**Critical Incident Investigation**

**Aging Waiver & New Choices Waiver**

Multiple incident dates? (i.e. frequent falls), include each date

The form must be filled in its entirety. If not pertinent to the incident, check “No.” Do not leave blank.

|  |  |
| --- | --- |
| **Participant’s name:**     Mickey Mouse | **Waiver program:** New Choices Waiver |
| **DOB:** 01/01/1900 | **Date of incident:** 10/01/2021, 10/02/2021    |
| **Participant’s Mailing Address:** 0123 N 456 S  Salt Lake City, UT 84044   | **Location of incident:**  Disney AL 0123 N 456 S Salt Lake City, UT 84044 |
| **Does the participant have a legal guardian?** [x] Yes [ ] No **Name, Relation & Mailing Address:** Donald Duck, Friend 0987 N 654 S SLC, UT 84044    | **Is there another involved representative?** [x] Yes [ ] No**Name & relation:** Minnie Mouse, Spouse      |
| **Participant’s Case Manager****Name:** Walt Disney CMA  **AAA** (if applicable):  **Phone #: (**123) 456-7891 **Email:** wdisney@disney.com      |
| **Please respond to the following questions, providing as much detail as possible.** (Please disregard questions (or parts of questions) that do not relate to this incident)**:** |
| 1. **Summary of Incident/Event**

Provide as many details as possible to avoid additional requests. (For example: time of incident, when and where they were found, what steps were taken, dx of any injury, and duration at the hospital/ SNF)**Please provide a detailed summary of the incident.**(For a **missing person**, section 3 is also required.)On 10/01/2021, Mickey reported an unwitnessed fall to the staff nurse in the morning. When the staff nurse asked if he experienced any pain or wanted to seek medical attention he declined. No medical attention was received.On 10/02/2021, Mickey was in his room alone when the facility aide Daisy heard a crashing sound. The aide went and checked on Mickey immediately. It was 7:58 PM. Mickey reported he lost his balance while transferring from his bed to the chair. Mickey was found on the ground and the aide saw bruising on the R arm. Daisy asked if Mickey was hurt. He stated “I didn’t know. It hurts.” The aide took Mickey’s vitals and reported the bruising and vitals to the admin. The aide was told to call the guardian, Donald. Donald agreed he should go to the ER. Daisy called for an ambulance and the ambulance arrived to take Mickey to Salt Lake Hospital for evaluation. While at the hospital Mickey’s x-ray showed he had a fractured right femur. He was admitted and had surgery. He was discharged to a SNF, Magic Mountain Rehab, on 10/04/2021 for aftercare and PT.Mickey was at the SNF for two weeks until being discharged back to his ALF on 10/18/2021. |
| 1. **Precipitating Events/Patterns of Behavior**
* **Do the monthly summaries and/or activity logs reflect any precipitating events or patterns of behavior leading up to this incident?**[ ] Yes [x] No
* **If yes, please describe.**
 |
| 1. **Missing Person Timeline**
* **This is a missing person incident:** ☐Yes [x] No
* **If yes, please provide a timeline that describes the course of known events from when the participant was last seen to when found or to the present if not yet found. Please include when the case manager, Operating Agency leadership, law enforcement, emergency responders, providers, family/guardian, or others etc. were notified**

     * **Was an Endangered Person Advisory Alert Issued?**

☐Yes Date and time issued:       Name of agency that issued the Advisory:       ☐No Describe why not:      |
| 1. **Participant’s Health/Medical Issues**
* **Participant’s diagnoses and any other health/medical issues:** Hypertension, Type II DM

You are encouraged to submit med and dx lists in place of filling this section. * **Participant’s medications and dosages:**  Lisinopril 10mg tab per QD (once a day), Metformin 500mg tab TID (two times a day)
 |
| 1. **Post Incident Medical Assessment**
* **The incident report provides a detailed description of the Post Incident Medical Assessment:** [x] Yes (if yes, not necessary to complete this section.) ☐No (if no, please provide additional details below).

      * **After the incident, the participant was evaluated by a nurse or a physician to determine the need for medical attention?** ☐Yes [x] No

Utah law mandates any person who has reason to believe that a vulnerable adult is being abused, neglected, or exploited **must** immediately notify APS or law enforcement. If a report is filed, you must include the date and who contacted APS/police, and the referral number.* **If no, please explain why not.**  No, the AL RN was not at the facility. 911 was called
* **If yes, please describe when and the medical intervention that occurred.**
* **If yes, please describe the findings and recommendations for any additional medical follow up.**

      |
| 1. **Referral to APS/Law Enforcement**
* **Is this a case of suspected abuse, neglect or exploitation?** ☐Yes [x] No
* **If yes, was this incident referred to** (check all that apply):
	+ APS ☐ Date submitted Referral number
		- Who made the referral?
	+ Medicaid Fraud ☐ Date
	+ Law Enforcement ☐ Date       Name of Law Enforcement Agency
 |
| 1. **Services at the Time of the Incident**
* **What service(s) was the participant scheduled to receive at the time of the incident?**
	+ **Were these services delivered as authorized on the care plan?** [x] Yes ☐No, if no, please describe why not)
* ☐NA (No services were scheduled to be provided at the time of the incident)
 |
| 1. **Additional Reviews or Investigations**
* **Did the incident trigger a provider review conducted by the Office of Licensing (DHS), Bureau of Licensing (DOH), the Bureau of Internal Review and Audit (DHS), the LTC Ombudsman, or other agency?** ☐Yes Date:       [x] No ☐NA
	+ **Who made the referral?**
* **If yes, please provide a summary of the review findings, including any corrective actions that were issued.** (Please feel free to attach the formal review findings.)

      |
| 1. **Changes to the Care Plan**
* **Will changes be made to the care plan?** ☐Yes [x] No
	+ **If yes, please describe:**
	+ **If no, will any new interventions be implemented?** [x] Yes ☐No

Process improve-ments include any safeguards/ trainings/ services put into place to help prevent the incident from occurring again. Do not leave this section blank or type “None”.* + - **If yes, please describe:** Mickey now has a walker at his ALF, is receiving PT for use with the walker, and staff is encouraging and assisting with use of the walker. The facility has increased his checks to every 2 hours.
 |
| 1. **Process Improvements**
* **Required is a description of improvement processes/safeguards put into place as a result of the analysis of this incident/event. For example, medical/environmental interventions, training opportunities, policy changes, etc. If process improvements/safeguards are not applicable please mark as N/A and describe why.**

Mickey now has a walker that he is learning to use to prevent future falls. For any non-emergency falls, the facility’s aides now also consult with the facility nurse. The throw rug in his room was removed. |
|  |
| **Investigation completed by** (names and titles)**:**   Walt Disney, SW CM **Date:** 10/21/2021    |
| **Section to be Completed by OA/SMA** |
| **Incident Summary (if not completed in #1):**      **Follow Up Questions:**      **Comments/Resolution & Recommendations:**       |
| **Notification Within Protocol Time Frame: ☐Yes ☐No**If no, describe reason for delay:       |
| **Incident Type:**       | **Investigation Closure Date:**       |