

Jim Doyle
Governor

Kevin R. Hayden
Secretary



State of Wisconsin
Department of Health and Family Services

DIVISION OF QUALITY ASSURANCE

1 WEST WILSON STREET
P O BOX 2969
MADISON WI 53701-2969

Telephone: 608-266-8481
FAX: 608-267-0352
TTY: 888-241-9432
dhfs.wisconsin.gov

Date: October 30, 2007

DQA Memo 07-018
Supersedes OQA memo 06-030

To: Adult Day Cares	ADC 05
Adult Family Homes	AFH 11
Community Based Residential Facilities	CBRF 11
Residential Care Apartment Complexes	RCAC 11

From: Kevin Coughlin, Director
Bureau of Assisted Living

Via: Otis Woods, Administrator
Division of Quality Assurance

**Self-Report/Facility Reporting Requirements,
Including Adult-at-Risk Reporting Requirements**

PURPOSE

The purpose of this memo is to serve as a reference for Adult Day Cares (ADCs), Adult Family Homes (AFHs), Community-based Residential Facilities (CBRFs), and Residential Care Apartment Complexes (RCACs) regarding the types of incidents that need to be reported to the Division of Quality Assurance (DQA). These reports, known as self-reports, are required to be submitted to the Department under Wisconsin Stat. ch. 50, and Wis. Admin. Code chs. HFS 83, 88, and 13, and the reporting requirements for Adults-at-Risk under Wis. Stats. §§ 46.90, and 55.043. Providers may also self-report incidents or situations not required by regulation.

REPORTABLE INCIDENTS BY PROVIDER TYPE

AFH

1. According to § HFS 88.03(5), licensees of AFHs must report to DQA the following incidents within the time specified:
 - a. Report within seven (7) days any significant and ongoing change in the type or amount of services the licensee offers to provide, if the change adversely affects any resident who needs the service.

- b. Report within seven (7) days any change in household members, excluding paid staff, *i.e.*, any person who is not a resident but lives in the AFH.
 - c. Report within 48 hours that the licensee or service provider has pending, has been charged with, or convicted of any crime that is substantially related to caring for dependent persons.
 - d. Report within seven days any change in the home's structure or damages to the home that may present a hazard to the residents.
 - e. (1) Report within 24 hours, any significant change in a resident's status, such as, but not limited to, an accident requiring hospitalization, elopement from the home, or a reportable death. A death shall be reported if there is reasonable cause to believe that the death was due to use of a physical restraint or psychotropic medication, was a suicide, or was accidental.

(2) Report within three days any death due to incident or accident not due to use of a restraint, psychotropic medications, or suicide.
2. According to § HFS 88.11, an AFH provider who knows, or has reasonable cause to suspect, that a resident has been abused or neglected as defined in Wis. Stat. §§ 46.90 or 940.285, shall immediately, *i.e.*, without delay, contact the licensing agency.

Self-reports are to be sent to the regional office that serves the facility. Providers will generally not receive confirmation from the Department of receipt of a self-report. Once a self-report is received, the Assisted Living Regional Director, or designee, will review the report and determine what actions, if any, are required by the Department.

CBRF

1. According to Wis. Stat. § 50.035(5)(b) and § HFS 83.19(2), a CBRF must report to DQA the following incidents within the time specified:
 - a. Report within 24 hours after the death of a resident, if there is reasonable cause to believe the death was related to the use of a physical restraint or psychotropic medication or was a suicide.
 - b. Report to DQA within three working days, when a resident dies as a result of an incident or accident not related to the use of a physical restraint or psychotropic medication, and the death was not a suicide.
2. According to § HFS 83.19(3), a CBRF must send a report to the Department within three (3) **working days** after any of the following incidents occurs:
 - a. A fire on the premises of the CBRF.

- b. When the licensee, administrator, employee or a resident contract a communicable disease required to be reported under Wis. Admin. Code ch. HFS 145.
- c. When a resident's whereabouts is unknown and he or she is considered missing, and the resident is considered to be in danger. The local law enforcement authority shall be notified as soon as this determination is made. The CBRF shall notify DQA within three (3) calendar days after notification of the law enforcement authority. This subdivision does not apply to CBRFs serving clients of a governmental corrections agency or persons recovering from substance abuse.
- d. At any time the police are called to the CBRF as a result of actions or incidents that seriously jeopardize the health, safety, or welfare of residents or staff. A description of the circumstances that required police intervention shall be provided to the DQA. This subdivision does not apply to CBRFs serving clients of a governmental corrections agency.
- e. When an accident occurs resulting in a serious injury requiring inpatient hospitalization of a resident.
- f. When a catastrophe occurs resulting in damage to the CBRF.

Self-reports are to be sent to the regional office that serves the facility. Providers will generally not receive confirmation from the Department of receipt of a self-report. Once a self report is received, the Assisted Living Regional Director, or designee, will review the report and determine what actions, if any, are required by the Department.

AFHs, CBRFs, and RCACs

1. All assisted living providers regulated by the DQA, except Adult Day Care providers, must report incidents of caregiver misconduct as defined under Wis. Admin. Code ch. HFS 13, if the incident meets the reporting requirements.
2. Providers must conduct a complete and thorough investigation of allegations of caregiver misconduct (abuse, neglect, misappropriation of property) and injuries of unknown source. The provider must report an incident, *i.e.*, caregiver misconduct or injuries of unknown source, if both of the following conditions are true:
 - a. There is a reasonable cause to believe they have sufficient evidence, or another regulatory authority could obtain the evidence, to show the alleged incident occurred; **AND**
 - b. There is reasonable cause to believe that the incident meets, or could meet, the definition of abuse, neglect, or misappropriation.

3. If you conclude that you must report the incident, then complete the Incident Report of Caregiver Misconduct Form (DDE-2447). Submit reports of alleged caregiver misconduct and injuries of unknown source within seven (7) calendar days of the incident or the date the entity knew of the incident. Submit the completed DDE-2447 Incident Report for allegations involving all staff (including credentialed and non-credentialed) to:

**Department of Health and Family Services
Division of Quality Assurance
Office of Caregiver Quality
PO Box 2969
Madison, WI 53701-2969**

NOTE: In the past, providers were required to submit the report either to DQA or to the Department of Regulation and Licensing (DRL). This process has been streamlined to eliminate reporting to two different state agencies. All caregiver misconduct reports are now submitted to Office of Caregiver Quality (OCQ) staff, who will forward those reports involving credentialed staff (*e.g.*, MDs, RNs, LPNs, Social Workers, etc.) to DRL for review.

Reference: BQA Memo 04-028

[Revised Caregiver Misconduct Reporting Requirements for BQA Entities](#)

ADC, AFHs, CBRFs, and RCACs

1. Wis. Stat. §§ 46.90(4)(ab)1. and 55.043(1m)(a), **requires any employee of any entity to report** allegations of abuse, neglect or exploitation if the adult-at-risk is seen in the course of the person's duties and any one of the following conditions is true:
 - a. The adult-at-risk has requested the person to make the report. This condition means that any entity employee must make a report if they are asked to do so.
 - b. There is reasonable cause to believe that the adult-at-risk is at imminent risk of serious bodily harm, death, sexual assault, or significant property loss and is unable to make an informed judgment about whether to report the risk. This condition requires a concern about future, serious risk; it is not applicable to situations that involve past incidents only.
 - c. Other adults-at-risk are at risk of serious bodily harm, death, sexual assault, or significant property loss inflicted by the suspected perpetrator. This condition applies to reporting past abuse perpetrated on an adult-at-risk only if there is a possibility of harm to others. For example, an entity employee must report if he or she is made aware of a situation involving a specialized transportation van driver who allegedly sexually assaulted a client. Even if the client no longer uses the transportation service, other adults-at-risk would likely be riding with that van driver in the future.)

2. **No reporting** is required in these two instances:

- a. If the professional believes that filing the report would not be in the best interest of the adult-at-risk, and the professional documents the reasons for this belief in the suspected victim's case file; or
- b. If a health care provider provides treatment by spiritual means through prayer for healing in lieu of medical care in accordance with his or her religious tradition, and his or her communications with patients are required by his or her religious denomination to be held confidential.

If you conclude that you must report an incident involving an adult-at-risk, including an elder adult-at-risk, then do the following:

1. Complete an Incident Report form (DDE-2447) and attach relevant internal investigation documents; and
2. For allegations involving all perpetrators (family member, friend, visitor, resident, stranger, etc.), submit the Incident Report within five days to:

**Department of Health and Family Services
Division of Quality Assurance
Office of Caregiver Quality
PO Box 2969
Madison, WI 53701-2969**

Reference: OQA Memo 06-028

[Adult-at-Risk, including Elder Adult-at-Risk, Reporting Requirements For Entities Regulated by the Office of Quality Assurance](#)

REFERENCE CHART BY PROVIDER TYPE FOR REPORTING REQUIREMENTS:

Requirement by provider type:	HFS 88.03(5) HFS 88.11	50.035(5)(b), HFS 83.19(2), HFS 83.19(3)	Caregiver Misconduct 146.40(4r)(am)1., and HFS 13.05(3)	Adults-at-Risk, including Elder Adults 46.90(4)(ab)1., and 55.043(1m) (a)
ADC				X
AFH	X		X	X
CBRF		X	X	X
RCAC			X	X
Report to:	Regional Office	Regional Office	Office of Caregiver Quality	Office of Caregiver Quality

ASSISTED LIVING REGIONAL OFFICES

Northern Region

Assisted Living Regional Director
2187 N STEVENS ST STE C
RHINELANDER WI 54501-8036
Phone: (715) 365-2816
Fax: (715) 365-2815

Northeastern Region

Assisted Living Regional Director
200 N JEFFERSON ST STE 211
GREEN BAY WI 54301-5100
Phone: (920) 448-5338
Fax: (920) 448-5254

Southeastern Region

Assisted Living Regional Director
819 N 6th ST RM 609-B
MILWAUKEE WI 53203-1606
Phone: (414) 227-4565
Fax: (414) 227-3903

Southern Region

Assisted Living Regional Director
PO BOX 7940
MADISON, WI 53707-7940
Phone: (608) 266-7474
Fax: (608) 266-8975

Western Region

Assisted Living Regional Director
610 GIBSON ST STE 1
EAU CLAIRE WI 54701-2626
Phone: (715) 836-4029
Fax: (715) 836-2535