Ohio Department of Mental Health and Addiction Services

Residential Facility (Class 2, and Class 3) Notification of Incident

Licensure and Certification

Provider Generated Incident No.:	Date Submitted to OhioMHAS:	Date of Discovery:	Date of Incident:	Time of Incident:
Facility Name:			Licensure Number:	
Facility Address (street, city, zip):				
Name of Facility Contact:		Phone Number:		
Contact E-mail Address:		Name of Person Completing Report, if different than Facility Contact:		

Notifications Made:

- ☐ ADAMH/CMH Board (list names): ____________________
- ☐ Children Services Board
- ☐ OhioMHAS
- ☐ Law Enforcement
- ☐ Family/Guardian
- ☐ Other Protective Agency
- ☐ Other: ____________________

Type of Incident (check all that apply)

Abuse and Neglect by Staff (including allegations):
☐ Physical ☐ Sexual ☐ Neglect ☐ Defraud

Medication (resulting in permanent client harm, hospitalization, or death)
☐ Error ☐ Adverse Drug Reaction

Death of Resident:
☐ Suicide ☐ Accidental ☐ Natural

Theft of Medication
☐ By Employee ☐ By Resident ☐ Other/Unknown Theft

☐ Homicide by Resident ☐ Suicide Attempt

☐ Self Injurious Behavior

☐ Missing/Unaccounted for Medication

☐ Involuntary Termination of Treatment by Facility without Appropriate Resident Involvement, i.e., without informing resident, providing a reason, and offering a referral

☐ Sexual Assault by Non-Staff, Including Visitor, Client, or Other rape, sexual battery, or unlawful sexual conduct with a minor, gross sexual imposition, sexual imposition

☐ Medical Events Impacting Facility Operations

☐ Physical Assault Injury by Non-Staff, including Visitor, Client, or Other when Emergency/Unplanned Medical Intervention or Hospitalization is required

Discharge of Resident
☐ Involuntary Discharge ☐ Inappropriate Discharge

Unauthorized Use of Seclusion or Restraint

- ☐ Seclusion ______ Total Minutes
- ☐ Physical Restraint ______ Total Minutes
- ☐ Mechanical Restraint ______ Total Minutes
- ☐ Transitional Hold ______ Total Minutes

Temporary Relocation of Some or All Residents to Another Unit, Facility, or Location for a Minimum Period of at least One Night due to:

- ☐ Fire
- ☐ Failure/Malfunction (Gas leak, power outage, equipment failure etc.)
- ☐ Disaster (Flood, tornado, explosion, excluding snow/ice)
- ☐ Other, (please specify) ____________________

"Emergency/Unplanned Medical Intervention" means treatment required to be performed by a licensed medical doctor, osteopath, podiatrist, dentist, physician's assistant, or certified nurse practitioner, but the treatment required is not serious enough to warrant or require hospitalization. It includes sutures, staples, immobilization devices and other treatments not listed under "First Aid", regardless of whether the treatment is provided at the provider, or at a doctor's office/clinic/hospital ER, etc. This does not include routine medical care or shots/immunizations, as well as diagnostic tests, such as laboratory work, x-rays, scans, etc., if no medical treatment is provided.

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Persons Involved In The Incident

Race/Ethnicity Codes
A = Asian B = Black/African American H = Hispanic I = Alaskan Native M = Bi/Multiracial N = Native Am./Am.Indian
P = Native Hawaiian/Other Pacific Islander W = White U = Unknown

Client(s) Involved (use a HIPAA/42CFR Part 2 Compliant Identifer - Please **No Client Names**)	Age	Gender: M = Male F = Female	Race (see codes above)	P = Perpetrator V = Victim

Other(s) Involved (Initials or Provider Identifer - **No names please**):	S = Staff V = Visitor O = Other	P = Perpetrator V = Victim

Additional Information (**No Names Please**):

Please submit this form to OhioMHAS via one of three ways:

Fax: 614-485-9737
Mail: 30 E Broad Street, 7th Floor, Columbus, OH 43215
E-Mail: IncidentReport@mha.ohio.gov

This information is subject to a public record request

The Ohio Department of Mental Health and Addiction Services has developed an updated on-line incident reporting system (WEIRS) for utilization by community behavioral health agencies, MH residential facilities, and private psychiatric hospital providers to report MH INCIDENTS. In order to access the system, you will need to select one person from your organization to serve as the "external administrator", which is the individual who is authorized to assign User Roles (level of access privileges) to other staff. Page 7 of the on-line User Guide provides more information on User Roles. The External Administrator may register up to eight certification or license numbers for one account.

To activate your WEIRS account, the External Administrator will need to register your agency/facility following the instructions below. OhioMHAS will approve the registration request.

External Administrator Registration
1.) In a web browser, open https://weirs.mh.state.oh.us/User/RegisterUser
2.) The person who will be the Facility Administrator will complete the information on the Register User Account page.
3.) Select Submit to send the registration to Weirs Internal Administrator for approval.

To review all definitions of reportable incidents:
http://codes.ohio.gov/oac/5122-30-16, Appendix C