



State of New Jersey
DEPARTMENT OF MILITARY AND VETERANS AFFAIRS
POST OFFICE BOX 340
TRENTON, NEW JERSEY 08625-0340

CHRIS CHRISTIE
Governor
Commander-in-Chief

☆
MICHAEL L. CUNNIFF
Brigadier General
The Adjutant General

VETERANS AFFAIRS BULLETIN
NO. 15-3

3 March 2015

NEW JERSEY VETERANS MEMORIAL HOMES
REPORTABLE INFORMATION REQUIREMENTS

1. There is a responsibility to ensure that the occurrences of critical events are reported in a timely manner to the Central Office so that actions to mediate the incident can be accomplished quickly.
2. To avoid any confusion, the Director, Division of Veterans Healthcare Services is to be notified immediately, by the most expeditious means available, on the occurrence of the following:
 - a. Unexpected/unusual/questionable death of a resident and/or death in the facility or adjacent grounds of a staff member, visitor, contractor, etc.
 - b. Unexpected/unusual/questionable serious injury of a resident and/or serious injury in the facility or adjacent grounds of a staff member, visitor, contractor, etc.
 - c. Arrival of the media (e.g. newspaper, magazine, student, radio, television, independent, etc.).
 - d. Arrival of an inspection/survey team.
 - e. Arrival of VIPs (e.g. State Legislators; other elected officials).
 - f. Major union/employee event (e.g. walkout, picketing, demonstration, etc.).
 - g. Incurring a fine or civil monetary penalty.
 - h. Outbreak of an infectious disease, as defined by CMS/NJDOH.
 - i. Incident resulting in an evacuation (e.g. floor, wing, building).
 - j. Arrival of a Law Enforcement Agency (e.g. local police, NJ State Police, Parole, FBI, ICE, etc.) to take into custody an employee or resident, or to make an arrest.
 - k. Any incident or event that could cause embarrassment to the Department or would cast the Department in an unfavorable light.
 - l. Any allegation of fraud, waste, abuse, or malfeasance.
 - m. Any incident or event deemed critical by the CEO/ACEO Deputy Director.

**Supersedes Veterans Affairs Bulletin No.3-10, dated 25 March 2010.*

3. This Notice is to be placed in all supervisor offices. Supervisors are to contact the CEO or ACEO immediately to report the occurrence of any of the events listed above.

4. Questions or inquiries concerning this bulletin should be addressed to BG Steven Ferrari, Director, Division of Veterans Healthcare Services at 609-530-6766 or e-mail steven.ferrari@dmava.nj.gov.

OFFICIAL:



DAVID S. SNEDEKER
Chief Information Officer
Director, Information and Administrative
Services Division

MICHAEL L. CUNNIFF
Brigadier General, NJANG
The Adjutant General

DISTRIBUTION: A, S: Veterans Homes

**New Jersey Department of Health
Division of Health Facility Survey and Field Operations
Long Term Care Assessment and Survey Program / Complaint Unit
P. O. Box 367
Trenton, NJ 08625-0367**

**Hotline: 1-800-792-9770, Select #1
Fax: 609-633-9060 or 609-943-4977**

REPORTABLE EVENT RECORD/REPORT

Please answer all questions fully and address only one event per report.

Today's Date (MM/DD/YY)	Date of Event (MM/DD/YY)	Time of Event
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> AM <input type="checkbox"/> PM

Was This a Significant Event?	Was Significant Event Called In?	Date (MM/DD/YY)	Time
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="checkbox"/> AM <input type="checkbox"/> PM

Full Name of Facility

Street Address

City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Facility Telephone Number	Facility License Number	Provider ID Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

Person Reporting	Title
<input type="text"/>	<input type="text"/>

Type of Facility:

- Assisted Living or Comprehensive Personal Care Home
- Adult/Pediatric Day Health Services
- ICF/IID
- Nursing Home
- Residential
- Sub-Acute Care
- Other, Specify:

Exact Location of Incident:

**REPORTABLE EVENT RECORD / REPORT
(Continued)**

Type of Incident:

- | | |
|--|---|
| <input type="checkbox"/> Elopement | <input type="checkbox"/> Involuntary Relocation |
| <input type="checkbox"/> Environmental Emergency | <input type="checkbox"/> Medication Error |
| <input type="checkbox"/> Financial Exploitation | <input type="checkbox"/> Resident Care |
| <input type="checkbox"/> Injury | <input type="checkbox"/> Resident-to-Resident Abuse |
| <input type="checkbox"/> Interruption of Service | <input type="checkbox"/> Staff-to-Resident Abuse |
| <input type="checkbox"/> Involuntary Discharge | <input type="checkbox"/> Unexpected Death |
| <input type="checkbox"/> Other, Specify: | <input type="text"/> |

Resident Name

Unit and Room Number

Date of Birth

Narrative:

1) Describe the event, to include timeframes/risk factors related to the incident/event (relevant resident Dx):

2) Prior to the event, was a plan of care developed that addressed this issue, and were planned interventions in place when the event occurred? For example, chair alarm and/or lap buddy in place.

Yes No If Yes, please describe:

3) What interventions were implemented after the incident/event? For example, supervision, resident sent to hospital, CNA suspended. Please describe investigative findings/conclusions:

**REPORTABLE EVENT RECORD / REPORT
(Continued)**

Nurse Aide Involvement:

If the event is an allegation of abuse, neglect, or misappropriation of resident funds by a nurse aide, please provide the certification number and certificate expiration date. For a nurse aide with no certification, please provide the Social Security Number.

Name	Certification Number	Expiration Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Notifications:

- MD, Specify:

- OOIE (Ombudsman), Specify Date: Time: AM PM

- Other, Specify:

FOR NJDOH USE ONLY

Reviewed By: (Surveyor ID Number and Initials)

Date (MM/DD/YY)

Other Review: (ID Number and Initials)

Date (MM/DD/YY)

Disposition:

- Pending
- No Action
- Complaint Investigation

Referral, Specify:

Closed, Specify Date Closed:

Comments: