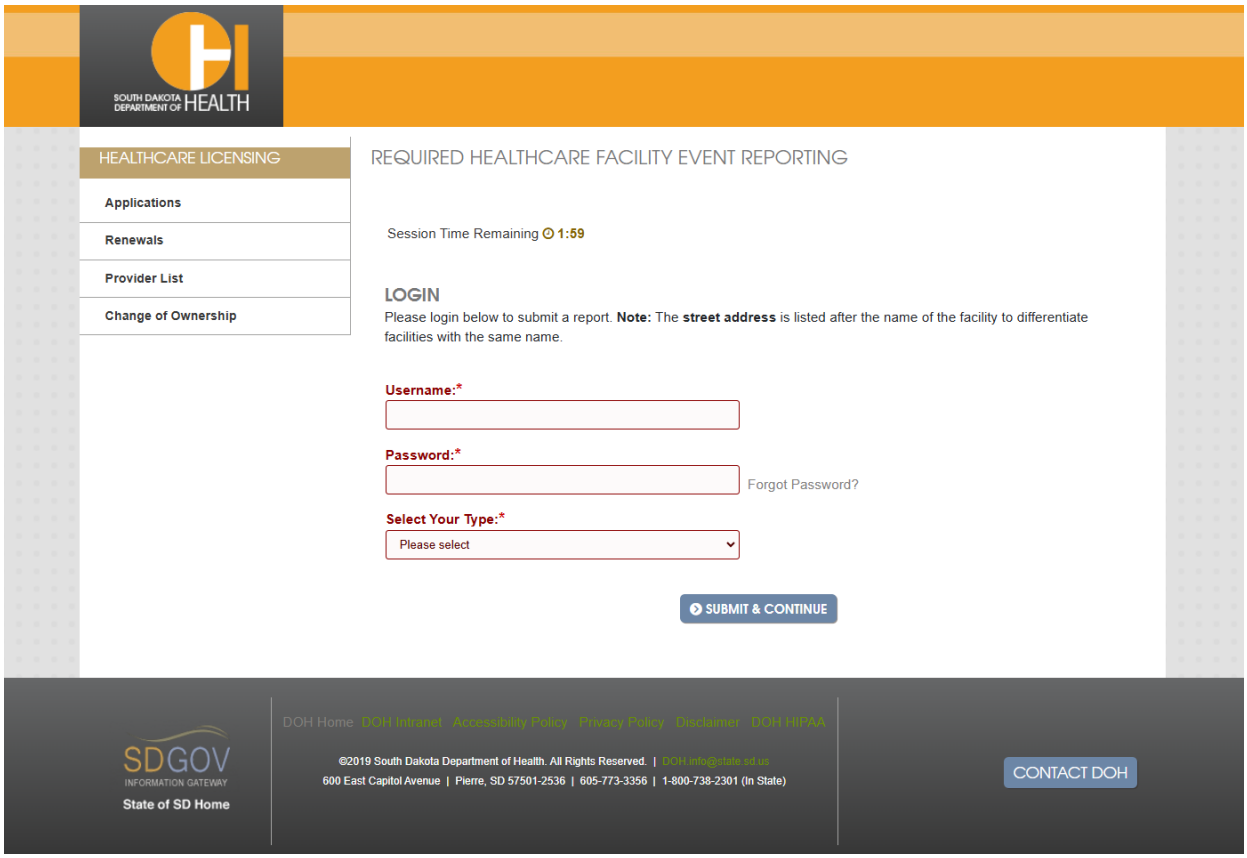
How to Report an Incident:



STEP 1: LOGGING IN

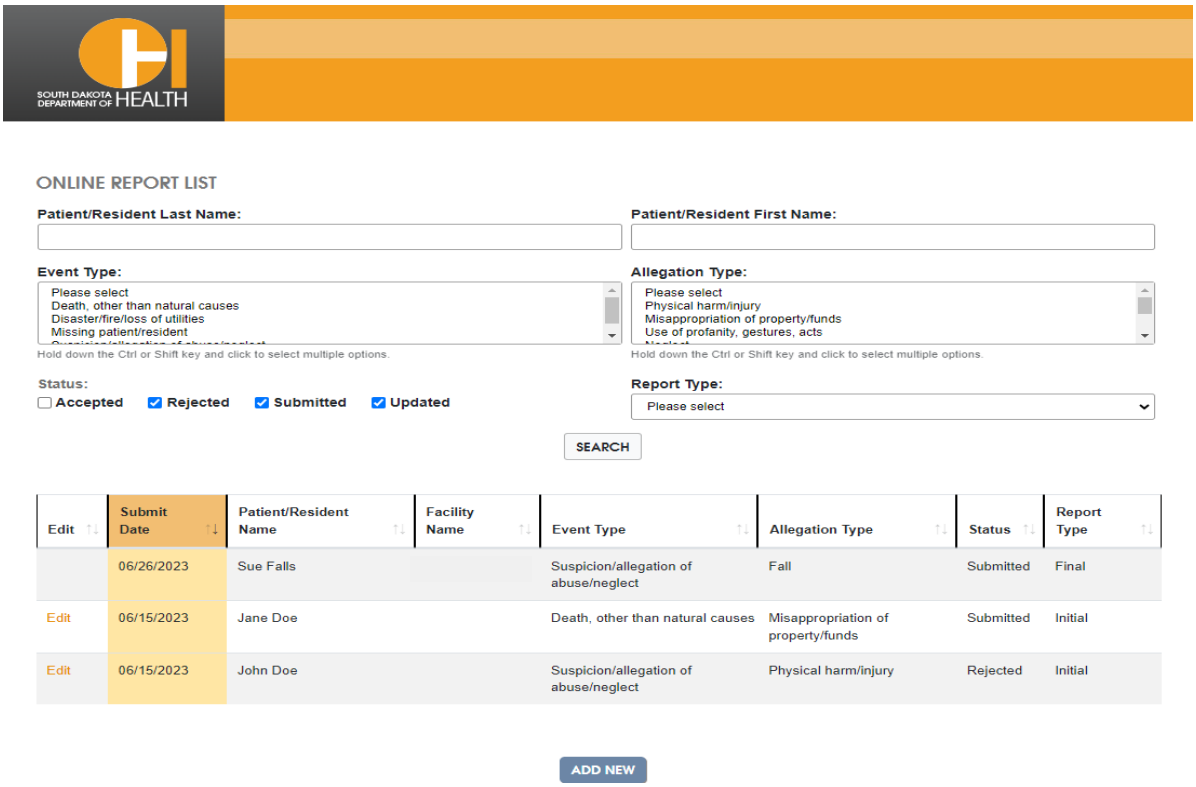
To log into the incident reporting system: https://www.sdhls.org/facilities/report/

Once a provider type is selected, a drop-down box should appear with all the providers of that category. (If the facility bar does not appear after you select your provider type, try refreshing the page)

STEP 2: SEARCHING FOR A PREVIOUSLY REPORTED INCIDENT

Once logged into the incident reporting system, you can view previously reported incidents to check on the status by searching for a previously reported incident or submitting a new incident.

- To search, simply enter your desired terms such as event type, patient info, report type, or allegation type and hit search. All relevant documentation will appear.



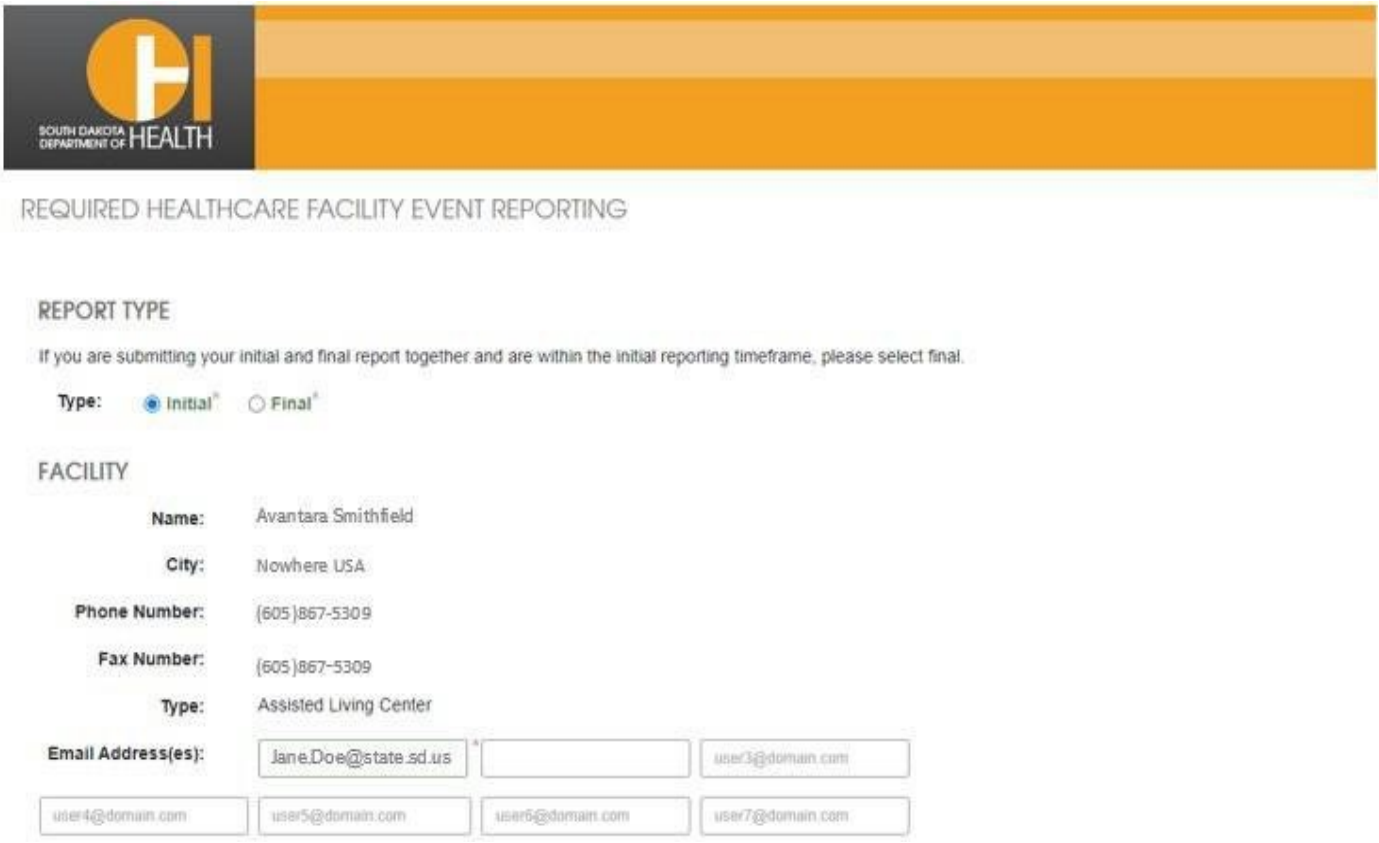
STEP 3: ADDING A NEW INCIDENT

To add a new incident to the system, please select Add new at the bottom of the page, which will then take you to this screen.

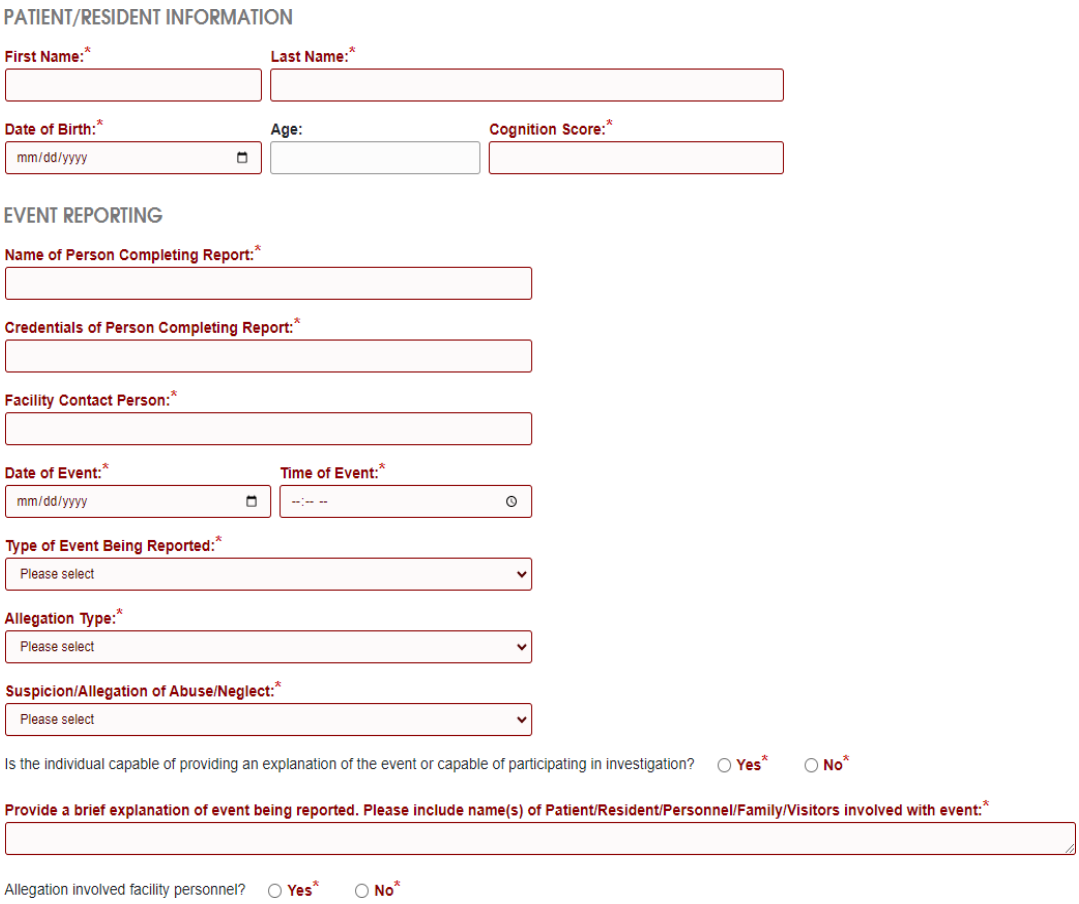
- Note: The admin on file is automatically added to the recipients, but you can add up to 7 email addresses to receive notifications about a reported incident. You do not need to have all boxes completed.

*Please note that once you begin filling out a new report, you have 2 hours before the site will time out to complete and submit an incident.

If you have a past incident, a cognizant resident, and/or all the information, a final report can be submitted. It should be noted in the narrative, "This is an initial and final report." Remember to mark the report as a final.



Complete all the mandatory fields which are marked with an asterisk (*).


PATIENT/RESIDENT INFORMATION

First Name:* Last Name:*

Date of Birth:* Age: Cognition Score:*

mm/dd/yyyy

EVENT REPORTING

Name of Person Completing Report:*

Credentials of Person Completing Report:*

Facility Contact Person:*

Date of Event:* Time of Event:*

mm/dd/yyyy --:-- --

Type of Event Being Reported:*

Please select

Allegation Type:*

Please select

Suspicion/Allegation of Abuse/Neglect:*

Please select

Is the individual capable of providing an explanation of the event or capable of participating in investigation? Yes* No*

Provide a brief explanation of event being reported. Please include name(s) of Patient/Resident/Personnel/Family/Visitors involved with event:*

Allegation involved facility personnel? Yes* No*

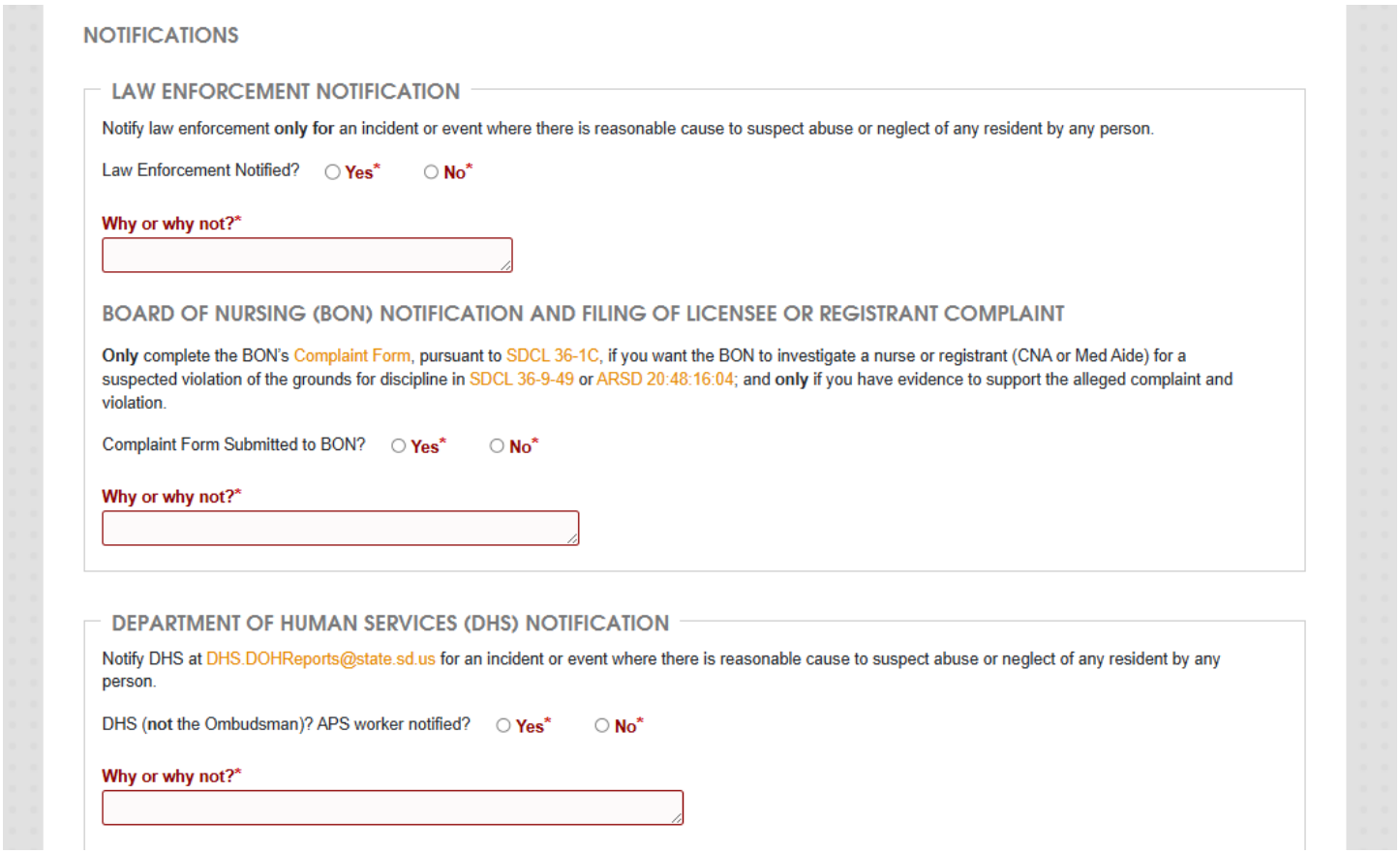
Type an account of what happened in the box under Provide a brief explanation of event being reported. Please include:

Full name(s) of patient/resident/personnel/family/visitors involved with the event. No initials.

- If the incident involves personnel, the question Allegation involved facility personnel? should be answered yes and then add the personnel information to the report.
- If the incident involves a resident, under the Allegation Type the patient to patient/resident to resident option in the dropdown box should be selected.

If applicable, include vital signs, nursing assessment, and outside medical treatment sought.

Also include what intervention was put into place to protect all residents while you continue to complete the final investigation.



NOTIFICATIONS

LAW ENFORCEMENT NOTIFICATION

Notify law enforcement **only for** an incident or event where there is reasonable cause to suspect abuse or neglect of any resident by any person.

Law Enforcement Notified? ○ Yes* ○ No*

Why or why not?*

BOARD OF NURSING (BON) NOTIFICATION AND FILING OF LICENSEE OR REGISTRANT COMPLAINT

Only complete the BON's Complaint Form, pursuant to SDCL 36-1C, if you want the BON to investigate a nurse or registrant (CNA or Med Aide) for a suspected violation of the grounds for discipline in SDCL 36-9-49 or ARSD 20:48:16:04; and **only** if you have evidence to support the alleged complaint and violation.

Complaint Form Submitted to BON? ○ Yes* ○ No*

Why or why not?*

DEPARTMENT OF HUMAN SERVICES (DHS) NOTIFICATION

Notify DHS at DHS.DOHReports@state.sd.us for an incident or event where there is reasonable cause to suspect abuse or neglect of any resident by any person.

DHS (**not** the Ombudsman)? APS worker notified? ○ Yes* ○ No*

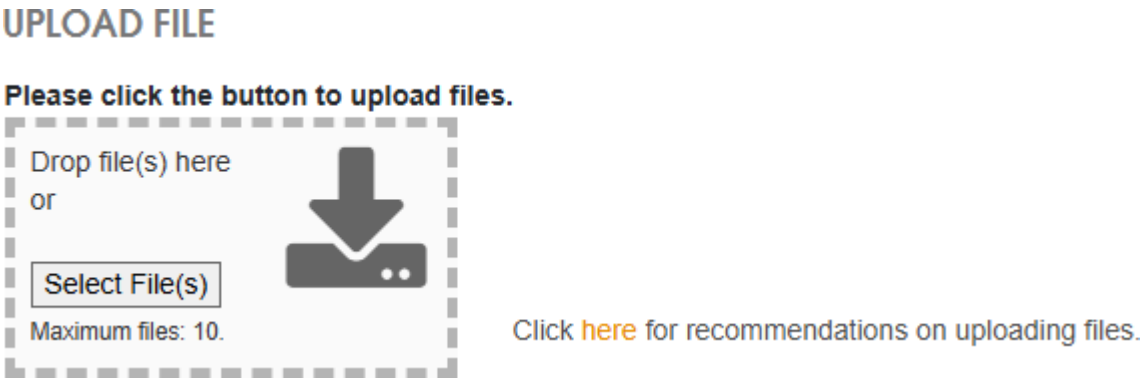
Why or why not?*

Notify law enforcement and DHS for any incident or event involving attempted suicide or where there is reasonable cause or actual patient or resident abuse/neglect. Document the date, time, who you spoke to, and a case number if available.

Notify the Board of Nursing for any incident involving a nurse or registrant.

Notify the health department of the date and time the report is submitted. No additional emails to DOHOLCReview@state.sd.us or phone calls to the Regulatory Compliance and Review Department are required.

- Please contact the complaint coordinators if you have questions regarding the incident being reportable or if you need some guidance on interventions/plan of action to ensure resident(s) safety and well-being



You can also upload any supporting documentation at the bottom of the page:

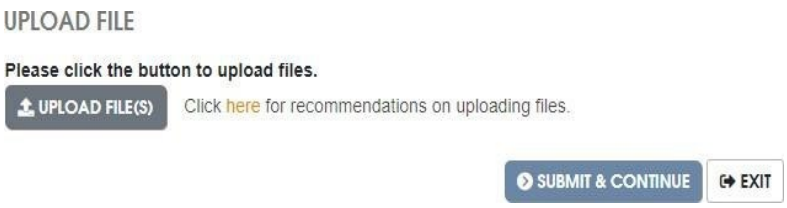
To upload your file:

- Drag and drop the file(s) into the box; or
    - Click the link 'Select Files' and select the file you want to upload.

It can take a couple of minutes for your file to upload. If you're receiving an error with your upload, you might want to make sure you're attempting to upload a file of a recognized type (i.e., .doc, .txt, .rtf, and .pdf file formats).

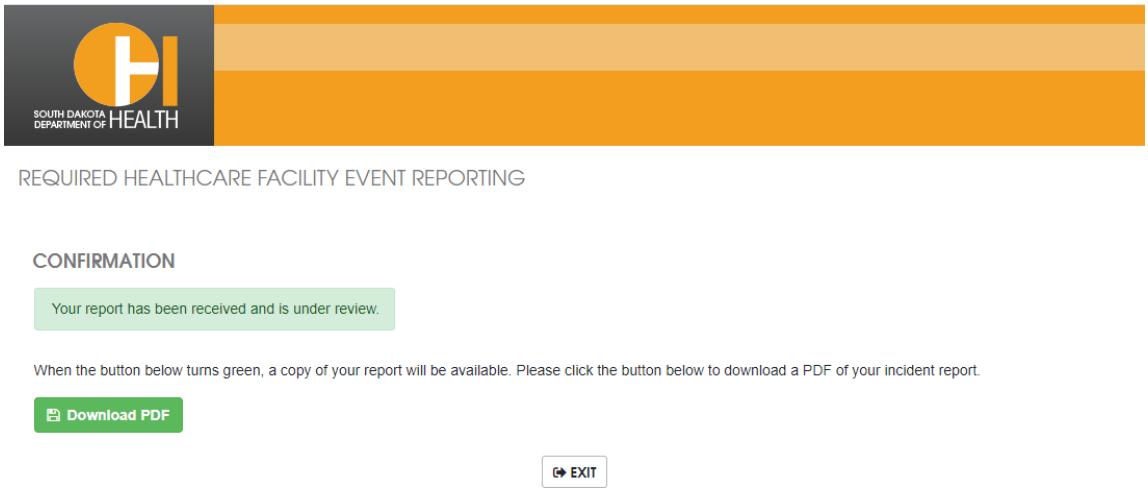
Please note: Your file must meet our uploading requirements: no larger than 5 MB and in a recognized file format. If your file does not meet these requirements, you will need to re-edit the file on your computer, then upload the new file to our site.

IF YOU WANT TO ATTACH DOCUMENTS TO THE REPORT, PLEASE COMMENT ON THE SUMMARY "REFER TO ATTACHMENTS".



Once the form is complete, click on the Submit & Continue button at the bottom of the page to submit the report to the DOH.

You will be brought to this page to confirm the report has been submitted, where you will be able to download a copy of the submitted report.



You will also receive an email stating the report has been submitted to the DOH.

- The report is then reviewed by the Regulatory Compliance and Review Department with the option to accept or reject the report.
- Another email is sent to you affirming whether the report has been accepted or rejected

For a **rejected report,** you will receive an email with comments on why it was rejected.

- Please copy and paste the comments into the report with your responses.
- Re-submit the report by clicking the submit button.

For an **accepted report,** you must log in and edit the initial report with any additional details regarding the event

For a final report, please include:

- All the specific details and interventions implemented to prevent further occurrences in the concluding summary statement.
- The root-cause-analysis of the incident – actual or suspected cause should be identified.

Once you have completed the form with all the additional information, you can resubmit the event as a final report. (You can do this by selecting final at the top of the form)

- Note: you have 5 working days to complete the final report.

If you have problems completing and/or submitting reports, please call our office for assistance at 1-605-773-3356.

Updated: 7/20/26