



Promoting Wellness and Recovery

John R. Kasich, Governor
Tracy J. Plouck, Director

5122-30-16
Incident Notification and Risk Management
for Class Two & Class Three Facilities
5122-30-17 Seclusion and Restraint

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Webinar Housekeeping

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1. Use your computer speakers or telephone for audio
2. Download and/or print the handout from your control panel
3. Use your control panel to submit questions in writing

What will NOT be covered Today

1. Will not identify how a particular rule is different from current ACF, Type 1, Type 2, Type 3, AFoH rules
2. Rules that will be covered in future webinars. This includes questions.

More About Questions

- The last session, on November 14, is a Q & A session.
- If there is any question that is not answered during the webinar, or you think of later, you can submit them to me in advance of the webinar, or if you have not yet registered for the webinar, you can submit the questions during the webinar registration process.
- E-mail questions to Janel.Pequignot@mha.ohio.gov with a subject line titled “Residential Webinar Question”

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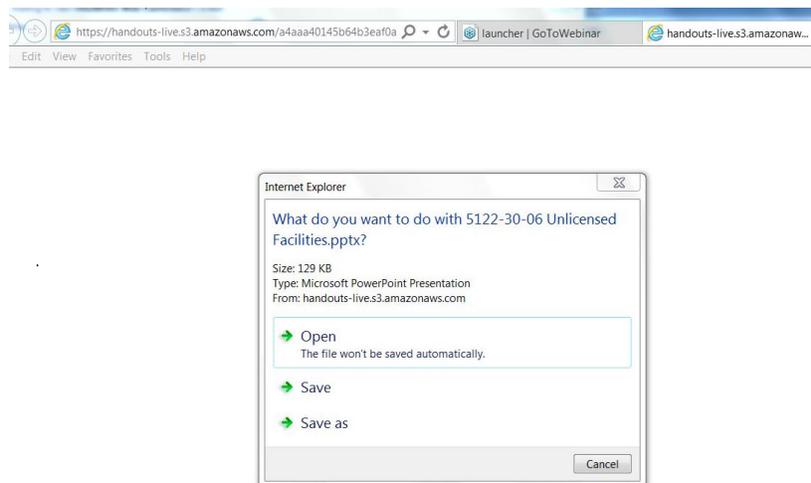
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Webinar Housekeeping

Can multiple staff watch the webinar together under one registration?

- Yes, unless each needs to receive credit for attending training.

Who should participate today:

- Type 1, Type 2, Type 3, ACF, Adult Foster Home providers
 - Currently licensed
 - Interested in obtaining licensure
- Interested stakeholders
 - Community ADAMH/MHRS Boards
 - Other stakeholders

Are These Rules Applicable to Certified SUD Residential Providers:

- NO!

Can I receive CEU Credit for my SW, Nurse, etc. License?

- No.



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5122-30-16
Incident Notification and Risk Management
for Class Two & Class Three Facilities

5122-30-16 (A)

(A) This rule establishes standards to ensure the prompt and accurate notification of certain prescribed incidents.

5122-30-16 (B)

(B) Definitions.

(1) " Board of residence" means the board that is responsible for referring or paying for the resident's treatment.

(2) "Incident" means an event that poses a danger to the health and safety of residents and/or staff and visitors of the facility, and is not consistent with routine care of persons served or routine operation of the facility.

5122-30-16 (B) (continued)

(B) Definitions.

(3) "Reportable Incident" means an incident that must be submitted to the department in accordance with this rule. As referenced in division (E) of section [5119.34](#) of the Revised Code, "Major Unusual Incident" has the same meaning as "Reportable Incident."

5122-30-16 (B) (continued)

(B) Definitions.

(4) "Six month reportable incident" means an incident type of which limited information must be reported to the department. A six month reportable incident is not the same as a reportable incident.

(5) "Six month incident data report" means a data report which must be submitted to the department.

5122-30-16 (C)

(C) The operator shall develop an incident reporting system to include a mechanism for the review and analysis of all reportable incidents such that clinical and administrative activities are undertaken to identify, evaluate, and reduce risk to residents, staff, and visitors. The operator shall identify in policy other incidents to be reviewed.

(1) An incident report shall be submitted in written form to the operator or designee within twenty-four hours of discovery of the incident....

5122-30-16 (C) (continued)

(C) The operator shall develop an incident reporting system to include a mechanism for the review and analysis of all reportable incidents such that clinical and administrative activities are undertaken to identify, evaluate, and reduce risk to residents, staff, and visitors. The operator shall identify in policy other incidents to be reviewed.

...A periodic review and analysis of reportable incidents, and other incidents as defined in facility policy, shall be performed. This shall include any action taken by the operator, as appropriate, including actions recommended by the provider from which the resident receives services. This should be incorporated as part of the facility's performance improvement process, as applicable.

(2) The operator shall maintain an ongoing log of its reportable incidents for departmental review.

5122-30-16 (D)

(D) Any person who has knowledge of any instance of abuse or neglect, or alleged or suspected abuse or neglect of any child or adolescent shall immediately notify the county children's services board, the designated child protective agency, or law enforcement authorities, in accordance with section [2151.421](#) of the Revised Code.

5122-30-16 (E)

(E) Any person who has knowledge of any instance of abuse or neglect, or alleged or suspected abuse or neglect, or of an alleged crime against an elderly person, shall immediately notify the appropriate law enforcement and county department of jobs and family services authorities in accordance with section [5101.61](#) of the Revised Code.

5122-30-16 (F)

(F) Any person who has knowledge of an alleged crime against a child or adolescent, including a crime allegedly committed by another child or adolescent, shall immediately notify law enforcement authorities.

5122-30-16 (G)

(G) Each operator shall submit reportable incidents and six month reportable incidents to the department.

(1) Each operator of a class 1 facility shall submit reportable incidents and six month reportable incidents as defined by and according to the schedule included in appendix A to this rule.

(2) Each operator of a class 2 and class 3 facility shall submit reportable incidents as defined by appendix C to this rule.

5122-30-16 (H)

(H) Each reportable incident shall be documented as required by the department. The information shall include identifying information about the provider, date, time and type of incident, and client information that has been de-identified pursuant to the HIPAA privacy regulations, [45 C.F.R. 164.514(b)(2)], and 42 CFR Part B, paragraph 2.22., if applicable.

(1) The operator shall file only one incident form per event occurrence and identify each incident report category, if more than one, and include information regarding all involved residents, staff, and visitors.

5122-30-16 (H) (continued)

(H) Each reportable incident shall be documented as required by the department. The information shall include identifying information about the provider, date, time and type of incident, and client information that has been de-identified pursuant to the HIPAA privacy regulations, [45 C.F.R. 164.514(b)(2)], and 42 CFR Part B, paragraph 2.22., if applicable.

(2) The operator shall forward each reportable incident to the department and to each of the following within twenty-four hours of its discovery, exclusive of weekends and holidays:

- (a) The board of residence and the board whose service district includes the facility, for individuals with mental illness; and,
- (b) The provider from which the mental health resident is receiving services, if applicable.

5122-30-16 (H) (continued)

(H) Each reportable incident shall be documented as required by the department. The information shall include identifying information about the provider, date, time and type of incident, and client information that has been de-identified pursuant to the HIPAA privacy regulations, [45 C.F.R. 164.514(b)(2)], and 42 CFR Part B, paragraph 2.22., if applicable.

(3) The operator shall notify the resident's parent, guardian or custodian, if applicable, within twenty-four hours of discovery of a reportable incident, and document such notification.

- (a) Notification may be made by phone, mailing, faxing or e-mailing a copy of the incident form, or other means according to facility policy and procedures.
- (b) When notification does not include sending a copy of the incident form, the facility must inform the parent, guardian or custodian, of his/her right to receive a copy, and forward a copy within twenty-four hours of receiving a request for a copy. The facility shall document compliance with the provisions of this paragraph.

5122-30-16 (I)

(I) Each operator of a class 1 facility shall submit a six month incident data report to the department. utilizing the form that is in appendix B of this rule.

Each operator must submit the six month incident data report according to the following schedule:

- (1) The six month incident data report for the period of January first to June thirtieth of each year shall be submitted no later than July thirty-first of the same year.
- (2) The six month incident data report for the period of July first to December thirty-first of each year shall be submitted no later than January thirty-first of the following year.

5122-30-16 (J)

(J) The department may initiate follow-up and further investigation of a reportable incident and six month reportable incidents, as deemed necessary and appropriate, or may request such follow-up and investigation by the residential facility, a regulatory or enforcement authority, the board.

In the case of class one facilities, a board shall have the authority to inspect any facility which has residents for which the board is providing funding for community mental health services.

ORC 340.03 (A)(2)

(A) Subject to rules issued by the director of mental health and addiction services after consultation with relevant constituencies as required by division (A)(10) of section [5119.21](#) of the Revised Code, each board of alcohol, drug addiction, and mental health services shall:

(2) Investigate, or request another agency to investigate, any complaint alleging abuse or neglect of any person receiving addiction services, mental health services, or recovery supports from a community addiction services provider or community mental health services provider or alleging abuse or neglect of a resident receiving addiction services or with mental illness or severe mental disability residing in a residential facility licensed under section [5119.34](#) of the Revised Code. If the investigation substantiates the charge of abuse or neglect, the board shall take whatever action it determines is necessary to correct the situation, including notification of the appropriate authorities. Upon request, the board shall provide information about such investigations to the department.

How to Submit Incidents

On-line (Note: Certified SUD Providers cannot yet use WEIRS)

- Web-Enabled Incident Reporting System (WEIRS)
- You need to first request that MHAS set up an account for your facility or facilities
- <https://weirs.mh.state.oh.us/>

Use MHAS Form (submit three ways)

1. E-Mail to IncidentReport@mha.ohio.gov
 - Attach copy of incident report form.
2. Fax to (614) 485-9737
3. Mail to address on the incident report form

More Information on Incident Reporting

- Forms and information are available at the following webpage:
 - <http://mha.ohio.gov/Default.aspx?tabid=125>
- Forms and information currently posted are for current rules.
- Forms will be updated, and will be clearly marked for incidents submitted on or after January 1, 2018.

How to Create a WEIRS Account

- Submit a request via e-mail
- IncidentReport@mha.ohio.gov
- Subject Line Titled “Request WEIRS Account”

- Include required information in body of e-mail
 1. The name of the person who will administer the account and the title of this person
 2. The email for this person
 3. **Each** of your licensure numbers for **each** residential facility to include on the account

How to Create a WEIRS Account

- MHAS will create an account with this individual as the “External Administrator”
- After MHAS set up the account, the External Administrator will receive an email asking them to create a password for their account.
- Once this is done, the account is created.
- The External Administrator has the ability to add other staff to the account
- Note: It may take up to 4 weeks for MHAS to create an account.



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5122-30-16 Incident Notification and Risk Management

Class Two and Class Three Facilities Appendix C Reportable Incident Categories

Definitions

In addition to the definitions in rule 5122-30-03 and 5122-30-16 of the Administrative Code, the following definitions are applicable to Ohio Administrative Code (OAC) rule 5122-30-16 "Incident Notification and Risk Management":

- **Note: The definitions, in and of themselves, are NOT reportable incidents.**

Definitions

(1) "Emergency/Unplanned Medical Intervention" means [treatment](#) required to be performed by a licensed medical doctor, osteopath, podiatrist, dentist, physician's assistant, or certified nurse practitioner, but the treatment required is not serious enough to warrant or require hospitalization. It includes sutures, staples, immobilization devices and other treatments not listed under "First Aid", regardless of whether the treatment is provided in the facility, or at a doctor's office/clinic/hospital ER, etc. This does not include routine medical care or shots/immunizations, as well as diagnostic tests, such as laboratory work, x-rays, scans, etc., if no medical treatment is provided.

Definitions

(2) "First Aid" means [treatment](#) for an [injury](#) such as cleaning of an abrasion/wound with or without the application of a Band-aid, application of a butterfly bandages/Steri-Strips™, application of an ice/heat pack for a bruise, application of a finger guard, non-rigid support such as a soft wrap or elastic bandage, drilling a nail or draining a blister, removal of a splinter, removal of a foreign body from the eye using only irrigation or swab, massage, drinking fluids for relief of heat stress, eye patch, and use of over-the-counter medications such as antibiotic creams, aspirin and acetaminophen. These treatments are considered first aid, even if applied by a physician. These treatments are not considered first aid if provided at the request of the resident and/or to provide comfort without a corresponding injury.

Definitions

(3) "Hospitalization" means inpatient treatment provided at a medical acute care hospital, regardless of the length of stay. Hospitalization does not include treatment when the individual is treated in and triaged through the emergency room with a discharge disposition to return to the community, or admission to psychiatric unit.

Definitions

(4) "Injury" means an event requiring medical [treatment](#) that is not caused by a physical illness or medical emergency. It does not include scrapes, cuts or bruises which do not require medical treatment.

Definitions

(6) "Mechanical Restraint" means a staff intervention that involves any method of restricting a resident's freedom of movement, physical activity, or normal use of his or her body, using an appliance or device manufactured for this purpose.

(7) "Physical Restraint", also known as "manual restraint", means a staff intervention that involves any method of physically (also known as manually) restricting a resident's freedom of movement, physical activity, or normal use of his or her body without the use of mechanical restraint devices.

Definitions

(8) "Seclusion" means a staff intervention that involves the involuntary confinement of a resident alone in a room where the resident is physically prevented from leaving.

Definitions

(9) "Sexual Conduct" means as defined by Section 2907.01 of the Ohio Revised Code, vaginal intercourse between a male and female; anal intercourse, fellatio, and cunnilingus between persons regardless of sex; and, without privilege to do so, the insertion, however slight, of any part of the body or any instrument, apparatus, or other object into the vaginal or anal opening of another. Penetration, however slight, is sufficient to complete vaginal or anal intercourse.

Definitions

(10) "Sexual Contact" means as defined by Section 2907.01 of the Ohio Revised Code, any touching of an erogenous zone of another, including without limitation the thigh, genitals, buttock, pubic region, or, if the person is a female, a breast, for the purpose of sexually arousing or gratifying either person.

Definitions

(11) "Transitional hold" means a staff intervention that involves a brief physical (also known as manual) restraint of a resident face-down for the purpose of quickly and effectively gaining physical control of that resident, or prior to transport to enable the resident to be transported safely.

Reportable Incidents

The following lists and defines each event category which must be reported per incident in accordance with paragraph (G)(2) of rule 5122-30-16 of the Administrative Code.

Reportable Incidents

Report information per incident:

- Agency info
- Incident type category or categories
- Involved persons
 - Resident (Deidentified)
 - Staff
 - Others
- Resident demographic data
- Summary

Reportable Incidents

Category	Definition
Suicide	The intentional taking of one's own life by a resident.
Suicide Attempt	Intentional action by a resident with the intent of taking one's own life, and is either a stated suicide attempt or clinically determined to be so, regardless of whether it results in medical treatment.

Reportable Incidents

Category	Definition
Self-Injurious Behavior	Intentional injury caused by a resident to oneself that is neither a stated suicide attempt, or clinically determined to be so, which requires emergency/ unplanned medical intervention or hospitalization, and which happens on the grounds of the facility or during the provisions of care or treatment, including during facility offgrounds events.

Reportable Incidents

Category	Definition
Homicide by Resident	The alleged unlawful killing of a human being by a resident.
Natural Death	Death of a resident without the aid of inducement of any intervening instrumentality, i.e. homicide, suicide or accident

Reportable Incidents

Category	Definition
Accidental Death	Death of a resident resulting from an unusual and unexpected event that is not suicide, homicide or natural, and which happens on the grounds of the facility or during the provisions of care or treatment, including during facility off-grounds events.

Reportable Incidents

Category	Definition
Physical Abuse	Allegation of staff action directed toward a resident of hitting, slapping, pinching, kicking, or controlling behavior through corporal punishment or any other form of physical abuse as defined by applicable sections of the Revised or Administrative Code.

Reportable Incidents

Category	Definition
Sexual Abuse	Allegation of staff action directed toward a resident where there is sexual contact or sexual conduct with the resident, any act where staff cause one or more other persons to have sexual contact or sexual conduct with the resident, or sexual comments directed toward a resident. Sexual conduct and sexual contact have the same meanings as in Section 2907.01 of the Revised Code.

Reportable Incidents

Category	Definition
Neglect	Allegation of a purposeful or negligent disregard of duty imposed on an employee by statute, rule, organizational policy, or professional standard and owed to a resident by that staff member.

Reportable Incidents

Category	Definition
Defraud	Allegation of staff action directed toward a resident to knowingly obtain by deception or exploitation some benefit for oneself or another or to knowing cause, by deception or exploitation, some detriment to another.

Reportable Incidents

Category	Definition
Involuntary Termination Without Appropriate Resident Involvement	Discontinuing services to a resident without informing the resident in advance of the termination, providing a reason for the termination, and offering a referral to the resident. This does not include situations when a resident discontinues services without notification, or the facility documents it was unable to notify the resident due to lack of address, returned mail, lack of or non-working phone number, etc.

Reportable Incidents

Category	Definition
Sexual Assault by Nonstaff, Including a Visitor, Resident or Other	Any allegation of one or more of the following sexual offenses as defined by Chapter 2907 of the Revised Code committed by a non-staff against another individual, including staff, and which happens on the grounds of the facility or during the provisions of care or treatment, including during facility off-grounds events: Rape, sexual battery, unlawful sexual conduct with a minor, gross sexual imposition, or sexual imposition.

Reportable Incidents

Category	Definition
Physical Assault by Nonstaff, Including Visitor, Resident or Other	Knowingly causing physical harm or recklessly causing serious physical harm to another individual, including staff, by physical contact with that person, which results in an injury requiring emergency/unplanned medical intervention, hospitalization, or death and which happens on the grounds of the facility or during the provision of care or treatment, including during facility off-grounds events.

Reportable Incidents

Category	Definition
Medication Error	Any preventable event while the medication was in the control of the health care professional or resident, and which resulted in permanent resident harm, hospitalization, or death. Such events may be related to professional practice, health care products, procedures, and systems, including prescribing; order communication, product labeling, packaging, and nomenclature; compounding; dispensing; distribution; administration; education; monitoring; and use.

Reportable Incidents

Category	Definition
Adverse Drug Reaction	Unintended, undesirable or unexpected effect of prescribed medications that resulted in permanent resident harm, hospitalization, or death.
Theft of Medication	Allegation of theft of prescribed medication under the control of or stored by the facility. <ol style="list-style-type: none"> 1. Employee theft 2. Resident theft 3. Other/Unknown theft

Reportable Incidents

Category	Definition
Medical Events Impacting Facility Operations	The presence or exposure of a contagious or infectious medical illness within an facility, whether brought by staff, resident, visitor or unknown origin, that poses a significant health risk to other staff or residents in the facility, and that requires special precautions impacting operations....

Reportable Incidents

Category	Definition
Medical Events Impacting Facility Operations (CONTINUED)	... Special precautions impacting operations include medical testing of all individuals who may have been present in the facility, when isolation or quarantine is recommended or ordered by the health department, police or other government entity with authority to do so, and/or notification to individuals of potential exposure...

Reportable Incidents

Category	Definition
Medical Events Impacting Facility Operations (CONTINUED)	... Special precautions impacting operations does not include general isolation precautions, i.e. suggesting staff and/or residents avoid a sick individual or vice versa, or when a disease may have been transmitted via consensual sexual contact or sexual conduct.

Medical Events Impacting Facility Operations

The presence or exposure of a contagious or infectious medical illness within an facility, whether brought by staff, resident, visitor or unknown origin, that poses a significant health risk to other staff or residents in the facility, and that requires special precautions impacting operations. Special precautions impacting operations include medical testing of all individuals who may have been present in the facility, when isolation or quarantine is recommended or ordered by the health department, police or other government entity with authority to do so, and/or notification to individuals of potential exposure. Special precautions impacting operations does not include general isolation precautions, i.e. suggesting staff and/or residents avoid a sick individual or vice versa, or when a disease may have been transmitted via consensual sexual contact or sexual conduct.

Reportable Incidents

Category	Definition
Temporary Relocation of Residents	Some or all of the residents must be moved to another unit, residential facility or community location for a minimum period of at least one night due to: <ol style="list-style-type: none"> 1. Fire 2. Disaster (flood, tornado, explosion, excluding snow/ice) 3. Failure/Malfunction (gas leak, power outage, equipment failure) 4. Other (name)



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Let's Pause for a Moment on Incident Reporting and Review:

5122-30-17 Seclusion and Restraint

5122-30-17 (A)

(A) The use of seclusion, mechanical restraint, chemical restraint, and physical restraint, including transitional hold, shall not be permitted in any facility, except a facility defined in division (B) of section 5119.34 of the Revised Code, which meets all of the requirements of rules 5122-26-16 to 5122-26-16.2 of the Administrative Code.

5122-30-17 (B)

(B) The use of seclusion, mechanical restraint, chemical restraint, and physical restraint, including transitional hold, in facilities in which they are not permitted pursuant to paragraph (A) of this rule must be reported to the department as a major unusual incident.



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Return to:

5122-30-16
Incident Notification and Risk Management
for Class Two & Class Three Facilities

Reportable Incidents

Category	Definition
Unauthorized Use of Restraint or Seclusion	<p>Ohio Administrative Code rule 5122-30-17 prohibits the use of seclusion and restraint in a Class 2 and Class 3 residential facility.</p> <ol style="list-style-type: none"> 1. Seclusion 2. Mechanical restraint 3. Physical restraint 4. Transitional hold <p>The total number of minutes of the restraint or seclusion.</p>

Reportable Incidents

Category	Definition
Involuntary Discharge	<p>Involuntary discharge of a resident unless the facility is no longer able to meet the resident's care needs; the resident presents a documented danger to other residents, staff or visitors; or the monthly charges have not been paid for more than thirty days. Involuntary discharge includes discharging a resident after the resident unexpectedly vacates the facility for more than forty-eight hours without any notification to staff, and the monthly (or daily) charges for the days the resident is missing have been paid.</p>

Reportable Incidents

Category	Definition
Inappropriate Discharge	Discharge of a resident without providing thirty days prior written notice for termination of residency except in an emergency when the resident presents a documented danger to other residents, staff or visitors.

Reportable Incidents

Category	Definition
Missing/ Unaccounted for Medication	Prescribed medication under the control of or stored by facility which is missing or unaccounted for, that is not believed to be a result of theft.

Reportable Incidents

Category	Definition
Theft of Medication	Allegation of theft of prescribed medication under the control of or stored by the facility. 1. Employee theft 2. Resident theft 3. Other/Unknown theft



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WEIRS DEMO

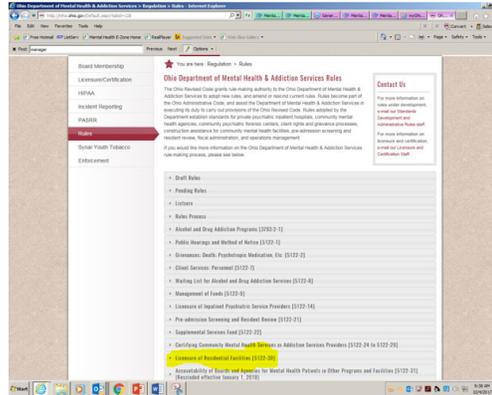
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<http://mha.ohio.gov/Default.aspx?tabid=128#32641497-licensure-of-residential-facilities-5122-30>

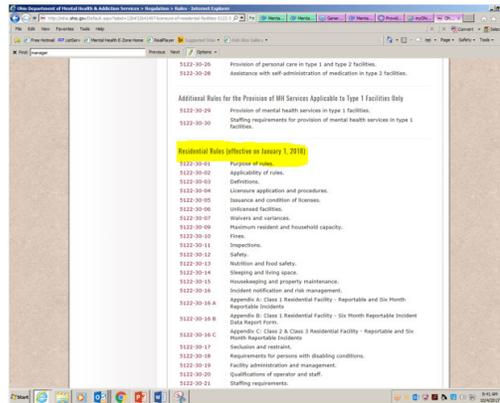
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- Live webinars are recorded for those who are unable to participate, and to utilize as a training and reference resource
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- Posted along with webinar handouts

Webinar Information

- Current Webinar Schedule (and link to registration) is available at:

<http://mha.ohio.gov/Portals/0/assets/Regulation/LicensureAndCertification/LC-Communications/Residential-Rules-Webinar-Training-Schedule-Registration.pdf>

Next Two Webinars*

* 11/3 has separate sessions for Class One, and Class Two & Three

Session #	Date (2017)	Time	Rule Numbers 5122-30	Rule Titles	Who Should Attend	Registration Link
5	10/31	1:00 pm – 3:00 pm	30-18 30-19 30-20 30-21 30-23 30-24	Requirements for Accessibility and Communications Facility Administration and Management Qualifications of Operator and Staff Staffing Requirements Facility Records Resident Agreement	All	https://attendee.gotowebinar.com/register/3999708127202759425
6 A	11/3	9:30 am – 11:30 am	30-22 30-27 30-29	Resident Rights and Grievance Procedure for Class One Facilities Transfer and Discharge Rights Provision of Mental Health Services in Class One Facilities	Class One	https://attendee.gotowebinar.com/register/3840641780012904961
6 B	11/3	1:00 pm – 3:00 pm	30-22.1 30-27	Resident Rights and Grievance Procedure for Class Two and Class Three Facilities Transfer and Discharge Rights	Class Two & Class Three	https://attendee.gotowebinar.com/register/3987547528600115969

Questions?

Note: For future questions, each facility has an assigned lead surveyor, who can also answer questions.

Reminder: November 14 Session is dedicated only for Q & A. This will provide an opportunity to answer new or previously unanswered questions.

If there is any question that is not answered during the webinar, or you think of later, you can submit them to me in advance of the webinar, or if you have not yet registered for the webinar, you can submit the questions during the webinar registration process.

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