

Reporting of Incidents to Agencies

When the incident involved a:	Reporting Agency(s) within 5 days of incident	Phone
Licensed Nursing Staff, i.e. LPN or RN	Bureau of Facility Standards	208-334-6626
	Board of Nursing	208-334-3110
Certified Nurse Aide	Bureau of Facility Standards	208-334-6626
Other Employees	Bureau of Facility Standards	208-334-6626
	Occupational Licensing as appropriate	208-334-6626
Visitors, i.e., Family, Significant others	Bureau of Facility Standards	208-334-6626
	Adult Protection Regional Specific	
Resident to Resident	Bureau of Facility Standards Reporting Line	208-364-1899

Idaho Code, Section 39 Chapter 5303: DUTY TO REPORT CAUSES OF ABUSE, NEGLECT, OR EXPLOITATION OF VULNERABLE ADULTS.

... When there is reasonable cause to believe that abuse or sexual assault has resulted in death or serious physical injury jeopardizing the life, health, or safety of a vulnerable adult, any person required to report under this section shall also report such information within *four (4) hours* to the appropriate **law enforcement agency**.

HOUSE BILL NO. 407 - Vulnerable adult/certn contact/rpt

H0407

||||
Fifty-fifth Legislature

LEGISLATURE OF THE STATE OF IDAHO

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Second Regular Session - 2000

IN THE HOUSE OF REPRESENTATIVES

HOUSE BILL NO. 407

BY MR. SPEAKER

Requested by: Idaho Commission on Aging

AN ACT

1
2 RELATING TO ADULT PROTECTION SERVICES; AMENDING CHAPTER 53, TITLE 39, IDAHO
3 CODE, BY THE ADDITION OF A NEW SECTION 39-5303A, IDAHO CODE, TO PROVIDE A
4 LIMITED EXEMPTION FOR THE REPORTING OF RESIDENT-TO-RESIDENT CONTACT ARISING
5 IN PUBLIC OR PRIVATE HEALTH FACILITIES OR STATE LICENSED OR CERTIFIED
6 FACILITIES; AMENDING SECTION 39-5304, IDAHO CODE, TO PROVIDE AGENCY DIS-
7 CRETION IN DECISIONS RELATED TO INTERVIEWING VULNERABLE ADULTS; AND PRO-
8 VIDING AN EFFECTIVE DATE.

9 Be It Enacted by the Legislature of the State of Idaho:

10 SECTION 1. That Chapter 53, Title 39, Idaho Code, be, and the same is
11 hereby amended by the addition thereto of a NEW SECTION, to be known and des-
12 ignated as Section 39-5303A, Idaho Code, and to read as follows:

13 39-5303A. EXEMPTION FROM DUTY TO REPORT -- LIMITED APPLICATION OF EXEMP-
14 TION. (1) The requirements set forth in section 39-5303, Idaho Code, pertain-
15 ing to the reporting of instances of abuse, neglect or exploitation of a vul-
16 nerable adult to the commission or the department shall not apply to situa-
17 tions involving resident-to-resident contact within public or private health
18 facilities or state licensed or certified facilities which serve vulnerable
19 adults, except in those cases involving sex abuse, death or serious physical
20 injury that jeopardizes the life, health or safety of a vulnerable adult or
21 repeated resident-to-resident physical or verbal altercations, not resulting
22 in observable physical or mental injury, but constituting an ongoing pattern
23 of resident behavior that a facility's staff are unable to remedy through rea-
24 sonable efforts.

25 (2) This exemption applies only to reports involving resident-to-resident
26 abuse that are to be directed to the commission or the department pursuant to
27 section 39-5303, Idaho Code. This exemption shall not limit any other report-
28 ing obligation or requirement whether statutory or otherwise.

Resident Abuse Investigation Report Form

Name of Resident: _____ Room No: _____

Date Incident Occurred: _____ Time: _____

Date Incident Reported: _____ Time: _____

Incident Reported By: _____ Job Position: _____

Type of Abuse: Verbal Physical* Sexual* Other:

Resident injured: Yes (describe injuries) No Neglect

Injuries required medical attention: Yes (describe [i.e., hospital, sutures, physician services, etc.]) No

Did the medical record review indicate any previous or unexplained injuries? Yes (describe) No

Name(s) of witness(es) to the incident: _____

Name of person(s) accused: _____

Is the accused individual(s) an Employee Family Member Visitor Other (Specify: _____)

Summary of interview with person(s) reporting the incident:

Summary of interview with witness(es):

Summary of interview with resident:

*** NOTICE:** In the case of suspected sexual abuse/assault it is very important to protect any and all possible evidence. DO NOT bathe the resident. DO NOT wash the bed linens or the resident's clothes. CALL the Police IMMEDIATELY.

Corrective action taken:

Did the resident and/or the representative(sponsor) participate in determining the appropriate corrective action that was taken? [] Yes [] No (If NO, please explain):

Results of findings and corrective action taken reported to:

- [] Representative (Sponsor) Date: _____ Time: _____ By Whom: _____
- [] Ombudsman Date: _____ Time: _____ By Whom: _____
- [] State Licensing Agency Date: _____ Time: _____ By Whom: _____
- [] Police Department Date: _____ Time: _____ By Whom: _____
- [] Nurse Aide Registry Date: _____ Time: _____ By Whom: _____
- [] Administrator Date: _____ Time: _____ By Whom: _____
- [] _____ Date: _____ Time: _____ By Whom: _____
- [] _____ Date: _____ Time: _____ By Whom: _____

Additional Comments:

Attach supporting documents to this report including a copy of the Resident Abuse Report Form

Date: _____ Signature - Investigating Representative _____

Date: _____ Signature - Administrator _____

A completed copy of this document must be filed in the resident's record and a copy provided to the administrator within 24-hours of the incident.