REPORTABLE INCIDENTS FOR EXTENDED PERSONAL CARE SERVICE

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
AGING SERVICES DIVISION
SFN 968 (1-2020)

Clear Fields

Member Name (please print)	Member ID Number
Nurse Educator (please print)	Telephone Number
Back-up Nurse Educator (please print)	Telephone Number
Case Manager (please print)	Telephone Number

Check one box below

☐ Nurse Educator

- I will be completing the task(s) listed on the EPCSP Procedure and Training form as the extended personal care service provider.
- The contingency plan describes who would provide the service if you were not available (describe on the EPCSP Procedure and Training form).

☐ Extended Personal Care Service Provider (EPCSP)

- The tasks have been delegated to another EPCSP and the EPCSP has been trained on the procedure and instructed on the reportable incidents.

Qualified service providers (QSPs) are required by federal law to report all critical incidents involving clients they care for.

A critical incident is "any actual or alleged event or situation that creates a significant risk of substantial or serious harm to the physical or mental health, safety or well-being of any client receiving home and community based services".

Reportable incidents include:

1. **Abuse (physical, emotional, sexual), neglect, or exploitation**. Will need to also fill out a VAPS referral.
2. **Rights violations** through omission or commission, the failure to comply with the rights to which an individual is entitled as established by law, rule, regulation or policy.
3. **Serious Injury or medical emergency** which would not be routinely provided by a primary care provider.
4. **Wandering or elopement.**
5. **Restrain violations** (Use of restraints not documented in care planning.)
6. **Death** of a client and cause (including death by suicide).
7. Report of all **medication errors** or omissions.
8. Any event that has the potential to jeopardize the client's health, safety or security if left uncorrected.

A SFN 53601 fillable form found at https://www.nd.gov/eforms/Doc/sfn53601.pdf must be completed and sent to the case manager within 24 hours. Notify the nurse educator immediately.

Your signature verifies agreement and compliance with the information listed above. This form is due annually.

Nurse Educator/Manager Signature	Date

Signature of Extended Personal Care Service Provider(s) Providing Care (can sign on back if needed)

EPCSP Signature	Date
EPCSP Signature	Date
EPCSP Signature	Date