Online Incident Reporting

Screen Shot Preview

The system is still subject to final revision and may appear slightly different upon go live.
Welcome to Residential Care Services (RCS) Online Incident Reporting

RCS provides licensing, certification, and regulatory oversight to long-term care facilities including:

- Nursing Homes
- Assisted Living Facilities
- Adult Family Homes
- Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICFs/IID)
- Supported Living
- Enhanced Services Facilities

Owners, caregivers, social workers, nurses, physicians and other employees of RCS licensed and/or certified facilities or agencies are mandated reporters and must report if they have reasonable cause to believe **abandonment, abuse, financial exploitation, or neglect** has occurred to a vulnerable adult.

**This website is only for reporting incidents that do not require an emergency response.** An emergency is any situation in which a vulnerable adult faces an immediate risk of abuse or neglect that could result in death or serious harm.

Call 9-1-1 if a vulnerable adult is in an emergency situation.

To complete an Online incident Report, you will need the license number and city in which the facility is located, or the certification number and city in which the agency’s business office is located.

If you have insufficient data to complete the information required in the Online Incident Report or experience difficulties completing the report, call the DSHS Complaint Resolution Unit toll-free Hotline 1-800-562-6678 to make a report.

**Frequently Asked Questions Regarding Incident Reporting**

- What do I need to Report?
- When Do I Report to DSHS?
- Making a False Report
- What to Expect After Making a Report
Facility Input

Online Incident Report

*Incident Report Type:
Resident-to-Resident or Client-to-Client

Reporter Information
*First Name:
*Last Name:
*Job Title:
Callback Number:

Facility Information
*Facility/Agency Type:
*License/Cert. Number:
*City:
Online Incident Report

- First Name is required.
- Last Name is required.
- Job Title is required.

Incident Report Type:
- Financial Exploitation or Misappropriation

Reporter Information
- First Name:
- Last Name:
- Job Title:
- Callback Number:

Facility Information
- Facility/Agency Type:
  - Assisted Living Facility
- License/Cert. Number:
- City:
  - Hoquiam
Online Incident Report

CHANNEL POINT VILLAGE - License #874 - 907 K St Hoquiam, WA 98550 - Resident-to-Resident or Client-to-Client

Is a Resident or Client affected/involved?
Yes

Resident/Client Information

Resident/Client 1
*First Name: [Field]
*Last Name: [Field]
Middle Initial: [Field]
*Date of Birth: [Field]

*Primary Diagnosis: [Field]

*Ambulatory Status: [Field]

Add Resident/Client

Is employee or other person involved?
Yes

10/27/2015
Online Incident Report

CHANNEL POINT VILLAGE - License #874 - 907 K St Hoquiam, 98550 - Resident-to-Resident or Client-to-Client

Incident Information

* Date and Time Incident Occurred:  Unknown [Incident Date/Time]

* What happened?:

* Location incident occurred:

* Is incident a pattern of behavior?

* Describe actions taken to prevent recurrence (include care plan changes):
Incident Information

* Date and Time incident Occurred:  ☐ Unknown [Incident Date/Time]

* What happened?:

* Location incident occurred:

* Is incident a pattern of behavior?

* Describe actions taken to prevent recurrence (include care plan changes):

* Who was notified?
Online Incident Report

CHANNEL POINT VILLAGE - License #874 - 907 K St Hoquiam, 98550 - Resident-to-Resident or Client-to-Client

- Description of what happened must be entered.
- Location where incident occurred must be entered.
- "Is incident a pattern of behavior?" requires a Yes or No response when reporting a Resident-to-Resident or Client-to-Client incident.
- Description of incident behavior pattern and frequency must be entered.
- Description of actions taken to prevent recurrence must be entered.
- Who was notified must be entered.

Incident Information

* Date and Time Incident Occurred: ❑ Unknown Incident Date/Time

* What happened:

* Location incident occurred:

* Is incident a pattern of behavior?
Confirmation

Thank you for submitting a Residential Care Services Online Incident Report. Please print this page for your records. The report confirmation number is required for any follow-up reporting.

Confirmation Number: RCSAJ52x5
Date/Time Report Submitted: 06/12/2015 09:35 AM
Incident Report Type: Resident-to-Resident or Client-to-Client
Reporter Name: Robyn Jones
Reporting Facility/Agency Name: CHANNEL POINT VILLAGE

What to expect after making a report

Return to Home Page  Submit another Incident Report
Contact Us Page

Contact ALTSA

Use this form to submit questions or to report problems related to an Aging and Long-Term Support Administration website or application.

Type of Question or Comment

- None -

In reference to

- None -

Please select the program area or section of the website you are commenting on

Enter your question or comment here

Email

Please enter your email address if you would like to receive a response to your inquiry.

Submit
RCS/CRU Complaint Capture Processes

- On-Line System
- Hotline
- Faxes

DSHS is responsible for managing the privacy and security of complaint information only after the information has been received by DSHS.

- DSHS Security Notice: [https://www.dshs.wa.gov/security-notice](https://www.dshs.wa.gov/security-notice)
- DSHS Notice of Privacy Practices: [https://www.dshs.wa.gov/sites/default/files/FSA/forms/pdf/03-387.pdf](https://www.dshs.wa.gov/sites/default/files/FSA/forms/pdf/03-387.pdf)