



10 St. Patrick's Place  
Port Henry, NY 12974  
518-546-3381  
mountainlakeservices.org

## Policy: Incident Reporting

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Category/Section: Section Eight - Safety	Original Effective Date: 12/6/15
Department: Quality and Training	<b>Current Version Effective Date:</b>
Policy Developed by: Tara Peters	Revision Dates: 12/6/15
CEO/ED Approval: 9/12/2024	Board Approval: 9/12/2024

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### PURPOSE

The purpose of this policy is to ensure administration and management are made aware of issues, take corrective measures, and minimize the potential for recurrence of the same or similar events or situations. Prompt reporting ensures that immediate steps are taken to protect people from being exposed to the same or similar risk.

### SCOPE

This policy will be utilized when incidents occur throughout Mountain Lake Services. All departments will follow this policy to communicate and track incidents occurring through the agency.

### POLICY

Mountain Lake Services is committed to ensuring the safety and well-being of people we support, team member, visitors, and the community through accurate and timely reporting of incidents, accidents, allegations, and unusual events, involving persons receiving services, employees, consultants, visitors and/or agency property.

Incident reporting is a verbal and written communication tool. It is a process designed to ensure prompt notification of untoward, potentially dangerous, or illegal situations is made to all involved parties, both internally and externally, including the personal representatives of individuals receiving services, families and advocates, oversight agencies, insurance carriers, and/or legal authorities.

The reporting of certain events or situations in an orderly and uniform manner facilitates identification of trends, whether within a site, across regions, agency-wide or by one or more team member, which will ultimately allow for the development and implementation of preventive strategies.



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### REGULATORY REFERENCES

14 NYCRR Part 624 and 625

### APPLICABILITY

This policy applies to all programs and services operated by Mountain Lake Services, mandated reporters and custodians employed by or affiliated with Mountain Lake Services.

### RESPONSIBILITIES

This policy and procedure are overseen by the Mountain Lake Services designated Director of Quality and Training/Compliance Officer. The Director of Quality and Training/Compliance Officer is responsible for monitoring implementation of this policy and procedure, reviewing and revising as necessary.

### DEFINITIONS-

#### Mandated Reporter:

All agency employees, interns, volunteers, consultants, and contractors are required to report any event or situation that meets the criteria of a reportable incident or notable occurrence as defined in this Part.

#### Not under the auspices of agency:

Events or situations that are not under the auspices of an agency include:

- (i) Any event or situation that directly involves or may have involved agency personnel during the time he or she was acting under the supervision of a State agency other than OPWDD (e.g. an agency employee has a second job at a hospital and an incident occurred while he or she was providing care to an individual receiving services during the individual's hospitalization).



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- (ii) Any event or situation that exclusively involves the family, friends, employers, or co-workers of an individual receiving services (other than a custodian or another individual receiving services), whether or not in the presence of agency personnel or a family care provider or at a certified site.
- (iii) Any event or situation that occurs in the context of the provision of services that are subject to the oversight of a State agency other than OPWDD (e.g. special education, article 28 clinic, hospital, physician's office), whether or not in the presence of agency personnel or a family care provider.
- (iv) Any report of neglect that is based on conditions in a private home.
- (v) The death of an individual who received OPWDD operated, certified, or funded services, except deaths that occurred under the auspices of an agency.

### Under the auspices of agency:

An event or situation in which the agency is providing services to a person. The event or situation can occur whether or not the person is physically at a site owned, leased, or operated by the agency or family care provider.

(1) Events or situations that are under the auspices of the agency include but are not limited to:

- (i) An event or situation in which agency personnel (team member, interns, contractors, consultants, and/or volunteers) are, or should have been, physically present and providing services at that point in time.
- (ii) Any situation involving physical conditions at the site provided by the agency, even in the absence of agency personnel or the family care provider.
- (iii) The death of an individual that occurred while the individual was receiving



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services or that was caused by or resulted from a reportable incident or notable occurrence.

(iv) Notwithstanding any other requirement in this subdivision, the death of an individual receiving services who lived in a residential facility operated or certified by OPWDD, is always under the auspices of the agency. The death is also under the auspices of the agency if the death occurred up to 30 days after the discharge of the individual from the residential facility (unless the person was admitted to a different residential facility in the OPWDD system).

### PROCEDURES

1. Employees and custodians are required to immediately report incidents, accidents, allegations of abuse or neglect and unusual events.
2. Incidents will be reported as follows:
  - a. Agency Incident/Internal Report: untoward events involving persons receiving services, which do not qualify by regulation as more significant OPWDD-Classified Incidents. These include:
    - i. minor injuries requiring first aid only;
    - ii. behavioral incidents requiring physical intervention;
    - iii. medication-related incidents with no adverse effects; or,
    - iv. other miscellaneous incidents, which are deemed significant and/or unusual by team member and managers.
  - b. Restrictive Interventions: situations involving any one of the nine restrictive SCIP techniques, involving Take Downs and/or Supine Control.
  - c. Accident Reports: to report team member injuries immediately upon an occurrence.
  - d. team member interactions with law enforcement while on duty
  - e. vehicle accidents
  - f. OPWDD-Classified Incidents occurring under our auspices: as follows:
    - i. Notable Occurrences:



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1. Minor Notable Occurrences
    - a. Injury
    - b. Theft/Financial Exploitation
  
  2. Serious Notable Occurrences
    - a. Death
    - b. Sensitive Situation
- ii. Reportable Incidents:
1. Significant Incidents
    - a. Conduct between Individuals Receiving Services
    - b. Seclusion
    - c. Unauthorized Use of Time-Out
    - d. Medication Error with Adverse Effect
    - e. Inappropriate Use of Restraints
    - f. Mistreatment
    - g. Missing Person
    - h. Choking, Known Risk
    - i. Self-Abusive Behavior with Injury
    - j. Choking, No Known Risk
    - k. Unauthorized Absence
    - l. Injury with Hospital Admission
    - m. Theft/Financial Exploitation
    - n. Other Significant Incident
  
  2. Abuse/Neglect
    - a. Physical Abuse
    - b. Sexual Abuse
    - c. Psychological Abuse



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3. Deliberate Inappropriate Use of Restraints
4. Aversive Conditioning
5. Obstruction of Reports of Reportable Incidents
6. Unlawful Use or Administration of a Controlled Substance
7. Neglect

g. OPWDD-Classified Incidents not occurring under our auspices: as follows:

- i. Active Neglect
- ii. Death
- iii. Emotional Abuse
- iv. Financial Exploitation
- v. Passive Neglect
- vi. Physical Abuse
- vii. Self-Neglect
- viii. Sexual Abuse
- ix. Other

3. The Director or designee, in coordination with the Associate Director of Incident Management or their designee, will ensure that:

- a. the needs of victims of an incident are evaluated and immediate protections and care are provided,
- b. steps are taken to prevent or reduce the likelihood that similar incidents will occur in the future; and,

4. Immediate notifications, regarding all incidents deemed significant in nature are made to the:

- a. Executive Director, or designee;



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- b. personal representative of the individual receiving services (family, parent, guardian, or correspondent), if there is an eligible party and the individual does not object to that notification;
  - c. Justice Center, OPWDD's Incident Management Unit, Mental Hygiene Legal Services, Consumer Advisory Board, and law enforcement, when applicable per 14 NYCRR Part 624; and,
  - d. Care Manager;
  - e. As necessary to, Director of Human Resources or designee, Director of Clinical Services or designee, Director of Nursing Services or designee, Director of Program from which the team member member involved is permanently assigned (if other than program where incident occurred).
  
5. This Incident Reporting procedure does not serve to hamper, minimize or usurp any Mountain Lake Services employee's legal duties as mandated reporters under the New York State Protection of People with Special Needs Act to report Abuse, Neglect or Significant Incidents involving vulnerable persons to the Vulnerable Person's Central Register, operated by the Justice Center; or, to report child abuse or maltreatment of children the Statewide Central Register of Child Abuse and Maltreatment. Rather, it serves to provide support to employees in successfully completing the incident reporting process, while not precluding all notifications they deem necessary during their employ at the agency.
  
6. The Associate Director of Incident Management, or designee, is charged with the responsibility of gathering initial information related to all incidents, including details of initial reports, identified immediate protections put in place by the program where the incident occurred, information detailing all notifications made and any other relevant information necessary to process the incident.



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7. Information pertaining to all incidents will be tracked through the agency's incident database. This will allow for monitoring and analyzing of trends in incidents to reduce occurrences and improve quality of services.
8. In addition, all necessary entries for OPWDD-Classified Incidents will be entered into the state-operated Incident Report Management Application (IRMA) database and Web Submission of Investigation Reports (WSIR), regarding those incidents.
9. At the behest of the Executive Director, the Associate Director of Incident Management, or designee, will assign trained team member to perform a special internal investigation, as required by regulation, or as deemed necessary to thoroughly understand the details and circumstances of an incident.
10. The investigator will collect evidence and document findings and recommendations in an Investigative Report (OPWDD Form 149), which is forwarded to the Associate Director of Incident Management upon completion.
11. The Director of Quality and Training/Compliance Officer will hold an Incident Review Committee Meeting:
  - a. on at least a quarterly basis to review incidents, investigations, and follow-up actions, as well as trends in the incident data; and,
  - b. within thirty (30) days of each OPWDD-Classified Incident.
12. Quarterly, following the Incident Review Committee Meeting, the Director of Quality and Training/Compliance Officer will meet with the Quality Management Committee of the Board of Directors to report and review





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incidents, investigations, and follow-up actions, as well as trends identified in the incident data.

13. Incident Reports and all associated documents will be retained for a period of 10 years.

14. Any requests for information will be made through the Director of Quality and Training/Compliance Officer. Information will be released on a need-to-know basis; and, in accordance with provisions of 14 NYCRR Part 624 and Jonathan's Law. Released documents will be redacted, per regulation.

### POLICY REVIEWS WITH NO REVISIONS:

Date/Name/Title	Date/Name/Title	Date/Name/Title