



STATE OF CALIFORNIA
CALIFORNIA DEPARTMENT OF AGING
INCIDENT REPORT INSTRUCTIONS
CDA 4009 (REV. 08/2017)

Overview

The CBAS/ADHC Incident Report (CDA 4009) is used by CBAS centers to provide summary information on adverse events that occur at or in transit to or from CBAS centers, as defined in Title 22, CCR, Section 78427.

The Incident Report is available in an Excel format on the California Department of Aging's website: www.aging.ca.gov. To find this form, click on the ADHC/CBAS tab, Forms and Instructions, then select Incident Report (CDA 4009).

Fax one copy of each Incident Report to the CBAS Branch, the California Department of Public Health Licensing District Office, and the participant's Medi-Cal managed care plan within the timeframes specified below and retain a copy of each report at the center.

CDA CBAS Fax: (916) 928-2507

CDPH Fax: Contact your district office for number

www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/DistrictOffices.aspx

DO NOT E-MAIL

General Instructions

Complete Section I to provide a general description of the adverse event being reported. Report only adverse events that occur at the CBAS center or in transit to or from the center. Complete this section only once for each adverse event, even if multiple participants are affected.

Complete Section II for each participant affected by the adverse event and submit as attachments to Section I. For center-wide occurrences not resulting in participant harm do not complete Section II.

NOTE: Information reported in Sections I and II should include all known information about the incident and participants affected at the time of reporting.

Header Information

Line 7: Center Name

Enter the center's complete legal name.



Line 8: NPI

Enter your center's National Provider Identifier (NPI)

Line 9: Name/Title of Person Completing Report

Enter both name and title of person completing report

Line 11: Adverse Event Date

Enter the date that the adverse event being reported took place

Line 12: Report Date

Enter the date the Incident Report is submitted

NOTE: Header information will automatically repeat on the top of page 2.

SECTION I – Adverse Event Information

Complete Section I to provide a general description of the adverse event being reported. Complete this section only once for each adverse event, even if multiple participants are affected.

Box A: Nature of Adverse Event

Line 16: Number of Participants Affected

Indicate the number of participants affected by the adverse event being reported.

Lines 18-23: Unusual Occurrences in Environment or Facility

If the adverse event being reported meets the description of an unusual occurrence, check the appropriate box identifying the type of adverse event.

Section 78427, Title 22, California Code of Regulations, specifies types of unusual incidents and occurrences that must be reported. Unusual occurrences are generally widespread in their effect, threaten the welfare, safety, or health of center participants, and are largely those that happen:

- In the environment – such as earthquake or flood; or
- In the facility – such as fire or explosion

Reports of unusual occurrences must be submitted within 24 hours of occurrence.

Lines 25-29: Death, Serious Injury and Unusual Incidents

If the adverse event being reported is a death or meets the description of a serious injury or unusual incident, check the appropriate box identifying the type of adverse event.

Section 78427, Title 22, California Code of Regulations, specifies types of unusual incidents and occurrences that must be reported. Unusual incidents affect the



welfare, safety, or health of one or more participants in a significant manner and are not consistent with the center's routine operations or participant care. Such unusual incidents include:

- Death - from any cause.
- Serious injury – physical or psychological harm resulting in extreme physical pain, risk of death, significant loss or impairment of function, and requiring professional medical treatment.
- Participant missing from center – participant arrives at center and goes missing during the program day.
- Abuse – physical, psychological, or other abuse or suspected abuse by staff or other participants meeting the requirements for mandated reporting (WIC §15600-15675).
- NOTE: In addition to reporting unusual incidents involving abuse that occur at the center or in transit to or from the center, CBAS center staff are mandated reporters under the Elder Abuse and Dependent Adult Civil Protection Act and have additional reporting responsibilities defined in WIC §15600-15675. More information about additional abuse reporting responsibilities can be found at:
<http://leginfo.legislature.ca.gov/faces/codes.xhtml>.
- Unexplained absence with inability to contact – unplanned absence from the center on scheduled days of attendance, coupled with the inability to contact the participant/caregiver, using all available contact information, within a reasonable period of time, to determine the reason for the absence.
- Protected Health Information Security Breach - breach or suspected breach of protected health information. For example, physical health records are lost or computers containing electronic health records are lost, stolen, or compromised.

Reports of death, serious injury, or unusual incidents must be submitted within 48 hours of adverse event.

Lines 31-32: Summary/Additional Information

Enter brief narrative description of the adverse events being reported, including the specific type of adverse event if "Other" is checked above.

Box B – Center Response

Check all boxes that apply at the time report is submitted.

- Called 911 – called for emergency response from police or fire department
- Completed Report of Suspected Dependent Adult/Elder Abuse (SOC 341)
- Initiated 5150 – took steps to begin a 72-hour hold for assessment, evaluation, and crisis intervention when a person is a danger to himself/herself or others or is gravely disabled due to a mental health disorder



- Closed center – center closed temporarily as a result of the adverse events being reported
- Coordinated with various entities – center coordinated with the participant’s representative, personal health care provider, Medi-Cal Managed Care Plan, or county public health
- Other – center response not listed above. If “Other” checked, briefly describe in the text box on Lines 47-48

Box C – Notification Submitted

Check all boxes that apply.

NOTE: Notification of CDA, CDPH, and participant’s Medi-Cal Managed Care Plan is mandatory.

Section II – Participant Information

Complete Section II for each participant affected by the adverse event and submit as attachments to Section I. If multiple participants are affected, complete Section I only once. For center-wide occurrences not resulting in participant harm do not complete Section II.

Box A – Participant Identifying Information

Enter name, Medi-Cal number (CIN), age, gender, enrollment date, and Medi-Cal Managed Care Plan of participant(s) involved in adverse event.

Note: For private pay participants, if CIN is not available, enter "Private Pay," and leave the Medi-Cal Managed Care Plan field blank.

Box B – Participant Status/Outcome at Time of Report

Check all boxes that apply to the participant named in Section II, Part A. If you select “Other,” please describe briefly in the box on Line 73.