

LICENSING ALERT

Richard H. Lee
Deputy Secretary
for Quality Assurance

June 2001

Division of Drug and Alcohol Program Licensure
Licensing Alert 1-01

OLDER ADULT PROTECTIVE SERVICES ACT NOT APPLICABLE TO DRUG AND ALCOHOL TREATMENT PROGRAMS

The Older Adults Protective Services Act (35 P.S. §10225.101 et. seq.) (Act) assists older Pennsylvanians who lack the capacity to protect themselves and who are at imminent risk of abandonment, abuse, financial exploitation or neglect. The Act is victim oriented to assure services necessary to protect the health, safety and welfare of older adults.

The Act, as amended, requires employees or administrators of facilities, as defined by the Act, who have reasonable cause to suspect that a resident is a victim of abuse, to immediately report the abuse. Applicants for employment and specified employees at these facilities must obtain criminal history record checks.

The Act mandates that employees and administrators at the following facilities report abuse: domiciliary care homes, home health care agencies, long-term care nursing facilities, older adult daily living centers and personal care homes.

The Department of Health has determined that drug and alcohol abuse treatment programs are not required to report under the provisions of this Act. These programs are not considered to be facilities as defined by the Act.

Staff in drug and alcohol treatment programs should respond to instances of suspected abuse or neglect in accordance with Licensing Alert 5-97, Reporting of Unusual Incidents (attached).

Attachment

LICENSING ALERT

Molly Raphael
Deputy Secretary for Quality Assurance

May 1997

Division of Drug and Alcohol Program Licensing
Licensing Alert 5-97

Reporting of Unusual Incidents

The Division of Drug and Alcohol Program Licensing has noticed an increase in unusual incidents, and as an extension of regulatory oversight, will now request the reporting of the following incidents to the Division:

- (1) the death of a client in a residential treatment facility**
- (2) an injury, trauma, or illness requiring hospitalization that occurs when the individual is at the facility or under the supervision of the facility**
- (3) suicide attempt**
- (4) physical assault by staff or resident**
- (5) sexual assault by staff or resident**
- (6) an individual who is missing more than 24 hours or who could be in jeopardy if missing at all**
- (7) outbreak of a contagious disease or food poisoning among residents**
- (8) an incident requiring the services of a fire department or law enforcement agency**
- (9) a condition (except snow or ice condition) that results in closure of the facility for more than one scheduled day of operation**
- (10) fire or structural damage to the facility**
- (11) misuse or alleged misuse of client's funds or property**
- (12) incident the facility director believes may lead to community concern**

THE PROCEDURE TO BE FOLLOWED IN FILING AN UNUSUAL INCIDENT REPORT IS AS FOLLOWS:

- (1) The facility should notify the Division within 24 hours (telephone 717-783-8675 or facsimile 717-787-3188) of those incidents under number 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, and 12, and within 72 hours file a written report using the Division's Unusual Incident Report Form (Form #HD1062F).**
- (2) The facility should initiate an investigation and file an Unusual Incident Report Form on numbers 11 and 12 within five working days of the occurrence.**
- (3) The facility should notify others, including all appropriate officials, of an unusual incident, maintaining client confidentiality.**
- (4) When an unusual incident affects the physical or emotional well being of a client, facility staff should insure that the client is safe from further injury, receives medical and programmatic attention as soon as possible, is sensitive to the emotional needs of the client, and arranges for specialized counseling, if appropriate.**
- (5) The Division shall conduct investigations of unusual incidents when warranted.**

GENERAL RESPONSIBILITIES:

- (1) The Division should maintain a record of unusual incidents reported. (A copy of an incident report will also be maintained in the facility file.) This information will be useful in insuring appropriate follow-up on individual incidents, as needed, and in identifying statewide trends for use in regulation setting, as well as determining the need for increased monitoring visits.**
- (2) Incident identification and reporting will encourage facilities to develop policies and procedures on prevention and management of unusual incidents, including:**
 - (a) in-service for staff in prevention, detection, investigation, and reporting of unusual incidents;**
 - (b) identification of who in the facility should be notified of unusual incidents;**
 - (c) procedures for contacting families, other regulatory entities;**
 - (d) corrective action; and**
 - (e) modification of circumstances or conditions that constitutes a high probability of unusual incidents occurring based on previous experiences.**

THIS PROCEDURE BECOMES EFFECTIVE IMMEDIATELY. Please contact Carol S. Bashore or Arvida L. Wanner at 717-783-8675 if you have any questions.

Attachment

DEPARTMENT OF HEALTH
DIVISION OF DRUG AND ALCOHOL PROGRAM LICENSURE
132 KLINE PLAZA, SUITE A, HARRISBURG, PA 17104
PHONE 717-783-8675/FAX 717-787-3188

UNUSUAL INCIDENT REPORT

Date of Report: _____ **Time:** _____

Facility Name: _____ **Facility #:** _____

Facility Address: _____ **Phone Number:** _____

Description of Incident. (Describe in detail what occurred, including location, date, and time of incident. Give I.D. #, sex, age, and admission date of client, where applicable.) Add additional sheets if necessary.

Action taken by facility:

Report completed by: _____

NAME TYPED

TITLE

SIGNATURE

DATE