



## Assisted Living Facility – How to Determine If an Incident Is “Adverse” (400.423, F.S.)

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### Determining An “Adverse Incident”

In determining whether or not an incident meets the definition of an “adverse incident” and must be reported to the Agency for Health Care Administration (Agency), facilities should answer the following questions:

*Question 1: Did an incident occur in which a resident was injured or a specific situation existed?*

Reportable injuries/situations (outcomes) are:

- Death
- Brain or spinal damage
- Permanent disfigurement
- Fracture or dislocation of bones or joints
- Any condition requiring medical attention to which the resident has not given informed consent, including failure to honor advanced directives. The “informed consent” outcome applies to surgical/diagnostic procedures and treatments performed when the patient has not given informed consent. This outcome applies more to acute care patients than ALF residents. The “transfer” outcome applies under most situations when a resident is transferred to a psych or acute care hospital, including Baker Act transfers.
- Any condition that requires the transfer of the resident, within or outside the facility, to a unit providing a more acute level of care due to the adverse incident, rather than the resident’s condition prior to the adverse incident

AND

*Question 2: Is the incident in which one or more of the injuries/situations listed above occurred, an event over which the facility’s staff could have had control (prevented or influenced the occurrence or extent of injury/situation to the resident)?*

AND

*Question 3: Is the incident in which one or more of the injuries/situations listed above occurred, an event that is associated completely or partly with the facility staff’s intervention or lack of intervention and not the result of a pre-existing condition that the intervention was trying to correct or control? For example, transfer of a resident to the hospital because a pre-existing condition of heart failure worsened, is not an adverse incident if facility staff intervention or lack of intervention was not directly or indirectly*

related to worsening of the condition. An expected death of a hospice patient is not an adverse incident unless staff intervention or lack of intervention contributed to the death.

If the answer to Questions 1, 2 and 3 is **YES**, or if there is insufficient information to make this determination, begin the internal investigation of the incident and submit the completed 1-Day Adverse Incident Report (initial report) to the Agency. Continue the internal investigation and within 15 days of the occurrence of the incident and submit the completed 15-Day Adverse Incident Report.

### **Automatically Defined as Adverse**

Any one of the following is automatically defined as an “adverse incident” and must be reported on the 1-Day Adverse Incident Report to the Agency within one business day of the occurrence of the incident:

- Abuse, neglect or exploitation as defined in s. 415.102, F.S., (Vulnerable Adult)
- Resident elopement (based on the facility’s definition of elopement)
- An event that is reported to law enforcement. (Does not include notification for Baker Act transport or required notification of a death determined to be from natural causes.)

Continue the internal investigation and within 15 days of the occurrence of the incident and submit the completed 15-Day Adverse Incident Report.

### **Summary**

For an incident to be defined as “adverse”:

- “Yes” must be answered to questions 1, 2 and 3 or
- One or more of the following outcomes must be present:
  - Abuse, neglect or exploitation as defined in 415.102, F.S. (Vulnerable adult)
  - Abuse, neglect and harm as defined in 39.01, F.S. (Child)
  - Resident elopement (as defined by the facility)
  - An event reported to law enforcement

For every 1-Day Adverse Incident Report submitted to the Agency, a 15-Day Adverse Incident Report must also be completed and submitted.