REGIONAL CENTER OF ORANGE COUNTY

REGIONAL CENTER OF ORANGE COUNTY

[X] Special Incident Report [ ] Other Observations and Events
FAX TO 714-796-5800

Consumer's Name: JANE SMITH Sex: [ ]M [X]F Date of Report: 5/23/08

Date of Birth: 11/13/80 UCI Number: 5551213 Date/Time of Incident: 5/22/08@1:00PM

Check Applicable: [X] Verbal [ ] Non-Verbal [ ] Ambulatory [ ] Non-Ambulatory Location of Incident: FACILITY JONES HOME

REQUIRED BY TITLE 17, §54327

- [ ] Death of a consumer (regardless of cause or location)
- [ ] Reasonably suspected neglect:
  - [ ] Failure to provide medical care
  - [ ] Failure to prevent malnutrition/dehydration
  - [ ] Failure to protect from health/safety hazard
  - [ ] Failure to assist with personal hygiene
  - [ ] Failure to provide food/clothing/shelter
  - [ ] Failure to provide care
- [ ] Reasonably suspected abuse/exploitation
  - [ ] Physical
  - [ ] Sexual
  - [ ] Fiduciary
  - [ ] Psychological
  - [ ] Physical restraint
  - [ ] Chemical restraint
- [ ] The consumer is missing and the vendor has filed a Missing Persons Report with a law enforcement agency
- [ ] Consumer was the victim of a crime (regardless of location)
- [ ] A serious injury/accident, including:
  - [ ] Dislocation
  - [ ] Fracture
  - [ ] Laceration requiring sutures/staples/Dermabond
  - [ ] Burns, bites, puncture wounds or internal bleeding requiring treatment beyond first aid
  - [ ] Medication reaction requiring treatment beyond first aid
  - [ ] Any medication error (see below)
- [ ] Unplanned or unscheduled hospitalization due to:
  - [ ] Respiratory illness
  - [ ] Seizure-related activity
  - [ ] Internal infection
  - [ ] Diabetes-related activity
  - [ ] Wound/Skin care
  - [ ] Involuntary psychiatric admission

FOR MEDICATION ERRORS

Name of Medication	Dosage Schedule of Medication

Additional incident types required for FHA per Title 17, §56093

- [ ] Any occurrence/allegation of consumer abuse
- [ ] Event which may result in criminal charges or legal action
- [ ] Event which may result in denial of consumer's right(s)
- [ ] Event which appears to have a significant negative affect on consumer's health, safety, or well-being
- [ ] Poisonings
- [ ] Emergency treatment
- [ ] Catastrophes
- [ ] Fires or explosions

OTHER EVENTS/OBSERVATIONS

- [ ] Alleged violation of consumer's right(s)
- [ ] Voluntary psychiatric hospitalization
- [X] Medical emergency
- [ ] Unauthorized absence
- [ ] Injury:
  - [ ] From a seizure
  - [ ] From a peer
  - [ ] From a behavior episode
- [ ] Suicide episode:
  - [ ] Threat
  - [ ] Attempt
- [ ] Property Damage
- [ ] Other
- [ ] Diagnosis of communicable disease/parasite
- [ ] Use of restrictive behavior intervention
- [ ] Event which may result in criminal changes/legal action
- [ ] Arrest
- [ ] Health and safety issue
- [ ] Other sexual incident:
  - [ ] Sexual harassment
  - [ ] Inappropriate contact
- [ ] Behavior episode:
  - [ ] Aggressive act to self
  - [ ] Aggressive act to peer
  - [ ] Aggressive act to community member
  - [ ] Aggressive act to staff
  - [ ] Aggressive act to family or visitor
  - [ ] Other

OTHER AGENCIES/INDIVIDUALS INVOLVED

		Contact Name	Telephone	Report Number
Community Care Licensing (DSS)	[ ]			
Licensing and Certification (DHS)	[ ]			
Parent/Guardian/Conservator	[X]	MOTHER / MARY SMITH	(714)555-0214	
Physician/Hospital	[X]	DR. L. JONES	(714)636-0500	
Police/Sheriff	[ ]			
County Coroner	[ ]			
Other Family Member/Vendor	[ ]			

Investigating Agency Involved: Select Agency Name [ ]APS [ ]CPS [ ]LTCO Type [ ]Investigation [ ]Declined [ ]For Information Only

DESCRIPTION OF INCIDENT (Title 17 requires a description of the alleged perpetrator, if applicable):

JANE INFORMED STAFF SHE HAD PAIN AND BURNING WHEN SHE URINATED. STAFF CALLED THE R.N. TO ASSESS JANE.

(Attach a separate page for additional information if necessary)

IMMEDIATE ACTION TAKEN BY SERVICE PROVIDER/VENDOR/OTHER:

THE R.N. TOOK JANE'S VITAL SIGNS. B.P. 120/82; TEMP. 101.2; PULSE 60. THE RN. NOTIFIED DR. JONES, WHO INSTRUCTED THE R.N. TO HAVE JANE SEEN AT THE E.R. STAFF TRANSPORTED JANE TO ST. MARY'S HOSPITAL E.R.

(Attach a separate page for additional information if necessary)

MEDICAL TREATMENT NECESSARY: ☒Yes ☐No **If Yes, Nature of Treatment:**

BLOOD WORK WAS DONE. JANE WAS DIAGNOSED WITH A URINARY TRACT INFECTION (U.T.I.) ANTIBIOTICS WERE PRESCRIBED. JANE WAS DISCHARGED BACK TO THE FACILITY.

Administered At: ST. MARY'S E.R. Administered By: E.R. PHYSICIAN

Follow-Up Treatment, If Any:

JANE IS TO FOLLOW-UP IN ONE WEEK WITH HER PRIMARY PHYSICIAN.

PLAN TO PREVENT FURTHER OCCURRENCES: STAFF WILL CONTINUE TO MONITOR JANE'S HEALTH STATUS.

(Attach a separate page for additional information if necessary)

COMMENTS (INCLUDE THE NAME/ADDRESS OF ANY WITNESS TO THE INCIDENT):

(Attach a separate page for additional information if necessary)

REPORT SUBMITTED BY

Name (print):	HELEN OCHOA	Title:	Q.M.R.P.
Vendor Name:	JONE'S HOME	Vendor Number:	PM 1003
DHS-L&C Lic. #:	800050234	DSS-CCL Lic. #:	
Telephone Number:	(714) 868-0400	Signature/Date:	Helen Ochoa 5/23/08

REGIONAL CENTER OF ORANGE COUNTY

REGIONAL CENTER OF ORANGE COUNTY

[X] Special Incident Report [ ] Other Observations and Events

FAX TO 714-796-5800

Consumer's Name: JOHN DOBBS Sex: [X] M [ ] F Date of Report: 5/22/08

Date of Birth: 9/10/84 UCI Number: 9792867 Date/Time of Incident: 5/21/08 ~ 7:00 PM

Check Applicable: [X] Verbal [ ] Non-Verbal [ ] Ambulatory [ ] Non-Ambulatory Location of Incident: CONSUMER'S HOME

REQUIRED BY TITLE 17, §54327

- [ ] Death of a consumer (regardless of cause or location)
- [ ] Reasonably suspected neglect:
  - [ ] Failure to provide medical care
  - [ ] Failure to prevent malnutrition/dehydration
  - [ ] Failure to protect from health/safety hazard
  - [ ] Failure to assist with personal hygiene
  - [ ] Failure to provide food/clothing/shelter
  - [ ] Failure to provide care
- [X] Reasonably suspected abuse/exploitation
  - [X] Physical
  - [ ] Psychological
  - [ ] Sexual
  - [ ] Physical restraint
  - [ ] Fiduciary
  - [ ] Chemical restraint
- [ ] The consumer is missing and the vendor has filed a Missing Persons Report with a law enforcement agency
- [ ] Consumer was the victim of a crime (regardless of location)
- [ ] A serious injury/accident, including:
  - [ ] Dislocation
  - [ ] Fracture
  - [ ] Laceration requiring sutures/staples/Dermabond
  - [ ] Burns, bites, puncture wounds or internal bleeding requiring treatment beyond first aid
  - [ ] Medication reaction requiring treatment beyond first aid
  - [ ] Any medication error (see below)
- [ ] Unplanned or unscheduled hospitalization due to:
  - [ ] Respiratory illness
  - [ ] Diabetes-related activity
  - [ ] Seizure-related activity
  - [ ] Wound/Skin care
  - [ ] Internal infection
  - [ ] Involuntary psychiatric admission

Additional incident types required for FHA per Title 17, §56093

- [ ] Any occurrence/allegation of consumer abuse
- [ ] Event which may result in criminal charges or legal action
- [ ] Event which may result in denial of consumer's right(s)
- [ ] Event which appears to have a significant negative affect on consumer's health, safety, or well-being
- [ ] Poisonings
- [ ] Catastrophes
- [ ] Emergency treatment
- [ ] Fires or explosions

FOR MEDICATION ERRORS

Name of Medication	Dosage Schedule of Medication

OTHER EVENTS/OBSERVATIONS

- [ ] Alleged violation of consumer's right(s)
- [ ] Voluntary psychiatric hospitalization
- [ ] Medical emergency
- [ ] Unauthorized absence
- [ ] Injury:
  - [ ] From a seizure
  - [ ] From a behavior episode
  - [ ] From a peer
- [ ] Suicide episode:
  - [ ] Threat
  - [ ] Attempt
- [ ] Property Damage
- [ ] Other
- [ ] Diagnosis of communicable disease/parasite
- [ ] Use of restrictive behavior intervention
- [ ] Event which may result in criminal changes/legal action
- [ ] Arrest
- [ ] Health and safety issue
- [ ] Other sexual incident:
  - [ ] Sexual harassment
  - [ ] Inappropriate contact
- [ ] Behavior episode:
  - [ ] Aggressive act to self
  - [ ] Aggressive act to staff
  - [ ] Aggressive act to peer
  - [ ] Aggressive act to family or visitor
  - [ ] Aggressive act to community member
  - [ ] Other

OTHER AGENCIES/INDIVIDUALS INVOLVED

		Contact Name	Telephone	Report Number
Community Care Licensing (DSS)	[ ]			
Licensing and Certification (DHS)	[ ]			
Parent/Guardian/Conservator	[ ]			
Physician/Hospital	[ ]			
Police/Sheriff	[ ]			
County Coroner	[ ]			
Other Family Member/Vendor	[ ]			

Investigating Agency Involved:

Select Agency Name: [X] APS [ ] CPS [ ] LTCO

Type: [X] Investigation [ ] Declined [ ] For Information Only

COMPLETE FRONT/BACK – CONFIDENTIAL CLIENT INFORMATION - W&I CODE, SECTION 4514 – SPECIAL INCIDENT REPORT

DESCRIPTION OF INCIDENT (Title 17 requires a description of the alleged perpetrator, if applicable):

JOHN ARRIVED AT DAY PROGRAM WITH BRUISES ON HIS ARMS AND HIS RIGHT CHEEK AREA. JOHN'S JOB COACH ASKED JOHN HOW HE GOT THE BRUISES. JOHN AT FIRST SAID, "I DON'T KNOW." THE JOB COACH ESCORTED JOHN TO THE SUPERVISOR'S OFFICE. THE JOB COACH AND THE SUPERVISOR QUESTIONED JOHN AGAIN ABOUT THE BRUISES. JOHN THEN REPORTED HIS FATHER WAS MAD AT HIM BECAUSE HE WASN'T HELPING HIS BROTHER WASH DISHES AFTER DINNER. JOHN REPORTED HIS FATHER STARTED "SMACKING" HIM TO MAKE HIM HELP HIS BROTHER.

(Attach a separate page for additional information if necessary)

IMMEDIATE ACTION TAKEN BY SERVICE PROVIDER/VENDOR/OTHER: THE JOB COACH NOTIFIED JOHN'S RCOC SERVICE COORDINATOR AND THE PROGRAM DIRECTOR.

(Attach a separate page for additional information if necessary)

MEDICAL TREATMENT NECESSARY: ☐Yes ☒No **If Yes, Nature of Treatment:**

Administered At: _____ Administered By: _____

Follow-Up Treatment, If Any:

PLAN TO PREVENT FURTHER OCCURRENCES:

(Attach a separate page for additional information if necessary)

COMMENTS (INCLUDE THE NAME/ADDRESS OF ANY WITNESS TO THE INCIDENT):

(Attach a separate page for additional information if necessary)

REPORT SUBMITTED BY

Name (print):	LORI JAMES	Title:	DIRECTOR
Vendor Name:	A.B.M., LLC	Vendor Number:	H13001
DHS-L&C Lic. #:		DSS-CCL Lic. #:	
Telephone Number:	(714) 999-0701	Signature/Date:	Lori James 5/22/08