

INSTRUCTIONS
For completion of the
SELF-REPORTED VIOLATION REPORT FORM
Hospice Care

General Instructions

1. Complete every section of the form by **block printing** or **typing if not preparing online**. Incomplete or illegible forms will be returned for correction. Please use black ink or dark pencil. If completing the form electronically, you can submit the form by email. Once you have completed all sections of the form, select the "submit" button at the bottom of page 2 and following the on screen instructions to send the form to The Bureau of Community Health Care Facilities & Services email account.
2. If there is insufficient space to complete an answer, continue the answer on an additional separate page. If multiple patients or wrongdoers are involved, list the identifying information for them on a separate page.
3. Complete a separate form for each violation.
4. Attach all supporting documentation.
5. Call the Ohio Department of Health (ODH), Non Long-Term Care Program (information provided below) if you have any questions.
6. The report should be submitted **no later than 5 working days** of becoming aware of the violation and should include the results of your investigation plus any supporting documentation.

Report Sections

Section I – Hospice Information

Provide hospice demographic information including the facility Certification/Medicare Number if known.

Section II – Incident Information

- A. Check all categories which apply to the violation.
- B. Check the appropriate source category box from which the hospice became aware of the violation.

Section III – Involved Patient

Identify the patient involved including the first and last name and date of birth if known. Describe the patient's physical and/or mental condition at the time of the incident.

Section IV – Summary of Incident

Provide the date, time and location of the violation. The narrative summary should be a concise description of the violation being reported.

Section V- Incident Corroboration

- A. Effect on patient:
 1. Describe exactly how the incident affected the patient (physically, emotionally or financially).
 2. List the name(s) of those individuals who have first-person knowledge of the incident (e.g., eyewitness, staff member who assessed an injury or an individual who confirmed she/he gave money to the patient prior to it being stolen).

B. Identify the alleged wrongdoer (staff, family, visitor or resident) by completing all fields if applicable.

Please include a statement if photographs are being submitted with this report.

Section VI – Conclusion/Disposition

Identify the person who was primarily responsible for the hospice’s investigation of the incident. This is the individual who has the most knowledge of the incident and would, if necessary, be the hospice’s contact person for ODH. Document any steps taken by the hospice as a result of the investigation and include them with your report. Include a statement as to the hospice’s conclusion/disposition.

Submitting the Form

Once the violation report form has been completed, you may click on the submit button, which will send the form directly to the Bureau of Community Health Care Facilities e-mail account. After clicking on the submit button, you will be given the option to print the form prior to sending it. It is recommended that you print the form as this will be your only copy, the system does not allow you to save the completed form unless you have Adobe Professional or Adobe Writer.

Optionally, you may mail the form, along with any supporting documentations to:

Ohio Department of Health
Bureau of Community Health Care Facilities & Services
Non Long-Term Care Unit
246 N. High Street - 2nd Floor
Columbus, Ohio 43215

Or fax the form along with any supporting documentation to: 614-564-2475

Or you can print down the completed form and attach it in an email to community@odh.ohio.gov

TIP SHEET

Hospice Self-Reported Incident Form from the Ohio Department of Health

The Hospice Conditions of Participation require, among other things, that verified violations involving mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of patient property, by anyone furnishing services on behalf of a hospice are reported to appropriate state and local entities, 42 C.F.R. 418.52 (4). Since the Ohio Department of Health ("ODH") is the state survey and certification agency, ODH is charged with receiving all verified violations under this requirement. ODH has developed the Hospice Self-Reported Incident Form for hospices to use in an effort to collect all information in a thorough and systematic way. A copy of the Hospice Self-Reported Incident Form can be found on the ODH Website (www.odh.ohio.gov) under the hospice publications section.

ODH has also prepared an instruction sheet for hospice providers that offers explanatory information to assist providers to complete the form. Because we have received inquiries concerning the appropriate approach to take in completing the form, we have enclosed an annotated instruction sheet that offers additional guidance.

For your reference, we have summarized the requirements set forth in 42 C.F.R. 418.52 (4) below.

Condition of Participation Subpart C, §418.52(4), entitled "Patient's Right's," says a hospice provider must:

- i. Ensure that all alleged violations involving mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of patient property by anyone furnishing services on behalf of the hospice, are reported immediately by hospice employees and contracted staff to the hospice administrator;
- ii. Immediately investigate all alleged violations involving anyone furnishing services on behalf of the hospice and immediately take action to prevent further potential violations while the alleged violation is being verified. Investigations and/or documentation of all alleged violations must be conducted in accordance with established procedures;
- iii. Take appropriate corrective action in accordance with state law if the alleged violation is verified by the hospice administration or an outside body having jurisdiction, such as the state survey agency or local law enforcement agency; and
- iv. Ensure that verified violations are reported to state and local bodies having jurisdiction (including to the state survey and certification agency) within 5 days of becoming aware of the violation.

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2. If there is insufficient space to complete an answer, continue the answer on an additional separate page. If multiple patients or wrongdoers are involved, list the identifying information for them on a separate page.
3. Complete a separate form for each violation.
4. Attach all supporting documentation.
5. Call the Ohio Department of Health (ODH), Non Long-Term Care Program (information provided below) if you have any questions.
6. The report should be submitted **no later than 5 working days from the date the hospice became aware of the violation** and should include the results of your investigation plus any supporting documentation.

ODH does not proscribe who should complete the Hospice Self-Reported Incident Form. We recommend that the person charged with this task should have meaningful knowledge of the incidents being reported.

Report Sections

Section I – Hospice Information

Provide hospice demographic information including the facility Certification/Medicare Number if known.

Enter the hospice program's contact information in this field, including fax and phone numbers for the hospice administrator. "Federal Provider ID" means the hospice's Medicare provider number, and "State License ID" means the hospice's state license number.

Section II– Incident Information

A. Check all categories which apply to the violation.

Check the nature of the incident being reported. If more than one type of mistreatment, abuse, neglect or misappropriation is alleged, each type should be checked.

B. Check the appropriate source category box from which the hospice became aware of the violation.

Select the method by which the hospice provider became aware of the violation. "Unusual circumstance" refers to those situations in which neither the patient, caregiver or staff identify a violation. Take note of details that would indicate a violation has occurred. Examples of this include missing pain medications or unexplained bruising on a patient. If the hospice became aware of the incident by multiple routes (for example, both the patient and caregiver report a violation), then both sources of information should be selected.

Section III – Involved Patient

Identify the patient involved including the first and last name and date of birth if known. Describe the patient's physical and/or mental condition at the time of the incident.

Note the name of the patient impacted by the alleged violation and interview the patient regarding the allegations. If the patient did not provide meaningful information, whether because the patient was unable due to mental incapacity or otherwise, or because the patient refused to provide information, this should be noted by checking "no" to question 1 in this box. Question 2, "Relevant Conditions" refers to any condition of an involved party or circumstance that may have had an impact on the violation. For example, if the patient has dementia, then that may make the patient more vulnerable to abuse.

Section IV – Summary of Incident

Provide the date, time and location of the violation. The narrative summary should be a concise description of the violation being reported.

If either the date, time or location of the incident is unknown or unable to be ascertained, write "unknown" under the Date/Time/Location of occurrence field. Include a brief narrative of the verified incident, including any discrepancies between witness accounts.

Section V- Incident Corroboration

A. Effect on patient:

1. Describe exactly how the incident affected the patient (physically, emotionally or financially)

The effect the incident had on the patient may include physical injury, financial hardship, or emotional distress, among others.

2. List the name(s) of those individuals who have first-person knowledge of the incident (e.g., eyewitness, staff member who assessed an injury or an individual who confirmed she/he gave money to the patient prior to it being stolen).

For each witness summary, identify the type of witness. For instance, note if the witness was a family member or friend; a hospice staff member, such as a nurse, physician or therapist; an unrelated visitor or vendor.

B. Identify the alleged wrongdoer (staff, family, visitor or resident) by completing all fields if applicable.

Include complete contact information for the alleged wrongdoer. If the alleged wrongdoer is a professional holding a license in the State of Ohio, the hospice provider should also review the reporting obligations promulgated by the appropriate board or governing body that regulates that profession in the State of Ohio and report the incident if required.

Please include a statement if photographs are being submitted with this report.

Section VI – Conclusion/Disposition

Identify the person who was primarily responsible for the hospice's investigation of the incident. This is the individual who has the most knowledge of the incident and would, if necessary, be the hospice's contact person for ODH. Document any steps taken by the hospice as a result of the investigation and include them with your report. Include a statement as to the hospice's conclusion/disposition.

Include the name of the principal person investigating the case, which will also be the principal point of contact for ODH. The final field should include a narrative description of any follow-up action taken by the hospice provider to resolve the situation, and other information that may be pertinent to the disposition. Examples of follow-up actions may include, but would not be limited to: any reprimand or corrective action taken; any root cause analysis undertaken; and any action the hospice provider took to remedy the situation with the patient / family involved.

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