How to Report an Incident:

To report an incident please go to

https://www.sdhls.org/facilities/report/index.asp?reload=1

Step 1 Login

To log into the incident reporting system, you will need your **State license #, Administrator email,** & **Provider type.**

> *Note: Your administrator email is the one on file with the state, so if you have changed administrator's and not notified the state the current administrator's email would be incorrect and the system won't let you login.*
>
> - *To notify the state of administration changes please email your provider type's advisor or send a letter to the Office of Licensure & Accreditation located at 600 East Capitol Ave Pierre SD 57501.*

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

Select your facility form the drop-down box and submit to continue onto the reporting screen.

If your facility doesn't appear in the drop-down box, please call (605)773-3356.

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 submit a new incident.

- To search simply enter in 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 them 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.

*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 and 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.

SOUTH DAKOTA DEPARTMENT OF HEALTH

REQUIRED HEALTHCARE FACILITY EVENT REPORTING

REPORT TYPE

If you are submitting your initial and final report together and are within the initial reporting timeframe, please select final.

Type: ● Initial*   ○ Final*

FACILITY

Name:	Avantara Smithfield
City:	Nowhere USA
Phone Number:	(605)867-5309
Fax Number:	(605)867-5309
Type:	Assisted Living Center

Email Address(es):

Jane.Doe@state.sd.us		user3@domain.com
user4@domain.com	user5@domain.com	user6@domain.com	user7@domain.com

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

PATIENT/RESIDENT INFORMATION

First Name:*

Last Name:*

Date of Birth:*
mm/dd/yyyy

Age:

Cognition Score:*

EVENT REPORTING

Name of Person Completing Report:*

Credentials of Person Completing Report:*

Facility Contact Person:*

Date of Event:*
mm/dd/yyyy

Time of Event:*
--:-- --

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.

- o If the incident involves personnel, the question Allegation involved facility personnel? should be answered yes and then add the personnel information to the report.
- o 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.

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?*

[   ]

DEPARTMENT OF HUMAN SERVICES (DHS) NOTIFICATION

Notify Dakota At Home (1-833-663-9673) **only 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?*

[   ]

HEALTH DEPARTMENT NOTIFICATION

Date Notified:*   **Time Notified:***

[mm/dd/yyyy   📅]   [--:-- --   🕐]

INVESTIGATION CONCLUSION

Conclusionary summary statement of facility investigation (Please include all specific interventions put in place to prevent further occurrences):*

[   ]

UPLOAD FILE

Please click the button to upload files.

[⬆ UPLOAD FILE(S)]   Click here for recommendations on uploading files.

[➤ SUBMIT & CONTINUE]   [↪ EXIT]

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 health department of the date and time the report is submitted. No additional emails to DOHOLCcomplaint@state.sd.us or phone calls to the complaint coordinators are required.

  o   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

UPLOAD FILE

Please click the button to upload files.

⬆ UPLOAD FILE(S)   Click here for recommendations on uploading files.

❯ SUBMIT & CONTINUE   ⮐ EXIT

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

To upload your file:

- Click the link in 'Click here to upload a file'.
- Click the 'Browse' button to browse for the file you'd like to upload to your   record. Select the file you want to upload

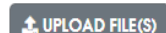Click the 'Submit' button to start the uploading process.

It can take a couple 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 make a comment in the summary "refer to attachments".

UPLOAD FILE

Please click the button to upload files.

⬆ UPLOAD FILE(S)   Click here for recommendations on uploading files.

❯ SUBMIT & CONTINUE   ⮐ EXIT

Once the form is complete go ahead and 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.

REQUIRED HEALTHCARE FACILITY EVENT REPORTING

CONFIRMATION

Your report has been received and is under review.

When the button below turns green, a copy of your report will be available. Please click the button below to download a PDF of your incident report.

🖺 Download PDF

⏻ EXIT

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

- The report is then reviewed by the complaint coordinators 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 login 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 conclusionary summary statement.
- The root-cause-analysis of the incident – actual or suspected cause should be identified.
- Complete the Substantiation and Action section of the report by answering the questions and checking all the actions taken by the facility.

Once you have completed the from 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)

REQUIRED HEALTHCARE FACILITY EVENT REPORTING

REPORT TYPE

If you are submitting your initial and final report together and are within the initial reporting timeframe, please select final.

Type: ● Initial*   ○ Final*

- Note: you have 5 calendar days (not 5 working days) to complete the final report.

If you have problems completing and/or submitting reports, please call our complaint department for assistance.

- **605-367-4603 - Juli**
- **605-367-4640 - Shelly**
- **605-773-6373 - Jolene**

-Thank you