REPORTABLE INCIDENTS FOR EXTENDED PERSONAL CARE SERVICE
DEPARTMENT OF HUMAN SERVICES
MEDICAL SERVICES DIVISION
SFN 968 (3-2017)

Clear Fields

Member Name	Member ID
Nurse Educator	Telephone Number
Back-up Nurse Educator	Telephone Number
Primary Care Physician	Telephone Number

Check one box below

☐ Nurse Educator

- I will be completing the following tasks as the Extended Personal Care Service Provider (EPCSP). The tasks are stated on form, Nurse Instructions for Tasks and Reportable Incidents.
- The contingency plan is: describe who would provide the service if you were not available (describe on separate sheet or use form, Nurse Instructions.

☐ Extended Personal Care Service Provider (EPCSP)

- The tasks have been delegated to another EPCSP and the EPCSP has been instructed on the reportable incidents listed below. (See form, Nurse Instructions for Tasks and Reportable Incidents).

Instructions for Incidents

1. Quality Service Providers (QSPs) must report incidents that result in client injuries or require medical care to the HCBS Case Manager and Nurse Educator/Manager immediately (describe reportable injuries);
2. QSPs must report incidents of abuse, neglect, exploitation (describe reportable situations);
3. QSPs must report any emergency (describe) and
4. A report will be filed with the state Medicaid agency describing a medication error or omission which resulted in one of the incidents listed below. The report must be filed within 5 days of the incident and include a written plan to abate or eliminate immediately the practices or conditions that resulted in the incident.
    - Imminent danger to the health, safety or security of the waiver recipient (describe);
    - Potential for putting at risk the waiver recipient's health safety or security if left uncorrected (describe);
    - Hospitalization of the recipient (describe) and
    - Sentinel event i.e. death of a waiver recipient (describe).

Send report to: Aging Services Prairie Hills Plaza Ste 1D 1237 E Divide Ave Bismarck ND 58501

Your signature verifies agreement and compliance with reportable incidents listed above.

EPCSP Signature	Date	(Signature and date stamps are not acceptable)
Nurse Educator/Manager Signature	Date	(Signature and date stamps are not acceptable)

Note: This is only an EXAMPLE of the requirements needed. The nurse can use her/his own format to report.