

DHS DIVISION OF LICENSING
Self-Monitoring Checklist
Home and Community-Based Services Licensed under Minnesota Statutes, chapter 245D

EMERGENCY AND INCIDENT RESPONSE, REPORTING, & REVIEW

Definitions

"Coordinated service and support plan" [CSSP] has the meaning given in sections [256B.0913, subdivision 8](#); [256B.0915, subdivision 6](#); [256B.092, subdivision 1b](#); and [256B.49, subdivision 15](#), or successor provisions [section 245D.02, subdivision 4b].

"Coordinated service and support plan addendum" [CSSP addendum] means the documentation that this chapter requires of the license holder for each person receiving services [section 245D.02, subdivision 4c].

The person's support team or expanded support team must participate in the development of the CSSP addendum. The CSSP addendum is not a single document. It is multiple documents or documentation the license holder is required to develop that identify how services will be delivered in order to meet a person's identified needs and desired outcomes.

"Emergency" means any event that affects the ordinary daily operation of the program including, but not limited to:

- fires, severe weather, natural disasters, power failures, or other events that threaten the immediate health and safety of a person receiving services; and
- that require calling 911, emergency evacuation, moving to an emergency shelter, or temporary closure or relocation of the program to another facility or service site for more than 24 hours [section 245D.02, subdivision 8].

"Incident" means an occurrence which involves a person and requires the program to make a response that is not a part of the program's ordinary provision of services to that person, and includes:

- (1) serious injury of a person as determined by section [245.91, subd. 6](#);
- (2) a person's death;
- (3) any medical emergency, unexpected serious illness, or significant unexpected change in an illness or medical condition of a person that requires the program to call 911, physician or advanced practice registered nurse treatment, or hospitalization;
- (4) any mental health crisis that requires the program to call 911, a mental health crisis intervention team, or a similar mental health response team or service when available and appropriate;
- (5) an act or situation involving a person that requires the program to call 911, law enforcement, or the fire department;
- (6) a person's unauthorized or unexplained absence from a program;
- (7) conduct by a person receiving services against another person receiving services that:
 - (i) is so severe, pervasive, or objectively offensive that it substantially interferes with a person's opportunities to participate in or receive service or support;
 - (ii) places the person in actual and reasonable fear of harm;
 - (iii) places the person in actual and reasonable fear of damage to property of the person; or
 - (iv) substantially disrupts the orderly operation of the program;
- (8) any sexual activity between persons receiving services involving force or coercion as defined under section [609.341, subdivisions 3](#) and 14;
- (9) any emergency use of manual restraint as identified in section [245D.061](#) or successor provisions; or
- (10) a report of alleged or suspected child or vulnerable adult maltreatment under section [626.556](#) or [626.557](#) [section 245D.02, subdivision 11].

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“Serious injury” means

- (1) fractures;
- (2) dislocations;
- (3) evidence of internal injuries;
- (4) head injuries with loss of consciousness;
- (5) lacerations involving injuries to tendons or organs, and those for which complications are present;
- (6) extensive second-degree or third-degree burns, and other burns for which complications are present;
- (7) extensive second-degree or third-degree frostbite, and others for which complications are present;
- (8) irreversible mobility or avulsion of teeth;
- (9) injuries to the eyeball;
- (10) ingestion of foreign substances and objects that are harmful;
- (11) near drowning;
- (12) heat exhaustion or sunstroke; and
- (13) all other injuries considered serious by a physician [section 245.91, subdivision 6].

Key

Language that is contained in [brackets], *italics*, or ■ bulleted is provided for clarification.

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LAW / RULE CITE	LICENSING STANDARD	RECORD 1	RECORD 2	RECORD 3	NOTES
245D.11 , Subd. 2, (7)	<u>Record-Keeping</u> The license holder maintained a record-keeping system.				
	The license holder established and maintained a record-keeping system for the incident and emergency reports. [Also refer to the record keeping system requirement under section 245D.095, subdivision 3, (b), (10).]				
	Each incident and emergency report file contained a written summary of the incident [or emergency].				
245D.11, Subd. 2, (5)	<u>Emergency Response</u> The license holder effectively responded to all emergencies to ensure the safety of persons receiving services and to promote the continuity of services until the emergencies were resolved.				
	The license holder followed a plan for ensuring the safety of persons served by the program in emergencies as defined in section 245D.02, subdivision 8, and procedures for staff to report emergencies to the license holder.				
	A license holder with a community residential setting (CRS) or a day service facility (DSF) license responded to emergencies following their emergency response plan [section 245D.22, subdivision 4].				
245D.11, Subd. 2, (7)	<u>Emergency Reporting and Review</u> The license holder reported and reviewed all emergencies to ensure the safety of persons receiving services.				
	<u>Emergency Reporting</u> The license holder followed procedures for staff to report emergencies to the license holder.				
	Each emergency report file contained a written summary of the [emergency].				

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	The emergency report included: (i) the name of person or persons involved in the emergency. It is not necessary to identify all persons affected by or involved in an emergency unless the emergency resulted in an incident;				
	(ii) the date, time, and location of the emergency;				
	(iii) a description of the emergency;				
	(iv) a description of the response to the emergency and				
	whether a person's CSSP addendum or program policies and procedures were implemented as applicable;				
	(v) the name of the staff person or persons who responded to the emergency; and				
	(vi) the determination of whether corrective action is necessary based on the results of the review.				
	<u>Emergency Review</u> The license holder implemented their policies and procedures to review emergencies.				
	The review included: ___ identification of trends or patterns and				
	___ implementation of corrective action as necessary to reduce occurrences.				

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245D.06 , Subd. 1	<u>Incident Response</u> The license holder effectively responded to all incidents to ensure the safety of persons receiving services and to promote the continuity of services until the incidents were resolved.				
245D.06, Subd. 1, (a)	The license holder responded to incidents under section 245D.02, subdivision 11, that occurred while providing services to protect the health and safety of and minimize risk of harm to the person.				
245D.06, Subd. 1 and 245D.11, Subd. 2, (7)	<u>Incident Reporting and Review</u> The license holder maintained information about and reported all incidents as required.				
245D.11, Subd. 2, (7)	The incident report included:				
	(i) The name of person or persons involved in the incident; ▪ See <u>Privacy</u> section if the incident involved more than one person receiving services.				
	(ii) The date, time, and location of the incident;				
	(iii) A description of the incident;				
	(iv) A description of the response to the incident; and				
	Whether a person's CSSP addendum or program policies and procedures were implemented as applicable;				
	(v) The name of the staff person or persons who responded to the incident; and				
	(vi) The determination of whether corrective action is necessary based on the results of the review.				

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245D.06, Subd. 1, (b)	<u>Reporting Timeline</u> The license holder reported incidents ___ within 24 hours of occurrence, or within 24 hours of receipt of the information, ___ unless the license holder had reason to know that the incident had already been reported, or ___ as otherwise directed in a person's CSSP or CSSP addendum, to the person's legal representative or designated emergency contact; ___ and ___ case manager.				
245D.06, Subd. 1, (c)	<u>Privacy</u> When the incident involved more than one person, the license holder did not disclose personally identifiable information about any other person when making the report to each person and case manager unless the license holder had the consent of the person.				
245D.06, Subd. 1, (d)	<u>Maltreatment Reporting</u> Within 24 hours of reporting maltreatment as required under section 626.557 , or chapter 260E the license holder informed the case manager of the report unless there is reason to believe that the case manager is involved in the suspected maltreatment.				
	The information the license holder disclosed was the nature of the activity or occurrence reported; and				
	the agency that received the report.				
245D.06, Subd. 1, (e)	<u>Death & Serious Injury Reporting</u> The license holder reported the death or serious injury of the person within 24 hours of the death, or receipt of information that the death occurred, unless the license holder has reason to know that the death has already been reported to: ___ Department of Human Services Licensing Division; and ___ the Ombudsman for Mental Health and Developmental Disabilities, as required under sections 245.91 and 245.94, subdivision 2a.				

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245D.06, Subd. 1, (f)	When a death or serious injury occurred in a facility certified as an intermediate care facility for persons with developmental disabilities (ICF/DD), the death or serious injury was reported to the Department of Health, Office of Health Facility Complaints, and the Office of Ombudsman for Mental Health and Developmental Disabilities, as required under sections 245.91 and 245.94, subdivision 2a , unless the license holder has reason to know that the death has already been reported.				
245D.06, Subd. 1, (g)	<p><u>Incident Review</u> The license holder conducted an internal review of incident reports of deaths and serious injuries that occurred while services were being provided and that were not reported by the program as alleged or suspected maltreatment for identification of incident patterns, and implementation of corrective action as necessary to reduce occurrences..</p> <p>The review included an evaluation of:</p> <p>___ whether related policies and procedures were followed;</p> <p>___ whether the policies and procedures were adequate;</p> <p>___ whether there is a need for additional staff training;</p> <p>___ whether the reported event is similar to past events with the persons or the services involved; and</p> <p>___ whether there is a need for corrective action by the license holder to protect the health and safety of persons receiving services.</p> <p>Based on the results of this review, the license holder ___developed, ___documented, and ___implemented a corrective action plan designed to correct current lapses and prevent future lapses in performance by staff or the license holder, if any.</p>				

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245D.081 , Subd. 3	<u>Evaluation of Emergencies & Incidents</u> The license holder ensured that the delivery and evaluation of services was coordinated by a designated manager.				
245D.081, Subd. 3, (a), (3)	<p>The designated manager provided program management and oversight of the services provided by the license holder, including ensuring the program implemented corrective action identified as necessary by the program following review of incident and emergency reports according to the requirements in section 245D.11, subdivision 2, clause (7).</p> <ul style="list-style-type: none"> ▪ An internal review of incident reports of alleged or suspected maltreatment was conducted according to the requirements in section 245A.65, subdivision 1, paragraph (b). 				