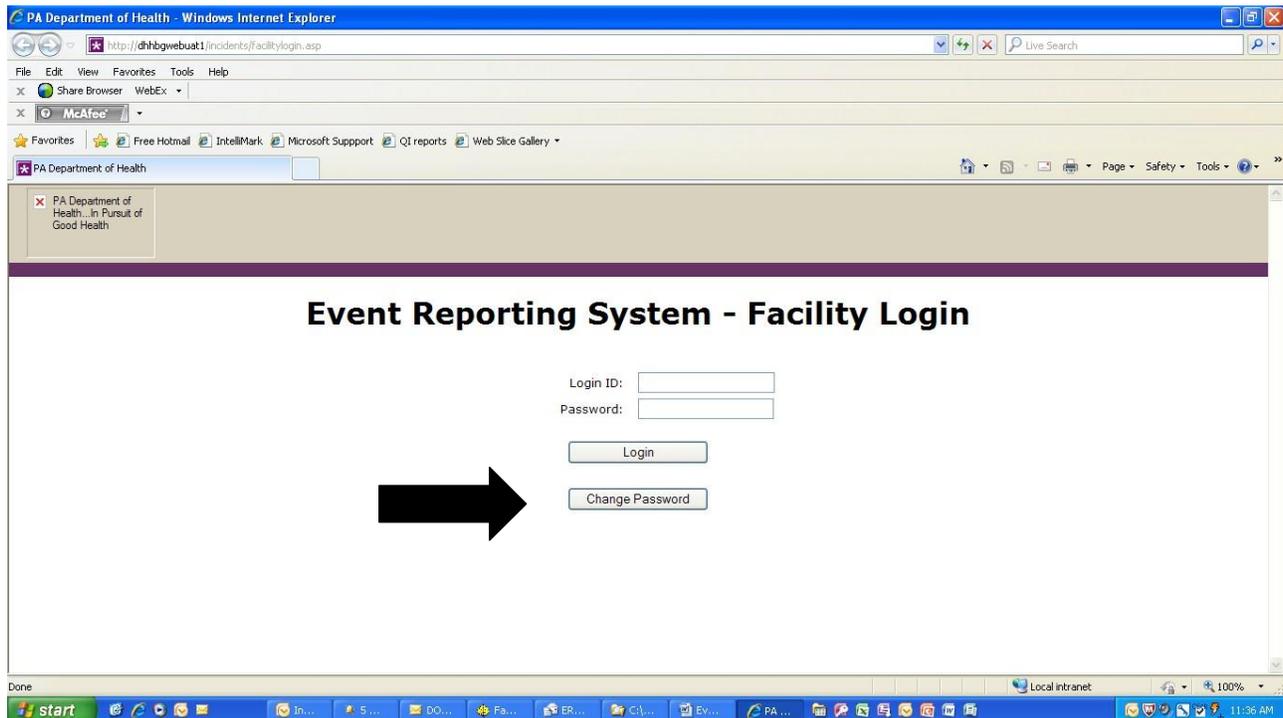
**Purpose:** To provide a system to enter events per 28 Pa Code Chapter 51.3; 28 Pa Code 201.14(c)&(d), 211.1(a)(b) & (c) and; Chapter 27 of the Administrative Code, that is readily available to all appropriate PA-DOH facilities, a simple process to insure consistent data entry and submission, and a source for quick and meaningful feedback on event notification submissions.

**Web Site Address:** The web site address for the Events Program is:

<https://app2.health.state.pa.us/incidents/facilitylogin.asp>

**Login:** When first entering the site for Event Notification, facilities will be required to login. This is accomplished by entering the facility ID as both the Login ID and the Password. (NOTE: Whenever you type in the password field, an \* is shown instead of what is typed – this helps to keep passwords confidential). Once the login id and password are entered, click the Login button:

NOTE: The initial password you were assigned uses your Facility ID number as your password. Because the Facility ID number is public information, the Department strongly advises that you change the password immediately. It is also recommended that you establish an internal policy for periodically changing the password, and for identifying those employees with access to the on-line reporting program for your facility.

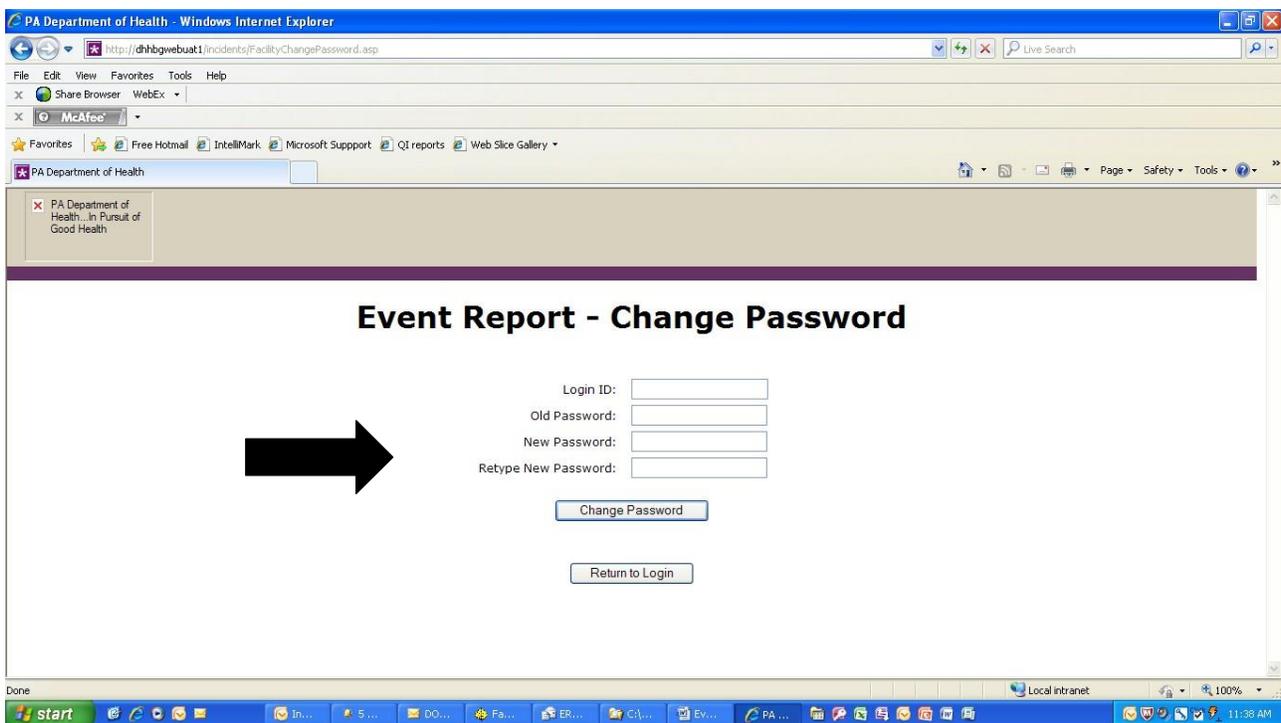


**Note: If a facility is no longer open (active), that facility will receive an error message when attempting to log in. If you believe this is an error, please contact the Department's Division of Nursing Care Facilities at (717) -787-1816.**

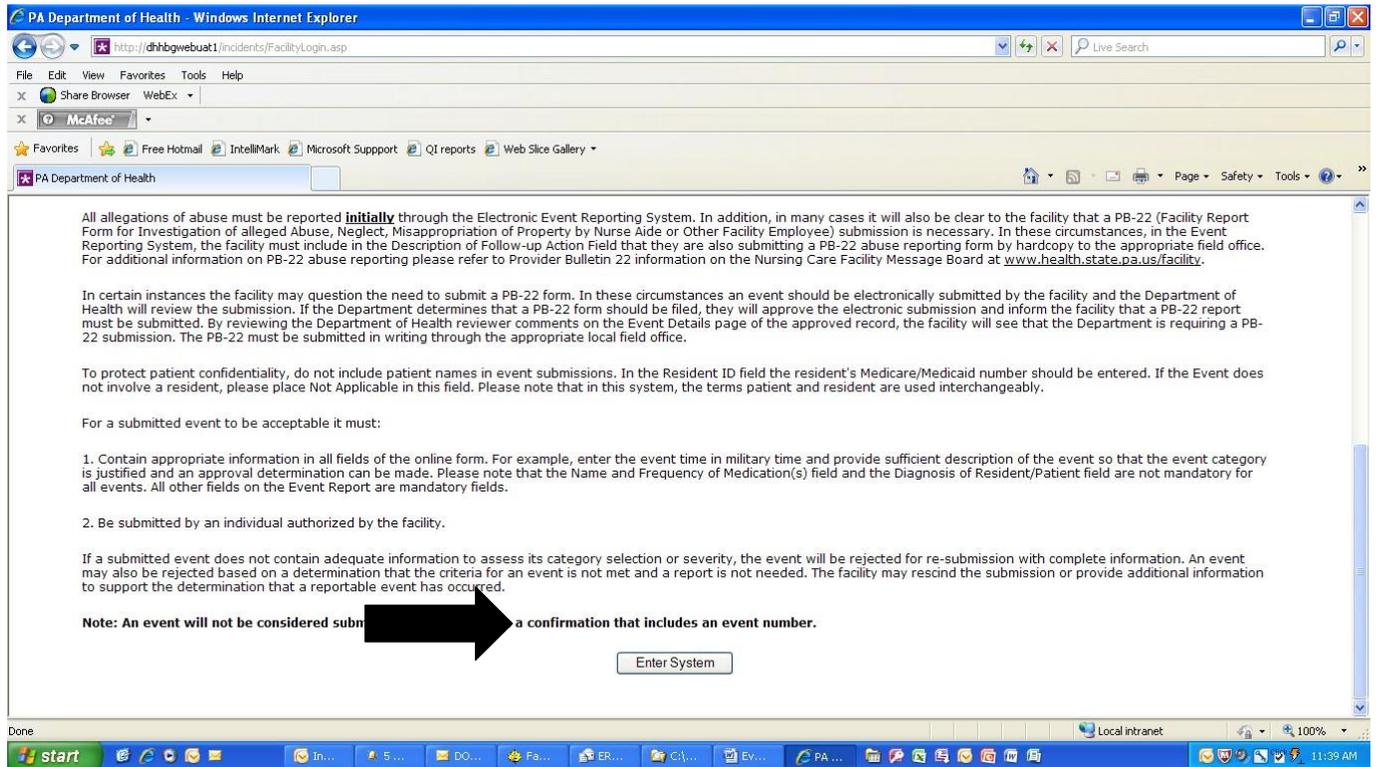
**Change Password:** It is highly recommended that you change the initial facility password; however, this should NOT be done unless the appropriate authorized facility personnel communicate that a password change is in order and are, in turn, properly notified of a successful password change. To change your facility password first enter your Login ID and current Password on the login page and then: (1) click the Change Password button on the login page, and on the next page that opens, (2) enter the facility ID, (3) the current password, (4) the new password, (5) re-type the new password, and finally (6) click the Change Password button.

Immediately after selecting the Change Password button, you will receive a message telling you that the "Password Changed Successfully."

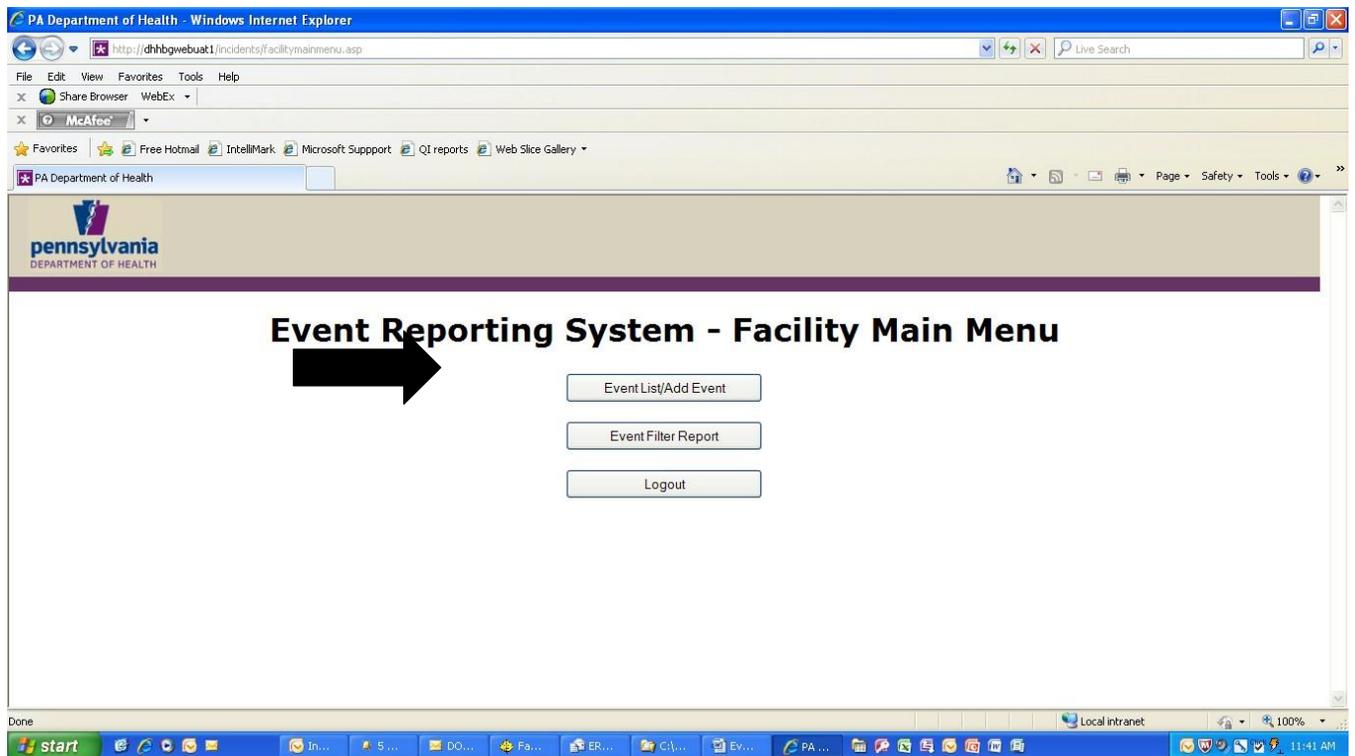
Note: If you have a password problem, please contact the Division of Nursing Care Facilities at 717-787-1816.



**Site Entry – Confidentiality Notice:** Upon successful login, the first page is a welcome to the site, as well as a reminder that all information entered into the site and displayed by the site is to be handled and regarded in a confidential manner as described by law. Information is also given on the requirements for a successful event entry. To proceed into the Event Notification system, click the Enter System button:



**Main Menu** – After entering the system the first page is a menu of the possible options: Event List/Add Event, Event Filter Report, or Logout. To add a new event, click on the Event List/Add Event button.



**Event List/Add Event** – Clicking the Event List/Add Event button on the Main Menu brings up the Facility – Event Report List page. This page displays the status of all submissions entered by the facility for the past **30** calendar days (Approved, Rejected, or New – a new event is one that has not yet been reviewed by the PA-DOH). The view of the information on this page can be changed several ways. To see all events, not just those within the last 30 days, click the View All button. **A date range pop up box will now appear so you may limit the result set to speed retrieval.** To sort events by event number, event type, status, or by date submitted, click the appropriate column heading.



**Add Event** - To add a new event, click the New Event button on the Facility – Event Report List page. This will open the Event Report page. All fields on this page are required fields except for the Diagnosis field and the Medication field. It is mandatory that information be entered into the required fields. You can navigate from one field to the next by tabbing or by clicking in each field. Complete all the fields and when finished, click the Submit button at the bottom of the page.

**NOTES:** In the Resident ID field the resident’s Medicare number should be entered exactly as it appears on the resident’s documents. If the resident does not have a Medicare number, a Railroad Retirement Board (RRB) number may be substituted. These RRB numbers contain both letters and numbers. If the resident does not have a Medicare number or a RRB, please enter the last four digits of the social security number and include the resident’s name **in the text** of the Factual Description.

If the event does not involve a resident, please place Not Applicable in this field. Please note that in this system, the terms patient and resident are used interchangeably.

**Event Type** - The event type is entered by selecting one of the event categories provided – simply click your cursor in the event type field (or click the arrow to the right of the field), scroll to the appropriate event category and highlight it. To view the full event type description, click on the Click Here link in the middle of the page. That will display a complete list of all event categories available for selection.

Choose a category based on the Category/Prompt list provided below.

*NOTE – please do not use the following categories as they are no longer required reportable events:*

- *Falls with Injuries*
- *Inappropriate Discharge*
- *Injury or Accident While a Resident Other than Falls*
- *Medication Errors/Adverse Drug Reactions Causing Serious Injury*
- *Misadventure with Feeding Tube, Catheter, Tracheotomy or Life Sustaining Equipment*
- *Resident Billing/Records*

<b><u>CATEGORY</u></b>	<b><u>PROMPTS</u></b> (Elements to consider when choosing the correct category)
<p>Complaint of Resident Abuse, Confirmed or Not</p> <p>*NOTE: Definitions of Abuse</p> <p><b>42 CFR 483.13(b)</b>, “Abuse” means the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish (42 CFR 488.301);</p> <p><b>28 PA Code 201.3</b> Definitions, The infliction of injury, unreasonable confinement, intimidation or punishment with resulting physical harm or pain or mental anguish, or deprivation by an individual, including a caretaker, of goods or services that are necessary to attain or maintain physical, mental and psychosocial well-being. This presumes that instances of abuse of all residents, even those in a coma, cause physical harm, or pain or mental anguish. The term includes the following:</p> <p>(i) <i>Verbal abuse</i>—Any use of oral, written or gestured language that willfully includes disparaging and derogatory terms to residents or their families, or within their hearing distance, regardless of their age, ability to comprehend or disability. Examples of verbal abuse include:</p> <p>(A) Threats of harm.</p> <p>(B) Saying things to frighten a resident, such as telling a resident that the resident will never be able to see his family again.</p> <p>(ii) <i>Sexual abuse</i>—Includes sexual harassment, sexual coercion or sexual assault.</p> <p>(iii) <i>Physical abuse</i>—Includes hitting, slapping, pinching and kicking. The term also includes controlling behavior through corporal punishment.</p> <p>(iv) <i>Mental abuse</i>—Includes humiliation, harassment, threats of punishment or deprivation.</p> <p>(v) <i>Involuntary seclusion</i>—Separation of a resident from other residents or from his room or confinement to his room (with/without roommates) against the resident’s will, or the will of the resident’s legal representative. Emergency or short term monitored separation from other residents will not be considered involuntary seclusion and may be permitted if used for a limited period of time as a therapeutic intervention to</p>	<p><b>Does the description meet the definition of Abuse?</b></p> <p>Abuse – <i>Definition – See Category Column</i></p> <p>Staff to Resident</p> <ul style="list-style-type: none"> <li>Resident to Resident abuse – with injury to one or both residents, or intent; including non- consensual sexual or unwanted sexual advances. <i>If there is no injury or intent, do not report – this only applies to Resident to Resident abuse</i></li> </ul> <p><u>Examples of Resident to Resident Abuse:</u></p> <ul style="list-style-type: none"> <li>Resident 1 pushed Resident 2 causing Resident 2 to fall and suffer a subdural hematoma</li> <li>Resident Abuse by Family Members</li> <li>Visitor Abusive</li> <li>Abuse allegations against any individual other than a facility employee or other resident.</li> </ul> <p><b>**All reports under this category require a PB22 and should be reported thru ERS to DOH, your local AAA (verbal notification and follow up with written report - you may use the PB22), and PDA in accordance with Act 13.</b></p> <p><b>Act 13</b> Immediately verbally notify AAA of the following allegations, and then complete a PB22 within 48 hours: (There may still be incidents that are reportable to PDA but maybe not DOH so no PB22 would be completed thus the facilities would need to use the PDA Act 13 Mandatory Abuse Reporting Form.)</p> <ul style="list-style-type: none"> <li>Abuse - the occurrence of one or more of the following acts: <ol style="list-style-type: none"> <li>The infliction of injury, unreasonable confinement, intimidation or punishment with resulting physical harm, pain or mental anguish;</li> <li>The willful deprivation by a caretaker of goods or services which are necessary to maintain physical or mental health;</li> <li>Sexual harassment; and/or</li> <li>Sexual abuse which is intentionally, knowingly or recklessly causing or attempting to</li> </ol> </li> </ul>

reduce agitation until professional staff can develop a plan of care to meet the resident's needs.

(vi) *Neglect*—The deprivation by a caretaker of goods or services which are necessary to maintain physical or mental health.

**Title 35 P.S. §10225.701/ 15 PA**

**Code§15.151 (Act 13)** The occurrence of one or more of the following acts: (1) the infliction of injury, unreasonable confinement, intimidation or punishment with resulting physical harm, pain or mental anguish; (2) the willful deprivation by a caretaker of goods or services which are necessary to maintain physical or mental health; (3) sexual harassment; and/or (4) sexual abuse which is intentionally, knowingly or recklessly causing or attempting to cause rape, involuntary deviate sexual intercourse, sexual assault, statutory sexual assault, aggravated indecent assault or incest.

These definitions are all taken into consideration. When multiple definitions are available to providers, we defer to the most stringent definition which does not require intent for an act to meet the definition of abuse.

cause rape, involuntary deviate sexual intercourse, sexual assault, statutory sexual assault, aggravated indecent assault or incest.

- **Serious bodily injury – (Also notify PDA/law enforcement) An injury which creates a substantial risk of death or which causes serious permanent disfigurement or protracted loss or impairment of the function of a body member or organ.**
- **Serious physical injury – (also notify PDA/ law enforcement) An injury that causes a person severe pain or significantly impairs a person's physical functioning, either permanently or temporarily.**
- **Sexual harassment**
- **Sexual abuse – (also notify PDA/ law enforcement)**
- **Rape**
- **Statutory Sexual assault**
- **Involuntary deviate sexual intercourse**
- **Sexual assault**
- **Aggravated indecent assault**
- **Indecent assault**
- **Incest**

PDA/ law enforcement must also receive immediate verbal report for:

Sexual abuse  
Serious physical injury  
Serious bodily injury  
Death is suspicious

**Examples of what NOT to report to PDA or DOH**

Isolated incidents of the following:

Staff to resident:

- Verbal abuse (yelled at resident, no outcome)

Resident to resident incidents, if unwanted could be sexual harassment thus reportable:

- Someone kissed someone else
- Someone had hand on outside of another resident's clothing
- Someone hits another and no injury at all

Death Due to a Medication Error or Adverse Reaction to Medication	Did death or a serious injury occur due to a medication error (such as severe allergic reaction to a medication that resulted in death)?
Death Due to Injury, Suicide, or Unusual Circumstances While a Resident	Did death occur due to an injury (such as blunt force trauma), suicide, or unusual circumstances (such as electrical shock resulting in death from sticking finger in electrical outlet) while a resident?  Death (Resident found on floor) – the unusual circumstance would be unknown reason for death.
Death Due to Malnutrition, Dehydration or Sepsis	Did death occur due to malnutrition, dehydration, or sepsis?  As a primary cause of death, to report the reason for its occurrence and the steps the facility should have taken to prevent, or will prevent for other residents. (51.3 (f)(g) –(g refers to f)
Elopement Inpatient	Does it meet the definition of elopement?  <i>Elopement – Resident leaves the facility without the facility staff being aware that the resident has done so (Unauthorized absence). Note: the above definition of Elopement is from 28 Pa Code 201.3)</i>  If resident alarm sounds and staff responds immediately, not considered an elopement.
Reportable Diseases	Per 28 Pa Code 211.1, and Chapter 27 of Administrative Code  <u>211.1 (b)&amp;(c)</u>  Cases of scabies and lice shall be reported to the appropriate Division of Nursing Care Facilities field office.  Significant nosocomial outbreaks, as determined by the facility’s medical director, Methicillin Resistant Stapylococcus Aureus (MRSA), Vancomycin-Resistant Staphylococcus Aureus (VRSA), Vancomycin-Resistant Enterocci (VRE) and Vancomycin-Resistant Stapylococcus Epidermidis (VRSE) shall be reported to the appropriate Division of Nursing Care Facilities field office.  <u>Chapter 27 Administrative Code/ 211.1 (a)</u>  (1) The following diseases, infections and conditions are reportable within 24 hours after being identified by symptoms, appearance or diagnosis:  Animal bite. Anthrax.

	<p>Arboviruses (viruses transmitted by arthropod insects, usually tick or mosquito)          Botulism.          Cholera.          Diphtheria.          Enterohemorrhagic E. coli.          Food poisoning outbreak.          Haemophilus influenzae invasive disease.          Hantavirus pulmonary syndrome.          Hemorrhagic fever.          Lead poisoning.          Legionellosis.          Measles (rubeola).          Meningococcal invasive disease.          Plague.          Poliomyelitis.          Rabies.          Smallpox.          Typhoid fever</p> <p>(2) The following diseases, infections and conditions are reportable within 5 work days after being identified by symptoms, appearance or diagnosis:</p> <p>AIDS.          Amebiasis.          Brucellosis.          CD4 T-lymphocyte test result with a count of less than 200 cells/<math>\mu</math>L or a CD4 T-lymphocyte percentage of less than 14% of total lymphocytes (effective October 18, 2002).          Campylobacteriosis.          Cancer.          Chancroid.          Chickenpox (varicella) (effective January 26, 2005).          Chlamydia trachomatis infections.          Congenital adrenal hyperplasia (CAH) in children under 5 years of age.          Creutzfeldt-Jakob Disease.          Cryptosporidiosis.          Encephalitis.          Galactosemia in children under 5 years of age.          Giardiasis.          Gonococcal infections.          Granuloma inguinale.          Guillain-Barre syndrome.</p>
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	<p>HIV (Human Immunodeficiency Virus) (effective October 18, 2002).  Hepatitis, viral, acute and chronic cases.  Histoplasmosis.  Influenza.  Leprosy (Hansen’s disease).  Leptospirosis.  Listeriosis.  Lyme disease.  Lymphogranuloma venereum.  Malaria.  Maple syrup urine disease (MSUD) in children under 5 years of age.  Meningitis (All types not caused by invasive Haemophilus influenza or Neisseria meningitis).  Mumps.  Perinatal exposure of a newborn to HIV (effective October 18, 2002).  Pertussis (whooping cough).  Phenylketonuria (PKU) in children under 5 years of age.  Primary congenital hypothyroidism in children under 5 years of age.  Psittacosis (ornithosis).  Rickettsial diseases.  Rubella (German measles) and congenital rubella syndrome.  Salmonellosis.  Shigellosis.  Sickle cell disease in children under 5 years of age.  Staphylococcus aureus, Vancomycin-resistant (or intermediate) invasive disease.  Streptococcal invasive disease (group A).  Streptococcus pneumoniae, drug-resistant invasive disease.  Syphilis (all stages).  Tetanus.  Toxic shock syndrome.  Toxoplasmosis.  Trichinosis.  Tuberculosis, suspected or confirmed active disease (all sites).  Tularemia.</p>
Hemolytic Transfusion Reaction	Self explanatory

<p>Misappropriation of Resident Property</p>	<p>Does it meet the definition of Misappropriation of Resident Property?</p> <p>Misappropriation of Resident Property – <i>The deliberate misplacement, exploitation, or wrongful (temporary or permanent) use of a resident’s belongings or funds without the resident’s consent.</i></p> <ul style="list-style-type: none"> <li>• Missing/Lost Medicine – if it belongs to the resident.</li> <li>• Missing Resident Money/Personal Items</li> <li>• Power of Attorney (POA) Misappropriating Resident Funds</li> <li>• Staff member used Resident Funds</li> </ul> <p><b>**Reports under this category require a PB22 if a perpetrator is identified, and should be reported thru ERS to DOH and your local AAA (verbal notification and follow up with written report - you may use the PB22 for an identified perpetrator).</b></p>
<p>Notification of Interruption/Termination of Any Service Vital to the Continued Safe Operation of the Facility or the Health and Safety of its Personnel, Including But Not limited to Anticipated or Actual Termination of Utilities</p>	<p>Was there an interruption in services such as electricity, water, or heat for an extended period of time, which affected or could affect resident services? (Please note that any actual fire event or emergency should be reported)</p> <p><i>Fire (emergency) alarm activation-</i> any time a Fire Department is alerted. <i>Any Fire Alarm or Sprinkler System out of service</i> for four hours or more hours in a 24 hour period. <i>Electrical outages</i> –any; if the power is blinking due to a storm, etc. not reportable, however, if it goes off and stays off, then report. <i>Water</i> – if going to be greater than 4 hours <i>Gas Leak</i> <i>Leak in High Pressure Water Supply</i> <i>Call Bell System malfunction</i> <i>Telephone outage</i></p>
<p>Other</p>	<p>Any event <i>that could seriously compromise quality assurance or resident safety</i> and does not fit under any other category use this one. Below are some examples of situations that have been submitted under this category. They are only examples and do not necessarily mean that the incident in your facility meets the criteria “could seriously compromise quality assurance or resident safety”. The facility must evaluate the situation and decide if it meets the definition.</p> <ul style="list-style-type: none"> <li>• <b><u>LOA misadventures</u></b> – unplanned occurrences while on leave of absence from facility <b><u>Examples:</u></b> <ul style="list-style-type: none"> <li>○ Family member attempts to take resident on LOA without proper authorization. A resident is not capable and a family member who is not identified as having permission from the POA to take the resident on LOA attempts to take resident out of</li> </ul> </li> </ul>

	<p>the facility.</p> <ul style="list-style-type: none"> <li>○ Resident signed out by spouse did not return as expected and spouse not answering telephone</li> <li>○ Resident in auto accident while on LOA</li> <li>○ Vehicle accident with transport van (facility or public), ambulance, or family vehicle.</li> <li>○ Resident misplaced after an appointment</li> <li>○ A resident goes out of the facility under an approved leave of absence and the resident does not return – it is unsafe for that resident to not have meds or other treatments.</li> <li>○ Resident left against medical advice without post discharge services</li> </ul> <ul style="list-style-type: none"> <li>• <b><u>Unsafe practices by outside individuals</u></b> – someone, family, visitor, or other, comes into facility and makes threats or carries out threats or distributes something offensive to residents. Or something comes into facility that may be a threat. <u>Examples:</u> <ul style="list-style-type: none"> <li>○ Suspicious powder in mail/bag in room</li> <li>○ Terroristic threat from family member</li> <li>○ Outsider distributing disturbing literature</li> <li>○ Weapon found in facility</li> </ul> </li> <li>• <b><u>Unsafe practices by the resident</u></b> – resident does something that is considered to be dangerous to their health. <u>Examples:</u> <ul style="list-style-type: none"> <li>○ Attempted suicide</li> <li>○ Illegal drug use</li> <li>○ Resident consuming creams, lotions, etc.</li> </ul> </li> </ul>
<p>Resident Neglect Definitions of neglect:</p> <p>483.13(c) failure to provide goods and services necessary to avoid physical harm, mental anguish, or mental illness. (42 CRF 488.301).</p> <p>28 Pa Code 201.3 Definitions – the deprivation by a caretaker of goods or services which are necessary to maintain physical or mental health.</p> <p>Act 13 of 1997 the willful deprivation by a caretaker of goods or services which are necessary to maintain physical or mental health.</p>	<p>Does it meet the definition of Neglect? The facility must do a thorough investigation to determine if the incident meets the definition of neglect or if there is a work performance issue.</p> <p><i>There is no list that can be created to encompass all of the situations that may fall into this category. Therefore, the facility must be prepared with a process in place to investigate and determine neglect. The facility should be prepared to explain their determination of neglect or not.</i></p> <p>Injury/harm is circumstantial and should be determined on a case by case basis. For example, if a resident is bruised because they bumped into a handrail when the nurse aide wheeled them down the hall that may not be considered an injury. However, if the nurse aide ran the resident into the wall and they received a bruise, this could be considered an injury.</p>

	<p>Additional Example to consider: There was one staff present during a transfer of a resident when the care plan stated two staff were required for transfer, and the resident fell and sustained an injury. The facility must do a thorough investigation to determine if this meets the definition of neglect or if it was a work performance issue.</p> <p><b>**All reports under this category require a PB22 and should be reported thru ERS to DOH, and your local AAA (verbal notification and follow up with written report - you may use the PB22). Reportable to PDA/Law enforcement if serious physical or bodily harm.</b></p>
Rape	All Resident Sexual Abuse including Rape, should be reported as a Complaint of Resident Abuse, Confirmed or Not. This event type should be used for any other reporting of rape i.e. staff, visitor, volunteers reported that they were raped in the facility.
Receipt of a Strike Notice	Self Explanatory
Significant Disruption of Service Due to Disaster such as Fire, Storm, Flood or Other Occurrence	Fire, storm, flood, earthquake, other natural disaster.
Transfer/Admission to Hospital Because of Injury/Accident	<p>Was the resident transferred/admitted to the hospital due to an injury/accident? Guidance (these events are reportable, unless otherwise indicated)</p> <p>Transfer – go to hospital, not admitted to hospital – is reportable. (Please note - for hospital based NH’s, if going to radiology for x-ray – does not constitute transfer.)</p> <p>Admission – order from physician admitting resident to hospital, includes observation stays</p> <p>Injury – clinically complex, requiring additional services outside your facility’s capabilities</p> <p>Accident – unplanned event that causes an injury</p> <p>Could include serious medication errors that required transfer to hospital</p> <p>Resident burned himself while smoking – if serious enough to require transfer to hospital.</p> <p>Unknown/unexplained injury – if serious enough to require transfer to hospital. Example: The resident fell and suffered an injury. She was then transferred to the hospital and admitted with a subdural hematoma or fracture. This event type should be chosen since the admission to the hospital was the most significant result of all of the information contained in the event report.</p>
Unlicensed practice of regulated profession	<p>Practicing without a license or an expired license Treatment completed on a resident without an order This could include a nurse aide working with expired registry.</p>

If you choose **Complaint of Resident Abuse, Confirmed or Not** as the category you will be provided with additional check boxes that you must complete.

The screenshot shows a web browser window titled "PA Department of Health - Windows Internet Explorer" with the URL "http://dhhbgwebuat1/incidents/form\_addincident.asp". The form contains the following fields and options:

- Resident ID:** Text box containing "0256".
- Date of Event (mm/dd/yyyy):** Text box containing "05/15/2012".
- Time of Event (military hhmm):** Text box containing "1200".
- Event Type:** Dropdown menu with the selected option "Complaint of Patient/Resident Abuse, Confirmed or Not".
- Allegation Type:** Radio button options: Resident to Resident, Staff to Resident, Other.
- Allegation SubType:** Radio button options: Mental, Physical, Sexual, Verbal.
- Location of Event:** Text box.
- Name and Frequency of Medication(s):** Text area (maximum 600 characters).

Arrows in the image point to the "Allegation Type" and "Allegation SubType" sections.

All abuse is required to be reported via ERS and then followed by a PB 22 when appropriate.

If you choose any of the following categories, you will be provided with an electronic PB22 to complete:

- Complaint of Resident Abuse, Confirmed or Not
- Misappropriation of Resident Property
- Rape
- Resident Neglect

## To complete the electronic PB22

The Event Reporting System will allow the submission of Provider Bulletin 22 (PB-22) forms electronically when the event type is Abuse, Neglect, Rape, or Misappropriation of Property. The figures below illustrate what facility personnel will see on their website. (Please note that all the events and PB-22 entries in these examples are entirely fictitious. Facilities used in these examples were chosen entirely at random as we could not use fictitious facilities in ERS).

After successfully submitting the event, the facility event report list will have an additional column on the right side as seen below.

The screenshot shows a web browser window displaying the PA Department of Health website. The page title is "Facility - Event Report List" for "DONAHOE MANOR". There are buttons for "New Event", "Refresh View", and "Main Menu". A date range filter is set from 7/3/2011 to 8/2/2011. Below the filters is a table with the following data:

Event No.	Event Type	Description	Status	Date Submitted	PB-22
313547	Misappropriation of Patient/Resident Property	Resident reported that his cell phone is missing after returning from eating lunch in the dining room...	New	08/01/2011	<a href="#">New PB-22</a>

Initially the column to the right will contain only a button that says New PB-22. Click this button to access and complete the electronic PB-22. Below is the PB-22 completed and saved for this example.

PA Department of Health - Windows Internet Explorer

http://dhhbwwebuat1/incidents/pb22.asp?facid=040402&incidentid=313547&action=New

## PB-22

### Report Form for Investigation of Alleged Abuse, Neglect, Misappropriation of Property

PB-22 Reference ID: 630

\* Indicates a field required for successful submission.

<b>SECTION I - GENERAL INFORMATION</b>	
Facility Type: LONG TERM CARE PROVIDER (NH) Facility Name: DONAHOE MANOR Facility Address: 136 DONAHOE MANOR RD BEDFORD, PA 15522 County: BEDFORD Telephone: (814)623-9075	* Date of Alleged Incident: 07/30/2011 Time: 12:30 AM <input type="radio"/> PM <input checked="" type="radio"/> Reported to DDIH: * Name: Johnson Field Office via ERS Telephone: (814)249-3125 * Date: 08/01/2011 Time: 11:32 AM <input type="radio"/> PM <input checked="" type="radio"/> * Date Investigation Initiated: 07/30/2011 * Time Investigation Initiated: 12:30 AM <input type="radio"/> PM <input checked="" type="radio"/> * Date Facility Investigation Completed: 08/02/2011 * Time Facility Investigation Completed: 11:00 AM <input type="radio"/> PM <input checked="" type="radio"/> Date PB-22 Submitted to Field Office: 08/02/2011
<b>SECTION II - ALLEGATIONS/INDIVIDUAL INVOLVED</b>	
* Name of Individual/Alleged Perpetrator Involved: Fictional Fred * Address: 123 Any Street * City: Bedford * State: PA * Zip: 15522 * Telephone: (907)654-3210 Date of Birth: 01/01/1986 Sex: <input checked="" type="radio"/> Male <input type="radio"/> Female * Relationship to Victim:	* Worker's Category: <input type="checkbox"/> RN <input type="checkbox"/> LPN <input checked="" type="checkbox"/> NA <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Housekeeping <input type="checkbox"/> Dietary <input type="checkbox"/> Other Other Description: * Date of Hire: 07/05/2005 * Shift: 11pm - 7am Licensure/Registry #:

Done

start

PA Department of Health - Windows Internet Explorer

http://dhhbwwebuat1/incidents/pb22.asp?facid=040402&incidentid=313547&action=New

\* Relationship to Victim: Caregiver

\* Nature of Abuse:  Physical  Sexual  Verbal  Mental  Neglect  Misappropriation of Property  
 Serious Bodily Injury (Substantial Risk of Death)  Suspicious Death  Serious Physical Injury (Severe pain or impairment)

\* Name of Resident/Victim Involved: Alexander Bell \* Resident Date of Birth: 12/12/1912

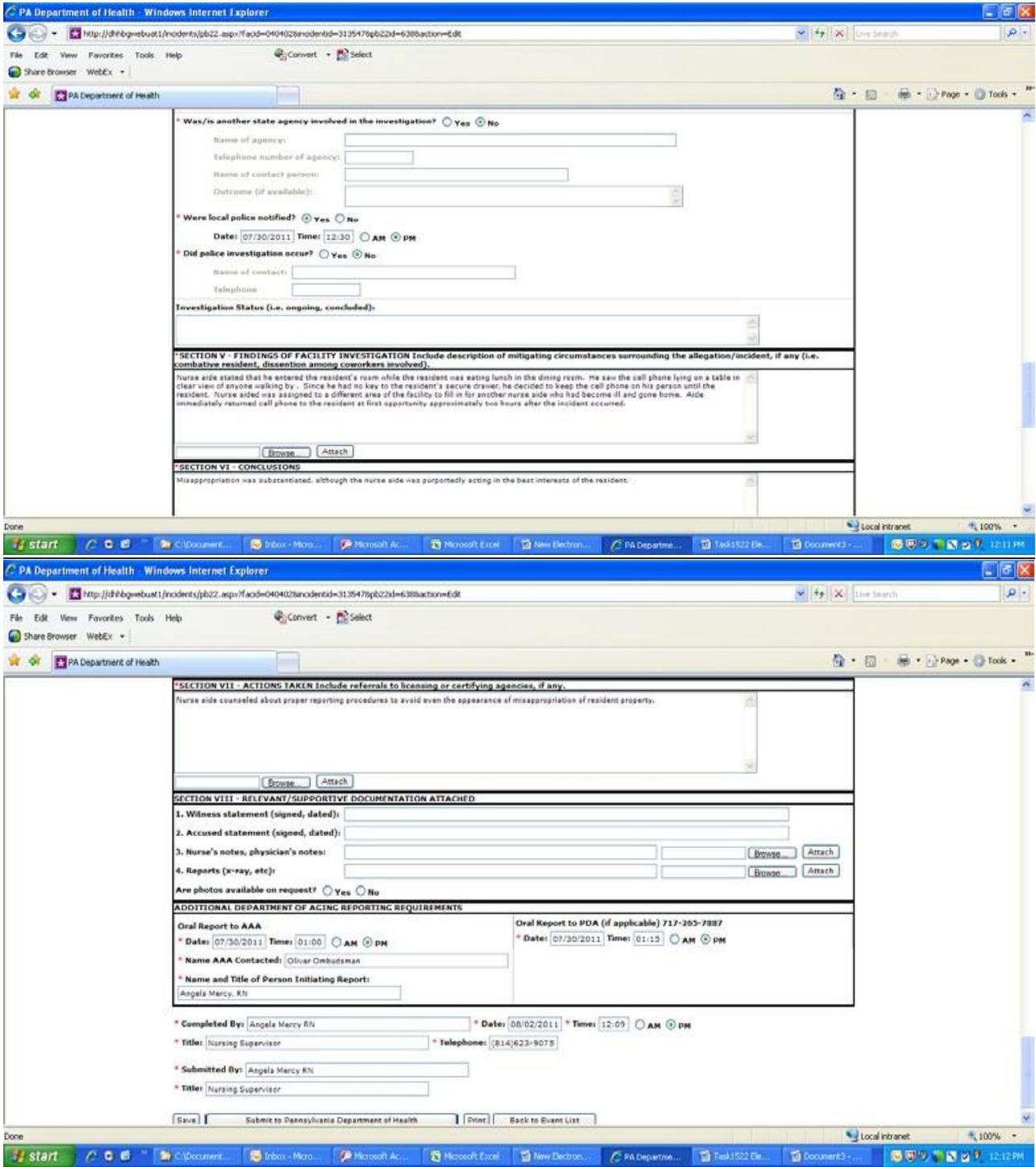
\* Resident Address: 136 Donahoe Manor Road Sex:  Male  Female  
\* City: Bedford \* State: PA \* Zip: 15522 \* Telephone: (814)623-9075

\* Name of Family Member/Legal Guardian Notified: Alexis Bell  
\* Address: 456 Any Street Telephone: (907)321-6540  
\* City: Bedford \* State: PA \* Zip: 15522 \* Relationship: Daughter

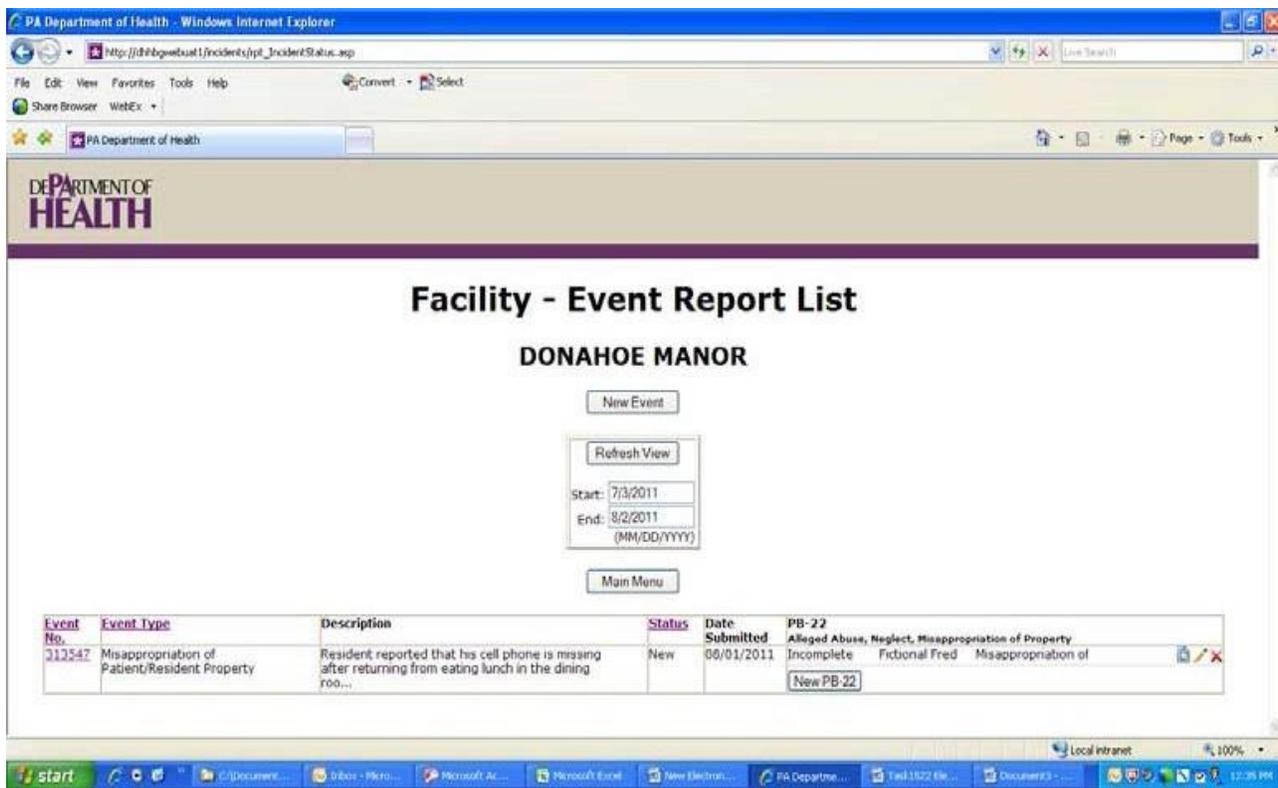
**SECTION III - DESCRIPTION OF INCIDENT** Describe what happened. Provide specific details, i.e. exact words/actions, location of occurrence, date and time, type of injury, kind of property, dollar amount, extent of physical injury, if any.  
After returning to his room from the dining room, resident discovered that his cell phone was missing. Searched resident room, checked other rooms to see if anything else was missing. Notified facility security, called local police.

**SECTION IV - INVESTIGATIVE ACTIVITIES** How did the facility become aware of the incident.  
Who reported it? the resident  
To whom was it reported? Nursing supervisor Date reported: 07/30/2011 Time reported: 12:30 AM  PM

Witnesses  
Witness 1  
Names: None  
Address:



After saving the PB-22 form and returning to the Event List, the screen will appear as below.



Had you submitted the PB-22 form by clicking on “Submit to Pennsylvania Department of Health,” the PB-22 status would be Submitted rather than Incomplete.

There are five different PB-22 form status codes: **Incomplete** (PB-22 has been saved, but not transmitted); **Submitted**; **Rejected**; **Resubmitted**; and **Accepted**. On the screenshot below, the second event listed shows a PB-22 form for each status.

PA Department of Health - Windows Internet Explorer

http://[redacted]incidents/incidentStatus.asp

## Facility - Event Report List

### MORRISONS COVE HOME

Start: 07/22/2011  
 End: 8/3/2011  
 (MM/DD/YYYY)

Event No.	Event Type	Description	Status	Date Submitted	PB-22 Alleged Abuse, Neglect, Misappropriation of Property
313530	Rape	Resident reported a man she had never seen before entered her room, closed and locked the door, and ...	Accepted	07/22/2011	Submitted Im Accused Sexual Submitted Ima Creep Physical,Sexual Submitted Me Too Sexual <input type="button" value="New PB-22"/>
313525	Misappropriation of Patient/Resident Property	Upon returning from dining room, resident discovered that her IPOD and cell phone had been taken fro...	Accepted	07/22/2011	Accepted Isaw Whatudid Misappropriation of Rejected Itook Urcelpho Misappropriation of Incomplete Itook Uripod Misappropriation of Resubmitted Ivant Urcelpho Misappropriation of Submitted Ivant Uripod Misappropriation of <input type="button" value="New PB-22"/>

DOH reviewers may accept both the event and PB-22, reject both the event and PB-22, accept the event but reject the PB-22, or reject the event and accept the PB-22. Below is an example of an accepted event with a rejected PB-22.

PA Department of Health - Windows Internet Explorer

http://[IP]byrebus1/incidents/inst\_incidentStatus.asp

PA Department of Health

## Facility - Event Report List

### DONAHOE MANOR

New Event

Refresh View

Start: 7/3/2011  
End: 8/2/2011  
(MM/DD/YYYY)

Main Menu

Event No.	Event Type	Description	Status	Date Submitted	PB-22 Alleged Abuse, Neglect, Misappropriation of Property
213546	Complaint of Patient/Resident Abuse, Confirmed or Not	When resident attempted to get out of his wheelchair so that he could reach across the table, a nurs...	Accepted	08/02/2011	Rejected Iva Bismouth Verbal New PB-22
213547	Misappropriation of Patient/Resident Property	Resident reported that his cell phone is missing after returning from eating lunch in the dining roo...	Accepted	08/01/2011	Accepted Fictional Fred Misappropriation of New PB-22

Done Local intranet 100%

start | C:\Docu... | Inbox... | Microso... | Microso... | New Eln... | PA Dep... | TaskJ52... | Docume... | PA Dep... | Facility... | 2:43 PM

When the facility opens the PB-22 form to review, the reject reason is printed in red type at the left top of the form. The facility should revise the form based upon the reject reason and resubmit the form.

PA Department of Health - Windows Internet Explorer

http://[redacted]pb22.aspx?facid=040402&incidentid=313548&cb22id=440&action=Edit

PA Department of Health

## PB-22 Report Form for Investigation of Alleged Abuse, Neglect, Misappropriation of Property

PB-22 Reference ID: 640

\* Indicates a field required for successful submission.

This PB-22 was rejected for the following reasons:  
Section II - License/Registry number is not included or incorrect

**SECTION I - GENERAL INFORMATION**

Facility Type: LONG TERM CARE PROVIDER (NH)	* Date of Alleged Incident: 07/31/2011 Time: 12:30 AM <input type="radio"/> PM <input type="radio"/>
Facility Name: DONAHOE MANOR	Reported to DOH: * Name: Johnstown Field Office via ERS Telephone: [redacted]
Facility Address: 136 DONAHOE MANOR RD BEDFORD, PA 13322	* Date: 08/02/2011 Time: 01:35 AM <input type="radio"/> PM <input type="radio"/>
County: BEDFORD	* Date Investigation Initiated: 07/31/2011
Telephone: (814)623-9075	* Time Investigation Initiated: 12:35 AM <input type="radio"/> PM <input type="radio"/>
	* Date Facility Investigation Completed: 08/01/2011
	* Time Facility Investigation Completed: 11:30 AM <input type="radio"/> PM <input type="radio"/>
	Date PB-22 Submitted to Field Offices: 08/02/2011

**SECTION II - ALLEGATIONS/INDIVIDUAL INVOLVED**

* Name of Individual/Alleged Perpetrator Involved:	* Worker's Category: <input type="checkbox"/> RN <input type="checkbox"/> LPN <input checked="" type="checkbox"/> NA
--	--

Within the PB-22 column, PB-22 records will be ordered by individuals' names. Users will know an action on their part is required given the Status information as well as the Activity icons at right.

If a Nature of Abuse or other PB-22 information is too wide to fit in the column, it will display truncated, but if a user hovers his mouse over the text, the full text will appear.

Hover Help is provided within the body of the PB-22 on specific fields. If you place the cursor over a field name of an item that has hover help, the field name will immediately be underlined, and a small hand will appear prompting the user to click on the field name. A Hover Help text box will then appear at the bottom of the screen. See below.

When the link is clicked, the hover help text for that field will display at the bottom of the form to include a Close button:

---

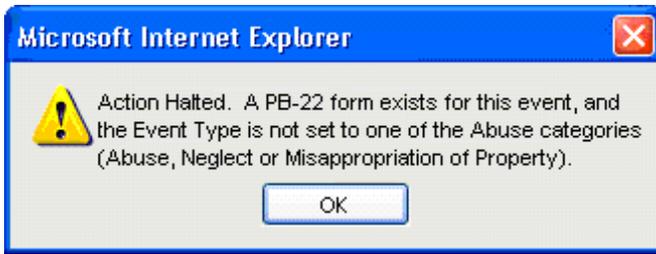
To whom was it reported in the Division of Nursing Care Facilities' field office? Via ERS is appropriate response.

## FACILITY ABC

ERS shall not permit a PB-22 to be submitted unless it's associated event is also submitted, displaying the following message if a user attempts to do so:



If a facility attempts to resubmit or a DOH user attempts to accept a non-abuse event for which a PB-22 form exists, the following message will display:



If a facility attempts to submit or re-submit a PB-22 form for a non-abuse event that has not been accepted yet, the following message will display when the Submit button is clicked:



### Helpful Hints:

- (1) The ERS event must be submitted before an electronic PB-22 is available.
- (2) **Hit Save Button at the bottom of the form often, at least every 5 minutes, to avoid losing information that has been entered.**
- (3) If there is an option to add an attachment, text may not be entered into the box IF an attachment is added. It is either text in the field or added attachment.
- (4) If there are numerous documents to be added as an attachment to one field, the documents should be scanned into one document, saved on your computer, and then added as an attachment.
- (5) If an event is accepted with no perpetrator and then later a perpetrator is identified, the event must be resubmitted as a new event so that the PB-22 can be attached.

## **PB-22 Instructions for Completion**

Note: Required fields for PB-22 completion are designated by red asterisks. Hover help is provided for many fields and is available by clicking on the field name or question. A small Help window will appear at the bottom of the screen. Some fields allow the attachment of documentation. These fields have an empty text box with the words “Browse” and “Attach” beside them. If a document/file is attached, the text box will contain the name of the document or file. Such text boxes can be either for text entry or for the attachment title, but not for both.

### **SECTION I – General Information**

The facility type, name, address, county and telephone number will be automatically populated with your facility’s information.

\***Date and Time of Alleged Incident:** Be specific, if known. If unknown, explain reason in narrative (Section III – Description of Incident)

\***Reported to DOH:** To whom was it reported in the Division of Nursing Care Facilities field office? “Via ERS” is an appropriate response.

\***Date and time** original report was filed with DNCF.

\***Date and Time Investigation Initiated** by the facility

\***Date and Time Investigation Completed:** This must reflect the timeframe the facility took to investigate the allegations.

**Date PB-22 submitted to the field office:** This will populate automatically with the date of the PB-22 entry.

### **SECTION II – Allegations/Individual Involved**

\***Name of individual/Alleged Perpetrator Involved:** Name of alleged perpetrator. Only one perpetrator may be listed on a PB-22.

\***Address:** Address of alleged perpetrator

\***Telephone:** Telephone number of alleged perpetrator

**DOB/Sex:** Date of Birth and sex of alleged perpetrator

\***Relationship to Victim:** Perpetrator’s relationship to the victim (caregiver, family member, etc.)

\***Worker’s Category:** Check appropriate block. If Other, indicate job title if different than those listed (for example, direct care worker, physician, etc.)

\***Date of Hire:** Date of hire of the perpetrator by the facility. Must be completed even if perpetrator is agency staff. Facility staff must obtain this information from the Agency if necessary.

\***Shift** – shift at the time of the incident

**License/Registry Number:** # if applicable.

\***Nature of Abuse:** Abuse type should accurately reflect the nature of the alleged event. Definitions of abuse types are available in Hover Help when clicking on the field name (Nature of Abuse).

\* **Name of Resident/Victim Involved:** Name of resident. **The PB22 can only have one staff perpetrator per report but can have multiple victims by utilizing an attachment.**

\***Resident Address:** Indicate residents’ address. Include the facility address if the resident is still at the facility and if the resident has been discharged, list address to contact resident.

\***Resident date of birth:** enter resident’s date of birth

**Sex:** Sex of resident, male or female.

\***Telephone:** Indicate resident’s personal phone number. If no personal phone, list facility number where resident could be contacted.

**\*Family Member/Legal Guardian Notified:** Identify full name of family member/legal guardian notified.

**\*Address:** Address of family member/legal guardian notified.

**\*Telephone:** Telephone number of family member/legal guardian notified.

**\*Relationship:** Relationship of family member/legal guardian if applicable

### **SECTION III – Description of Incident**

**\*Follow the directions as outlined on the form.** Describe what happened. Provide specific details, i.e., exact words/actions, location of occurrence, date and time, type of injury, kind of property, dollar amount, extent of physical injury, if any. Please click hover help for the title of this section for guidance in reporting each type of incident.

### **SECTION IV – Investigative Activities – how did the facility become aware of the incident?**

**Who reported it?** Provide name and identity role (resident, staff member, visitor, etc)

**To whom was it reported?** Provide name and position (Charge nurse, Supervisor, etc)

**When:** Provide date and time, if known

**Witness Information:** A witness is an individual who has first hand information about the abusive or neglectful event and not the outcome of the event in question. They must have been a direct observer of the alleged incident or surrounding circumstances. Provide information as requested and note each person's willingness to testify. If the witness was interviewed, please attach the interviewer's notes, if available. Additionally if the witness signed a written statement, please attach it. The form has the capability to report information for up to 4 witnesses. Indicate if witness is considered a credible source. If not, provide a reason in the text box or attach an explanation. A file may be attached that contains all required witness information.

**Resident/Accused:** Was the resident (victim) interviewed? If a signed statement was provided by the resident, please attach it. Is resident a credible source. Enter text explaining resident credibility. Indicate resident's ability and willingness to testify. If necessary, attach document explaining credibility. Was the accused interviewed? If so, interview notes should be attached. If a signed statement was provided by the accused, please attach it. Please attach signed statements of other involved individuals.

**Supportive Documentation:** Indicate information available and whether it is attached or retained at the facility. This could include nursing notes, photographs, x-ray reports, etc.

**Medical Treatment:** Indicate if, as a result of the physical or sexual abuse, the resident was seen by a physician and/or hospitalized.

**State Agency Referral:** Indicate all agencies notified/involved such as Protective Services, Department of Aging, Department of State, and law enforcement. If known, indicate status of any investigation.

**Local Police Notification:** Indicate if local police were notified and if so, the date and time they were notified. If police investigation occurred, provide the individual police officer's contact information. Include a summary of referrals made and action taken by the other agency. Note if police investigation is closed or on-going. Please indicate if charges are pending.

### **\*SECTION V – Findings of Facility Investigation**

Provide narrative that describes all components that the facility determined to be relevant to the investigation. Include evaluations or disciplinary actions of the nurse aide if significant.

### **\*SECTION VI – Conclusions**

Indicate whether the facility found the allegations to be substantiated or unsubstantiated.

**\*SECTION VII – Actions Taken**

Include referrals to licensing or certifying agencies, if any. This may include discipline, training, education, suspension and/or termination.

**SECTION VIII – Relative/Supportive Documentation Attached**

List relevant/supportive documentation as a check prior to submitting to the Field Office. Nurse's and physician's notes can be attached in this section if not already attached.

**ADDITIONAL DEPARTMENT OF AGING REPORTING REQUIREMENTS**

Indicate name of Area Agency on Aging (AAA Protective Services) contact person and date and time oral report was made in addition to the name and title of the person initiating the report. Act 13 of 1997 requires that employees and/or administrators who have reasonable cause to suspect that a recipient is a victim of any of the types of abuse described in the definitions of Act 13 shall immediately make an oral report to the AAA. Within 48 hours of making all oral reports, the employee or administrator shall make a written report (may use PB-22) to the AAA. Any alleged abuse involving sexual abuse, serious bodily injury, serious physical injury and suspicious death is mandated under Act 13 to be reported to the Pennsylvania Department of Aging (PDA), in addition to the AAA report.

**Completion Section**

This section is for the facility person completing the report. Enter the name, title and phone number of person completing form plus the date and time. Enter the name and title of the person who submitted the form to the Department of Health.

\*Resident ID:

\*Date of Event (mm/dd/yyyy):

\*Time of Event (military hhmm):

To see the full event type description [Click Here](#)

\*Event Type:

\*Location of Event:

Name and Frequency of Medication(s): (maximum 300 characters)

Diagnosis of Resident/Patient: (maximum 250 characters)

\*Factual Description: (maximum 3500 characters)

\*Description of Follow-up Action: (maximum 3500 characters)

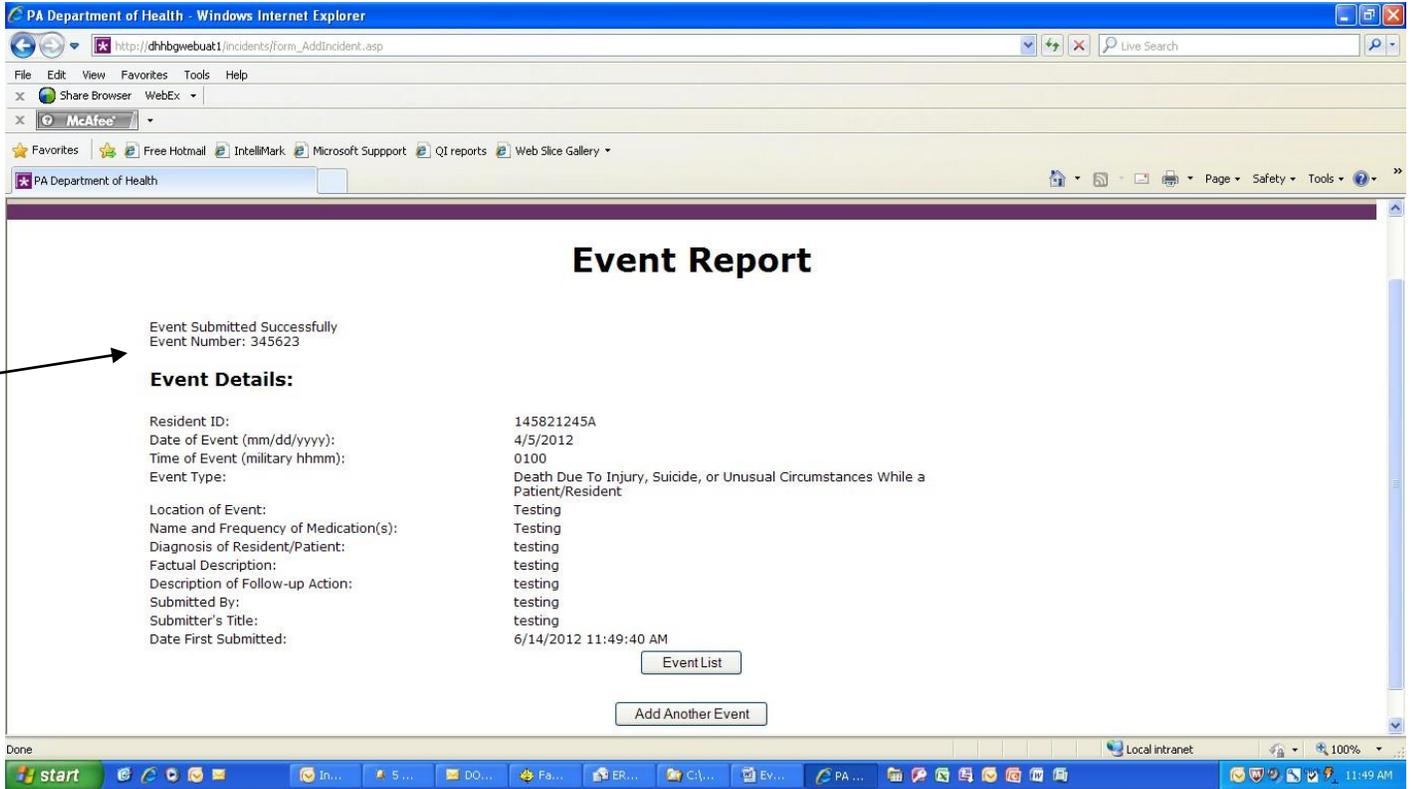
\*Submitted By:

\*Submitter's Title:

**\* A red asterisk will appear in front of each field where data entry is required.**

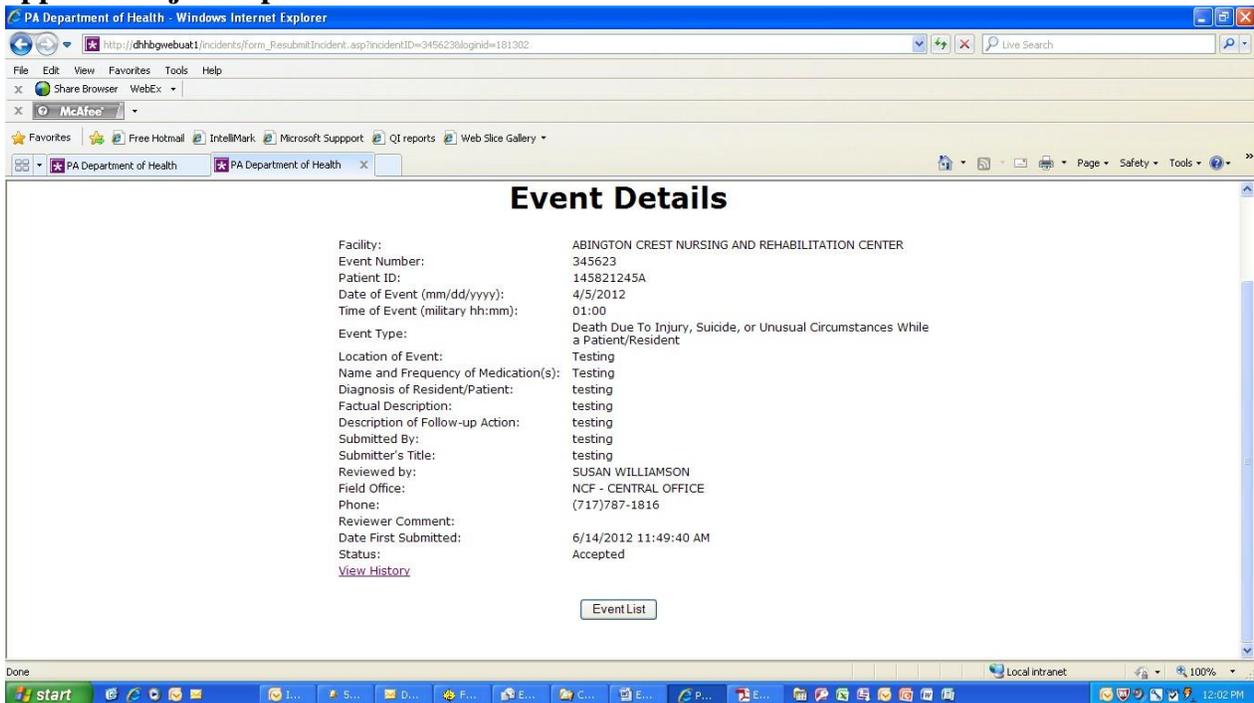
**Event Report** (confirmation) – after the Submit button is clicked a confirmation page is displayed. One important process performed by the confirmation page is to provide an event number. The event number confirms that the event was successfully entered into the event database. To add another event click the Add Another Event button (a blank Event Report page will open and data may be entered for another event as described above). To return to the event list click the Event List button.

NOTE: An event is not submitted to the Department of Health until a confirmation with an event number has been received.



Once you have received the confirmation that your event has been submitted. The event will be reviewed by DOH staff.

**NOTE: You will now see the name, field office and phone number of the DOH staff who approved/rejected/pended the event.**



If the field office rejects the event, you will be provided with a reason for the rejection.

**Facility - Event Report List**  
**ABINGTON CREST NURSING AND REHABILITATION CENTER**

New Event

Refresh View

Start: 6/11/2012  
End: 6/14/2012  
(MM/DD/YYYY)

Main Menu

Event No.	Event Type	Description	Status	Date Submitted	PB-22 Alleged Abuse, Neglect, Misappropriation of Property
345624	Death Due to a Medication Error or Adverse Reaction to Medication	Resident name - John Doe	Rejected	06/14/2012	
345623	Death Due To Injury, Suicide, or Unusual Circumstances While a Patient/Resident	testing	Accepted	06/14/2012	

Facility: ABINGTON CREST NURSING AND REHABILITATION CENTER

Event Number: 345624

Patient ID: 5478

Date of Event (mm/dd/yyyy): 5/5/2012

Time of Event (military hh:mm): 12:00

Event Type: Death Due to a Medication Error or Adverse Reaction to Medication

Location of Event: testing

Name and Frequency of Medication(s): testing

Diagnosis of Resident/Patient: testing

Factual Description: Resident name - John Doe

Description of Follow-up Action: testing

Submitted By: testing

Submitter's Title: testing

Reviewed by: SUSAN WILLIAMSON

Field Office: NCF - CENTRAL OFFICE (717)787-1816

Phone: (717)787-1816

Reviewer Comment: Reject Reasons: Report does not contain elements dealing with how the facility will correct this issue as it relates to the resident.

Date First Submitted: 6/14/2012 12:04:10 PM

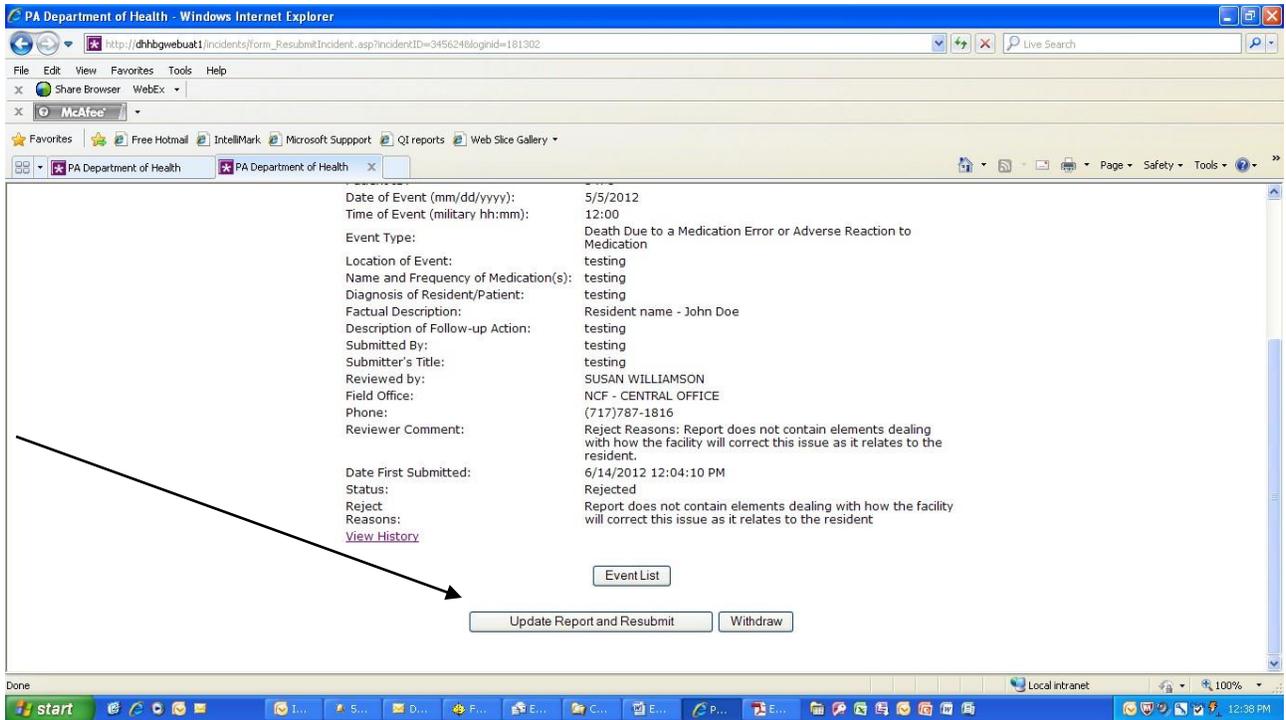
Status: Rejected

Reject Reasons: Report does not contain elements dealing with how the facility will correct this issue as it relates to the resident

[View History](#)

Event List

Please review the rejection reason and supply the additional information needed or withdraw the event, if indicated. Two buttons will appear on the bottom of the event “Update Report and Resubmit” or “Withdraw”.



**Event Details** – The Event Report List provides an overview of events. The details of any event may be displayed by clicking on the event number for that event in the event listing page.

The screenshot shows a web browser window with the following content:

**Facility - Event Report List**  
**ABINGTON CREST NURSING AND REHABILITATION CENTER**

Buttons: New Event, Refresh View, Main Menu

Filters: Start: 6/11/2012, End: 6/14/2012 (MM/DD/YYYY)

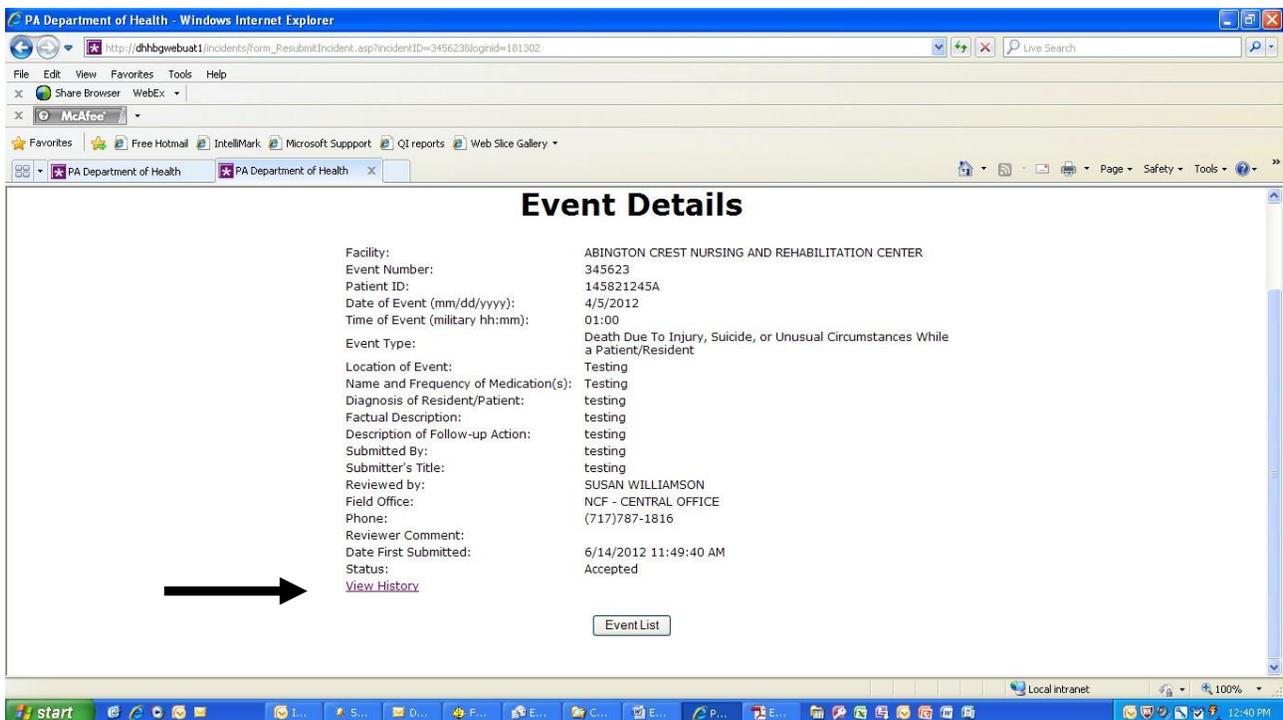
Event No.	Event Type	Description	Status	Date Submitted	PB-22 Alleged Abuse, Neglect, Misappropriation of Property
345624	Death Due to a Medication Error or Adverse Reaction to Medication	Resident name - John Doe	Rejected	06/14/2012	
345623	Death Due To Injury, Suicide, or Unusual Circumstances While a Patient/Resident	testing	Accepted	06/14/2012	

**Resubmit** – To resubmit an event, click the Update Report and Resubmit button on the Event Details window. An Event Report page will be displayed that looks exactly like the one when that specific event was last submitted – i.e. the fields are populated with that information (see the Add Event screenshot above for what this would look like). Use the reviewer’s comments to correct or expand on the information displayed. When the information has been changed (in as many fields as necessary), click the Submit button.

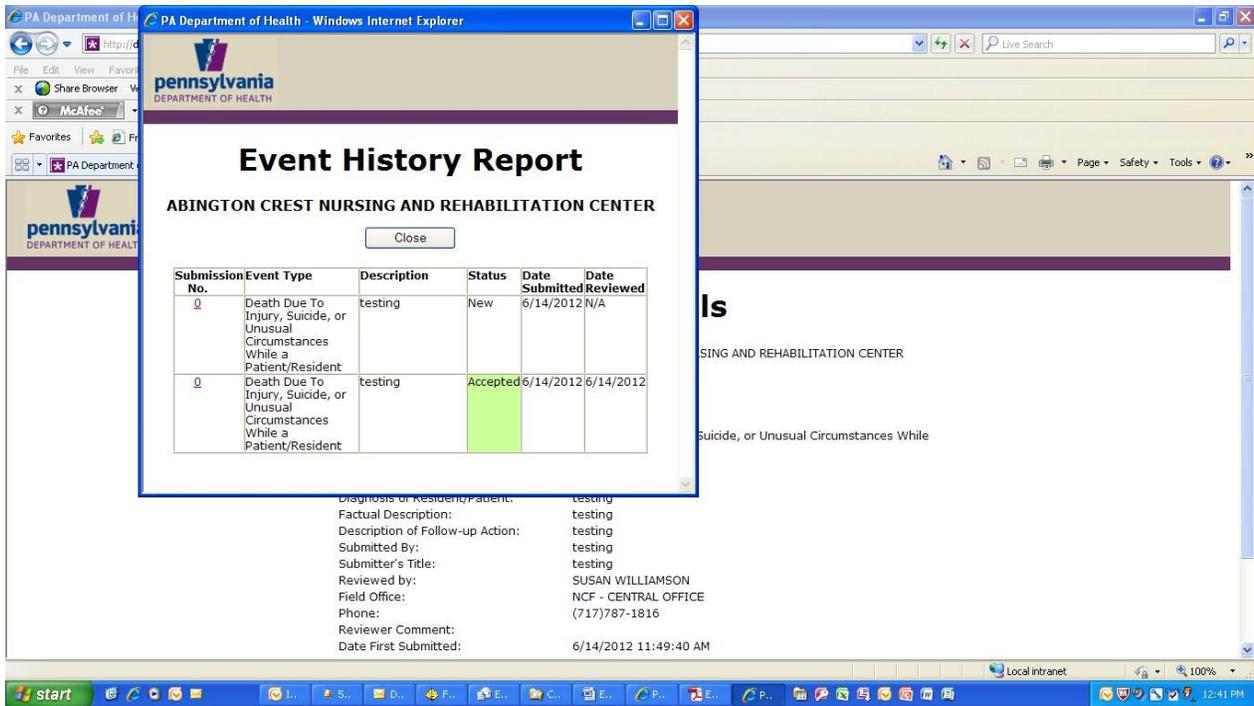
**Withdraw** – To withdraw an event, click the Withdraw button on the Event Details window. Enter a reason for withdrawing the event and click the Withdraw button. An Event Review window will appear confirming what has been entered. Click the Event List button to return to the Event list.

**Notes:** The system will allow only events that are in a **rejected** status to be **withdrawn**. If you find that you have submitted an event in error, please contact your local Department of Health field office and ask them to reject the event. An example of when a facility would withdraw an event would be if they made a duplicate submission of the same event in error.

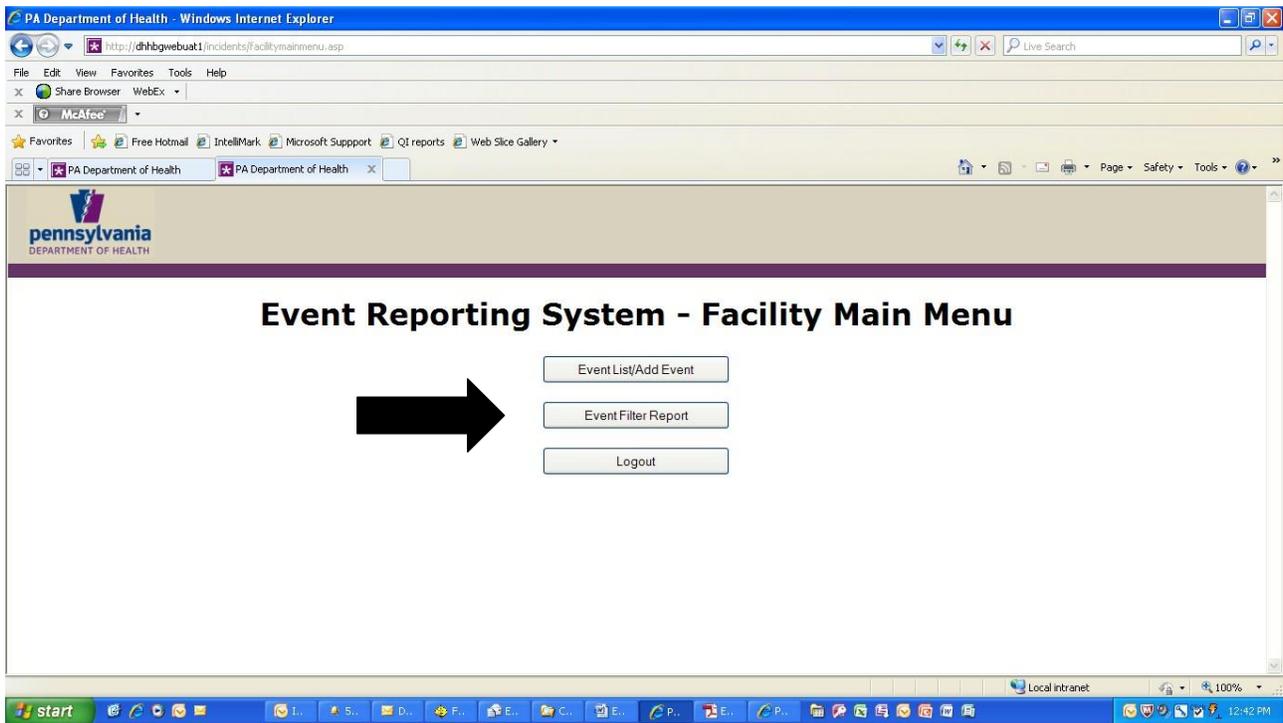
**Event History** – As explained above, when an event number is clicked from the Event List page, an Event Detail window is displayed (an image of the Event Detail window is shown in the Resubmit/Withdraw section above). This window contains a View History link.



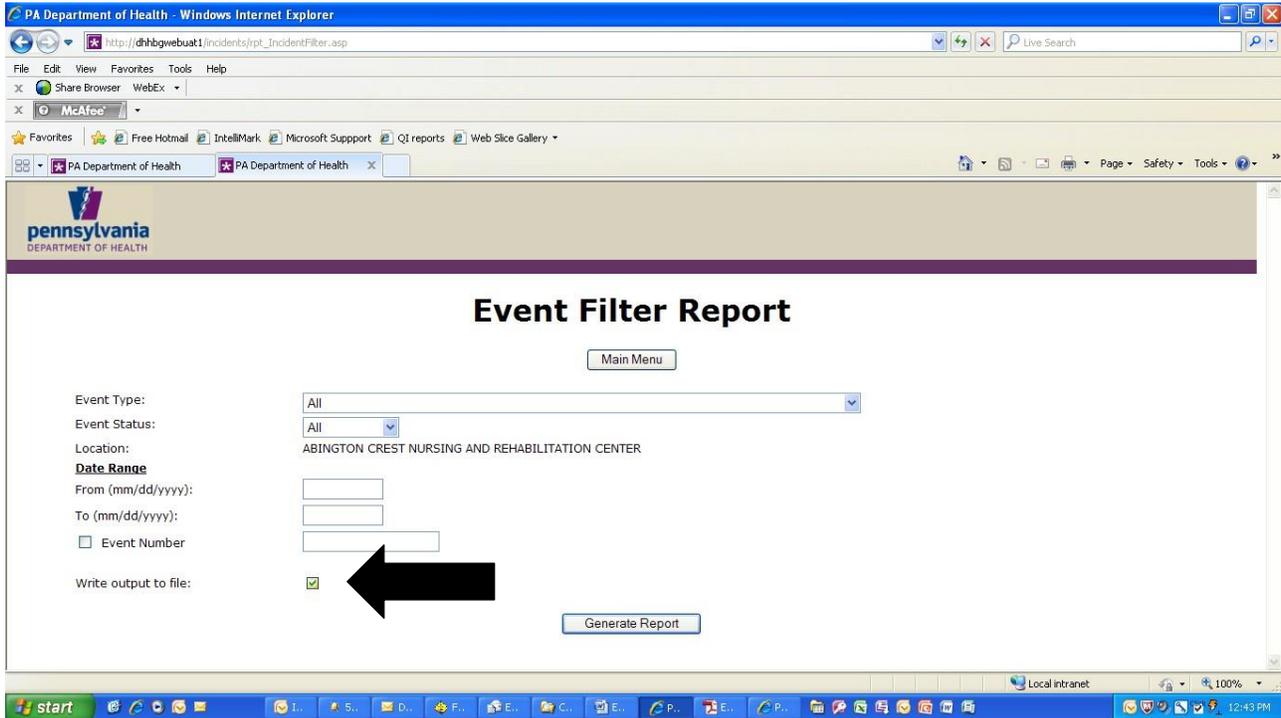
Clicking on the “View History” link brings up the Event History Report, which displays the submission history for that event (if the event was rejected and then resubmitted, and rejected and resubmitted again, and so on). Clicking on the event number provides the Event Details window for that particular submission.



**Event Filter Report** – Facilities also have the opportunity to view additional information on their previous submissions through the Event Filter Report. Clicking the Event Filter Report button on the Main Menu page opens the Event Filter Report screen.



This report can provide the facility with a list of events by event type (or all event types) or by a specific status (or all status) for a given date range (or all events entered if no date range is provided). Event types and status types can be selected by clicking on the drop down arrow to the right of each of the fields, then highlighting the appropriate choice. The report information can also be saved into an excel spreadsheet (and imported into Access, etc). To save the report into a file, check the write output to file box (bottom left). To generate the desired report click the Generate Report button.



**Write Output to File** – The generate report button opens the Event Filter Report window. If the write output to file box is checked then that window will include this line: [Right Click Here to Download Report](#).

**NOTE:** More fields stored in the database have been added to the write output to file option.

**Event Filter Report**

[Main Menu](#)

 [Right Click Here to Download Report](#)

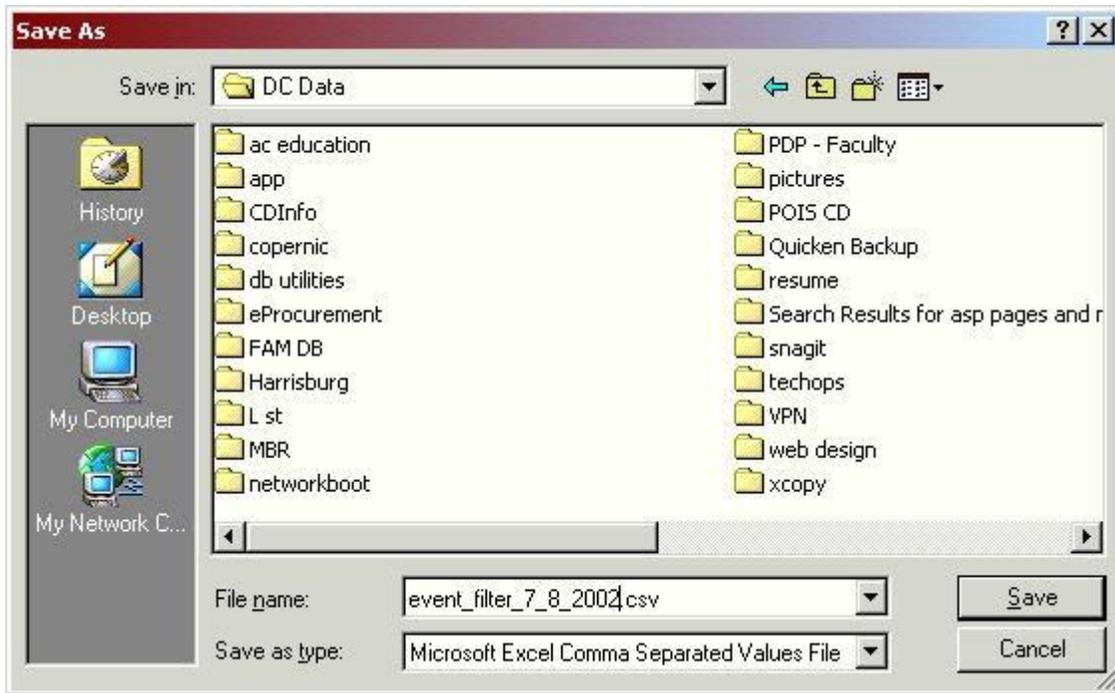
Event No.	Facility Name	Facility ID	Event Type	Event Date	Status	Submitted By	Date Submitted
341434	ABINGTON CREST NURSING AND REHABILITATION CENTER	181302	Other	03/28/2012	Accepted	S. Limano RN	03/28/2012
334290	ABINGTON CREST NURSING AND REHABILITATION CENTER	181302	Complaint of Patient/Resident Abuse, Confirmed or Not	01/15/2012	Accepted	Melinda Poole	01/23/2012
341381	ABINGTON CREST NURSING AND REHABILITATION CENTER	181302	Injury or Accident While a Patient/Resident Other than Falls	03/27/2012	Accepted	S. Limano	03/28/2012
343843	ABINGTON CREST NURSING AND REHABILITATION CENTER	181302	Significant Disruption of Service Due To Disaster Such as Fire, Storm, Flood or Other Occurrence	04/22/2012	Accepted	Melinda Poole	04/23/2012
333043	ABINGTON CREST NURSING AND REHABILITATION CENTER	181302	Transfer/Admission to Hospital Because of	01/03/2012	Accepted	Melinda Poole	01/03/2012

Right click the Click Here to Download Report link at the top of the page, choose Save Target As.

The screenshot shows a web browser window titled 'PA Department of Health - Windows Internet Explorer'. The address bar shows the URL 'http://dhbgwebuat1/incidents/rpt\_IncidentFilter.asp'. The page content includes the Pennsylvania Department of Health logo and the title 'Event Filter Report'. Below the title is a 'Main Menu' button and a link 'Right Click Here to Download Report'. A table of incident data is displayed with columns: Event No., Facility Name, Event Date, Status, Submitted By, and Date Submitted. A right-click context menu is open over the 'Event No.' column, with 'Save Target As...' highlighted. The table contains the following data:

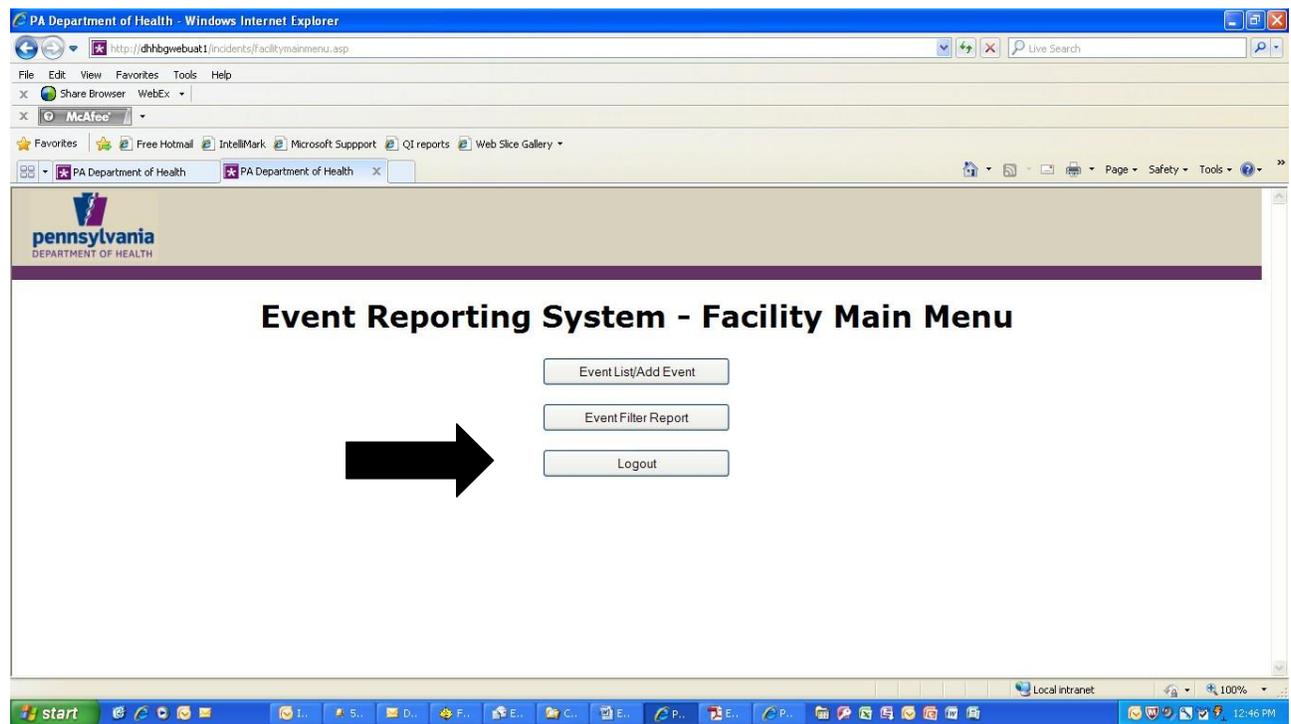
Event No.	Facility Name	Event Date	Status	Submitted By	Date Submitted
341434	ABINGTON CREST NURSING AND REHABILITATION CENTER	03/28/2012	Accepted	S. Limano RN	03/28/2012
334290	ABINGTON CREST NURSING AND REHABILITATION CENTER	01/15/2012	Accepted	Melinda Poole	01/23/2012
341381	ABINGTON CREST NURSING AND REHABILITATION CENTER	03/27/2012	Accepted	S. Limano	03/28/2012
343843	ABINGTON CREST NURSING AND REHABILITATION CENTER	04/22/2012	Accepted	Melinda Poole	04/23/2012
333043	ABINGTON CREST NURSING AND REHABILITATION CENTER	01/03/2012	Accepted	Melinda Poole	01/03/2012

In the window that opens (1) browse to a location on your own computer where you wish to store this report, (2) rename the file to something meaningful regarding the report, (3) check to insure the file is saved as type Microsoft Excel Comma Separated Values file, and (4) choose Open in the window that opens after the file is saved.



Note: To insure you always view the current report when you right click the link on the page, your browser settings must seek the current page. In Internet Explorer this is done by choosing Tools (top menu bar), Internet Options, General (tab), Settings (under Temporary Internet files), and for Check for Newer versions of stored pages select Every visit to the page.

**Logout** – To logout of the Event Notification System return to the Main Menu and click the Logout button. The Event Reporting System – Facility Login page opens.



## **General Information**

**Recommendations on Electronic Filing:** If you have a significant amount of information to enter into the Electronic Event Reporting System, it is highly recommended that you first type the information in a word processing program and then “copy and paste” it into the appropriate fields in the Event Program. It is also recommended that when you type your information you do not use symbols or special characters such as bullets, pound signs and ampersands. These symbols and special characters do not “travel” well over the Internet and may be lost or changed during transmission.

Information may be typed directly into event fields; however, there is **NO** spell check and for security reasons there is a time limit for you to enter information directly into the field. If you go over this time limit, you will be sent back to the Login screen when you click on submit and your typing will be lost.

Please verify the accuracy of your information prior to submission. Once you submit an Event, the record will be “locked” and you will be unable to make any additional changes until the submission is reviewed by the Department of Health.

If you are having a problem filing an Event electronically, please review the appropriate section of this manual. If the problem appears to be a submission problem, please logout of your web browser and then log back on and try again.

If you still need assistance, contact your local Department of Health field office. If they are unable to resolve your problem, please contact the Division of Nursing Care Facilities at 717-787-1816 and ask for assistance with Electronic Event filing.

ACT-13 OF 1997  
Mandatory Abuse Report  
Instruction Sheet

BACKGROUND AND PROCESS:

Act-13 of 1997 requires an employee or administrator of a facility who has reasonable cause to suspect that a recipient is a victim of abuse to immediately report the abuse. The effective date was December 10, 1997.

Employees and/or administrators who have reasonable cause to suspect that a recipient is a victim of any of the types of abuse described below shall immediately make an oral report to the Area Agency on Aging (AAA). In addition to reporting to the AAA, oral reports must be made to the Pennsylvania Department of Aging (PDA) and local law enforcement for suspected abuse involving sexual abuse, serious physical injury, serious bodily injury or if a death is **suspicious**.

Within 48 hours of making all oral reports, the employee or administrator shall make a written report (on forms prescribed by PDA as mandated by Act 13) to the AAA. The AAA will forward a copy of the written report to the Department of Aging within 48 hours for all reports involving sexual abuse (not including sexual harassment), serious physical injury, serious bodily injury and suspicious death.

NOTE: Sexual harassment is an abuse that requires reporting to the AAA; however, it is not sexual abuse that requires reporting to PDA and local law enforcement.

**DEFINITIONS:**

Act-13 mandates the following facilities to report: domiciliary care homes; home health care agencies; long-term care nursing facilities; older adult daily living centers; personal care homes. In addition, the Department of Public Welfare (DPW) has concluded that Act-13 reporting is applicable to all DPW-licensed and DPW-operated residential facilities for adults. The additional DPW facilities include: community residential rehabilitation services, 55 Pa. Code Ch. 5310; community homes for individuals with mental retardation, 55 Pa. Code 6400; family living homes, 55 Pa. Code Ch. 6500; ICFs/MR (private and state), 55 Pa. Code 6600; state mental hospitals and state nursing facilities.

Recipient: An individual who receives care, services or treatment in or from a facility. (regardless of age)

Abuse: The occurrence of one or more of the following acts: (1) the infliction of injury, unreasonable confinement, intimidation or punishment with resulting physical harm, pain or mental anguish; (2) the willful deprivation by a caretaker of goods or services which are necessary to maintain physical or mental health; (3) sexual harassment; and/or (4) sexual abuse which is intentionally, knowingly or recklessly causing or attempting to cause rape, involuntary deviate sexual intercourse, sexual assault, statutory sexual assault, aggravated indecent assault or incest.

Serious Bodily Injury: An injury which creates a substantial risk of death or which causes serious permanent disfigurement or protracted loss or impairment of the function of a body member or organ.

Serious Physical Injury: An injury that causes a person severe pain or significantly impairs a person's physical functioning, either permanently or temporarily.

Sexual Harassment; Sexual harassment is unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature.

Sexual Abuse: Intentionally, knowingly or recklessly causing or attempting to cause rape, involuntary deviate sexual intercourse, sexual assault, statutory sexual assault, aggravated indecent assault, indecent assault or incest.

**Rape;** A person commits rape when he or she engages in sexual intercourse with a complainant: (1)by forcible compulsion; (2)by threat of forcible compulsion that would prevent resistance by a person of reasonable resolution; (3)who is unconscious or where the person knows that the complainant is unaware that the sexual intercourse is occurring; (4)where the person has substantially impaired the complainant's power to appraise or control his or her conduct by administering or employing, without the knowledge of the complainant, drugs, intoxicants or other means for the purpose of preventing resistance; (5)who suffers from a mental disability which renders the complainant incapable of consent; (6)who is less than 13 years of age.

**Statutory Sexual Assault:** Except as provided under the definition of Rape, a person commits statutory sexual assault when that person engages in sexual intercourse with a complainant under the age of 16 years and that person is four or more years older than the complainant and the complainant and the person are not married to each other.

**Involuntary Deviate Sexual Intercourse;** A person commits involuntary deviate sexual intercourse when he or she engages in deviate sexual intercourse with a complainant: (1)by forcible compulsion [forcible compulsion includes but is not limited to compulsion resulting in another person's death, whether the death occurred before, during or after sexual intercourse]; (2)by threat of forcible compulsion that would prevent resistance by a person of reasonable resolution; (3)who is unconscious or where the person knows that the complainant is unaware that the sexual intercourse is occurring; (4)where the person has substantially impaired the complainant's power to appraise or control his or her conduct by administering or employing, without the knowledge of the complainant, drugs, intoxicants or other means for the purpose of preventing resistance; (5)who suffers from a mental disability which renders him or her incapable of consent; (6)who is less than 13 years of age, or (7)who is less than 16 years of age and the person is four or more years older than the complainant and the complainant and person are not married to each other.

**Sexual Assault:** Except as provided under the definitions relating to Rape and Involuntary Deviate Sexual Intercourse, a person commits sexual assault when that person engages in sexual intercourse or deviate sexual intercourse with a complainant without the complainant's consent.

**Aggravated Indecent Assault;** Except as provided under the definitions relating to Rape, Statutory Sexual Assault, Involuntary Deviate Sexual Intercourse, and Sexual Assault, a person who engages in penetration, however slight, of the genitals or anus of a complainant with a part of the person's body for any purpose other than good faith medical hygienic or law enforcement procedures commits aggravated indecent assault if: (1)the person does so without the complainant's consent; (2)the person does so by forcible compulsion; (3)the person does so by threat of forcible compulsion that would prevent resistance by a person of reasonable resolution; (4)the complainant is unconscious or the person knows that the complainant is unaware that the penetration is occurring; (5)the person has substantially impaired the complainant's power to appraise or control his or her conduct by administering or employing without the knowledge of the complainant, drugs, intoxicants or other means for the purposes of preventing resistance; (6)the complainant suffers from a mental disability which renders him or her incapable of consent; (7)the complainant is less

than 13 years of age; or (8)the complainant is less than 16 years of age and the person is four or more years older than the complainant and the complainant and the person are not married to each other.

**Indecent Assault:** A person who has indecent contact with the complainant or causes the complainant to have indecent contact with the person commits indecent assault if: (1)the person does so without the complainant's consent; (2)the person does so by forcible compulsion; (3)the person does so by threat of forcible compulsion that would prevent resistance by a person of reasonable resolution; (4)the complainant is unconscious or the person knows that the complainant is unaware that the indecent contact is occurring; (5)the person has substantially impaired the complainant's power to appraise or control his or her conduct by administering or employing, without the knowledge ofthe complainant, drugs, intoxicants or other means for the purpose of preventing resistance; (6)the complainant suffers from a mental disability which renders him or her incapable of consent; (7)the complainant is less than 13 years of age; or (8)the complainant is less than 16 years of age and the person is four or more years older than the complainant and the complainant and the person are not married to each other.

**Incest:** A person commits incest if he or she knowingly marries or cohabits or has sexual intercourse with an ancestor or descendant, brother or sister ofthe whole or half blood or an uncle, aunt, nephew or niece of the whole blood. The relationships referred to include blood relationships without regard to legitimacy, and relationship of parent and child by adoption.

## Act 28 of 1995

The act is effective for conduct committed after September 6, 1995.

Who is protected by the Act? Individuals, 18 years of age and above, who due to physical or cognitive disability or impairment require assistance to meet their needs for: food, shelter, clothing, personal care, or health care; and who reside in either a nursing home, domiciliary care home, community residential facility; or who receive home health services in their residence; or who receive services from another who has an obligation to care for the person for monetary consideration in either the care dependent person's home or in one of the previously described facilities; or who receives services from an adult day living center.

Who is subject to prosecution under the Act? Caretakers are subject to prosecution under the Act. A caretaker is any person who: Owns, operates, manages or is employed in a nursing home, personal care home, domiciliary care home, community residential facility, intermediate care facility for the mentally retarded, adult day living center, home health agency or home health service provider whether licensed or unlicensed who has responsibility to care for a care-dependent person. A caretaker is also any person who has an obligation to care for a care-dependent person in any described facility or the care-dependent's home and who receives monetary consideration for the care.

A caretaker can be a natural person, a corporation, a partnership, an unincorporated association or any other business entity. (This does not include governmental entities, boards or commissions).

What triggers prosecution? (a) Intentionally, knowingly, or recklessly causing bodily injury or serious bodily injury to a care-dependent person by failure to provide treatment, care, goods or services necessary to preserve the health, safety, or welfare of a care-dependent person for who he is responsible to provide care. (b) A caretaker may also be prosecuted if he intentionally or knowingly uses a physical restraint or a chemical restraint or medication on a care-dependent person, or isolates that person, contrary to law or regulation with resulting bodily or serious bodily injury.

What must be observed in order to implement the provisions of the Act? The care-dependent person must have suffered either bodily injury or serious bodily injury. Bodily injury is defined by the Crimes Code at §2301 as, "Impairment of physical condition or substantial pain." Serious bodily injury is defined by the Crimes Code at §2301 as, "Bodily injury which creates a substantial risk of death or which causes serious, permanent disfigurement or protracted loss or impairment of the function of any bodily member or organ."

Who must report? Personnel of PDA (or AM's), DoH or DPW when they have reasonable cause to believe that a care-dependent person residing in a facility has suffered bodily injury or been unlawfully restrained in violation of the Act shall report immediately to the local law enforcement agency or to the Office of the Attorney General. The Departments must make these reports when they become aware of care-dependent person's mistreatment in conducting regulatory or investigative responsibilities. (This would include censure visits and inspections based on complaints.)

## Act 13 of 1997

Purpose: Requires employee or an administrator of a facility who has reasonable cause to believe that a recipient is a victim of abuse to immediately report the abuse. The effective date was December 10, 1997.

Abuse: The occurrence of one or more of the following acts: (1) The infliction of injury, unreasonable confinement, intimidation or punishment with resulting physical harm, pain, or mental anguish; (2) The willful deprivation by a caretaker of goods or services which are necessary to maintain physical or mental health; (3) Sexual harassment and/or (4) Sexual abuse which is intentionally, knowingly or recklessly causing or attempting to cause rape, involuntary deviate sexual intercourse, sexual assault statutory sexual assault, aggravated indecent assault, indecent assault or incest

Facility: The type of facilities impacted by the Act are: long-term care nursing facility, personal care home, domiciliary care home, home health agency and an adult day living center.

Recipient: An individual who receives care, services or treatment in or from a facility.

Serious Bodily Injury: An injury which creates a substantial risk of death or which causes serious permanent disfigurement or protracted loss or impairment of the function of a body member or organ.

Serious Physical Injury: An injury that causes a person severe pain or significantly impairs a person's physical functioning, either permanently or temporarily.

Process: When an employee or administrator has reasonable cause to believe that a recipient is a victim of abuse they shall immediately make an oral report to the local AAA. Within 48 hours of making the oral report the employee or administrator shall make a written report to the AAA.

If the employee or administrator believes the abuse involves sexual abuse, serious physical injury, serious bodily injury or suspicious death they are also required to make an immediate oral report to law enforcement and to PDA in addition to the oral and written report to the AAA. Within 48 hours of making the oral report the employee or administrator shall follow-up with a written report to law enforcement officials.

Within 48 hours of receiving a report of abuse involving sexual abuse, serious physical injury, serious bodily injury, or suspicious death, the local AAA shall forward a written report to PDA.

When the local AAA receives a report concerning suspicious death, the AAA will make an oral report to the coroner and follow-up with a written report within 24 hours.

Failure to comply with Act 13 can result in administrative and criminal penalties. The licensing agency for the facility will have jurisdiction to determine any administrative violation and may issue a civil penalty up to \$2,500. Additional criminal fines and penalties of up to one year imprisonment are included for criminal violation of the Act

## Act 169 of 1996

Purpose: Requires criminal history background checks for employees of NH, PCH, Dom Care, Home Health and ADC. Employees with convictions for prohibitive offenses are precluded from working in these facilities. The Act takes effect July 1, 1998.

Prohibitive Offenses: Criminal Homicide, Aggravated Assault Kidnapping, Unlawful Restraint Rape, Statutory Sexual Assault, Involuntary Deviate Sexual Intercourse, Sexual Assault Aggravated Indecent Assault Indecent Assault Arson and Related Offenses, Burglary, Robbery, Theft (Felony or 2 Misdemeanors), Forgery, Securing Execution of Documents by Deception, Incest, Concealing Death of a Child, Felony Drug Offense, Child Endangerment Dealing in Infant Children, Intimidation of a Witness, Retaliation Against a Witness, Prostitution (Felony Offense), Obscene or Other Sexual Materials and Corruption of Minors.

Employees: An employee is defined as any applicant or new employee who has been hired since July 1, 1998. Includes contract employees with direct contact with residents or unsupervised access to their personal living quarters. Also includes persons employed or contracted to provide care to a care-dependent individual for monetary consideration in the individual's residence.

Facility: The types of facilities covered by the Act are as follows: domiciliary care homes, home health agencies, long-term care nursing facilities, adult day care facilities, and personal care homes. The Act also includes any private or public organization which provides care to a care-dependent person in their residence.

Process: An applicant/new hire who has been a resident of the state for the last two years uninterrupted needs to obtain a "Request for Criminal History Background Check" from the nearest PA State Police barracks. The applicant/new hire will complete the application and forward it with a money order or cashier's check for \$10 made payable to "Commonwealth of PA" to the State Police for processing. The Act does allow for the provisional hire of an employee for 30 days if the employee can provide proof they have applied for the background check. If there is no criminal history record, the PSP will forward a letter stating the same. If there is a criminal record, the PSP will forward a copy of the rap sheet to the requester.

If the applicant has not been a PA resident for the two years before application, they will need to have a PSP criminal history background check completed and an FBI Background Check. The applicant will obtain an FBI fingerprint card either from their prospective employer or by contacting PDA. After obtaining the fingerprint card the applicant will go to police to be fingerprinted. The completed card (fingerprints and requested information) will be forwarded to PDA along with a money order, cashier's check, or certified check for \$24 made payable to "FBI".

The fingerprints will be forwarded to the FBI for processing by PDA. The normal processing time is between 60 and 90 days. The Act does allow for the provisional hire of an employee who requires an FBI check for 90 days if the employee can provide proof they have applied for the background check. When the application has been processed by the FBI, the results will be returned to PDA. When there is no criminal history record information recorded, a clearance letter will be sent to the applicant/employer. If there is an open disposition for a prohibitive offense, a letter will be sent to the applicant requesting the disposition of the case for determination of eligibility for employment. If there is a conviction for one of the prohibitive offenses, a prohibitive hire letter will be forwarded to the applicant/employer.