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| **Reporter Information** | **Reportable Event Information** |
| Date of Report: | Date of Event: |
| Provider  Other  Beacon Staff | Level of Care  at time of event: |
| Reporter Name: | Provider Name: |
| Organization Name: | Provider Address: |
| Reporter Phone: | Provider Contact Person: |
| Reporter Email: | Provider Phone: |

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| **Member Information** | |
| Member Name: | County of Residence: |
| MA ID#: | Self-Identified Gender: |
| Date of Birth: | Age: |
| *ICD10* MH Diagnosis: | Medical Diagnosis: |
| *ICD10* SUD Diagnosis: | Other Pertinent Conditions/Accommodations: |
| **Reportable Events (Select One)** | |
| 1. Suicide attempt | 12. Adverse reactions to medication/treatment |
| 2. Completed or attempted homicide | 13a. Fire setting or property damage |
| 3. Death by any cause | 13b. Emergency services summoned to facility other than false alarm |
| 4. Allegations of sexual or physical abuse/neglect/exploitation | 14. Temporary closure of facility |
| 5. Assault within a facility or at a provider site | 15. Possession of a deadly weapon *with the threat of use by member* at provider site |
| 6. Absent without leave for longer than 2 hours | 16. Outbreak of serious communicable disease |
| 7. Undesirable events inconsistent with routine patient care | 17. Other Member Safety Concern (Specify): |
| 8. Breach of confidentiality | 18. Any real or threatened litigation in a case against a provider or Beacon |
| 9a. Parent/guardian taking child AMA from residential setting with child at risk | 19. Administrative Discharge |
| 9b. Adult leaving treatment voluntarily while at serious risk | 20. Restraint |
| 10. Accidental injuries at a provider site requiring medical treatment more than first aid | 21. Self-Injurious Behavior |
| 11. Medication/treatment errors | 22. Media Contact |
| *\*Depending on the nature of the incident, a mandated report to Childline, police and/or APS may be required.* | |
| Incident description, including status of member and immediate steps taken *following* event: | |
| **Select actions already taken:** | |
| ChildLine contacted | Adult Protective Services Contacted |
| Guardian contacted | OMHSAS/DDAP notified |
| Police notified | Other (Specify): |