



Long-term Care Regulatory Provider Letter (PL)

Number: PL 18-07 (ALL) (Replaces PL 13-04)
Title: Incident Reporting Requirements
Provider Types: Assisted Living Facilities (ALFs), Day Activity and Health Services (DAHS) Facilities, Home and Community Support Services Agencies (HCSSAs), Intermediate Care Facilities for Individuals with an Intellectual Disability (ICFs/IID) and Nursing Facilities (NFs)
Date Issued: May 8, 2018

1.0 Subject and Purpose

The Health and Human Services Commission (HHSC) is issuing this letter as guidance to the provider types identified above about the information that a provider must include in an initial reportable incident report made via phone to HHSC Complaint and Incident Intake (CII) and in a provider investigation report (PIR) submitted by email or fax to CII.

2.0 Policy Details & Provider Responsibilities

A provider must:

- report reportable incidents to CII¹;
- ensure a thorough investigation is conducted and documented in the PIR; and²
- submit the PIR to CII within the regulatory timeframe that applies to the provider type.³

A provider should include, in its initial phone report to CII, and in the PIR, as much of the following information as is known:

- the name and title of the person making the initial report;
- the name of the provider on behalf of which the report is being made;

¹ See 42 Code of Federal Regulations (CFR) §483.12(c)(1) (F609), §483.420(d)(2) (W153); 40 Texas Administrative Code (TAC) §[19.602](#)(b), §[90.213](#)(b), §[92.102](#)(a), §[97.249](#)(c) and §[98.92](#)(a).

² See 42 CFR §483.12(c)(2) (F610), §483.430(d)(4) (W154); 40 TAC §[19.602](#)(b)(1)-(2), §[90.213](#)(c), §[92.102](#)(d), §[97.250](#)(b)(1) and §[98.92](#)(c).

³ See 42 CFR §483.12(c)(4) (F610), §483.420(d)(4) (W156); 40 TAC §[19.602](#)(b)(2), §[90.213](#)(c), §[92.102](#)(d), §[97.250](#)(b)(3) and §[98.92](#)(c).

- the facility ID number for an ALF, DAHS facility, ICF/IID, or NF;
- the license number for a HCSSA;
- the address of the ALF, DAHS facility, HCSSA, ICF/IID, or NF;
- primary **and** alternate phone numbers, including the area code, of the person making the report;
- the date and time the person became aware of the reportable incident;
- the date, time and location of the reportable incident;
- the following information about any person involved in the incident who resides in the ALF, ICF/IID, or NF (resident), or who is provided services by the DAHS facility or HCSSA (individual):
 - name;
 - date of birth;
 - significant medical information;
 - cognitive status, including decision-making capacity;
 - level of care and special service needs;
 - level of supervision; and
 - unit, room and/or floor number(if a resident);
- a detailed narrative of the incident;
- the name and phone number of any witnesses, alleged perpetrators, or other persons who may have knowledge of the incident or other relevant information;
- any adverse consequences to the mental, physical, or psychosocial well-being, or functional status, of a resident or individual;
- any injuries or medical treatment required or provided to an individual, resident, or other person involved in the incident and the location where the treatment was provided;
- any systemic issues associated with the incident, or which increased the likelihood that the incident would occur;
- any identified patterns associated with the incident;
- any actions taken by the provider to protect the health and/or safety of a resident or individual, or to prevent another incident from happening (e.g., suspension or termination of an employee, in-service training specific to the incident or to an involved individual or resident, a change in the individual's or resident's care or service plan, a change in individual's or resident's level of supervision);
- the current status of an individual or resident involved in the incident (e.g., admitted to the local hospital, discharged to another NF, etc.) and the current status of any alleged perpetrators; and
- the name and title of any persons who have been notified of the incident (e.g., administrator, police, ombudsman, other state agency).

In addition to reporting an incident, a provider must investigate the incident to determine why it occurred, what actions the provider will take in response to the incident and what changes will be made to help prevent a similar incident from occurring.

A provider must submit a PIR to CII, using HHSC Form [3613-A](#) (for use by an ALF, DAHS facility, ICF/IID, or NF) or HHSC Form [3613](#) (for use by a HCSSA). The PIR must include all information from the initial incident report and any additional information the provider has obtained since making the initial report, including witness statements. The provider must submit the PIR within the applicable required time frame, as follows:

- Five working days for an ICF/IID, NF, or skilled NF;
- Five calendar days for a DAHS facility or an ALF; and
- Ten calendar days for a HCSSA.

The [HHSC website](#) has additional information about reporting incidents. The site provides information on how to identify a reportable incident, deadlines for reporting and investigating incidents, instructions for using the CII telephone voice-prompted reporting system, program-specific instructions and links to required forms.

A web-based training, "Provider Incident and Self-reporting," is also available on the [HHSC website](#).

3.0 Background/History

Increasingly, providers have been reporting incidents without providing all of the information necessary for CII to properly prioritize its review of those incidents. Initially providing as much information as possible is very important, as it facilitates the processing and management of the self-reported incidents and helps provide CII with enough information to review and accurately prioritize the incidents.

4.0 Forms/Appendices

None.

5.0 Contact Information

If you have any questions about this letter, please contact a program specialist with the Policy, Rules and Training Section at (512) 438-3161.

Sincerely,

[Signature on file]

Mary T. Henderson
Associate Commissioner, Long-term Care Regulatory

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