

# Online Incident Reporting

## Screen Shot Preview

The system is still subject to final revision and may appear slightly different upon go live.



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# Launch Page

The screenshot shows a web browser window with the URL <https://www.dshs.wa.gov/altsa/residential-care-services/residential-care-services-online-incident-reporting>. The page header includes the Washington State Department of Social and Health Services logo and name, along with a search bar. The main navigation bar is orange and contains links for 'About ALTSA', 'Frequently Asked Questions', 'Find Local Services, Information and Resources', and 'ProviderOne'. A left sidebar contains a menu icon, an office locator, a 'REPORT ABUSE' icon, and social media icons for Facebook, Twitter, YouTube, and LinkedIn. The main content area features the title 'Residential Care Services Online Incident Reporting' and a subtitle 'Welcome to Residential Care Services (RCS) Online Incident Reporting'. A list of facility types is provided, including Nursing Homes, Assisted Living Facilities, Adult Family Homes, Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICFs/IID), Supported Living, and Enhanced Services Facilities. A prominent yellow button labeled 'Make an Online Incident Report' is visible. The page also includes a paragraph about reporting requirements, a note that the website is for non-emergency incidents, and a list of frequently asked questions regarding incident reporting.

Washington State Department of Social and Health Services

How may we help you?

Agging and Long-Term Support Administration

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Home > Residential Care Services Online Incident Reporting

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- Office of the Deaf and Hard of Hearing
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- Reporting Abuse
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- Help
- Register to Vote

## Residential Care Services Online Incident Reporting

### 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 1-800-562-6078 to make a report.

[Make an Online Incident 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



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## 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:



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# Facility Input with Error



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## 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:

874



\*City:

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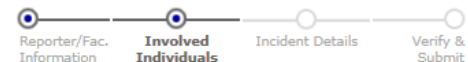
# Individual Involved - Top



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## 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:    \*Last Name:    Middle Initial:    \*Date of Birth:  

\*Primary Diagnosis:

\*Ambulatory Status:

[Add Resident/Client](#)

Is employee or other person involved?

Yes ▾



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# Individual Involved - Bottom

Is employee or other person involved?

Yes

## Employee/Other Person Information

### Employee/Other Person Involved 1

\*Person Involved:

\*First Name:

\*Last Name:

Middle Initial:

\*Relationship to Resident/Client:

\*Describe action taken to prevent recurrence:

[Add Employee/Other Person Involved](#)

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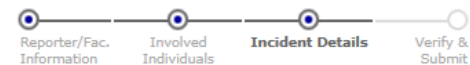
# Incident Detail - Top



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## 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):



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# Incident Detail - Bottom

## 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?

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# Incident Detail - Errors



## 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?



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# Confirmation Page



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## 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: RCS4J64256  
Date/Time Report Submitted: 06/12/2015 09:35 AM  
Incident Report Type: Resident-to-Resident or Client-to-Client  
Reporter Name: Roshun Jones  
Reporting Facility/Agency Name: CHANNEL POINT VILLAGE

What to expect after making a report

[Return to Home Page](#)

[Submit another Incident Report](#)



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# Contact Us Page

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## 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

In reference to

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.

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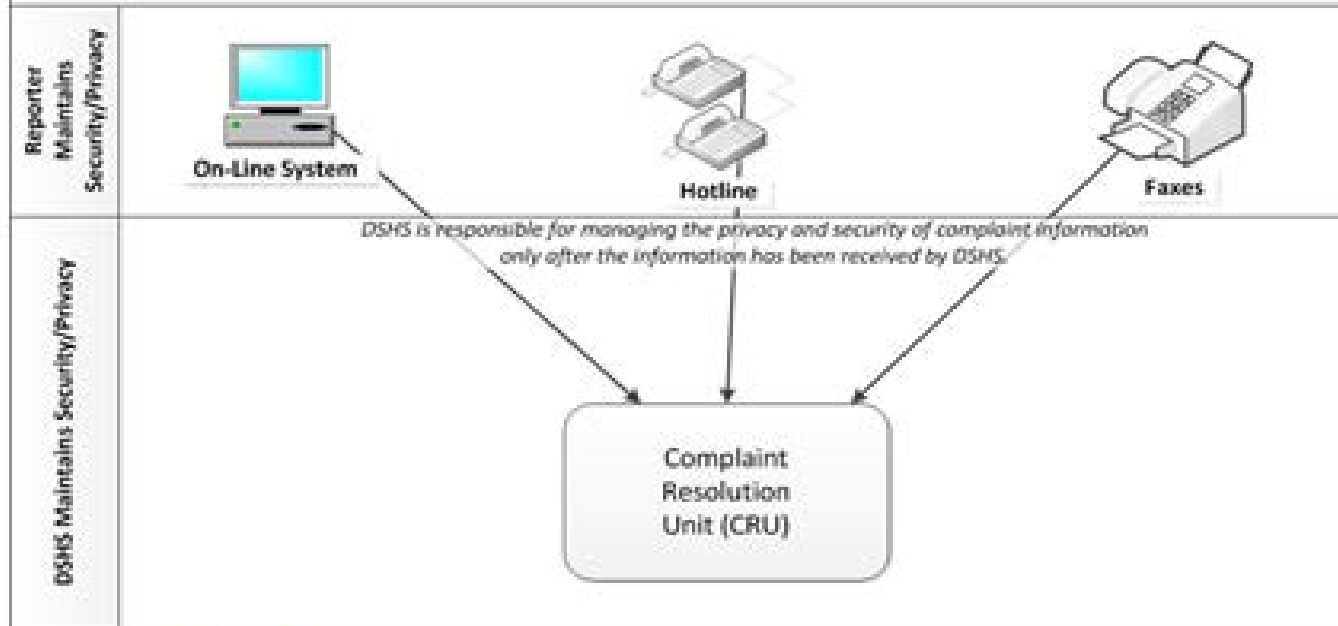
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## RCS/CRU Complaint Capture Processes

9/22/2015 - DRAFT



- [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/PSA/forms/pdf/03-387.pdf) . (https://www.dshs.wa.gov/sites/default/files/PSA/forms/pdf/03-387.pdf)



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