Appendix F

THE MENTOR NETWORK - INCIDENT REPORT
Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 1

Please PRINT Clearly or Type in Legible Font (10-12) - DO NOT Leave Blanks. Complete All Boxes.

SECTION A: CLIENT/INDIVIDUAL INFORMATION

1. Client/Individual's Name:
2. Level: ( ) 1 ( ) 2 ( ) 3 (x) 4
3. Guardian: ( ) Self (x) State ( ) Parent(s) ( ) Other:
4. Log #:
5. DOB:
6. Age: **2 Years 7 M**
7. Gender:
8. Population: ( ) Adult (18+) (x) Child
9. Service Category: ***(Check one)***
   - ( ) Behavioral Health
   - ( ) Juvenile Justice
   - (x) Medically Complex
   - ( ) MR/DD
   - ( ) MR/DD Offender
   - ( ) Acquired Brain Injury
   - ( ) Elder Care
   - ( ) Mental Illness
   - ( ) MR/MI
   - ( ) Education
   - ( ) Other:
10. Date of Admission to MENTOR NETWORK:
11. Length of Current Placement/Services: **1 Years 3 Months**

SECTION B: PROGRAM INFORMATION

12. State:
13. City:
14. **If Acquisition/Partner, specify company name:**
15. Program Name: **Medically Complex**
16. Service Setting/Model: **(check the ONE that most closely fits)**
   - ( ) ICF/MR (Intermediate Care Facility)
   - ( ) Group or Shared Living (3+ clients/individuals with 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with 24/7)
   - (x) Mentor Home/ Host Home
   - ( ) Group or Shared Living (3+ clients/individuals with less than 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with less than 24/7)
   - ( ) Home Health Agency Services
   - ( ) Family/School/Home Based Supports (periodic services less than 24/7)
   - ( ) Clinical/Outpatient Therapy/Rehab (OT, PT, Speech)
   - ( ) Day Program
   - ( ) Supported Employment/Vocational
   - ( ) School
   - ( ) Brokerage/Case Management (non-residential)

SECTION C: INCIDENT INFORMATION

17. Date & Time of Incident:
18. First Reported to MENTOR NETWORK:
    By: *(Name & Title)* **social worker**
19. Location of Incident: ***(check one)***
   - ( ) Mentor Home ( ) Primary ( ) Respite
     Mentor Name:
     # of Clients/Individuals Living in Home:
   - ( ) Client/Individual's Residence (group home, ICF, apt)
   - ( ) Client/Individual's Biological Family/Guardian Home
   - ( ) Day Program
   - ( ) School
   - ( ) Client/Individual's Place of Employment
   - ( ) Vehicle
   - ( ) Program Office
   - ( ) Community
   - (x) Other: **Hospital**
20. Outcome of Incident: ***(check all that apply)***
   - [ ] Remain in Current Placement
   - [ ] Placement Decision Pending
   - [ ] Client/Individual Placed in Respite
   - [ ] Placement Disrupted (i.e. Client/Individual transferred to new home/ program/placement within MENTOR NETWORK)
   - [ ] Discharged from MENTOR NETWORK
   - [ ] Temporarily or Permanently Closed Mentor Home
   - [ ] Emergency Psychiatric Evaluation (no hospitalization)
   - [ ] Emergency Psychiatric Hospitalization
   - [ ] Emergency Medical Hospitalization
   - [ ] In-school suspension
   - [ ] School Suspension/Expulsion
   - [ ] Client/Individual Arrest/Detention
   - [x] Death
   - [ ] Other:
21. **Summarize in 2-3 sentences the key aspects of the incident for entry into Risk Management database.**

   * Social Worker from Hospital contacted this writer via telephone to report that the client had died today due to a cardiac event.

Client/Individual Name: [redacted]

SECTION D: INCIDENT DESCRIPTORS (check all that apply)

DEATH (death of client/individual is a Level 4 incident):
(x) Expected Death of Client/Individual
( ) Unexpected Death of Client/Individual

CLIENT/INDIVIDUAL ELOPEMENT/AWOL:
( ) Located at the Time of the Incident Report
( ) Unable to Locate at the Time of the Incident Report
( ) Other:

CLIENT/INDIVIDUAL BEHAVIORAL:
[ ] Self-Injurious Behavior
[ ] Mental Health De-compensation
[ ] Oppositional Behaviors
[ ] Inappropriate Sexual Comments/Threats
[ ] Verbal Threats of Violence
[ ] Exhibitionism/Public Masturbation

CARE-TAKER MISCONDUCT:
(Suspected, Alleged or Confirmed)

Caretaker:
[ ] Mentor
[ ] Mentor Family Member
[ ] Staff
[ ] Other Caretaker:

Alleged Misconduct:
[ ] Sexual Boundary/Abuse
[ ] Verbal or Emotional Abuse
[ ] Physical Assault/Abuse
[ ] Corporal/Inappropriate Punishment
[ ] Inappropriate Use of Restraint/Physical Intervention
[ ] Neglect
[ ] Inadequate Supervision
[ ] Criminal Arrest of Caretaker
[ ] Alcohol/Drug Use by Caretaker
[ ] Misuse of Client/Individual's Funds
[ ] Misappropriation/Destruction of Client/Individual Personal Property
[ ] Other:

MEDICATION INCIDENTS:
[ ] Medication Error
[ ] Missing Controlled Substances
[ ] Serious Adverse Reaction to Medication

MEDICAL INCIDENTS:
[ ] Illness Requiring Medical Treatment
[ ] Deterioration in Existing Medical Condition
[ ] Pregnancy
[ ] Seizure Requiring Emergency Treatment
[ ] UTI
[ ] Bowel Impaction
[ ] Pneumonia
[ ] Pressure Sores
[ ] Other:

CLIENT/INDIVIDUAL INJURY BY:
[ ] Physical Assault by Third Party/Other Individual in our car
[ ] Sexual Assault by Third Party/Other Individual in our care
[ ] Theft by Third Party
[ ] Fall
[ ] Choking
[ ] Bathing/Scalding Related Injuries
[ ] Other Burns
[ ] Vehicle
[ ] Swimming/Near Drowning
[ ] Other Accidental Injury:

SUICIDAL CLIENT/INDIVIDUAL:
[ ] Suicidal Threats or Verbalizations
[ ] Suicidal Attempt or Gesture

EXPOSURE CONTROL INCIDENTS:
[ ] Client/Individual Exposed to Blood Borne Pathogens
[ ] Client/Individual Exposed Third Party to Blood Borne Pathogens

SEXUAL ASSAULT OR INAPPROPRIATE SEXUAL BEHAVIOR BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ]To Mentor's Family Member
[ ] To Other Third Party

PROPERTY DAMAGE BY CLIENT/INDIVIDUAL:
[ ] Property Damage Under $1,000
[ ] Property Damage Over $1,000
[ ] Vehicle Theft
[ ] Fire Setting
[ ] Theft/Shoplifting
[ ] Other:

PHYSICAL ASSAULTS BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ]To Mentor's Family Member
[ ] To Other Third Party
[ ]To Animals (animal cruelty)

POSSESSION OF PROHIBITED MATERIALS: (Defined per client/individual/program)
[ ] Possession of Prohibited Materials (i.e., alcohol, lighter, weapon, pornography, illicit drugs, etc.)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 3

SECTION E: PROGRAMMATIC RESPONSE (Check all that apply)

[ ] Counseling/Training for Staff/Mentor
[ ] ISP/Supervision/Behavioral Plan Developed with Client/Individual
[ ] Internal Investigation Underway
Interventions:
[ ]Physical
[ ]Mechanical
[ ]Seclusions
[ ]Chemical
[ ]Law Enforcement

[ ] Reported to Adult/Child Protective Services
Date:
( ) Substantiated ( ) Unsubstantiate
[ ] Licensing Notified
Date:

[x] Funding Source Notified
Date:
[ ] Family Notified
Date:
[x] Guardian Notified
Date:
[ ] Law Enforcement/Probation Notified
Date:

Client/Individual Name:

22. **SECTION F: CLIENT/INDIVIDUAL HISTORY / DIAGNOSES**

List Client/Individual's current medical and psychiatric diagnoses, behavioral history (e.g. sexually abused, physically aggressive, running, confabulation, etc.), medical history (e.g. seizures, diabetes, etc.) and medications.

Current Diagnoses: tetrology of Fallot with Pulmonary Atresia; Chronic Lung Disease; Hypoxia; Dysfunctional Swallon; Total Parenteral Nurtrition; DD; FIT Current Meds: Digoxin; Albuterol; Lasix; Aantac; Aldactione; Flovent

23. **SECTION G: ANTECEDENT EVENTS**

Briefly describe the Client/Individual's condition and activities prior and leading up to this incident.

Client has been hospitalized since cardiac surgery at Hospital on was transferred to Pediatric Hospital on and transferred back to on due to pulmonary instability. Client underwent an attempted cardiac catheterization on , On-call MENTOR coordinator, informed this writer via phone message that had a cardiac event at the hosptial on wehre needed to be revived.

24. **SECTION H: INCIDENT NARRATIVE**

Describe IN DETAIL the incident in chronological order. Include who, what, where, when and how. Provide information on alleged injuries, interventions and current status. Report involvement of other parties such as law enforcement, emergency medical services, etc. Include sources of information (e.g. "Mentor reported..." or "Staff observed..."). When using names, include title and/or affiliation (i.e. Joan Smith, DCFS Case Manager.).

This writer went to Hospital for a meeting with the mentor, and this writer regarding the medical conditions that has and possible treatment. Dr. , Pediatric Cardiologist and , Social Worker at informed the mentor and this writer that all medical and surgical measures had been exhausted in treating . The physician discussed with the mentor her feelings on Hospice Care. In the event that would be stable enough to go home. they reported that did have another cardiac event this morning when had to be revived and that a critical cardiac event could happen at anytime and cause death. Once returning to the office, this writer received a phone call from reporting that passed away due to a cardiac event after this writer left the hospital. This writer informed County DSS, and of this incident.

Continue on an additional sheet if necessary. DO NOT WRITE ON BACK OF PAGE)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review			Page 4
SECTION I: REVIEWS / SIGNATURES			
Signature of Person Completing Form	Print Name	Title	Date
Signature of Manager/Director	Print Name	Title	Date
Signature	Print Name	Title	Date
Signature	Print Name	Title	Date
Signature of State Director (Level 3 and 4 only)	Print Name	Title	Date

THE MENTOR NETWORK - INCIDENT REPORT
Attorney/Client Privileged and Confidential: Risk Management/Peer Review **Page 1**

Please PRINT Clearly or Type in Legible Font (10-12) - DO NOT Leave Blanks. Complete All Boxes.

SECTION A: CLIENT/INDIVIDUAL INFORMATION

1. Client/Individual's Name: [redacted]
2. Level: ( ) 1 ( ) 2 ( ) 3 (x) 4
3. Guardian: ( ) Self (x) State ( ) Parent(s) ( ) Other:
4. Log #: [redacted]
5. DOB: [redacted]
6. Age: 7 Months
7. Gender: [redacted]
8. Population: ( ) Adult (18+) (x) Child
9. Service Category: *(Check one)*
( ) Behavioral Health
( ) Juvenile Justice
(x) Medically Complex
( ) MR/DD
( ) MR/DD Offender
( ) Acquired Brain Injury
( ) Elder Care
( ) Mental Illness
( ) MR/MI
( ) Education
( ) Other:
10. Date of Admission to MENTOR NETWORK: [redacted]
11. Length of Current Placement/Services: **2 Months 16 Days**

SECTION B: PROGRAM INFORMATION

12. State: [redacted]
13. City: [redacted]
14. **If Acquisition/Partner, specify company name:**
15. Program Name: [redacted]

16. Service Setting/Model: **(check the ONE that most closely fits)**
( ) ICF/MR (Intermediate Care Facility)
( ) Group or Shared Living (3+ clients/individuals with 24/7)
( ) Shared or Supported Living (1 or 2 clients/individuals with 24/7)
(x) Mentor Home/ Host Home
( ) Group or Shared Living (3+ clients/individuals with less than 24/7)
( ) Shared or Supported Living (1 or 2 clients/individuals with less than 24/7)
( ) Home Health Agency Services
( ) Family/School/Home Based Supports (periodic services less than 24/7)
( ) Clinical/Outpatient Therapy/Rehab (OT, PT, Speech)
( ) Day Program
( ) Supported Employment/Vocational
( ) School
( ) Brokerage/Case Management (non-residential)

SECTION C: INCIDENT INFORMATION

17. Date & Time of Incident: [redacted]
18. First Reported to MENTOR NETWORK: [redacted]
By: *(Name & Title)* DCFS Investigator

19. Location of Incident: *(check one)*
( ) Mentor Home ( ) Primary ( ) Respite
Mentor Name:
# of Clients/Individuals Living in Home:
( ) Client/Individual's Residence (group home, ICF, apt)
( ) Client/Individual's Biological Family/Guardian Home
( ) Day Program
( ) School
( ) Client/Individual's Place of Employment
( ) Vehicle
( ) Program Office
( ) Community
(x) Other: Hospital

20. Outcome of Incident: *(check all that apply)*
[ ] Remain in Current Placement
[ ] Placement Decision Pending
[ ] Client/Individual Placed in Respite
[ ] Placement Disrupted (i.e. Client/Individual transferred to new home/ program/placement within MENTOR NETWORK)
[ ] Discharged from MENTOR NETWORK
[ ] Temporarily or Permanently Closed Mentor Home
[ ] Emergency Psychiatric Evaluation (no hospitalization)
[ ] Emergency Psychiatric Hospitalization
[ ] Emergency Medical Hospitalization
[ ] In-school suspension
[ ] School Suspension/Expulsion
[ ] Client/Individual Arrest/Detention
[x] Death
[ ] Other:

21. **Summarize in 2-3 sentences the key aspects of the incident for entry into Risk Management database.**

* [redacted] was having trouble with [redacted] G-tube leaking, [redacted] was rushed to the hospital by ambulance when [redacted] foster mother noticed [redacted] breathing was problematic and that [redacted] was blue from the waist down. Upon arrival at the hospital, [redacted] was rushed to surgery. It was discovered that due to pressure and fluid buildup from the problems with the G-tube, [redacted] had built up in [redacted] abdomen causing intestinal rupture and loss of circulation to [redacted] lower body. [redacted] was pronounced dead on the operating table at [redacted] on [redacted]

Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 2

Client/Individual Name: [redacted]

SECTION D: INCIDENT DESCRIPTORS (check all that apply)

DEATH (death of client/individual is a **Level 4** incident):
( ) Expected Death of Client/Individual
(x) Unexpected Death of Client/Individual

CLIENT/INDIVIDUAL ELOPEMENT/AWOL:
( ) Located at the Time of the Incident Report
( ) Unable to Locate at the Time of the Incident Report
( ) Other:

CLIENT/INDIVIDUAL BEHAVIORAL:
[ ] Self-Injurious Behavior
[ ] Mental Health De-compensation
[ ] Oppositional Behaviors
[ ] Inappropriate Sexual Comments/Threats
[ ] Verbal Threats of Violence
[ ] Exhibitionism/Public Masturbation

CARE-TAKER MISCONDUCT:
(Suspected, Alleged or Confirmed)

Caretaker:
[ ] Mentor
[ ] Mentor Family Member
[ ] Staff
[ ] Other Caretaker:

Alleged Misconduct:
[ ] Sexual Boundary/Abuse
[ ] Verbal or Emotional Abuse
[ ] Physical Assault/Abuse
[ ] Corporal/Inappropriate Punishment
[ ] Inappropriate Use of Restraint/Physical Intervention
[ ] Neglect
[ ] Inadequate Supervision
[ ] Criminal Arrest of Caretaker
[ ] Alcohol/Drug Use by Caretaker
[ ] Misuse of Client/Individual's Funds
[ ] Misappropriation/Destruction of Client/Individual Personal Property
[ ] Other:

MEDICATION INCIDENTS:
[ ] Medication Error
[ ] Missing Controlled Substances
[ ] Serious Adverse Reaction to Medication

MEDICAL INCIDENTS:
[ ] Illness Requiring Medical Treatment
[x] Deterioration in Existing Medical Condition
[ ] Pregnancy
[ ] Seizure Requiring Emergency Treatment
[ ] UTI
[ ] Bowel Impaction
[ ] Pneumonia
[ ] Pressure Sores
[ ] Other:

CLIENT/INDIVIDUAL INJURY BY:
[ ] Physical Assault by Third Party/Other Individual in our car
[ ] Sexual Assault by Third Party/Other Individual in our care
[ ] Theft by Third Party
[ ] Fall
[ ] Choking
[ ] Bathing/Scalding Related Injuries
[ ] Other Burns
[ ] Vehicle
[ ] Swimming/Near Drowning
[ ] Other Accidental Injury:

SUICIDAL CLIENT/INDIVIDUAL:
[ ] Suicidal Threats or Verbalizations
[ ] Suicidal Attempt or Gesture

EXPOSURE CONTROL INCIDENTS:
[ ] Client/Individual Exposed to Blood Borne Pathogens
[ ] Client/Individual Exposed Third Party to Blood Borne Pathogens

SEXUAL ASSAULT OR INAPPROPRIATE SEXUAL BEHAVIOR BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ]To Mentor's Family Member
[ ] To Other Third Party

PROPERTY DAMAGE BY CLIENT/INDIVIDUAL:
[ ] Property Damage Under $1,000
[ ] Property Damage Over $1,000
[ ] Vehicle Theft
[ ] Fire Setting
[ ] Theft/Shoplifting
[ ] Other:

PHYSICAL ASSAULTS BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ]To Mentor's Family Member
[ ] To Other Third Party
[ ]To Animals (animal cruelty)

POSSESSION OF PROHIBITED MATERIALS: (Defined per client/individual/program)
[ ] Possession of Prohibited Materials (i.e., alcohol, lighter, weapon, pornography, illicit drugs, etc.)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 3

SECTION E: PROGRAMMATIC RESPONSE (Check all that apply)

[ ] Counseling/Training for Staff/Mentor
[ ] ISP/Supervision/Behavioral Plan Developed with Client/Individual
[ ] Internal Investigation Underway
Interventions:
[ ]Physical
[ ]Mechanical
[ ]Seclusions
[ ]Chemical
[ ]Law Enforcement

[ ] Reported to Adult/Child Protective Services
Date:
( ) Substantiated ( ) Unsubstantiate
[ ] Licensing Notified
Date:

[x] Funding Source Notified
Date:
[x] Family Notified
Date:
[x] Guardian Notified
Date:
[ ] Law Enforcement/Probation Notified
Date:

Client/Individual Name:

22. **SECTION F: CLIENT/INDIVIDUAL HISTORY / DIAGNOSES**

List Client/Individual's current medical and psychiatric diagnoses, behavioral history (e.g. sexually abused, physically aggressive, running, confabulation, etc.), medical history (e.g. seizures, diabetes, etc.) and medications.

has been diagnosed with the folowing: Prematurity; Left Diaphramatic Hernia; Chronic Lung Disease; Pulmonary Hermorrhage; History PPHN; Pulmonary Hypertension; E.Coli Pneumonia (HX): VRE Colonization; Indirect hyperbilirubinenia; Anemia; Metabolic Alkalosis; Hypoalbuninemia; Pressured Chylothorax; Left pleural Effusion; GERD: S/P Nissen Fundoplication and G-tube placement. required breathing treatments approximately every 2 hours and was on oxygen.

23. **SECTION G: ANTECEDENT EVENTS**

Briefly describe the Client/Individual's condition and activities prior and leading up to this incident.

had been having trouble with the G-tube leaking. had been seen at Hospital in several times in the past 2 weeks regarding this and other health problems. was last seen at on was scheduled for surgery to replace the G-tube on Foster mom had noticed it leaking the night of and took steps to replace the balloon. She checked on frequently during the night and noticed a deterioration in condition in the early morning hours.

24. **SECTION H: INCIDENT NARRATIVE**

Describe IN DETAIL the incident in chronological order. Include who, what, where, when and how. Provide information on alleged injuries, interventions and current status. Report involvement of other parties such as law enforcement, emergency medical services, etc. Include sources of information (e.g. "Mentor reported..." or "Staff observed..."). When using names, include title and/or affiliation (i.e. Joan Smith, DCFS Case Manager.).

Foster mother was checking on frequently throughout the night. In the early morning hours of she noticed that was running a fever of 103 degrees. She gave medication and the fever broke. Later noticed having difficulty with respirations. While preparing to take by car to the hospital, noticed that lower body was blue. At this time 911 was called and an ambulance was dispatched to take to Hospital in the nearest hospital to the foster home. Upon arrival at the hospital, it was determined that needed surgery immediately. The fluid leaking from the G-tube had caused fluid and pressure build-up in abdomen, cutting off circulation to lower body and causing intestinal rupture. died on the operating table; was pronounced dead at

Continue on an additional sheet if necessary. DO NOT WRITE ON BACK OF PAGE)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review			Page 4
SECTION I: REVIEWS / SIGNATURES			
Signature of Person Completing Form	Print Name	Title	Date
Signature of Manager/Director	Print Name	Title	Date
Signature	Print Name	Title	Date
Signature	Print Name	Title	Date
Signature of State Director (Level 3 and 4 only)	Print Name	Title	Date

THE MENTOR NETWORK - INCIDENT REPORT
Attorney/Client Privileged and Confidential: Risk Management/Peer Review **Page 1**

Please PRINT Clearly or Type in Legible Font (10-12) - DO NOT Leave Blanks. Complete All Boxes.

SECTION A: CLIENT/INDIVIDUAL INFORMATION

1. Client/Individual's Name: [redacted]

2. Level: ( ) 1 ( ) 2 ( ) 3 (x) 4

3. Guardian: ( ) Self (x) State ( ) Parent(s) ( ) Other:

4. Log #: [redacted]

5. DOB: [redacted]

6. Age: 12 Years

7. Gender: [redacted]

8. Population: ( ) Adult (18+) (x) Child

9. Service Category: *(Check one)*
- (x) Behavioral Health
- ( ) Juvenile Justice
- ( ) Medically Complex
- ( ) MR/DD
- ( ) MR/DD Offender
- ( ) Acquired Brain Injury
- ( ) Elder Care
- ( ) Mental Illness
- ( ) MR/MI
- ( ) Education
- ( ) Other:

10. Date of Admission to MENTOR NETWORK: [redacted]

11. Length of Current Placement/Services: 5 Months

SECTION B: PROGRAM INFORMATION

12. State: [redacted]

13. City: [redacted]

14. If Acquisition/Partner, specify company name:

15. Program Name: [redacted]

16. Service Setting/Model: **(check the ONE that most closely fits)**
- ( ) ICF/MR (Intermediate Care Facility)
- ( ) Group or Shared Living (3+ clients/individuals with 24/7)
- ( ) Shared or Supported Living (1 or 2 clients/individuals with 24/7)
- (x) Mentor Home/ Host Home
- ( ) Group or Shared Living (3+ clients/individuals with less than 24/7)
- ( ) Shared or Supported Living (1 or 2 clients/individuals with less than 24/7)
- ( ) Home Health Agency Services
- ( ) Family/School/Home Based Supports (periodic services less than 24/7)
- ( ) Clinical/Outpatient Therapy/Rehab (OT, PT, Speech)
- ( ) Day Program
- ( ) Supported Employment/Vocational
- ( ) School
- ( ) Brokerage/Case Management (non-residential)

SECTION C: INCIDENT INFORMATION

17. Date & Time of Incident: [redacted]

18. First Reported to MENTOR NETWORK: [redacted]
By: *(Name & Title)* [redacted] mentor

19. Location of Incident: *(check one)*
- (x) Mentor Home (x) Primary ( ) Respite
  Mentor Name: [redacted]
  # of Clients/Individuals Living in Home:
- ( ) Client/Individual's Residence (group home, ICF, apt)
- ( ) Client/Individual's Biological Family/Guardian Home
- ( ) Day Program
- ( ) School
- ( ) Client/Individual's Place of Employment
- ( ) Vehicle
- ( ) Program Office
- ( ) Community
- ( ) Other:

20. Outcome of Incident: *(check all that apply)*
- [ ] Remain in Current Placement
- [ ] Placement Decision Pending
- [ ] Client/Individual Placed in Respite
- [ ] Placement Disrupted (i.e. Client/Individual transferred to new home/ program/placement within MENTOR NETWORK)
- [ ] Discharged from MENTOR NETWORK
- [ ] Temporarily or Permanently Closed Mentor Home
- [ ] Emergency Psychiatric Evaluation (no hospitalization)
- [ ] Emergency Psychiatric Hospitalization
- [ ] Emergency Medical Hospitalization
- [ ] In-school suspension
- [ ] School Suspension/Expulsion
- [ ] Client/Individual Arrest/Detention
- [x] Death
- [ ] Other:

21. Summarize in 2-3 sentences the key aspects of the Incident for entry into Risk Management database.

* On [redacted] at approximately [redacted], on-call worker, [redacted] received a call from Officer [redacted] of the [redacted] Police Department. He was in the foster home of [redacted], [redacted]' foster parent. He reported [redacted] had been taken to [redacted] Hospital in [redacted] after being found hanging in [redacted] bedroom closet by the neck from a weight strap and being found non-responsive. According to foster parent, [redacted], the hospital pronounced [redacted] dead at [redacted]

Attorney/Client Privileged and Confidential: Risk Management/Peer Review — Page 2

Client/Individual Name: [redacted] **Log #:** [redacted]

SECTION D: INCIDENT DESCRIPTORS (check all that apply)

DEATH (death of client/individual is a **Level 4** incident):
( ) Expected Death of Client/Individual
(x) Unexpected Death of Client/Individual

CLIENT/INDIVIDUAL ELOPEMENT/AWOL:
( ) Located at the Time of the Incident Report
( ) Unable to Locate at the Time of the Incident Report
( ) Other:

CARE-TAKER MISCONDUCT:
(Suspected, Alleged or Confirmed)

Caretaker:
[ ] Mentor
[ ] Mentor Family Member
[ ] Staff
[ ] Other Caretaker:

Alleged Misconduct:
[ ] Sexual Boundary/Abuse
[ ] Verbal or Emotional Abuse
[ ] Physical Assault/Abuse
[ ] Corporal/Inappropriate Punishment
[ ] Inappropriate Use of Restraint/Physical Intervention
[ ] Neglect
[ ] Inadequate Supervision
[ ] Criminal Arrest of Caretaker
[ ] Alcohol/Drug Use by Caretaker
[ ] Misuse of Client/Individual's Funds
[ ] Misappropriation/Destruction of Client/Individual Personal Property
[ ] Other:

SUICIDAL CLIENT/INDIVIDUAL:
[ ] Suicidal Threats or Verbalizations
[ ] Suicidal Attempt or Gesture

SEXUAL ASSAULT OR INAPPROPRIATE SEXUAL BEHAVIOR BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ]To Mentor's Family Member
[ ] To Other Third Party

PHYSICAL ASSAULTS BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ]To Mentor's Family Member
[ ] To Other Third Party
[ ]To Animals (animal cruelty)

CLIENT/INDIVIDUAL BEHAVIORAL:
[ ] Self-Injurious Behavior
[ ] Mental Health De-compensation
[ ] Oppositional Behaviors
[ ] Inappropriate Sexual Comments/Threats
[ ] Verbal Threats of Violence
[ ] Exhibitionism/Public Masturbation

MEDICATION INCIDENTS:
[ ] Medication Error
[ ] Missing Controlled Substances
[ ] Serious Adverse Reaction to Medication

MEDICAL INCIDENTS:
[ ] Illness Requiring Medical Treatment
[ ] Deterioration in Existing Medical Condition
[ ] Pregnancy
[ ] Seizure Requiring Emergency Treatment
[ ] UTI
[ ] Bowel Impaction
[ ] Pneumonia
[ ] Pressure Sores
[ ] Other:

CLIENT/INDIVIDUAL INJURY BY:
[ ] Physical Assault by Third Party/Other Individual in our car
[ ] Sexual Assault by Third Party/Other Individual in our care
[ ] Theft by Third Party
[ ] Fall
[ ] Choking
[ ] Bathing/Scalding Related Injuries
[ ] Other Burns
[ ] Vehicle
[ ] Swimming/Near Drowning
[ ] Other Accidental Injury:

EXPOSURE CONTROL INCIDENTS:
[ ] Client/Individual Exposed to Blood Borne Pathogens
[ ] Client/Individual Exposed Third Party to Blood Borne Pathogens

PROPERTY DAMAGE BY CLIENT/INDIVIDUAL:
[ ] Property Damage Under $1,000
[ ] Property Damage Over $1,000
[ ] Vehicle Theft
[ ] Fire Setting
[ ] Theft/Shoplifting
[ ] Other:

POSSESSION OF PROHIBITED MATERIALS: (Defined per client/individual/program)
[ ] Possession of Prohibited Materials (i.e., alcohol, lighter, weapon, pornography, illicit drugs, etc.)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 3

SECTION E: PROGRAMMATIC RESPONSE (Check all that apply)

[ ] Counseling/Training for Staff/Mentor
[ ] ISP/Supervision/Behavioral Plan Developed with Client/Individual
[ ] Internal Investigation Underway
Interventions:
[ ]Physical
[ ]Mechanical
[ ]Seclusions
[ ]Chemical
[ ]Law Enforcement

[x] Reported to Adult/Child Protective Services
Date:
( ) Substantiated ( ) Unsubstantiate
[ ] Licensing Notified
Date:

[x] Funding Source Notified
Date:
[x] Family Notified
Date:
[x] Guardian Notified
Date:
[x] Law Enforcement/Probation Notified
Date:

Client/Individual Name:

22. **SECTION F: CLIENT/INDIVIDUAL HISTORY / DIAGNOSES**

List Client/Individual's current medical and psychiatric diagnoses, behavioral history (e.g. sexually abused, physically aggressive, running, confabulation, etc.), medical history (e.g. seizures, diabetes, etc.) and medications.

According to casefile: has a diagnosis of ADHD, combined type. was on the medication: Adderall and Ampetamine.

23. **SECTION G: ANTECEDENT EVENTS**

Briefly describe the Client/Individual's condition and activities prior and leading up to this incident.

According to foster parent, the morning of the incident, and had an argument when told could not go outside. stated became angy and went and sat at the top of the stairs in the home and then went to room.

24. **SECTION H: INCIDENT NARRATIVE**

Describe IN DETAIL the incident in chronological order. Include who, what, where, when and how. Provide information on alleged injuries, interventions and current status. Report involvement of other parties such as law enforcement, emergency medical services, etc. Include sources of information (e.g. "Mentor reported..." or "Staff observed..."). When using names, include title and/or affiliation (i.e. Joan Smith, DCFS Case Manager.).

On at approximately On-Call Worker received a call from Officer of the Police Department who was at the home of , foster parent for . Officer reported that had been taken to Hospital in by ambulance after foster parent had found hanging by the neck with a weight strap in bedroom closet and was non-responsive. According to foster parent who went to the hospital, was pronounced dead at biological mother was notified by MENTOR staff of death. A hotline call was made on and information taken by . The DCFS consent line was notified

Continue on an additional sheet if necessary. DO NOT WRITE ON BACK OF PAGE)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review			Page 4
SECTION I: REVIEWS / SIGNATURES			
Signature of Person Completing Form	Print Name	Title	Date
Signature of Manager/Director	Print Name	Title	Date
Signature	Print Name	Title	Date
Signature	Print Name	Title	Date
Signature of State Director (Level 3 and 4 only)	Print Name	Title	Date

THE MENTOR NETWORK - INCIDENT REPORT
Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 1

Please PRINT Clearly or Type in Legible Font (10-12) - DO NOT Leave Blanks. Complete All Boxes.

SECTION A: CLIENT/INDIVIDUAL INFORMATION

1. Client/Individual's Name: [redacted]
2. Level: ( ) 1 ( ) 2 ( ) 3 (x) 4
3. Guardian: ( ) Self (x) State ( ) Parent(s) ( ) Other:
4. Log #: [redacted]
5. DOB: [redacted]
6. Age: 15 Years 1
7. Gender: [redacted]
8. Population: ( ) Adult (18+) (x) Child
9. Service Category: *(Check one)*
   - ( ) Behavioral Health
   - ( ) Juvenile Justice
   - ( ) Medically Complex
   - (x) MR/DD
   - ( ) MR/DD Offender
   - ( ) Acquired Brain Injury
   - ( ) Elder Care
   - ( ) Mental Illness
   - ( ) MR/MI
   - ( ) Education
   - ( ) Other:
10. Date of Admission to MENTOR NETWORK: [redacted]
11. Length of Current Placement/Services: 6 Months

SECTION B: PROGRAM INFORMATION

12. State: [redacted]
13. City: [redacted]
14. If Acquisition/Partner, specify company name:
15. Program Name: [redacted]
16. Service Setting/Model: (check the ONE that most closely fits)
   - ( ) ICF/MR (Intermediate Care Facility)
   - ( ) Group or Shared Living (3+ clients/individuals with 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with 24/7)
   - (x) Mentor Home/ Host Home
   - ( ) Group or Shared Living (3+ clients/individuals with less than 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with less than 24/7)
   - ( ) Home Health Agency Services
   - ( ) Family/School/Home Based Supports (periodic services less than 24/7)
   - ( ) Clinical/Outpatient Therapy/Rehab (OT, PT, Speech)
   - ( ) Day Program
   - ( ) Supported Employment/Vocational
   - ( ) School
   - ( ) Brokerage/Case Management (non-residential)

SECTION C: INCIDENT INFORMATION

17. Date & Time of Incident: [redacted]
18. First Reported to MENTOR NETWORK: [redacted]
    By: *(Name & Title)* [redacted] Mentor
19. Location of Incident: *(check one)*
   - ( ) Mentor Home ( ) Primary ( ) Respite
     Mentor Name:
     # of Clients/Individuals Living in Home:
   - ( ) Client/Individual's Residence (group home, ICF, apt)
   - ( ) Client/Individual's Biological Family/Guardian Home
   - ( ) Day Program
   - ( ) School
   - ( ) Client/Individual's Place of Employment
   - ( ) Vehicle
   - ( ) Program Office
   - ( ) Community
   - (x) Other: Hospice-Hospital
20. Outcome of Incident: *(check all that apply)*
   - [ ] Remain in Current Placement
   - [ ] Placement Decision Pending
   - [ ] Client/Individual Placed in Respite
   - [ ] Placement Disrupted (i.e. Client/Individual transferred to new home/ program/placement within MENTOR NETWORK)
   - [ ] Discharged from MENTOR NETWORK
   - [ ] Temporarily or Permanently Closed Mentor Home
   - [ ] Emergency Psychiatric Evaluation (no hospitalization)
   - [ ] Emergency Psychiatric Hospitalization
   - [ ] Emergency Medical Hospitalization
   - [ ] In-school suspension
   - [ ] School Suspension/Expulsion
   - [ ] Client/Individual Arrest/Detention
   - [x] Death
   - [ ] Other:

21. **Summarize in 2-3 sentences the key aspects of the incident for entry into Risk Management database.**

*Client deceased.

Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 2

Client/Individual Name: [redacted]

SECTION D: INCIDENT DESCRIPTORS (check all that apply)

DEATH (death of client/individual is a Level 4 incident):
(x) Expected Death of Client/Individual
( ) Unexpected Death of Client/Individual

CLIENT/INDIVIDUAL ELOPEMENT/AWOL:
( ) Located at the Time of the Incident Report
( ) Unable to Locate at the Time of the Incident Report
( ) Other:

CARE-TAKER MISCONDUCT:
(Suspected, Alleged or Confirmed)

Caretaker:
[ ] Mentor
[ ] Mentor Family Member
[ ] Staff
[ ] Other Caretaker:

Alleged Misconduct:
[ ] Sexual Boundary/Abuse
[ ] Verbal or Emotional Abuse
[ ] Physical Assault/Abuse
[ ] Corporal/Inappropriate Punishment
[ ] Inappropriate Use of Restraint/Physical Intervention
[ ] Neglect
[ ] Inadequate Supervision
[ ] Criminal Arrest of Caretaker
[ ] Alcohol/Drug Use by Caretaker
[ ] Misuse of Client/Individual's Funds
[ ] Misappropriation/Destruction of Client/Individual Personal Property
[ ] Other:

SUICIDAL CLIENT/INDIVIDUAL:
[ ] Suicidal Threats or Verbalizations
[ ] Suicidal Attempt or Gesture

SEXUAL ASSAULT OR INAPPROPRIATE SEXUAL BEHAVIOR BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ]To Mentor's Family Member
[ ] To Other Third Party

PHYSICAL ASSAULTS BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ]To Mentor's Family Member
[ ] To Other Third Party
[ ]To Animals (animal cruelty)

CLIENT/INDIVIDUAL BEHAVIORAL:
[ ] Self-Injurious Behavior
[ ] Mental Health De-compensation
[ ] Oppositional Behaviors
[ ] Inappropriate Sexual Comments/Threats
[ ] Verbal Threats of Violence
[ ] Exhibitionism/Public Masturbation

MEDICATION INCIDENTS:
[ ] Medication Error
[ ] Missing Controlled Substances
[ ] Serious Adverse Reaction to Medication

MEDICAL INCIDENTS:
[ ] Illness Requiring Medical Treatment
[ ] Deterioration in Existing Medical Condition
[ ] Pregnancy
[ ] Seizure Requiring Emergency Treatment
[ ] UTI
[ ] Bowel Impaction
[ ] Pneumonia
[ ] Pressure Sores
[ ] Other:

CLIENT/INDIVIDUAL INJURY BY:
[ ] Physical Assault by Third Party/Other Individual in our car
[ ] Sexual Assault by Third Party/Other Individual in our care
[ ] Theft by Third Party
[ ] Fall
[ ] Choking
[ ] Bathing/Scalding Related Injuries
[ ] Other Burns
[ ] Vehicle
[ ] Swimming/Near Drowning
[ ] Other Accidental Injury:

EXPOSURE CONTROL INCIDENTS:
[ ] Client/Individual Exposed to Blood Borne Pathogens
[ ] Client/Individual Exposed Third Party to Blood Borne Pathogens

PROPERTY DAMAGE BY CLIENT/INDIVIDUAL:
[ ] Property Damage Under $1,000
[ ] Property Damage Over $1,000
[ ] Vehicle Theft
[ ] Fire Setting
[ ] Theft/Shoplifting
[ ] Other:

POSSESSION OF PROHIBITED MATERIALS: (Defined per client/individual/program)
[ ] Possession of Prohibited Materials (i.e., alcohol, lighter, weapon, pornography, illicit drugs, etc.)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 3

SECTION E: PROGRAMMATIC RESPONSE (Check all that apply)

[x] Counseling/Training for Staff/Mentor
[ ] ISP/Supervision/Behavioral Plan Developed with Client/Individual
[ ] Internal Investigation Underway
Interventions:
[ ]Physical
[ ]Mechanical
[ ]Seclusions
[ ]Chemical
[ ]Law Enforcement

[x] Reported to Adult/Child Protective Services
Date:
( ) Substantiated ( ) Unsubstantiate
[ ] Licensing Notified
Date:

[x] Funding Source Notified
Date:
[ ] Family Notified
Date:
[x] Guardian Notified
Date:
[x] Law Enforcement/Probation Notified
Date:

Client/Individual Name: Log #:

22. **SECTION F: CLIENT/INDIVIDUAL HISTORY / DIAGNOSES**
List Client/Individual's current medical and psychiatric diagnoses, behavioral history (e.g. sexually abused, physically aggressive, running, confabulation, etc.), medical history (e.g. seizures, diabetes, etc.) and medications.

Severely developmentally delayed,. hx of pneumonia and bronchitis, bedridden, on a feeding tube as well as oxygen. Medications: Albuterol, Singulair, Robinul, Zantac, Phenobarbital, and Morphine for pain management.

23. **SECTION G: ANTECEDENT EVENTS**
Briefly describe the Client/Individual's condition and activities prior and leading up to this incident.

Mentor called coordinator to stated that client was being transported to the hospital due to condition.

24. **SECTION H: INCIDENT NARRATIVE**
Describe IN DETAIL the incident in chronological order. Include who, what, where, when and how. Provide information on alleged injuries, interventions and current status. Report involvement of other parties such as law enforcement, emergency medical services, etc. Include sources of information (e.g. "Mentor reported..." or "Staff observed..."). When using names, include title and/or affiliation (i.e. Joan Smith, DCFS Case Manager.).

Mentor called Clinical Coordinator on to report that client's health is steadily deteriorating. Hospice nurse came to the home on and stated there was no pulse on client. Nurse recommended client be transported to the hospice hospital so that medications could be administered and could be monitored. Mentor report the nurse stated for her to administer medications every 15 minutes so that client could remain asleep, however it was determined would be better in the hospital. When paramedics arrived at the scene they transported client to the hospital. It was believed that at one point client had expired at the mentor home, however paramedics were able to find a heartbeat. Client was transported to in where expired at approximately . Mentor received the call at approximately and called the coordinator to inform her. Coordinator called Sheriff and DFCS to inform them of client's passing.

Continue on an additional sheet if necessary. DO NOT WRITE ON BACK OF PAGE)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review			Page 4
SECTION I: REVIEWS / SIGNATURES			
Signature of Person Completing Form	Print Name	Title	Date
Signature of Manager/Director	Print Name	Title	Date
Signature	Print Name	Title	Date
Signature	Print Name	Title	Date
Signature of State Director (Level 3 and 4 only)	Print Name	Title	Date

THE MENTOR NETWORK - INCIDENT REPORT
Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 1

Please PRINT Clearly or Type in Legible Font (10-12) - DO NOT Leave Blanks. Complete All Boxes.

SECTION A: CLIENT/INDIVIDUAL INFORMATION

1. Client/Individual's Name: [redacted]

2. Level: ( ) 1 ( ) 2 ( ) 3 (x) 4

3. Guardian: ( ) Self (x) State ( ) Parent(s) ( ) Other:

4. Log #: [redacted]

5. DOB: [redacted]

6. Age: **16 Years 8 M**

7. Gender: [redacted]

8. Population: ( ) Adult (18+) (x) Child

9. Service Category: ***(Check one)***
- ( ) Behavioral Health
- ( ) Juvenile Justice
- (x) Medically Complex
- ( ) MR/DD
- ( ) MR/DD Offender
- ( ) Acquired Brain Injury
- ( ) Elder Care
- ( ) Mental Illness
- ( ) MR/MI
- ( ) Education
- ( ) Other:

10. Date of Admission to MENTOR NETWORK: [redacted]

11. Length of Current Placement/Services: **6 Years 6 Months**

SECTION B: PROGRAM INFORMATION

12. State: [redacted]

13. City: [redacted]

14. If Acquisition/Partner, specify company name:

15. Program Name: [redacted]

16. Service Setting/Model: **(check the ONE that most closely fits)**
- ( ) ICF/MR (Intermediate Care Facility)
- ( ) Group or Shared Living (3+ clients/individuals with 24/7)
- ( ) Shared or Supported Living (1 or 2 clients/individuals with 24/7)
- (x) Mentor Home/ Host Home
- ( ) Group or Shared Living (3+ clients/individuals with less than 24/7)
- ( ) Shared or Supported Living (1 or 2 clients/individuals with less than 24/7)
- ( ) Home Health Agency Services
- ( ) Family/School/Home Based Supports (periodic services less than 24/7)
- ( ) Clinical/Outpatient Therapy/Rehab (OT, PT, Speech)
- ( ) Day Program
- ( ) Supported Employment/Vocational
- ( ) School
- ( ) Brokerage/Case Management (non-residential)

SECTION C: INCIDENT INFORMATION

17. Date & Time of Incident: [redacted]

18. First Reported to MENTOR NETWORK: [redacted]
By: *(Name & Title)* **ICU Nurse**
[redacted] Hosp. Pediatrics

19. Location of Incident: ***(check one)***
- ( ) Mentor Home ( ) Primary ( ) Respite
  - **Mentor Name:**
  - **# of Clients/Individuals Living in Home:**
- ( ) Client/Individual's Residence (group home, ICF, apt)
- ( ) Client/Individual's Biological Family/Guardian Home
- ( ) Day Program
- ( ) School
- ( ) Client/Individual's Place of Employment
- ( ) Vehicle
- ( ) Program Office
- ( ) Community
- (x) Other: **[redacted] Hospital**

20. Outcome of Incident: ***(check all that apply)***
- [ ] Remain in Current Placement
- [ ] Placement Decision Pending
- [ ] Client/Individual Placed in Respite
- [ ] Placement Disrupted (i.e. Client/Individual transferred to new home/ program/placement within MENTOR NETWORK)
- [ ] Discharged from MENTOR NETWORK
- [ ] Temporarily or Permanently Closed Mentor Home
- [ ] Emergency Psychiatric Evaluation (no hospitalization)
- [ ] Emergency Psychiatric Hospitalization
- [ ] Emergency Medical Hospitalization
- [ ] In-school suspension
- [ ] School Suspension/Expulsion
- [ ] Client/Individual Arrest/Detention
- [x] Death
- [ ] Other:

21. Summarize in 2-3 sentences the key aspects of the incident for entry into Risk Management database.

went into Cardiac Arrest on was transported to Hospital in On a request for removal from Life Support and Do Not Recusitate Order was granted. On the birth family visited with ~~The scheduled removal from life support occurred on~~ ~~was pronounced dead at~~ on . Cause of death was Cardiac Arrest.

Attorney/Client Privileged and Confidential: Risk Management/Peer Review **Page 2**

Client/Individual Name: **Log #:**

SECTION D: INCIDENT DESCRIPTORS (check all that apply)

DEATH (death of client/individual is a **Level 4** incident):
(x) Expected Death of Client/Individual
( ) Unexpected Death of Client/Individual

CLIENT/INDIVIDUAL ELOPEMENT/AWOL:
( ) Located at the Time of the Incident Report
( ) Unable to Locate at the Time of the Incident Report
( ) Other:

CLIENT/INDIVIDUAL BEHAVIORAL:
[ ] Self-Injurious Behavior
[ ] Mental Health De-compensation
[ ] Oppositional Behaviors
[ ] Inappropriate Sexual Comments/Threats
[ ] Verbal Threats of Violence
[ ] Exhibitionism/Public Masturbation

CARE-TAKER MISCONDUCT:
(Suspected, Alleged or Confirmed)

Caretaker:
[ ] Mentor
[ ] Mentor Family Member
[ ] Staff
[ ] Other Caretaker:

Alleged Misconduct:
[ ] Sexual Boundary/Abuse
[ ] Verbal or Emotional Abuse
[ ] Physical Assault/Abuse
[ ] Corporal/Inappropriate Punishment
[ ] Inappropriate Use of Restraint/Physical Intervention
[ ] Neglect
[ ] Inadequate Supervision
[ ] Criminal Arrest of Caretaker
[ ] Alcohol/Drug Use by Caretaker
[ ] Misuse of Client/Individual's Funds
[ ] Misappropriation/Destruction of Client/Individual Personal Property
[ ] Other:

MEDICATION INCIDENTS:
[ ] Medication Error
[ ] Missing Controlled Substances
[ ] Serious Adverse Reaction to Medication

MEDICAL INCIDENTS:
[ ] Illness Requiring Medical Treatment
[x] Deterioration in Existing Medical Condition
[ ] Pregnancy
[ ] Seizure Requiring Emergency Treatment
[ ] UTI
[ ] Bowel Impaction
[ ] Pneumonia
[ ] Pressure Sores
[ ] Other:

CLIENT/INDIVIDUAL INJURY BY:
[ ] Physical Assault by Third Party/Other Individual in our car
[ ] Sexual Assault by Third Party/Other Individual in our care
[ ] Theft by Third Party
[ ] Fall
[ ] Choking
[ ] Bathing/Scalding Related Injuries
[ ] Other Burns
[ ] Vehicle
[ ] Swimming/Near Drowning
[ ] Other Accidental Injury:

SUICIDAL CLIENT/INDIVIDUAL:
[ ] Suicidal Threats or Verbalizations
[ ] Suicidal Attempt or Gesture

EXPOSURE CONTROL INCIDENTS:
[ ] Client/Individual Exposed to Blood Borne Pathogens
[ ] Client/Individual Exposed Third Party to Blood Borne Pathogens

SEXUAL ASSAULT OR INAPPROPRIATE SEXUAL BEHAVIOR BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ]To Mentor's Family Member
[ ] To Other Third Party

PROPERTY DAMAGE BY CLIENT/INDIVIDUAL:
[ ] Property Damage Under $1,000
[ ] Property Damage Over $1,000
[ ] Vehicle Theft
[ ] Fire Setting
[ ] Theft/Shoplifting
[ ] Other:

PHYSICAL ASSAULTS BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ]To Mentor's Family Member
[ ] To Other Third Party
[ ]To Animals (animal cruelty)

POSSESSION OF PROHIBITED MATERIALS: (Defined per client/individual/program)
[ ] Possession of Prohibited Materials (i.e., alcohol, lighter, weapon, pornography, illicit drugs, etc.)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 3

SECTION E: PROGRAMMATIC RESPONSE (Check all that apply)

[ ] Counseling/Training for Staff/Mentor
[ ] ISP/Supervision/Behavioral Plan Developed with Client/Individual
[ ] Internal Investigation Underway
Interventions:
[ ]Physical
[ ]Mechanical
[ ]Seclusions
[ ]Chemical
[ ]Law Enforcement

[x] Reported to Adult/Child Protective Services
Date: [redacted]
( ) Substantiated ( ) Unsubstantiate
[ ] Licensing Notified
Date:

[x] Funding Source Notified
Date: [redacted]
[x] Family Notified
Date: [redacted]
[x] Guardian Notified
Date: [redacted]
[ ] Law Enforcement/Probation Notified
Date:

Client/Individual Name: [redacted] **Log #:** [redacted]

22. **SECTION F: CLIENT/INDIVIDUAL HISTORY / DIAGNOSES**

List Client/Individual's current medical and psychiatric diagnoses, behavioral history (e.g. sexually abused, physically aggressive, running, confabulation, etc.), medical history (e.g. seizures, diabetes, etc.) and medications.

Minor is diagnosed with Duchenne's Muscula Dystrophy; Tracheostomy and requires chronic ventilatory support; g-tube feedings and wheelchiar bound Meds: Ativan; Prevacid; Nystatin Ointment; Multivitamin; Celexa; Calcium Carbonate; Acetamenophen with Codeine

23. **SECTION G: ANTECEDENT EVENTS**

Briefly describe the Client/Individual's condition and activities prior and leading up to this incident.

On [redacted] [redacted] had a cardio-pulmonary arrest with resultant severe anoxic brain injury with [redacted] only evidence of brain function being intermittent spontaneous breath.

24. **SECTION H: INCIDENT NARRATIVE**

Describe IN DETAIL the incident in chronological order. Include who, what, where, when and how. Provide information on alleged injuries, interventions and current status. Report involvement of other parties such as law enforcement, emergency medical services, etc. Include sources of information (e.g. "Mentor reported..." or "Staff observed..."). When using names, include title and/or affiliation (i.e. Joan Smith, DCFS Case Manager.).

On [redacted] [redacted] was transferred from [redacted] Hospital to [redacted] Hospital. Records indicated that [redacted] had a cardiopulmonary arrest with resultant severe anoxic brain injury. Results of examinations performed at [redacted] Hospital revealed that [redacted] only evidence of brain function was intermittent spontaneous breath. [redacted] ventilation required full support. A DNR and removal of life support was pursued with the Guardian's Office, Ethics Committee, consults with the birth parents and the foster parent. On [redacted] the DNR request was granted. On [redacted] at [redacted] was pronounced dead. Cause of death was cardiac arrest. Based upon a decision by the birth family, [redacted] was taken into surgery for organ donation. [redacted] Mentor was informed than an autopsy will be performed as the initial cause of cardiac arrest is still undetermined. Autopsy is expected to be completed within 48 hours and the body will be released to [redacted], Funeral Director, as arranged by the birth family.

Continue on an additional sheet if necessary. DO NOT WRITE ON BACK OF PAGE)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review			Page 4
SECTION I: REVIEWS / SIGNATURES			
Signature of Person Completing Form	Print Name	Title	Date
Signature of Manager/Director	Print Name	Title	Date
Signature	Print Name	Title	Date
Signature	Print Name	Title	Date
Signature of State Director (Level 3 and 4 only)	Print Name	Title	Date

THE MENTOR NETWORK - INCIDENT REPORT
Attorney/Client Privileged and Confidential: Risk Management/Peer Review **Page 1**

Please PRINT Clearly or Type in Legible Font (10-12) - DO NOT Leave Blanks. Complete All Boxes.

SECTION A: CLIENT/INDIVIDUAL INFORMATION

1. Client/Individual's Name: [redacted]
2. Level: ( ) 1 ( ) 2 ( ) 3 (x) 4
3. Guardian: ( ) Self ( ) State (x) Parent(s) ( ) Other:
4. Log #: [redacted]
5. DOB: [redacted]
6. Age: **9 Months**
7. Gender: [redacted]
8. Population: ( ) Adult (18+) (x) Child
9. Service Category: ***(Check one)***
   - ( ) Behavioral Health
   - ( ) Juvenile Justice
   - (x) Medically Complex
   - ( ) MR/DD
   - ( ) MR/DD Offender
   - ( ) Acquired Brain Injury
   - ( ) Elder Care
   - ( ) Mental Illness
   - ( ) MR/MI
   - ( ) Education
   - ( ) Other:
10. Date of Admission to MENTOR NETWORK: [redacted]
11. Length of Current Placement/Services: **21 Days**

SECTION B: PROGRAM INFORMATION

12. State: [redacted]
13. City: [redacted]
14. **If Acquisition/Partner, specify company name:**
15. Program Name: **Medically Complex**
16. Service Setting/Model: **(check the ONE that most closely fits)**
   - ( ) ICF/MR (Intermediate Care Facility)
   - ( ) Group or Shared Living (3+ clients/individuals with 24/7)
   - (x) Shared or Supported Living (1 or 2 clients/individuals with 24/7)
   - ( ) Mentor Home/ Host Home
   - ( ) Group or Shared Living (3+ clients/individuals with less than 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with less than 24/7)
   - ( ) Home Health Agency Services
   - ( ) Family/School/Home Based Supports (periodic services less than 24/7)
   - ( ) Clinical/Outpatient Therapy/Rehab (OT, PT, Speech)
   - ( ) Day Program
   - ( ) Supported Employment/Vocational
   - ( ) School
   - ( ) Brokerage/Case Management (non-residential)

SECTION C: INCIDENT INFORMATION

17. Date & Time of Incident: [redacted]
18. First Reported to MENTOR NETWORK: [redacted]
    By: *(Name & Title)* [redacted]
19. Location of Incident: ***(check one)***
   - (x) Mentor Home (x) Primary ( ) Respite
     Mentor Name: [redacted]
     # of Clients/Individuals Living In Home: 2
   - ( ) Client/Individual's Residence (group home, ICF, apt)
   - ( ) Client/Individual's Biological Family/Guardian Home
   - ( ) Day Program
   - ( ) School
   - ( ) Client/Individual's Place of Employment
   - ( ) Vehicle
   - ( ) Program Office
   - ( ) Community
   - ( ) Other:
20. Outcome of Incident: ***(check all that apply)***
   - [ ] Remain in Current Placement
   - [ ] Placement Decision Pending
   - [ ] Client/Individual Placed in Respite
   - [ ] Placement Disrupted (i.e. Client/Individual transferred to new home/ program/placement within MENTOR NETWORK)
   - [ ] Discharged from MENTOR NETWORK
   - [ ] Temporarily or Permanently Closed Mentor Home
   - [ ] Emergency Psychiatric Evaluation (no hospitalization)
   - [ ] Emergency Psychiatric Hospitalization
   - [ ] Emergency Medical Hospitalization
   - [ ] In-school suspension
   - [ ] School Suspension/Expulsion
   - [ ] Client/Individual Arrest/Detention
   - [x] Death
   - [ ] Other:
21. **Summarize in 2-3 sentences the key aspects of the incident for entry into Risk Management database.**

Foster parent reported that client had been rushed to ER after [redacted] stopped breathing in the home. ER later reported that resuscitation attempts were unsuccessful and client was pronounced dead at [redacted] on [redacted]

Attorney/Client Privileged and Confidential: Risk Management/Peer Review — Page 2

Client/Individual Name: [redacted] Log #: [redacted]

SECTION D: INCIDENT DESCRIPTORS (check all that apply)

DEATH (death of client/individual is a Level 4 incident):
( ) Expected Death of Client/Individual
(x) Unexpected Death of Client/Individual

CLIENT/INDIVIDUAL ELOPEMENT/AWOL:
( ) Located at the Time of the Incident Report
( ) Unable to Locate at the Time of the Incident Report
( ) Other:

CARE-TAKER MISCONDUCT:
(Suspected, Alleged or Confirmed)

Caretaker:
[ ] Mentor
[ ] Mentor Family Member
[ ] Staff
[ ] Other Caretaker:

Alleged Misconduct:
[ ] Sexual Boundary/Abuse
[ ] Verbal or Emotional Abuse
[ ] Physical Assault/Abuse
[ ] Corporal/Inappropriate Punishment
[ ] Inappropriate Use of Restraint/Physical Intervention
[ ] Neglect
[ ] Inadequate Supervision
[ ] Criminal Arrest of Caretaker
[ ] Alcohol/Drug Use by Caretaker
[ ] Misuse of Client/Individual's Funds
[ ] Misappropriation/Destruction of Client/Individual Personal Property
[ ] Other:

SUICIDAL CLIENT/INDIVIDUAL:
[ ] Suicidal Threats or Verbalizations
[ ] Suicidal Attempt or Gesture

SEXUAL ASSAULT OR INAPPROPRIATE SEXUAL BEHAVIOR BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ]To Mentor's Family Member
[ ] To Other Third Party

PHYSICAL ASSAULTS BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ]To Mentor's Family Member
[ ] To Other Third Party
[ ]To Animals (animal cruelty)

CLIENT/INDIVIDUAL BEHAVIORAL:
[ ] Self-Injurious Behavior
[ ] Mental Health De-compensation
[ ] Oppositional Behaviors
[ ] Inappropriate Sexual Comments/Threats
[ ] Verbal Threats of Violence
[ ] Exhibitionism/Public Masturbation

MEDICATION INCIDENTS:
[ ] Medication Error
[ ] Missing Controlled Substances
[ ] Serious Adverse Reaction to Medication

MEDICAL INCIDENTS:
[ ] Illness Requiring Medical Treatment
[ ] Deterioration in Existing Medical Condition
[ ] Pregnancy
[ ] Seizure Requiring Emergency Treatment
[ ] UTI
[ ] Bowel Impaction
[ ] Pneumonia
[ ] Pressure Sores
[ ] Other:

CLIENT/INDIVIDUAL INJURY BY:
[ ] Physical Assault by Third Party/Other Individual in our car
[ ] Sexual Assault by Third Party/Other Individual in our care
[ ] Theft by Third Party
[ ] Fall
[ ] Choking
[ ] Bathing/Scalding Related Injuries
[ ] Other Burns
[ ] Vehicle
[ ] Swimming/Near Drowning
[ ] Other Accidental Injury:

EXPOSURE CONTROL INCIDENTS:
[ ] Client/Individual Exposed to Blood Borne Pathogens
[ ] Client/Individual Exposed Third Party to Blood Borne Pathogens

PROPERTY DAMAGE BY CLIENT/INDIVIDUAL:
[ ] Property Damage Under $1,000
[ ] Property Damage Over $1,000
[ ] Vehicle Theft
[ ] Fire Setting
[ ] Theft/Shoplifting
[ ] Other:

POSSESSION OF PROHIBITED MATERIALS: (Defined per client/individual/program)
[ ] Possession of Prohibited Materials (i.e., alcohol, lighter, weapon, pornography, illicit drugs, etc.)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 3

SECTION E: PROGRAMMATIC RESPONSE (Check all that apply)

[ ] Counseling/Training for Staff/Mentor
[ ] ISP/Supervision/Behavioral Plan Developed with Client/Individual
[x] Internal Investigation Underway
Interventions:
[ ]Physical
[ ]Mechanical
[ ]Seclusions
[ ]Chemical
[ ]Law Enforcement

[ ] Reported to Adult/Child Protective Services
Date:
( ) Substantiated ( ) Unsubstantiate
[ ] Licensing Notified
Date:

[x] Funding Source Notified
Date: [redacted]
[ ] Family Notified
Date:
[x] Guardian Notified
Date: [redacted]
[x] Law Enforcement/Probation Notified
Date: [redacted]

Client/Individual Name: [redacted]

22. SECTION F: CLIENT/INDIVIDUAL HISTORY / DIAGNOSES

List Client/Individual's current medical and psychiatric diagnoses, behavioral history (e.g. sexually abused, physically aggressive, running, confabulation, etc.), medical history (e.g. seizures, diabetes, etc.) and medications.

23. SECTION G: ANTECEDENT EVENTS

Briefly describe the Client/Individual's condition and activities prior and leading up to this incident.

Mentor reports that client was having health issues during the previous weekend had seen [redacted] pediatrician. [redacted] pulmanologist had been to the ER. [redacted] expressed frustration that neither pediatrician nor the pulmanologist had listened to her concerns about client's feeds or medications and that client had not been admitted to the hospital but was returned home with fluid in [redacted] lungs.

24. SECTION H: INCIDENT NARRATIVE

Describe IN DETAIL the incident in chronological order. Include who, what, where, when and how. Provide information on alleged injuries, interventions and current status. Report involvement of other parties such as law enforcement, emergency medical services, etc. Include sources of information (e.g. "Mentor reported..." or "Staff observed..."). When using names, include title and/or affiliation (i.e. Joan Smith, DCFS Case Manager.).

[redacted] states that due to these concerns she immediately called 911. [redacted] states tat she noted client stopped breathing and performed CPR with her daughter while waiting for the paramedics. She reports the paramedics took over when they arrived and transported client to the hospital by ambulance. She states that the police officers that arrive with the paramedics instructed her to go to the hospital but to wait for some detectives to arrive. After speaking with [redacted] writer contacted [redacted] hospital but to wait at home for some detectives to arrive. After speaking with [redacted] this writer then contacted [redacted] Hospital and a Nurse in pediatric emergency stated that physicians were attempting to resuscitate client. The writer notified appropriate MENTOR staff and the [redacted] City DSS on call worker, [redacted], of client's status. [redacted] contacted this worker at approximately [redacted] and reported that the Police had informed [redacted] that client died. Worker received a call from [redacted], Physician in Pediatric Emergency. [redacted] reported that client was warm when [redacted] arrived at the hospital but did not have a heartbeat. [redacted] stated that after working on client for over 30 minutes. Client was unable to resuscitated. Worker notified MENTOR staff and [redacted] at [redacted] DSS.

Continue on an additional sheet if necessary. DO NOT WRITE ON BACK OF PAGE)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review			Page 4
SECTION I: REVIEWS / SIGNATURES			
Signature of Person Completing Form	Print Name	Title	Date
Signature of Manager/Director	Print Name	Title	Date
Signature	Print Name	Title	Date
Signature	Print Name	Title	Date
Signature of State Director (Level 3 and 4 only)	Print Name	Title	Date

THE MENTOR NETWORK - INCIDENT REPORT
Attorney/Client Privileged and Confidential: Risk Management/Peer Review — Page 1

Please PRINT Clearly or Type in Legible Font (10-12) - DO NOT Leave Blanks. Complete All Boxes.

SECTION A: CLIENT/INDIVIDUAL INFORMATION

1. Client/Individual's Name: [redacted]
2. Level: ( ) 1 ( ) 2 ( ) 3 (x) 4
3. Guardian: ( ) Self (x) State ( ) Parent(s) ( ) Other:
4. Log #: [redacted]
5. DOB: [redacted]
6. Age: 4 Years 10 M
7. Gender: [redacted]
8. Population: ( ) Adult (18+) (x) Child
9. Service Category: *(Check one)*
   - (x) Behavioral Health
   - ( ) Juvenile Justice
   - ( ) Medically Complex
   - ( ) MR/DD
   - ( ) MR/DD Offender
   - ( ) Acquired Brain Injury
   - ( ) Elder Care
   - ( ) Mental Illness
   - ( ) MR/MI
   - ( ) Education
   - ( ) Other:
10. Date of Admission to MENTOR NETWORK: [redacted]
11. Length of Current Placement/Services: 10 Days

SECTION B: PROGRAM INFORMATION

12. State: [redacted]
13. City: [redacted]
14. If Acquisition/Partner, specify company name:
15. Program Name: [redacted]
16. Service Setting/Model: (check the ONE that most closely fits)
   - ( ) ICF/MR (Intermediate Care Facility)
   - ( ) Group or Shared Living (3+ clients/individuals with 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with 24/7)
   - (x) Mentor Home/ Host Home
   - ( ) Group or Shared Living (3+ clients/individuals with less than 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with less than 24/7)
   - ( ) Home Health Agency Services
   - ( ) Family/School/Home Based Supports (periodic services less than 24/7)
   - ( ) Clinical/Outpatient Therapy/Rehab (OT, PT, Speech)
   - ( ) Day Program
   - ( ) Supported Employment/Vocational
   - ( ) School
   - ( ) Brokerage/Case Management (non-residential)

SECTION C: INCIDENT INFORMATION

17. Date & Time of Incident: [redacted]
18. First Reported to MENTOR NETWORK: [redacted]
    By: *(Name & Title)* [redacted] DSS Hotline Supervisor
19. Location of Incident: *(check one)*
   - (x) Mentor Home (x) Primary ( ) Respite
     Mentor Name: [redacted]
     # of Clients/Individuals Living in Home: 1
   - ( ) Client/Individual's Residence (group home, ICF, apt)
   - ( ) Client/Individual's Biological Family/Guardian Home
   - ( ) Day Program
   - ( ) School
   - ( ) Client/Individual's Place of Employment
   - ( ) Vehicle
   - ( ) Program Office
   - ( ) Community
   - ( ) Other:
20. Outcome of Incident: *(check all that apply)*
   - [ ] Remain in Current Placement
   - [ ] Placement Decision Pending
   - [ ] Client/Individual Placed in Respite
   - [ ] Placement Disrupted (i.e. Client/Individual transferred to new home/ program/placement within MENTOR NETWORK)
   - [ ] Discharged from MENTOR NETWORK
   - [ ] Temporarily or Permanently Closed Mentor Home
   - [ ] Emergency Psychiatric Evaluation (no hospitalization)
   - [ ] Emergency Psychiatric Hospitalization
   - [ ] Emergency Medical Hospitalization
   - [ ] In-school suspension
   - [ ] School Suspension/Expulsion
   - [ ] Client/Individual Arrest/Detention
   - [x] Death
   - [ ] Other:
21. **Summarize in 2-3 sentences the key aspects of the incident for entry into Risk Management database.**

* At [redacted] the on-call coordinator received a call from the State Director ([redacted]) asking for confirmation on the admission of [redacted] to the program. The State Director ([redacted]) had been called from DSS about a child that died while in the care of MENTOR. The on-call called and confirmed with [redacted] covering supervisor of the DSS Hotline, that [redacted] had died from cardiac arrest at [redacted] Hospital around [redacted]

Attorney/Client Privileged and Confidential: Risk Management/Peer Review **Page 2**

Client/Individual Name: [redacted]

SECTION D: INCIDENT DESCRIPTORS (check all that apply)

DEATH (death of client/individual is a Level 4 incident):
( ) Expected Death of Client/Individual
(x) Unexpected Death of Client/Individual

CLIENT/INDIVIDUAL ELOPEMENT/AWOL:
( ) Located at the Time of the Incident Report
( ) Unable to Locate at the Time of the Incident Report
( ) Other:

CLIENT/INDIVIDUAL BEHAVIORAL:
[ ] Self-Injurious Behavior
[ ] Mental Health De-compensation
[ ] Oppositional Behaviors
[ ] Inappropriate Sexual Comments/Threats
[ ] Verbal Threats of Violence
[ ] Exhibitionism/Public Masturbation

CARE-TAKER MISCONDUCT:
(Suspected, Alleged or Confirmed)

Caretaker:
[ ] Mentor
[ ] Mentor Family Member
[ ] Staff
[ ] Other Caretaker:

Alleged Misconduct:
[ ] Sexual Boundary/Abuse
[ ] Verbal or Emotional Abuse
[ ] Physical Assault/Abuse
[ ] Corporal/Inappropriate Punishment
[ ] Inappropriate Use of Restraint/Physical Intervention
[ ] Neglect
[ ] Inadequate Supervision
[ ] Criminal Arrest of Caretaker
[ ] Alcohol/Drug Use by Caretaker
[ ] Misuse of Client/Individual's Funds
[ ] Misappropriation/Destruction of Client/Individual Personal Property
[ ] Other:

MEDICATION INCIDENTS:
[ ] Medication Error
[ ] Missing Controlled Substances
[ ] Serious Adverse Reaction to Medication

MEDICAL INCIDENTS:
[ ] Illness Requiring Medical Treatment
[ ] Deterioration in Existing Medical Condition
[ ] Pregnancy
[ ] Seizure Requiring Emergency Treatment
[ ] UTI
[ ] Bowel Impaction
[ ] Pneumonia
[ ] Pressure Sores
[ ] Other:

CLIENT/INDIVIDUAL INJURY BY:
[ ] Physical Assault by Third Party/Other Individual in our car
[ ] Sexual Assault by Third Party/Other Individual in our care
[ ] Theft by Third Party
[ ] Fall
[ ] Choking
[ ] Bathing/Scalding Related Injuries
[ ] Other Burns
[ ] Vehicle
[ ] Swimming/Near Drowning
[ ] Other Accidental Injury:

SUICIDAL CLIENT/INDIVIDUAL:
[ ] Suicidal Threats or Verbalizations
[ ] Suicidal Attempt or Gesture

EXPOSURE CONTROL INCIDENTS:
[ ] Client/Individual Exposed to Blood Borne Pathogens
[ ] Client/Individual Exposed Third Party to Blood Borne Pathogens

SEXUAL ASSAULT OR INAPPROPRIATE SEXUAL BEHAVIOR BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ]To Mentor's Family Member
[ ] To Other Third Party

PROPERTY DAMAGE BY CLIENT/INDIVIDUAL:
[ ] Property Damage Under $1,000
[ ] Property Damage Over $1,000
[ ] Vehicle Theft
[ ] Fire Setting
[ ] Theft/Shoplifting
[ ] Other:

PHYSICAL ASSAULTS BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ]To Mentor's Family Member
[ ] To Other Third Party
[ ]To Animals (animal cruelty)

POSSESSION OF PROHIBITED MATERIALS: (Defined per client/individual/program)

[ ] Possession of Prohibited Materials (i.e., alcohol, lighter, weapon, pornography, illicit drugs, etc.)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 3

SECTION E: PROGRAMMATIC RESPONSE (Check all that apply)

[x] Counseling/Training for Staff/Mentor
[ ] ISP/Supervision/Behavioral Plan Developed with Client/Individual
[x] Internal Investigation Underway
Interventions:
[ ]Physical
[ ]Mechanical
[ ]Seclusions
[ ]Chemical
[ ]Law Enforcement

[ ] Reported to Adult/Child Protective Services
Date:
( ) Substantiated ( ) Unsubstantiate
[x] Licensing Notified
Date:

[x] Funding Source Notified
Date:
[x] Family Notified
Date:
[x] Guardian Notified
Date:
[x] Law Enforcement/Probation Notified
Date:

Client/Individual Name: **Log #**

22.

SECTION F: CLIENT/INDIVIDUAL HISTORY / DIAGNOSES

List Client/Individual's current medical and psychiatric diagnoses, behavioral history (e.g. sexually abused, physically aggressive, running, confabulation, etc.), medical history (e.g. seizures, diabetes, etc.) and medications.

, the client, had an alleged history according to mother of being sexually inappropriate with two year old sister and setting a fire. It is shown in record that none of these behaviors are noted anywhere and ASAP listed as moderate risk, reportedly only because the evaluator wanted to be cautious. She reported that she saw no indication of fire setting behavior.

23.

SECTION G: ANTECEDENT EVENTS

Briefly describe the Client/Individual's condition and activities prior and leading up to this incident.

It was reported by DSS that mentor) reported that the client was jumping on bed on in the evening and fell off the bed. The client hit head on a radiator. The foster mother checked head and did not take to the hospital. On-call was notified at that time.

24.

SECTION H: INCIDENT NARRATIVE

Describe IN DETAIL the incident in chronological order. Include who, what, where, when and how. Provide information on alleged injuries, interventions and current status. Report involvement of other parties such as law enforcement, emergency medical services, etc. Include sources of information (e.g. "Mentor reported..." or "Staff observed..."). When using names, include title and/or affiliation (i.e. Joan Smith, DCFS Case Manager.).

At the On-Call Coordinator was called by the State Director) to confirm the contracting of mentor to care for through MENTOR. The on-call was able to confirm and notified the State Director). The State Director instructed the on-call to call the DSS Hotline to find out any information and confirm that the client had died while in the mentor's care. The on-call called the DSS Hotline and requested a phone call with the covering supervisor. At the DSS Supervisor called the On-Call Coordinator and confirmed that was brought to Hospital around , and died soon thereafter from cardiac arrest. DSS was investigating the incident and the police were also called to the hospital to interview the foster parent and figure out what happened. The DSS supervisor reported that she was called at . or to be informed that had died at the hospital. The mentor) reported that had been jumping on bed the night before and fell of and struck head on a radiator. The mentor reported she checked and did not find reason to bring to the hospital. The client reportedly watched some t.v. and then went to bed. The on-call was notified. The next morning the mentor reported that the client felt sick and was very low key. was not hungry and drank a [illegible] mentor wanted to take to the store and had her boyfriend, , help her get the client into the car seat and they proceeded to head to the store. On the way, the mentor reported that the client stopped responding to her talking and slumped over in car seat. The foster mother and her boyfriend rushed to Hospital where was pronounced dead of cardiac arrest at DSS, the police and the client's mother were notified. An internal investigation is currently underway at MENTOR.

Attorney/Client Privileged and Confidential: Risk Management/Peer Review			Page 4
SECTION I: REVIEWS / SIGNATURES			
Signature of Person Completing Form	Print Name	Title	Date
Signature of Manager/Director	Print Name	Title	Date
Signature	Print Name	Title	Date
Signature	Print Name	Title	Date
Signature of State Director (Level 3 and 4 only)	Print Name	Title	Date

THE MENTOR NETWORK - INCIDENT REPORT
Attorney/Client Privileged and Confidential: Risk Management/Peer Review — Page 1

Please PRINT Clearly or Type in Legible Font (10-12) - DO NOT Leave Blanks. Complete All Boxes.

SECTION A: CLIENT/INDIVIDUAL INFORMATION

1. Client/Individual's Name: [redacted]
2. Level: ( ) 1 ( ) 2 ( ) 3 (x) 4
3. Guardian: ( ) Self (x) State ( ) Parent(s) ( ) Other:
4. Log #: [redacted]
5. DOB: [redacted]
6. Age: 3 Years 9 M
7. Gender: [redacted]
8. Population: ( ) Adult (18+) (x) Child
9. Service Category: *(Check one)*
   - ( ) Behavioral Health
   - ( ) Juvenile Justice
   - (x) Medically Complex
   - ( ) MR/DD
   - ( ) MR/DD Offender
   - ( ) Acquired Brain Injury
   - ( ) Elder Care
   - ( ) Mental Illness
   - ( ) MR/MI
   - ( ) Education
   - ( ) Other:
10. Date of Admission to MENTOR NETWORK: [redacted]
11. Length of Current Placement/Services: 10 Months

SECTION B: PROGRAM INFORMATION

12. State: [redacted]
13. City: [redacted]
14. If Acquisition/Partner, specify company name:
15. Program Name: [redacted]
16. Service Setting/Model: (check the ONE that most closely fits)
   - ( ) ICF/MR (Intermediate Care Facility)
   - ( ) Group or Shared Living (3+ clients/individuals with 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with 24/7)
   - (x) Mentor Home/ Host Home
   - ( ) Group or Shared Living (3+ clients/individuals with less than 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with less than 24/7)
   - ( ) Home Health Agency Services
   - ( ) Family/School/Home Based Supports (periodic services less than 24/7)
   - ( ) Clinical/Outpatient Therapy/Rehab (OT, PT, Speech)
   - ( ) Day Program
   - ( ) Supported Employment/Vocational
   - ( ) School
   - ( ) Brokerage/Case Management (non-residential)

SECTION C: INCIDENT INFORMATION

17. Date & Time of Incident: [redacted]
18. First Reported to MENTOR NETWORK: [redacted]
   By: *(Name & Title)* [redacted] mentor
19. Location of Incident: *(check one)*
   - (x) Mentor Home (x) Primary ( ) Respite
     Mentor Name: [redacted]
     # of Clients/Individuals Living in Home: 5
   - ( ) Client/Individual's Residence (group home, ICF, apt)
   - ( ) Client/Individual's Biological Family/Guardian Home
   - ( ) Day Program
   - ( ) School
   - ( ) Client/Individual's Place of Employment
   - ( ) Vehicle
   - ( ) Program Office
   - ( ) Community
   - ( ) Other:
20. Outcome of Incident: *(check all that apply)*
   - [ ] Remain in Current Placement
   - [ ] Placement Decision Pending
   - [ ] Client/Individual Placed in Respite
   - [ ] Placement Disrupted (i.e. Client/Individual transferred to new home/ program/placement within MENTOR NETWORK)
   - [ ] Discharged from MENTOR NETWORK
   - [ ] Temporarily or Permanently Closed Mentor Home
   - [ ] Emergency Psychiatric Evaluation (no hospitalization)
   - [ ] Emergency Psychiatric Hospitalization
   - [ ] Emergency Medical Hospitalization
   - [ ] In-school suspension
   - [ ] School Suspension/Expulsion
   - [ ] Client/Individual Arrest/Detention
   - [x] Death
   - [ ] Other:
21. **Summarize in 2-3 sentences the key aspects of the incident for entry into Risk Management database.**

* On-call service relayed phone message from mentor [redacted] that [redacted] was not breathing and that the EMS were already there working on [redacted] CC called [redacted] back immediately and she reported that EMS had determined [redacted] was ~~dead. She said that she went into [redacted] room at [redacted] to feed [redacted] and [redacted] was pale and not breathing. She said~~ that she and her husband administered CPR (artificial respiration and chest compressions) in tandem. When EMS arrived, they hooked [redacted] up to a monitor and determined that [redacted] was dead.

Attorney/Client Privileged and Confidential: Risk Management/Peer Review — Page 2

Client/Individual Name: [redacted]

SECTION D: INCIDENT DESCRIPTORS (check all that apply)

DEATH (death of client/individual is a Level 4 incident):
( ) Expected Death of Client/Individual
(x) Unexpected Death of Client/Individual

CLIENT/INDIVIDUAL ELOPEMENT/AWOL:
( ) Located at the Time of the Incident Report
( ) Unable to Locate at the Time of the Incident Report
( ) Other:

CLIENT/INDIVIDUAL BEHAVIORAL:
[ ] Self-Injurious Behavior
[ ] Mental Health De-compensation
[ ] Oppositional Behaviors
[ ] Inappropriate Sexual Comments/Threats
[ ] Verbal Threats of Violence
[ ] Exhibitionism/Public Masturbation

CARE-TAKER MISCONDUCT:
(Suspected, Alleged or Confirmed)

Caretaker:
[ ] Mentor
[ ] Mentor Family Member
[ ] Staff
[ ] Other Caretaker:

Alleged Misconduct:
[ ] Sexual Boundary/Abuse
[ ] Verbal or Emotional Abuse
[ ] Physical Assault/Abuse
[ ] Corporal/Inappropriate Punishment
[ ] Inappropriate Use of Restraint/Physical Intervention
[ ] Neglect
[ ] Inadequate Supervision
[ ] Criminal Arrest of Caretaker
[ ] Alcohol/Drug Use by Caretaker
[ ] Misuse of Client/Individual's Funds
[ ] Misappropriation/Destruction of Client/Individual Personal Property
[ ] Other:

MEDICATION INCIDENTS:
[ ] Medication Error
[ ] Missing Controlled Substances
[ ] Serious Adverse Reaction to Medication

MEDICAL INCIDENTS:
[ ] Illness Requiring Medical Treatment
[ ] Deterioration in Existing Medical Condition
[ ] Pregnancy
[ ] Seizure Requiring Emergency Treatment
[ ] UTI
[ ] Bowel Impaction
[ ] Pneumonia
[ ] Pressure Sores
[ ] Other:

CLIENT/INDIVIDUAL INJURY BY:
[ ] Physical Assault by Third Party/Other Individual in our car
[ ] Sexual Assault by Third Party/Other Individual in our care
[ ] Theft by Third Party
[ ] Fall
[ ] Choking
[ ] Bathing/Scalding Related Injuries
[ ] Other Burns
[ ] Vehicle
[ ] Swimming/Near Drowning
[ ] Other Accidental Injury:

SUICIDAL CLIENT/INDIVIDUAL:
[ ] Suicidal Threats or Verbalizations
[ ] Suicidal Attempt or Gesture

EXPOSURE CONTROL INCIDENTS:
[ ] Client/Individual Exposed to Blood Borne Pathogens
[ ] Client/Individual Exposed Third Party to Blood Borne Pathogens

SEXUAL ASSAULT OR INAPPROPRIATE SEXUAL BEHAVIOR BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ]To Mentor's Family Member
[ ] To Other Third Party

PROPERTY DAMAGE BY CLIENT/INDIVIDUAL:
[ ] Property Damage Under $1,000
[ ] Property Damage Over $1,000
[ ] Vehicle Theft
[ ] Fire Setting
[ ] Theft/Shoplifting
[ ] Other:

PHYSICAL ASSAULTS BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ]To Mentor's Family Member
[ ] To Other Third Party
[ ]To Animals (animal cruelty)

POSSESSION OF PROHIBITED MATERIALS: (Defined per client/individual/program)
[ ] Possession of Prohibited Materials (i.e., alcohol, lighter, weapon, pornography, illicit drugs, etc.)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 3

SECTION E: PROGRAMMATIC RESPONSE (Check all that apply)

[ ] Counseling/Training for Staff/Mentor
[ ] ISP/Supervision/Behavioral Plan Developed with Client/Individual
[x] Internal Investigation Underway
Interventions:
[ ]Physical
[ ]Mechanical
[ ]Seclusions
[ ]Chemical
[ ]Law Enforcement

[ ] Reported to Adult/Child Protective Services
Date:
( ) Substantiated ( ) Unsubstantiate
[x] Licensing Notified
Date:

[x] Funding Source Notified
Date:
[ ] Family Notified
Date:
[x] Guardian Notified
Date:
[ ] Law Enforcement/Probation Notified
Date:

Client/Individual Name: **Log #:**

22. SECTION F: CLIENT/INDIVIDUAL HISTORY / DIAGNOSES

List Client/Individual's current medical and psychiatric diagnoses, behavioral history (e.g. sexually abused, physically aggressive, running, confabulation, etc.), medical history (e.g. seizures, diabetes, etc.) and medications.

current medicaitons are Phenobarbital 300 mg - 2tsp at bedtime; Trileptal 250 mg am/pm and Transderm Scoope Patch changed every 3 days. is diagnosed with 299.80 Pervasive Developmental Disorder, NOS; Microcephaly; Developmental Delay; CP; and Seizure Disorder. is a 3 year old who was taken into DFCS custody due to medical neglect. was fed through a nasal gastric tube until had G-tube surgery in Dr. just replaced her G-tube on with a mickey button.

23. SECTION G: ANTECEDENT EVENTS

Briefly describe the Client/Individual's condition and activities prior and leading up to this incident.

reported that she fed (bolus feeding) at and put to bd at checked on t and appeared sleeping peacefully.

24. SECTION H: INCIDENT NARRATIVE

Describe IN DETAIL the incident in chronological order. Include who, what, where, when and how. Provide information on alleged injuries, interventions and current status. Report involvement of other parties such as law enforcement, emergency medical services, etc. Include sources of information (e.g. "Mentor reported..." or "Staff observed..."). When using names, include title and/or affiliation (i.e. Joan Smith, DCFS Case Manager.).

On-call services relayed phone message from mentor that was not breathing and that the EMS were already there working on CC called back immediately and she reported that EMS had determined that was dead. She said that she went into room at . to feed and was pale and not breathing. She said that she and her husband administered CPR in tandem (artificial respiration and chest compressions). When EMS arrived they hooked up to a monitor and determined that was dead. continued chest compressions while EMS hooked up to the monitor.

Continue on an additional sheet if necessary. DO NOT WRITE ON BACK OF PAGE)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review			Page 4
SECTION I: REVIEWS / SIGNATURES			
Signature of Person Completing Form	Print Name	Title	Date
Signature of Manager/Director	Print Name	Title	Date
Signature	Print Name	Title	Date
Signature	Print Name	Title	Date
Signature of State Director (Level 3 and 4 only)	Print Name	Title	Date

THE MENTOR NETWORK - INCIDENT REPORT
Attorney/Client Privileged and Confidential: Risk Management/Peer Review — Page 1

Please PRINT Clearly or Type in Legible Font (10-12) - DO NOT Leave Blanks. Complete All Boxes.

SECTION A: CLIENT/INDIVIDUAL INFORMATION

1. Client/Individual's Name: [redacted]
2. Level: ( ) 1 ( ) 2 ( ) 3 (x) 4
3. Guardian: ( ) Self (x) State ( ) Parent(s) ( ) Other:
4. Log #: [redacted]
5. DOB: [redacted]
6. Age: 6 Years 3 M
7. Gender: [redacted]
8. Population: ( ) Adult (18+) (x) Child
9. Service Category: *(Check one)*
   - ( ) Behavioral Health
   - ( ) Juvenile Justice
   - (x) Medically Complex
   - ( ) MR/DD
   - ( ) MR/DD Offender
   - ( ) Acquired Brain Injury
   - ( ) Elder Care
   - ( ) Mental Illness
   - ( ) MR/MI
   - ( ) Education
   - ( ) Other:
10. Date of Admission to MENTOR NETWORK: [redacted]
11. Length of Current Placement/Services: 5 Months

SECTION B: PROGRAM INFORMATION

12. State: [redacted]
13. City: [redacted]
14. If Acquisition/Partner, specify company name:
15. Program Name: [redacted]
16. Service Setting/Model: (check the ONE that most closely fits)
   - ( ) ICF/MR (Intermediate Care Facility)
   - ( ) Group or Shared Living (3+ clients/individuals with 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with 24/7)
   - (x) Mentor Home/ Host Home
   - ( ) Group or Shared Living (3+ clients/individuals with less than 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with less than 24/7)
   - ( ) Home Health Agency Services
   - ( ) Family/School/Home Based Supports (periodic services less than 24/7)
   - ( ) Clinical/Outpatient Therapy/Rehab (OT, PT, Speech)
   - ( ) Day Program
   - ( ) Supported Employment/Vocational
   - ( ) School
   - ( ) Brokerage/Case Management (non-residential)

SECTION C: INCIDENT INFORMATION

17. Date & Time of Incident: [redacted]
18. First Reported to MENTOR NETWORK: [redacted]
    By: *(Name & Title)* [redacted] mentor
19. Location of Incident: *(check one)*
   - (x) Mentor Home (x) Primary ( ) Respite
     Mentor Name: [redacted]
     # of Clients/Individuals Living In Home:
   - ( ) Client/Individual's Residence (group home, ICF, apt)
   - ( ) Client/Individual's Biological Family/Guardian Home
   - ( ) Day Program
   - ( ) School
   - ( ) Client/Individual's Place of Employment
   - ( ) Vehicle
   - ( ) Program Office
   - ( ) Community
   - ( ) Other:
20. Outcome of Incident: *(check all that apply)*
   - [ ] Remain in Current Placement
   - [ ] Placement Decision Pending
   - [ ] Client/Individual Placed in Respite
   - [ ] Placement Disrupted (i.e. Client/Individual transferred to new home/ program/placement within MENTOR NETWORK)
   - [ ] Discharged from MENTOR NETWORK
   - [ ] Temporarily or Permanently Closed Mentor Home
   - [ ] Emergency Psychiatric Evaluation (no hospitalization)
   - [ ] Emergency Psychiatric Hospitalization
   - [ ] Emergency Medical Hospitalization
   - [ ] In-school suspension
   - [ ] School Suspension/Expulsion
   - [ ] Client/Individual Arrest/Detention
   - [x] Death
   - [ ] Other:
21. Summarize in 2-3 sentences the key aspects of the incident for entry into Risk Management database.

[redacted] was found in [redacted] bed by [redacted] nurse blue and not breathing.

Attorney/Client Privileged and Confidential: Risk Management/Peer Review — Page 2

Client/Individual Name: [redacted] Log #: [redacted]

SECTION D: INCIDENT DESCRIPTORS (check all that apply)

DEATH (death of client/individual is a Level 4 incident):
( ) Expected Death of Client/Individual
(x) Unexpected Death of Client/Individual

CLIENT/INDIVIDUAL ELOPEMENT/AWOL:
( ) Located at the Time of the Incident Report
( ) Unable to Locate at the Time of the Incident Report
( ) Other:

CARE-TAKER MISCONDUCT:
(Suspected, Alleged or Confirmed)

Caretaker:
[ ] Mentor
[ ] Mentor Family Member
[ ] Staff
[ ] Other Caretaker:

Alleged Misconduct:
[ ] Sexual Boundary/Abuse
[ ] Verbal or Emotional Abuse
[ ] Physical Assault/Abuse
[ ] Corporal/Inappropriate Punishment
[ ] Inappropriate Use of Restraint/Physical Intervention
[ ] Neglect
[ ] Inadequate Supervision
[ ] Criminal Arrest of Caretaker
[ ] Alcohol/Drug Use by Caretaker
[ ] Misuse of Client/Individual's Funds
[ ] Misappropriation/Destruction of Client/Individual Personal Property
[ ] Other:

SUICIDAL CLIENT/INDIVIDUAL:
[ ] Suicidal Threats or Verbalizations
[ ] Suicidal Attempt or Gesture

SEXUAL ASSAULT OR INAPPROPRIATE SEXUAL BEHAVIOR BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ]To Mentor's Family Member
[ ] To Other Third Party

PHYSICAL ASSAULTS BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ]To Mentor's Family Member
[ ] To Other Third Party
[ ]To Animals (animal cruelty)

CLIENT/INDIVIDUAL BEHAVIORAL:
[ ] Self-Injurious Behavior
[ ] Mental Health De-compensation
[ ] Oppositional Behaviors
[ ] Inappropriate Sexual Comments/Threats
[ ] Verbal Threats of Violence
[ ] Exhibitionism/Public Masturbation

MEDICATION INCIDENTS:
[ ] Medication Error
[ ] Missing Controlled Substances
[ ] Serious Adverse Reaction to Medication

MEDICAL INCIDENTS:
[ ] Illness Requiring Medical Treatment
[ ] Deterioration in Existing Medical Condition
[ ] Pregnancy
[ ] Seizure Requiring Emergency Treatment
[ ] UTI
[ ] Bowel Impaction
[ ] Pneumonia
[ ] Pressure Sores
[ ] Other:

CLIENT/INDIVIDUAL INJURY BY:
[ ] Physical Assault by Third Party/Other Individual in our car
[ ] Sexual Assault by Third Party/Other Individual in our care
[ ] Theft by Third Party
[ ] Fall
[ ] Choking
[ ] Bathing/Scalding Related Injuries
[ ] Other Burns
[ ] Vehicle
[ ] Swimming/Near Drowning
[ ] Other Accidental Injury:

EXPOSURE CONTROL INCIDENTS:
[ ] Client/Individual Exposed to Blood Borne Pathogens
[ ] Client/Individual Exposed Third Party to Blood Borne Pathogens

PROPERTY DAMAGE BY CLIENT/INDIVIDUAL:
[ ] Property Damage Under $1,000
[ ] Property Damage Over $1,000
[ ] Vehicle Theft
[ ] Fire Setting
[ ] Theft/Shoplifting
[ ] Other:

POSSESSION OF PROHIBITED MATERIALS: (Defined per client/individual/program)
[ ] Possession of Prohibited Materials (i.e., alcohol, lighter, weapon, pornography, illicit drugs, etc.)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 3

SECTION E: PROGRAMMATIC RESPONSE (Check all that apply)

[ ] Counseling/Training for Staff/Mentor
[ ] ISP/Supervision/Behavioral Plan Developed with Client/Individual
[ ] Internal Investigation Underway
Interventions:
[ ]Physical
[ ]Mechanical
[ ]Seclusions
[ ]Chemical
[ ]Law Enforcement

[x] Reported to Adult/Child Protective Services
Date:
( ) Substantiated ( ) Unsubstantiate
[ ] Licensing Notified
Date:

[x] Funding Source Notified
Date:
[x] Family Notified
Date:
[x] Guardian Notified
Date:
[x] Law Enforcement/Probation Notified
Date:

Client/Individual Name: Log #:

22.
SECTION F: CLIENT/INDIVIDUAL HISTORY / DIAGNOSES

List Client/Individual's current medical and psychiatric diagnoses, behavioral history (e.g. sexually abused, physically aggressive, running, confabulation, etc.), medical history (e.g. seizures, diabetes, etc.) and medications.

has Cerebral Palsy.

23.
SECTION G: ANTECEDENT EVENTS

Briefly describe the Client/Individual's condition and activities prior and leading up to this incident.

was asleep in bed.

24.
SECTION H: INCIDENT NARRATIVE

Describe IN DETAIL the incident in chronological order. Include who, what, where, when and how. Provide information on alleged injuries, interventions and current status. Report involvement of other parties such as law enforcement, emergency medical services, etc. Include sources of information (e.g. "Mentor reported..." or "Staff observed..."). When using names, include title and/or affiliation (i.e. Joan Smith, DCFS Case Manager.).

At on on-call worker received a call from that at approximately on Nurse, went to check on and found that lips were blue and was not breathing. She called mentor over and she found no pulse. was still warm, therefore, they began CPR and immediately called 911. They attempted to resuciatate until the ambulance arrived at was taken to Medical Center in by ambulance and was pronounced dead at The Coroner released body at approximately and he was taken to Funeral Home in Supervisor, , and Program Coordinator, were present at the hospital.

Continue on an additional sheet if necessary. DO NOT WRITE ON BACK OF PAGE)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review			Page 4
SECTION I: REVIEWS / SIGNATURES			
Signature of Person Completing Form	Print Name	Title	Date
Signature of Manager/Director	Print Name	Title	Date
Signature	Print Name	Title	Date
Signature	Print Name	Title	Date
Signature of State Director (Level 3 and 4 only)	Print Name	Title	Date

THE MENTOR NETWORK - INCIDENT REPORT
Attorney/Client Privileged and Confidential: Risk Management/Peer Review — Page 1

Please PRINT Clearly or Type in Legible Font (10-12) - DO NOT Leave Blanks. Complete All Boxes.

SECTION A: CLIENT/INDIVIDUAL INFORMATION

1. Client/Individual's Name: [redacted]
2. Level: ( ) 1 ( ) 2 ( ) 3 (x) 4
3. Guardian: ( ) Self (x) State ( ) Parent(s) ( ) Other:
4. Log #: [redacted]
5. DOB: [redacted]
6. Age: 2 Months
7. Gender: [redacted]
8. Population: ( ) Adult (18+) (x) Child
9. Service Category: *(Check one)*
   - ( ) Behavioral Health
   - ( ) Juvenile Justice
   - ( ) Medically Complex
   - ( ) MR/DD
   - ( ) MR/DD Offender
   - ( ) Acquired Brain Injury
   - ( ) Elder Care
   - ( ) Mental Illness
   - ( ) MR/MI
   - ( ) Education
   - (x) Other: basic Care
10. Date of Admission to MENTOR NETWORK: [redacted]
11. Length of Current Placement/Services: 2 Months

SECTION B: PROGRAM INFORMATION

12. State: [redacted]
13. City: [redacted]
14. If Acquisition/Partner, specify company name:
15. Program Name: [redacted]
16. Service Setting/Model: (check the ONE that most closely fits)
   - ( ) ICF/MR (Intermediate Care Facility)
   - ( ) Group or Shared Living (3+ clients/individuals with 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with 24/7)
   - (x) Mentor Home/ Host Home
   - ( ) Group or Shared Living (3+ clients/individuals with less than 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with less than 24/7)
   - ( ) Home Health Agency Services
   - ( ) Family/School/Home Based Supports (periodic services less than 24/7)
   - ( ) Clinical/Outpatient Therapy/Rehab (OT, PT, Speech)
   - ( ) Day Program
   - ( ) Supported Employment/Vocational
   - ( ) School
   - ( ) Brokerage/Case Management (non-residential)

SECTION C: INCIDENT INFORMATION

17. Date & Time of Incident: [redacted]
18. First Reported to MENTOR NETWORK: [redacted]
   By: *(Name & Title)* [redacted] Mentor
19. Location of Incident: *(check one)*
   - (x) Mentor Home (x) Primary ( ) Respite
     Mentor Name: [redacted]
     # of Clients/Individuals Living in Home: 2
   - ( ) Client/Individual's Residence (group home, ICF, apt)
   - ( ) Client/Individual's Biological Family/Guardian Home
   - ( ) Day Program
   - ( ) School
   - ( ) Client/Individual's Place of Employment
   - ( ) Vehicle
   - ( ) Program Office
   - ( ) Community
   - ( ) Other:
20. Outcome of Incident: *(check all that apply)*
   - [ ] Remain in Current Placement
   - [ ] Placement Decision Pending
   - [ ] Client/Individual Placed in Respite
   - [ ] Placement Disrupted (i.e. Client/individual transferred to new home/ program/placement within MENTOR NETWORK)
   - [ ] Discharged from MENTOR NETWORK
   - [ ] Temporarily or Permanently Closed Mentor Home
   - [ ] Emergency Psychiatric Evaluation (no hospitalization)
   - [ ] Emergency Psychiatric Hospitalization
   - [ ] Emergency Medical Hospitalization
   - [ ] In-school suspension
   - [ ] School Suspension/Expulsion
   - [ ] Client/Individual Arrest/Detention
   - [x] Death
   - [ ] Other:

21. **Summarize in 2-3 sentences the key aspects of the incident for entry into Risk Management database.**

The foster parent reported hat on [redacted] client stopped breathing. [redacted] called 911 and immediately began CPR. The client was transported by ambulance to the [redacted] Client was pronounced dead at [redacted] The cause of death has been listed as aspiration. The autopsy is scheduled for [redacted]

Attorney/Client Privileged and Confidential: Risk Management/Peer Review — Page 2

Client/Individual Name: [redacted] Log #: [redacted]

SECTION D: INCIDENT DESCRIPTORS (check all that apply)

DEATH (death of client/individual is a **Level 4** incident):
( ) Expected Death of Client/Individual
(x) Unexpected Death of Client/Individual

CLIENT/INDIVIDUAL ELOPEMENT/AWOL:
( ) Located at the Time of the Incident Report
( ) Unable to Locate at the Time of the Incident Report
( ) Other:

CLIENT/INDIVIDUAL BEHAVIORAL:
[ ] Self-Injurious Behavior
[ ] Mental Health De-compensation
[x] Oppositional Behaviors
[ ] Inappropriate Sexual Comments/Threats
[ ] Verbal Threats of Violence
[ ] Exhibitionism/Public Masturbation

CARE-TAKER MISCONDUCT:
(Suspected, Alleged or Confirmed)

Caretaker:
[ ] Mentor
[ ] Mentor Family Member
[ ] Staff
[ ] Other Caretaker:

Alleged Misconduct:
[ ] Sexual Boundary/Abuse
[ ] Verbal or Emotional Abuse
[ ] Physical Assault/Abuse
[ ] Corporal/Inappropriate Punishment
[ ] Inappropriate Use of Restraint/Physical Intervention
[ ] Neglect
[ ] Inadequate Supervision
[ ] Criminal Arrest of Caretaker
[ ] Alcohol/Drug Use by Caretaker
[ ] Misuse of Client/Individual's Funds
[ ] Misappropriation/Destruction of Client/Individual Personal Property
[ ] Other:

MEDICATION INCIDENTS:
[ ] Medication Error
[ ] Missing Controlled Substances
[ ] Serious Adverse Reaction to Medication

MEDICAL INCIDENTS:
[ ] Illness Requiring Medical Treatment
[ ] Deterioration in Existing Medical Condition
[ ] Pregnancy
[ ] Seizure Requiring Emergency Treatment
[ ] UTI
[ ] Bowel Impaction
[ ] Pneumonia
[ ] Pressure Sores
[ ] Other:

CLIENT/INDIVIDUAL INJURY BY:
[ ] Physical Assault by Third Party/Other Individual in our car
[ ] Sexual Assault by Third Party/Other Individual in our care
[ ] Theft by Third Party
[ ] Fall
[ ] Choking
[ ] Bathing/Scalding Related Injuries
[ ] Other Burns
[ ] Vehicle
[ ] Swimming/Near Drowning
[ ] Other Accidental Injury:

SUICIDAL CLIENT/INDIVIDUAL:
[ ] Suicidal Threats or Verbalizations
[ ] Suicidal Attempt or Gesture

EXPOSURE CONTROL INCIDENTS:
[ ] Client/Individual Exposed to Blood Borne Pathogens
[ ] Client/Individual Exposed Third Party to Blood Borne Pathogens

SEXUAL ASSAULT OR INAPPROPRIATE SEXUAL BEHAVIOR BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ]To Mentor's Family Member
[ ] To Other Third Party

PROPERTY DAMAGE BY CLIENT/INDIVIDUAL:
[ ] Property Damage Under $1,000
[ ] Property Damage Over $1,000
[ ] Vehicle Theft
[ ] Fire Setting
[ ] Theft/Shoplifting
[ ] Other:

PHYSICAL ASSAULTS BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ]To Mentor's Family Member
[ ] To Other Third Party
[ ]To Animals (animal cruelty)

POSSESSION OF PROHIBITED MATERIALS: (Defined per client/individual/program)
[ ] Possession of Prohibited Materials (i.e., alcohol, lighter, weapon, pornography, illicit drugs, etc.)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 3

SECTION E: PROGRAMMATIC RESPONSE (Check all that apply)

[ ] Counseling/Training for Staff/Mentor
[ ] ISP/Supervision/Behavioral Plan Developed with Client/Individual
[ ] Internal Investigation Underway
Interventions:
[ ]Physical
[ ]Mechanical
[ ]Seclusions
[ ]Chemical
[ ]Law Enforcement

[ ] Reported to Adult/Child Protective Services
Date:
( ) Substantiated ( ) Unsubstantiate
[x] Licensing Notified
Date: [redacted]

[x] Funding Source Notified
Date: [redacted]
[ ] Family Notified
Date:
[x] Guardian Notified
Date: [redacted]
[x] Law Enforcement/Probation Notified
Date: [redacted]

Client/Individual Name: [redacted] **Log #:** [redacted]

22.

SECTION F: CLIENT/INDIVIDUAL HISTORY / DIAGNOSES

List Client/Individual's current medical and psychiatric diagnoses, behavioral history (e.g. sexually abused, physically aggressive, running, confabulation, etc.), medical history (e.g. seizures, diabetes, etc.) and medications.

Still training so experienced riders only (no beginners please). Looking for someone dependable, dedicated - no indoor but plowed outdoor-lighted NICE Client was born 5 weeks premature, failed a hearing test at birth and there were some concerns that [redacted] might have some permanent hearing damage. Client did not have any other medical diagnosis. Client had suffered with some chest congestion of the past few months. Client made regular visits to he pediatrician who did not voice any concerns about the client's health. Upon admission Mentor staff was informed client requires occasional physical stimulation to wake [redacted] up and initiate feedings.

23.

SECTION G: ANTECEDENT EVENTS

Briefly describe the Client/Individual's condition and activities prior and leading up to this incident.

The foster parents report that client had had some problems with chest congestion over the past few months. [redacted] symptoms had not worsened nor improved during this time period. Client had been seen by [redacted] pediatrician several times over the course of the past few moths. [redacted] had not prescribed any medication but urged the foster parents to give [redacted] Motrin. The foster parent reported that prior to the actual incident there were no signs that the child was in medical distress. The client had shown illness in the last week.

24.

SECTION H: INCIDENT NARRATIVE

Describe <u>IN DETAIL</u> the incident in chronological order. Include who, what, where, when and how. Provide information on alleged injuries, interventions and current status. Report involvement of other parties such as law enforcement, emergency medical services, etc. Include sources of information (e.g. "Mentor reported..." or "Staff observed..."). When using names, include title and/or affiliation (i.e. Joan Smith, DCFS Case Manager.).

[redacted] reported that she was sitting at her kitchen table reading the news paper and her fiancé [redacted] yelled for her from the living room where [redacted] had been lying on the floor on a pallet with client . She responded to find her fiancé standing in the living room holding client saying something's not right. Mentor noticed what she described as a milky substance coming out of [redacted] nose and mouth. Client was unresponsive. Mentor "grabbed" client from her fiancé and massaged [redacted] chest in order to stimulate [redacted] consciousness. Client was unresponsive. She noticed [redacted] was not breathing and immediately called 911 and dropped the phone and was disconnected before she was able to have a conversation with the dispatcher. She began what she described as CPR (rescue breathing and chest compressions) and her fiancé called 911. Police records indicate the call was made at [redacted] when [redacted] heard the ambulance coming she ran outside and handed client to the paramedic. [redacted] rode to the hospital in the ambulance. [redacted] contacted mentor to repot. According to hospital staff, they worked on client for 15 minute when he arrived in "cardiac arrest". Client was pronounced dead at [redacted] the preliminary findings from the examination indicate the at that the cause of death was "aspiration". The investigator [illegible: overprinted text "Continue on additional sheets as necessary (DO NOT WRITE ON BACK OF PAGE)"] at this point in their investigation there is "no indication of anyone having done anything wrong".

Attorney/Client Privileged and Confidential: Risk Management/Peer Review			Page 4
SECTION I: REVIEWS / SIGNATURES			
Signature of Person Completing Form	Print Name	Title	Date
Signature of Manager/Director	Print Name	Title	Date
Signature	Print Name	Title	Date
Signature	Print Name	Title	Date
Signature of State Director (Level 3 and 4 only)	Print Name	Title	Date

THE MENTOR NETWORK - INCIDENT REPORT
Attorney/Client Privileged and Confidential: Risk Management/Peer Review — Page 1

Please PRINT Clearly or Type in Legible Font (10-12) - DO NOT Leave Blanks. Complete All Boxes.

SECTION A: CLIENT/INDIVIDUAL INFORMATION

1. Client/Individual's Name: [redacted]
2. Level: ( ) 1 ( ) 2 ( ) 3 (x) 4
3. Guardian: ( ) Self (x) State ( ) Parent(s) ( ) Other:
4. Log #: [redacted]
5. DOB: [redacted]
6. Age: 4 Months
7. Gender: [redacted]
8. Population: ( ) Adult (18+) (x) Child
9. Service Category: *(Check one)*
   - (x) Behavioral Health
   - ( ) Juvenile Justice
   - ( ) Medically Complex
   - ( ) MR/DD
   - ( ) MR/DD Offender
   - ( ) Acquired Brain Injury
   - ( ) Elder Care
   - ( ) Mental Illness
   - ( ) MR/MI
   - ( ) Education
   - ( ) Other:
10. Date of Admission to MENTOR NETWORK: [redacted]
11. Length of Current Placement/Services: 1 Days

SECTION B: PROGRAM INFORMATION

12. State: [redacted]
13. City: [redacted]
14. If Acquisition/Partner, specify company name:
15. Program Name: Child Protective Services

16. Service Setting/Model: (check the ONE that most closely fits)
- ( ) ICF/MR (Intermediate Care Facility)
- ( ) Group or Shared Living (3+ clients/individuals with 24/7)
- ( ) Shared or Supported Living (1 or 2 clients/individuals with 24/7)
- (x) Mentor Home/ Host Home
- ( ) Group or Shared Living (3+ clients/individuals with less than 24/7)
- ( ) Shared or Supported Living (1 or 2 clients/individuals with less than 24/7)
- ( ) Home Health Agency Services
- ( ) Family/School/Home Based Supports (periodic services less than 24/7)
- ( ) Clinical/Outpatient Therapy/Rehab (OT, PT, Speech)
- ( ) Day Program
- ( ) Supported Employment/Vocational
- ( ) School
- ( ) Brokerage/Case Management (non-residential)

SECTION C: INCIDENT INFORMATION

17. Date & Time of Incident: [redacted]
18. First Reported to MENTOR NETWORK: [redacted]
   By: *(Name & Title)* [redacted] mentor

19. Location of Incident: *(check one)*
- (x) Mentor Home (x) Primary ( ) Respite
  - Mentor Name: [redacted]
  - # of Clients/Individuals Living in Home:
- ( ) Client/Individual's Residence (group home, ICF, apt)
- ( ) Client/Individual's Biological Family/Guardian Home
- ( ) Day Program
- ( ) School
- ( ) Client/Individual's Place of Employment
- ( ) Vehicle
- ( ) Program Office
- ( ) Community
- ( ) Other:

20. Outcome of Incident: *(check all that apply)*
- [ ] Remain in Current Placement
- [ ] Placement Decision Pending
- [ ] Client/Individual Placed in Respite
- [ ] Placement Disrupted (i.e. Client/Individual transferred to new home/ program/placement within MENTOR NETWORK)
- [ ] Discharged from MENTOR NETWORK
- [ ] Temporarily or Permanently Closed Mentor Home
- [ ] Emergency Psychiatric Evaluation (no hospitalization)
- [ ] Emergency Psychiatric Hospitalization
- [ ] Emergency Medical Hospitalization
- [ ] In-school suspension
- [ ] School Suspension/Expulsion
- [ ] Client/Individual Arrest/Detention
- [x] Death
- [ ] Other:

21. Summarize in 2-3 sentences the key aspects of the incident for entry into Risk Management database.

*[redacted] reported that client woke up and was having possible seizure activity this morning. [redacted] contacted the doctor immediately and immediately took the child to the hospital.

Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 2

Client/Individual Name: [redacted] **Log #:** [redacted]

SECTION D: INCIDENT DESCRIPTORS (check all that apply)

DEATH (death of client/individual is a **Level 4** incident):
( ) Expected Death of Client/Individual
(x) Unexpected Death of Client/Individual

CLIENT/INDIVIDUAL ELOPEMENT/AWOL:
( ) Located at the Time of the Incident Report
( ) Unable to Locate at the Time of the Incident Report
( ) Other:

CLIENT/INDIVIDUAL BEHAVIORAL:
[ ] Self-Injurious Behavior
[ ] Mental Health De-compensation
[ ] Oppositional Behaviors
[ ] Inappropriate Sexual Comments/Threats
[ ] Verbal Threats of Violence
[ ] Exhibitionism/Public Masturbation

CARE-TAKER MISCONDUCT:
(Suspected, Alleged or Confirmed)

Caretaker:
[ ] Mentor
[ ] Mentor Family Member
[ ] Staff
[ ] Other Caretaker:

Alleged Misconduct:
[ ] Sexual Boundary/Abuse
[ ] Verbal or Emotional Abuse
[ ] Physical Assault/Abuse
[ ] Corporal/Inappropriate Punishment
[ ] Inappropriate Use of Restraint/Physical Intervention
[ ] Neglect
[ ] Inadequate Supervision
[ ] Criminal Arrest of Caretaker
[ ] Alcohol/Drug Use by Caretaker
[ ] Misuse of Client/Individual's Funds
[ ] Misappropriation/Destruction of Client/Individual Personal Property
[ ] Other:

MEDICATION INCIDENTS:
[ ] Medication Error
[ ] Missing Controlled Substances
[ ] Serious Adverse Reaction to Medication

MEDICAL INCIDENTS:
[ ] Illness Requiring Medical Treatment
[ ] Deterioration in Existing Medical Condition
[ ] Pregnancy
[ ] Seizure Requiring Emergency Treatment
[ ] UTI
[ ] Bowel Impaction
[ ] Pneumonia
[ ] Pressure Sores
[x] Other: **client became rigid, taken to ER**

CLIENT/INDIVIDUAL INJURY BY:
[ ] Physical Assault by Third Party/Other Individual in our car
[ ] Sexual Assault by Third Party/Other Individual in our care
[ ] Theft by Third Party
[ ] Fall
[ ] Choking
[ ] Bathing/Scalding Related Injuries
[ ] Other Burns
[ ] Vehicle
[ ] Swimming/Near Drowning
[ ] Other Accidental Injury:

SUICIDAL CLIENT/INDIVIDUAL:
[ ] Suicidal Threats or Verbalizations
[ ] Suicidal Attempt or Gesture

EXPOSURE CONTROL INCIDENTS:
[ ] Client/Individual Exposed to Blood Borne Pathogens
[ ] Client/Individual Exposed Third Party to Blood Borne Pathogens

SEXUAL ASSAULT OR INAPPROPRIATE SEXUAL BEHAVIOR BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party

PROPERTY DAMAGE BY CLIENT/INDIVIDUAL:
[ ] Property Damage Under $1,000
[ ] Property Damage Over $1,000
[ ] Vehicle Theft
[ ] Fire Setting
[ ] Theft/Shoplifting
[ ] Other:

PHYSICAL ASSAULTS BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party
[ ] To Animals (animal cruelty)

POSSESSION OF PROHIBITED MATERIALS: (Defined per client/individual/program)
[ ] Possession of Prohibited Materials (i.e., alcohol, lighter, weapon, pornography, illicit drugs, etc.)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 3

SECTION E: PROGRAMMATIC RESPONSE (Check all that apply)

[ ] Counseling/Training for Staff/Mentor
[ ] ISP/Supervision/Behavioral Plan Developed with Client/Individual
[ ] Internal Investigation Underway
Interventions:
[ ]Physical
[ ]Mechanical
[ ]Seclusions
[ ]Chemical
[ ]Law Enforcement

[x] Reported to Adult/Child Protective Services
Date: [redacted]
( ) Substantiated ( ) Unsubstantiate

[x] Licensing Notified
Date: [redacted]

[x] Funding Source Notified
Date: [redacted]
[ ] Family Notified
Date:
[x] Guardian Notified
Date: [redacted]
[ ] Law Enforcement/Probation Notified
Date:

Client/Individual Name: [redacted] **Log #:** [redacted]

22.

SECTION F: CLIENT/INDIVIDUAL HISTORY / DIAGNOSES

List Client/Individual's current medical and psychiatric diagnoses, behavioral history (e.g. sexually abused, physically aggressive, running, confabulation, etc.), medical history (e.g. seizures, diabetes, etc.) and medications.

Client was reported by CPS placement team to have congenital adrenal hyperplasia, hyponatremia and both genitals. CPS reported client had been hospitalized four times since birth for unknown reasons. Medication of child at time of placement included: Phenobarbital, Carbaxefed oral drops, Cortef, and Fludrocortison

23.

SECTION G: ANTECEDENT EVENTS

Briefly describe the Client/Individual's condition and activities prior and leading up to this incident.

Client was reported to have adrenal hyperplasia, hyponatremia, and dual genitalia. [redacted] was reported to have been hospitalized four times since birth. CPS was unsure why client had been hospitalized.

24.

SECTION H: INCIDENT NARRATIVE

Describe IN DETAIL the incident in chronological order. Include who, what, where, when and how. Provide information on alleged injuries, interventions and current status. Report involvement of other parties such as law enforcement, emergency medical services, etc. Include sources of information (e.g. "Mentor reported..." or "Staff observed..."). When using names, include title and/or affiliation (i.e. Joan Smith, DCFS Case Manager.).

On [redacted] I received a telephone call from [redacted] at [redacted] [redacted] reported that she was on [redacted] way to the hospital with client due to possible seizures. [redacted] reported that client woke up at [redacted] and appeared to be doing fine and drank [redacted] bottle. [redacted] gave client [redacted] prescribed medications at [redacted] [redacted] reported that client became rigid at [redacted] and [redacted] eyes rolled to the back of [redacted] head. [redacted] stated she immediately contacted the doctor and was told to take client to the hospital immediately as it sounded like seizures. I, [redacted], contacted CPS caseworker [redacted] to inform him of the situation and that [redacted] was taking client to [redacted] Hospital. Upon arrival at [redacted] Hospital, [redacted] called and informed me that the baby was "code red and not breathing and to call [redacted] immediately to come to the hospital." [redacted], clinical coordinator, was informed and immediately went to the hospital. Clinical supervisor, [redacted] was informed of the situation and also left for the hospital. [redacted] [redacted] program manager was also informed. I informed [redacted] I had just gotten off the phone with [redacted], who informed me that client had coded and CPR was being administered. While I was speaking with [illegible] (Continue on additional sheet if needed: DO NOT WRITE ON BACK OF PAGE) [illegible] reported that the hospital personnel performed CPR before calling the code. [redacted], Program manager, was informed of client's death and contacted licensing [redacted] at [redacted] contacted [redacted] and informed him of client's death. Cause of death is pending the autopsy results. CPS notified biological family of client's death.

Attorney/Client Privileged and Confidential: Risk Management/Peer Review			Page 4
SECTION I: REVIEWS / SIGNATURES			
Signature of Person Completing Form	Print Name	Title	Date
Signature of Manager/Director	Print Name	Title	Date
Signature	Print Name	Title	Date
Signature	Print Name	Title	Date
Signature of State Director (Level 3 and 4 only)	Print Name	Title	Date

THE MENTOR NETWORK - INCIDENT REPORT

Attorney/Client Privileged and Confidential: Risk Management/Peer Review — Page 1

Please PRINT Clearly or Type in Legible Font (10-12) - DO NOT Leave Blanks. Complete All Boxes.

SECTION A: CLIENT/INDIVIDUAL INFORMATION

1. Client/Individual's Name: [redacted]

2. Level: ( ) 1 ( ) 2 ( ) 3 (x) 4

3. Guardian: ( ) Self (x) State ( ) Parent(s) ( ) Other:

4. Log #: [redacted]

5. DOB: [redacted]

6. Age: 2 Years 8 M

7. Gender: [redacted]

8. Population: ( ) Adult (18+) (x) Child

9. Service Category: *(Check one)*

(x) Behavioral Health
( ) Juvenile Justice
( ) Medically Complex
( ) MR/DD
( ) MR/DD Offender
( ) Acquired Brain Injury
( ) Elder Care
( ) Mental Illness
( ) MR/MI
( ) Education
( ) Other:

10. Date of Admission to MENTOR NETWORK: [redacted]

11. Length of Current Placement/Services: 1 Years

SECTION B: PROGRAM INFORMATION

12. State: [redacted]

13. City: [redacted]

14. If Acquisition/Partner, specify company name:

15. Program Name: Child Protective Services

16. Service Setting/Model: (check the ONE that most closely fits)

( ) ICF/MR (Intermediate Care Facility)
( ) Group or Shared Living (3+ clients/individuals with 24/7)
( ) Shared or Supported Living (1 or 2 clients/individuals with 24/7)
(x) Mentor Home/ Host Home
( ) Group or Shared Living (3+ clients/individuals with less than 24/7)
( ) Shared or Supported Living (1 or 2 clients/individuals with less than 24/7)
( ) Home Health Agency Services
( ) Family/School/Home Based Supports (periodic services less than 24/7)
( ) Clinical/Outpatient Therapy/Rehab (OT, PT, Speech)
( ) Day Program
( ) Supported Employment/Vocational
( ) School
( ) Brokerage/Case Management (non-residential)

SECTION C: INCIDENT INFORMATION

17. Date & Time of Incident: [redacted]

18. First Reported to MENTOR NETWORK: [redacted]
By: *(Name & Title)* [redacted] physician

19. Location of Incident: *(check one)*

( ) Mentor Home ( ) Primary ( ) Respite
Mentor Name:
# of Clients/Individuals Living in Home:
( ) Client/Individual's Residence (group home, ICF, apt)
( ) Client/Individual's Biological Family/Guardian Home
( ) Day Program
( ) School
( ) Client/Individual's Place of Employment
( ) Vehicle
( ) Program Office
( ) Community
(x) Other: [redacted] Hospital

20. Outcome of Incident: *(check all that apply)*

[ ] Remain in Current Placement
[ ] Placement Decision Pending
[ ] Client/Individual Placed in Respite
[ ] Placement Disrupted (i.e. Client/Individual transferred to new home/ program/placement within MENTOR NETWORK)
[ ] Discharged from MENTOR NETWORK
[ ] Temporarily or Permanently Closed Mentor Home
[ ] Emergency Psychiatric Evaluation (no hospitalization)
[ ] Emergency Psychiatric Hospitalization
[ ] Emergency Medical Hospitalization
[ ] In-school suspension
[ ] School Suspension/Expulsion
[ ] Client/Individual Arrest/Detention
[x] Death
[ ] Other:

21. Summarize in 2-3 sentences the key aspects of the incident for entry into Risk Management database.

* The attending physician called the clinical coordinator to report that [redacted] condition had worsened and that [redacted] was not expected to live.

Attorney/Client Privileged and Confidential: Risk Management/Peer Review — Page 2

Client/Individual Name: [redacted] Log #: [redacted]

SECTION D: INCIDENT DESCRIPTORS (check all that apply)

DEATH (death of client/individual is a Level 4 incident):
(x) Expected Death of Client/Individual
( ) Unexpected Death of Client/Individual

CLIENT/INDIVIDUAL ELOPEMENT/AWOL:
( ) Located at the Time of the Incident Report
( ) Unable to Locate at the Time of the Incident Report
( ) Other:

CLIENT/INDIVIDUAL BEHAVIORAL:
[ ] Self-Injurious Behavior
[ ] Mental Health De-compensation
[ ] Oppositional Behaviors
[ ] Inappropriate Sexual Comments/Threats
[ ] Verbal Threats of Violence
[ ] Exhibitionism/Public Masturbation

CARE-TAKER MISCONDUCT:
(Suspected, Alleged or Confirmed)

Caretaker:
[ ] Mentor
[ ] Mentor Family Member
[ ] Staff
[ ] Other Caretaker:

Alleged Misconduct:
[ ] Sexual Boundary/Abuse
[ ] Verbal or Emotional Abuse
[ ] Physical Assault/Abuse
[ ] Corporal/Inappropriate Punishment
[ ] Inappropriate Use of Restraint/Physical Intervention
[ ] Neglect
[ ] Inadequate Supervision
[ ] Criminal Arrest of Caretaker
[ ] Alcohol/Drug Use by Caretaker
[ ] Misuse of Client/Individual's Funds
[ ] Misappropriation/Destruction of Client/Individual Personal Property
[ ] Other:

MEDICATION INCIDENTS:
[ ] Medication Error
[ ] Missing Controlled Substances
[ ] Serious Adverse Reaction to Medication

MEDICAL INCIDENTS:
[ ] Illness Requiring Medical Treatment
[ ] Deterioration in Existing Medical Condition
[ ] Pregnancy
[ ] Seizure Requiring Emergency Treatment
[ ] UTI
[ ] Bowel Impaction
[ ] Pneumonia
[ ] Pressure Sores
[ ] Other:

CLIENT/INDIVIDUAL INJURY BY:
[ ] Physical Assault by Third Party/Other Individual in our car
[ ] Sexual Assault by Third Party/Other Individual in our care
[ ] Theft by Third Party
[ ] Fall
[ ] Choking
[ ] Bathing/Scalding Related Injuries
[ ] Other Burns
[ ] Vehicle
[ ] Swimming/Near Drowning
[ ] Other Accidental Injury:

SUICIDAL CLIENT/INDIVIDUAL:
[ ] Suicidal Threats or Verbalizations
[ ] Suicidal Attempt or Gesture

EXPOSURE CONTROL INCIDENTS:
[ ] Client/Individual Exposed to Blood Borne Pathogens
[ ] Client/Individual Exposed Third Party to Blood Borne Pathogens

SEXUAL ASSAULT OR INAPPROPRIATE SEXUAL BEHAVIOR BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ]To Mentor's Family Member
[ ] To Other Third Party

PROPERTY DAMAGE BY CLIENT/INDIVIDUAL:
[ ] Property Damage Under $1,000
[ ] Property Damage Over $1,000
[ ] Vehicle Theft
[ ] Fire Setting
[ ] Theft/Shoplifting
[ ] Other:

PHYSICAL ASSAULTS BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ]To Mentor's Family Member
[ ] To Other Third Party
[ ]To Animals (animal cruelty)

POSSESSION OF PROHIBITED MATERIALS: (Defined per client/individual/program)
[ ] Possession of Prohibited Materials (i.e., alcohol, lighter, weapon, pornography, illicit drugs, etc.)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 3

SECTION E: PROGRAMMATIC RESPONSE (Check all that apply)

[ ] Counseling/Training for Staff/Mentor
[ ] ISP/Supervision/Behavioral Plan Developed with Client/Individual
[ ] Internal Investigation Underway
Interventions:
[ ]Physical
[ ]Mechanical
[ ]Seclusions
[ ]Chemical
[ ]Law Enforcement

[ ] Reported to Adult/Child Protective Services
Date:
( ) Substantiated ( ) Unsubstantiate
[x] Licensing Notified
Date:

[x] Funding Source Notified
Date:
[ ] Family Notified
Date:
[ ] Guardian Notified
Date:
[ ] Law Enforcement/Probation Notified
Date:

Client/Individual Name: **Log #:**

22. SECTION F: CLIENT/INDIVIDUAL HISTORY / DIAGNOSES

List Client/Individual's current medical and psychiatric diagnoses, behavioral history (e.g. sexually abused, physically aggressive, running, confabulation, etc.), medical history (e.g. seizures, diabetes, etc.) and medications.

has been diagnosed with Cerebral Palsy - Spastic Quadriplegia, Colostomy, Rheumatoid Arthritis, Scoliosis, Lordosis, Gastrostomy, Osteoporosis, Asthma/Chronic Obstructive Airway, Chronic Urinary Tract Infections , Seizures, Dermatitis, Severe Developmental Delay, Profound Mental Retardation. is taking 24 different medications.

23. SECTION G: ANTECEDENT EVENTS

Briefly describe the Client/Individual's condition and activities prior and leading up to this incident.

was admitted to Hospital on for treatment of a bowel obstruction. Attempts at correcting problem with medication was not successful. Surgery to correct the obstruction was performed on developed complications following the surgery. went into respiratory arrest on and was placed on a ventilator. developed infections and became septic.

24. SECTION H: INCIDENT NARRATIVE

Describe IN DETAIL the incident in chronological order. Include who, what, where, when and how. Provide information on alleged injuries, interventions and current status. Report involvement of other parties such as law enforcement, emergency medical services, etc. Include sources of information (e.g. "Mentor reported..." or "Staff observed..."). When using names, include title and/or affiliation (i.e. Joan Smith, DCFS Case Manager.).

At approximately on the CC was contacted by attending physician who reported condition had worsened and was not expected to live. This CC arrived at the hospital at approximately treatment team reported was experiencing multiple organ failure and machines were sustaining life. CPS caseworker, was contacted and kept informed of condition throughout the day. passed away at approximately The hotline was contacted and a report provided for licensing.

Continue on an additional sheet if necessary. DO NOT WRITE ON BACK OF PAGE)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review			Page 4
SECTION I: REVIEWS / SIGNATURES			
Signature of Person Completing Form	Print Name	Title	Date
Signature of Manager/Director	Print Name	Title	Date
Signature	Print Name	Title	Date
Signature	Print Name	Title	Date
Signature of State Director (Level 3 and 4 only)	Print Name	Title	Date

THE MENTOR NETWORK - INCIDENT REPORT
Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 1

Please PRINT Clearly or Type in Legible Font (10-12) - DO NOT Leave Blanks. Complete All Boxes.

SECTION A: CLIENT/INDIVIDUAL INFORMATION

1. Client/Individual's Name: [redacted]
2. Level: ( ) 1 ( ) 2 ( ) 3 (x) 4
3. Guardian: ( ) Self ( ) State ( ) Parent(s) (x) Other:
4. Log #: [redacted]
5. DOB: [redacted]
6. Age: 1 Years 11 M
7. Gender: [redacted]
8. Population: ( ) Adult (18+) (x) Child
9. Service Category: *(Check one)*
   - ( ) Behavioral Health
   - ( ) Juvenile Justice
   - (x) Medically Complex
   - ( ) MR/DD
   - ( ) MR/DD Offender
   - ( ) Acquired Brain Injury
   - ( ) Elder Care
   - ( ) Mental Illness
   - ( ) MR/MI
   - ( ) Education
   - ( ) Other:
10. Date of Admission to MENTOR NETWORK: [redacted]
11. Length of Current Placement/Services: 2 Months

SECTION B: PROGRAM INFORMATION

12. State: [redacted]
13. City: [redacted]
14. **If Acquisition/Partner, specify company name:**
15. Program Name: [redacted]
16. Service Setting/Model: **(check the ONE that most closely fits)**
   - ( ) ICF/MR (Intermediate Care Facility)
   - ( ) Group or Shared Living (3+ clients/individuals with 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with 24/7)
   - (x) Mentor Home/ Host Home
   - ( ) Group or Shared Living (3+ clients/individuals with less than 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with less than 24/7)
   - ( ) Home Health Agency Services
   - ( ) Family/School/Home Based Supports (periodic services less than 24/7)
   - ( ) Clinical/Outpatient Therapy/Rehab (OT, PT, Speech)
   - ( ) Day Program
   - ( ) Supported Employment/Vocational
   - ( ) School
   - ( ) Brokerage/Case Management (non-residential)

SECTION C: INCIDENT INFORMATION

17. Date & Time of Incident: [redacted]
18. First Reported to MENTOR NETWORK: [redacted]
   By: *(Name & Title)* [redacted] Mentor
19. Location of Incident: *(check one)*
   - (x) Mentor Home (x) Primary ( ) Respite
     Mentor Name: [redacted]
     # of Clients/Individuals Living in Home: 1
   - ( ) Client/Individual's Residence (group home, ICF, apt)
   - ( ) Client/Individual's Biological Family/Guardian Home
   - ( ) Day Program
   - ( ) School
   - ( ) Client/Individual's Place of Employment
   - ( ) Vehicle
   - ( ) Program Office
   - ( ) Community
   - ( ) Other:
20. Outcome of Incident: *(check all that apply)*
   - [x] Remain in Current Placement
   - [ ] Placement Decision Pending
   - [ ] Client/Individual Placed in Respite
   - [ ] Placement Disrupted (i.e. Client/Individual transferred to new home/ program/placement within MENTOR NETWORK)
   - [ ] Discharged from MENTOR NETWORK
   - [ ] Temporarily or Permanently Closed Mentor Home
   - [ ] Emergency Psychiatric Evaluation (no hospitalization)
   - [ ] Emergency Psychiatric Hospitalization
   - [ ] Emergency Medical Hospitalization
   - [ ] In-school suspension
   - [ ] School Suspension/Expulsion
   - [ ] Client/Individual Arrest/Detention
   - [ ] Death
   - [x] Other: ER for respiratory distress

21. **Summarize in 2-3 sentences the key aspects of the incident for entry into Risk Management database.**

Mentor contacted On-call Coordinator to report that she and her husband brought the client to the [redacted] Emergency Room due to respiratory distress.

Attorney/Client Privileged and Confidential: Risk Management/Peer Review — Page 2

Client/Individual Name: [redacted] Log #: [redacted]

SECTION D: INCIDENT DESCRIPTORS (check all that apply)

DEATH (death of client/individual is a Level 4 incident):
( ) Expected Death of Client/Individual
( ) Unexpected Death of Client/Individual

CLIENT/INDIVIDUAL ELOPEMENT/AWOL:
( ) Located at the Time of the Incident Report
( ) Unable to Locate at the Time of the Incident Report
( ) Other:

CLIENT/INDIVIDUAL BEHAVIORAL:
[ ] Self-Injurious Behavior
[ ] Mental Health De-compensation
[ ] Oppositional Behaviors
[ ] Inappropriate Sexual Comments/Threats
[ ] Verbal Threats of Violence
[ ] Exhibitionism/Public Masturbation

CARE-TAKER MISCONDUCT:
(Suspected, Alleged or Confirmed)

Caretaker:
[ ] Mentor
[ ] Mentor Family Member
[ ] Staff
[ ] Other Caretaker:

Alleged Misconduct:
[ ] Sexual Boundary/Abuse
[ ] Verbal or Emotional Abuse
[ ] Physical Assault/Abuse
[ ] Corporal/Inappropriate Punishment
[ ] Inappropriate Use of Restraint/Physical Intervention
[ ] Neglect
[ ] Inadequate Supervision
[ ] Criminal Arrest of Caretaker
[ ] Alcohol/Drug Use by Caretaker
[ ] Misuse of Client/Individual's Funds
[ ] Misappropriation/Destruction of Client/Individual Personal Property
[ ] Other:

MEDICATION INCIDENTS:
[ ] Medication Error
[ ] Missing Controlled Substances
[ ] Serious Adverse Reaction to Medication

MEDICAL INCIDENTS:
[ ] Illness Requiring Medical Treatment
[x] Deterioration in Existing Medical Condition
[ ] Pregnancy
[ ] Seizure Requiring Emergency Treatment
[ ] UTI
[ ] Bowel Impaction
[ ] Pneumonia
[ ] Pressure Sores
[x] Other: **Respiratory Distress**

CLIENT/INDIVIDUAL INJURY BY:
[ ] Physical Assault by Third Party/Other Individual in our car
[ ] Sexual Assault by Third Party/Other Individual in our care
[ ] Theft by Third Party
[ ] Fall
[ ] Choking
[ ] Bathing/Scalding Related Injuries
[ ] Other Burns
[ ] Vehicle
[ ] Swimming/Near Drowning
[ ] Other Accidental Injury:

SUICIDAL CLIENT/INDIVIDUAL:
[ ] Suicidal Threats or Verbalizations
[ ] Suicidal Attempt or Gesture

EXPOSURE CONTROL INCIDENTS:
[ ] Client/Individual Exposed to Blood Borne Pathogens
[ ] Client/Individual Exposed Third Party to Blood Borne Pathogens

SEXUAL ASSAULT OR INAPPROPRIATE SEXUAL BEHAVIOR BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ]To Mentor's Family Member
[ ] To Other Third Party

PROPERTY DAMAGE BY CLIENT/INDIVIDUAL:
[ ] Property Damage Under $1,000
[ ] Property Damage Over $1,000
[ ] Vehicle Theft
[ ] Fire Setting
[ ] Theft/Shoplifting
[ ] Other:

PHYSICAL ASSAULTS BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ]To Mentor's Family Member
[ ] To Other Third Party
[ ]To Animals (animal cruelty)

POSSESSION OF PROHIBITED MATERIALS: (Defined per client/individual/program)
[ ] Possession of Prohibited Materials (i.e., alcohol, lighter, weapon, pornography, illicit drugs, etc.)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review	Page 3

SECTION E: PROGRAMMATIC RESPONSE (Check all that apply)

[ ] Counseling/Training for Staff/Mentor
[ ] ISP/Supervision/Behavioral Plan Developed with Client/Individual
[ ] Internal Investigation Underway
Interventions:
[ ]Physical
[ ]Mechanical
[ ]Seclusions
[ ]Chemical
[ ]Law Enforcement

[ ] Reported to Adult/Child Protective Services
Date:
( ) Substantiated ( ) Unsubstantiate
[ ] Licensing Notified
Date:

[x] Funding Source Notified
Date:
[ ] Family Notified
Date:
[x] Guardian Notified
Date:
[ ] Law Enforcement/Probation Notified
Date:

Client/Individual Name: Log #:

22. **SECTION F: CLIENT/INDIVIDUAL HISTORY / DIAGNOSES**
List Client/Individual's current medical and psychiatric diagnoses, behavioral history (e.g. sexually abused, physically aggressive, running, confabulation, etc.), medical history (e.g. seizures, diabetes, etc.) and medications.

Hydrocephaly, DD, Oral Motor Dysfunction, NG-Tube, and Reflux h/o VP Shunt, Dyphagia, CLD, and ROP.
Medications: Zantac, Regalan.

23. **SECTION G: ANTECEDENT EVENTS**
Briefly describe the Client/Individual's condition and activities prior and leading up to this incident.

Mentor reported to , Clinical Coordinator that on the evening of the client was having cramping in stomach about every thirty minutes and was screaming. Due to recently having the flu and visiting the emergency room on Mentor and her husband decided to take the client to the emergency room.

24. **SECTION H: INCIDENT NARRATIVE**
Describe IN DETAIL the incident in chronological order. Include who, what, where, when and how. Provide information on alleged injuries, interventions and current status. Report involvement of other parties such as law enforcement, emergency medical services, etc. Include sources of information (e.g. "Mentor reported..." or "Staff observed..."). When using names, include title and/or affiliation (i.e. Joan Smith, DCFS Case Manager.).

, Mentor, called this writer at on to report that she brought the client to the Emergency Room. Mentor reported that at this time they were performing CPR on the client because was in respiratory arrest. At Mentor called this writer again to state that the doctor's felt as though the client's shunt was blocked. At this time, they were going to take the client by helicopter to Hospital in Mentor reported that she was going to head to with her husband as soon as the client left. This writer contacted County DSS at to notify them of the incident. This writer spoke of at the after hours crisis center, who contacted the on-call worker, . then contacted this writer at to discuss specifics of the incident. This writer left messages for , DSS Worker, and , Clinical Coordinator. At this writer received another call from Mentor. Mentor stated that she was in the room at Hospital with the client. Mentor reported that a neurologist was seeing the client. Mentor stated that two doctors had already seen and the outcome did not seem hopeful. Mentor reported that the client's eyes were fixed straight and pupils were dilated. This writer told the mentor to contact her with any updates/concerns. This writer spoke to of the morning DO NOT WRITE ON BACK OF PAGE to the Mentor this morning. stated that the client was in a coma. stated that a meeting will be held on to discuss further treatment options.

Attorney/Client Privileged and Confidential: Risk Management/Peer Review			Page 4
SECTION I: REVIEWS / SIGNATURES			
Signature of Person Completing Form	Print Name	Title	Date
Signature of Manager/Director	Print Name	Title	Date
Signature	Print Name	Title	Date
Signature	Print Name	Title	Date
Signature of State Director (Level 3 and 4 only)	Print Name	Title	Date

THE MENTOR NETWORK - INCIDENT REPORT
Attorney/Client Privileged and Confidential: Risk Management/Peer Review — **Page 1**

Please PRINT Clearly or Type in Legible Font (10-12) - DO NOT Leave Blanks. Complete All Boxes.

SECTION A: CLIENT/INDIVIDUAL INFORMATION

1. Client/Individual's Name: [redacted]
2. Level: ( ) 1 ( ) 2 ( ) 3 (x) 4
3. Guardian: ( ) Self (x) State ( ) Parent(s) ( ) Other:
4. Log #: [redacted]
5. DOB: [redacted]
6. Age: **4 Years 8 M**
7. Gender: [redacted]
8. Population: ( ) Adult (18+) (x) Child
9. Service Category: *(Check one)*
   - (x) Behavioral Health
   - ( ) Juvenile Justice
   - ( ) Medically Complex
   - ( ) MR/DD
   - ( ) MR/DD Offender
   - ( ) Acquired Brain Injury
   - ( ) Elder Care
   - ( ) Mental Illness
   - ( ) MR/MI
   - ( ) Education
   - ( ) Other:
10. Date of Admission to MENTOR NETWORK: [redacted]
11. Length of Current Placement/Services: **2 Years**

SECTION B: PROGRAM INFORMATION

12. State: [redacted]
13. City: [redacted]
14. If Acquisition/Partner, specify company name:
15. Program Name: [redacted]
16. Service Setting/Model: (check the ONE that most closely fits)
   - ( ) ICF/MR (Intermediate Care Facility)
   - ( ) Group or Shared Living (3+ clients/individuals with 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with 24/7)
   - (x) Mentor Home/ Host Home
   - ( ) Group or Shared Living (3+ clients/individuals with less than 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with less than 24/7)
   - ( ) Home Health Agency Services
   - ( ) Family/School/Home Based Supports (periodic services less than 24/7)
   - ( ) Clinical/Outpatient Therapy/Rehab (OT, PT, Speech)
   - ( ) Day Program
   - ( ) Supported Employment/Vocational
   - ( ) School
   - ( ) Brokerage/Case Management (non-residential)

SECTION C: INCIDENT INFORMATION

17. Date & Time of Incident: [redacted]
18. First Reported to MENTOR NETWORK: [redacted]
   By: *(Name & Title)* [redacted] mentor
19. Location of Incident: *(check one)*
   - (x) Mentor Home (x) Primary ( ) Respite
     Mentor Name: [redacted]
     # of Clients/Individuals Living in Home: 2
   - ( ) Client/Individual's Residence (group home, ICF, apt)
   - ( ) Client/Individual's Biological Family/Guardian Home
   - ( ) Day Program
   - ( ) School
   - ( ) Client/Individual's Place of Employment
   - ( ) Vehicle
   - ( ) Program Office
   - ( ) Community
   - ( ) Other:
20. Outcome of Incident: *(check all that apply)*
   - [ ] Remain in Current Placement
   - [ ] Placement Decision Pending
   - [ ] Client/Individual Placed in Respite
   - [ ] Placement Disrupted (i.e. Client/Individual transferred to new home/ program/placement within MENTOR NETWORK)
   - [ ] Discharged from MENTOR NETWORK
   - [ ] Temporarily or Permanently Closed Mentor Home
   - [ ] Emergency Psychiatric Evaluation (no hospitalization)
   - [ ] Emergency Psychiatric Hospitalization
   - [ ] Emergency Medical Hospitalization
   - [ ] In-school suspension
   - [ ] School Suspension/Expulsion
   - [ ] Client/Individual Arrest/Detention
   - [x] Death
   - [ ] Other:
21. **Summarize in 2-3 sentences the key aspects of the incident for entry into Risk Management database.**

** On [redacted] mentor [redacted] contacted the on-call services to report the death of [redacted]. Mrs. [redacted] reported that it appeared that [redacted] had aspirated fluid into [redacted] lungs.

Attorney/Client Privileged and Confidential: Risk Management/Peer Review — Page 2

Client/Individual Name: [redacted] Log #: [redacted]

SECTION D: INCIDENT DESCRIPTORS (check all that apply)

DEATH (death of client/individual is a **Level 4** incident):
( ) Expected Death of Client/Individual
(x) Unexpected Death of Client/Individual

CLIENT/INDIVIDUAL ELOPEMENT/AWOL:
( ) Located at the Time of the Incident Report
( ) Unable to Locate at the Time of the Incident Report
( ) Other:

CLIENT/INDIVIDUAL BEHAVIORAL:
[ ] Self-Injurious Behavior
[ ] Mental Health De-compensation
[ ] Oppositional Behaviors
[ ] Inappropriate Sexual Comments/Threats
[ ] Verbal Threats of Violence
[ ] Exhibitionism/Public Masturbation

CARE-TAKER MISCONDUCT:
(Suspected, Alleged or Confirmed)

Caretaker:
[ ] Mentor
[ ] Mentor Family Member
[ ] Staff
[ ] Other Caretaker:

Alleged Misconduct:
[ ] Sexual Boundary/Abuse
[ ] Verbal or Emotional Abuse
[ ] Physical Assault/Abuse
[ ] Corporal/Inappropriate Punishment
[ ] Inappropriate Use of Restraint/Physical Intervention
[ ] Neglect
[ ] Inadequate Supervision
[ ] Criminal Arrest of Caretaker
[ ] Alcohol/Drug Use by Caretaker
[ ] Misuse of Client/Individual's Funds
[ ] Misappropriation/Destruction of Client/Individual Personal Property
[ ] Other:

MEDICATION INCIDENTS:
[ ] Medication Error
[ ] Missing Controlled Substances
[ ] Serious Adverse Reaction to Medication

MEDICAL INCIDENTS:
[ ] Illness Requiring Medical Treatment
[ ] Deterioration in Existing Medical Condition
[ ] Pregnancy
[ ] Seizure Requiring Emergency Treatment
[ ] UTI
[ ] Bowel Impaction
[ ] Pneumonia
[ ] Pressure Sores
[ ] Other:

CLIENT/INDIVIDUAL INJURY BY:
[ ] Physical Assault by Third Party/Other Individual in our car
[ ] Sexual Assault by Third Party/Other Individual in our care
[ ] Theft by Third Party
[ ] Fall
[ ] Choking
[ ] Bathing/Scalding Related Injuries
[ ] Other Burns
[ ] Vehicle
[ ] Swimming/Near Drowning
[ ] Other Accidental Injury:

SUICIDAL CLIENT/INDIVIDUAL:
[ ] Suicidal Threats or Verbalizations
[ ] Suicidal Attempt or Gesture

EXPOSURE CONTROL INCIDENTS:
[ ] Client/Individual Exposed to Blood Borne Pathogens
[ ] Client/Individual Exposed Third Party to Blood Borne Pathogens

SEXUAL ASSAULT OR INAPPROPRIATE SEXUAL BEHAVIOR BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ]To Mentor's Family Member
[ ] To Other Third Party

PROPERTY DAMAGE BY CLIENT/INDIVIDUAL:
[ ] Property Damage Under $1,000
[ ] Property Damage Over $1,000
[ ] Vehicle Theft
[ ] Fire Setting
[ ] Theft/Shoplifting
[ ] Other:

PHYSICAL ASSAULTS BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ]To Mentor's Family Member
[ ] To Other Third Party
[ ]To Animals (animal cruelty)

POSSESSION OF PROHIBITED MATERIALS: (Defined per client/individual/program)
[ ] Possession of Prohibited Materials (i.e., alcohol, lighter, weapon, pornography, illicit drugs, etc.)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 3

SECTION E: PROGRAMMATIC RESPONSE (Check all that apply)

[ ] Counseling/Training for Staff/Mentor
[ ] ISP/Supervision/Behavioral Plan Developed with Client/Individual
[x] Internal Investigation Underway
Interventions:
[ ]Physical
[ ]Mechanical
[ ]Seclusions
[ ]Chemical
[x]Law Enforcement

[x] Reported to Adult/Child Protective Services
Date: [redacted]
( ) Substantiated ( ) Unsubstantiate
[x] Licensing Notified
Date: [redacted]

[x] Funding Source Notified
Date: [redacted]
[x] Family Notified
Date: [redacted]
[x] Guardian Notified
Date: [redacted]
[x] Law Enforcement/Probation Notified
Date: [redacted]

Client/Individual Name: [redacted] **Log #:** [redacted]

22. **SECTION F: CLIENT/INDIVIDUAL HISTORY / DIAGNOSES**

List Client/Individual's current medical and psychiatric diagnoses, behavioral history (e.g. sexually abused, physically aggressive, running, confabulation, etc.), medical history (e.g. seizures, diabetes, etc.) and medications.

[redacted] has been diagnosed with Cerebral Palsy and Gastroesphageal Reflux, eating problems, Seizure Disorder, and Severe Developmental Delay and Failure to Thrive due to Shaken Baby Syndrome. [redacted] is fed through a G-tube. [redacted] currently is on: Reglan 1.1ml 4xs daily (reflux), Baclofen 1 tab 3xs daily (muscle spasms), Prilosec 7.5cc 2xs daily for reflux, GlycoMax 1 tsp GT 2xs daily (stool softening), Robinul 1 tab GT 2xs daily (excess salivation) and Pediasure with fiber GT 50cc 3xs daily (feeding).

23. **SECTION G: ANTECEDENT EVENTS**

Briefly describe the Client/Individual's condition and activities prior and leading up to this incident.

On [redacted] was admitted to [redacted] Healthcare of [redacted] for back surgery. A steel rod was placed in [redacted] back due to pressure on [redacted] organs caused by severe Scoliosis. Ms. [redacted] stated that as the anesthesia wore off, [redacted] seemed to be doing fine. However, when they gave [redacted] the pain medication [redacted] started to have a hard time breathing. Although [redacted] had had problems keeping [redacted] temperature and oxygen levels up, [redacted] was discharged from [redacted] on [redacted] the [redacted] without monitoring equipment.

24. **SECTION H: INCIDENT NARRATIVE**

Describe IN DETAIL the incident in chronological order. Include who, what, where, when and how. Provide information on alleged injuries, interventions and current status. Report involvement of other parties such as law enforcement, emergency medical services, etc. Include sources of information (e.g. "Mentor reported..." or "Staff observed..."). When using names, include title and/or affiliation (i.e. Joan Smith, DCFS Case Manager.).

Ms. reported that on , appeared to be doing well. did not have a temperature or exhibit any signs of distress. The followed the normal routine bathing and dressing wound before putting to bed at approximately . Following surgery, Ms. slept in the room with in order to closely monitor recovery. She also repositioned every two hours in the bed. Mrs. checked on an additional 2-3 times during the night as well. On Saturday, woke up at usual time of approximately feeding bag was removed upon completion at approximately Ms. reported on that had received all of morning medications on the morning of . got up at approximately was dressed and had diaper changed. At that time, Ms. reported that behavior appeared to be typical and that there were no signs f any distress or change to health. was then placed in chair with back brace on. Mrs. left the room to prepare breakfast and Mr. remained in the room with . At approximately Mr. left the room to go eat breakfast. The door to room was left open. At [illegible] At that time she noticed a thin, brown liquid coming out of nose and mouth. Ms. also observed that chest and neck were not moving. Ms. immediately notified her husband to call 911. She then checked for a pulse. She then removed clothing and brace and started CP. Ms. reports that when she began CPR, was warm and had normal coloring. After approximately 5 minutes, Ms. reports that dark circles began to appear around eyes. The liquid continued to run out of mouth and nose. Ms. noted that chest was rising while given rescue breathing but that did not regain a pulse. At approximately 4 - 6 minutes after the 911 call, paramedics arrived and took over CPR. They put a heart monitor on and informed Ms. that had "flat lined". At that time, the paramedics put on a stretcher and began to transport to Hospital in County. arrived at the hospital at Ms. was transported by a police officer to the hospital. Doctors notified ms. that they suspected had aspirated liquid into lungs. Upon reviewing x-rays, doctors confirmed that there was liquid in lungs

Attorney/Client Privileged and Confidential: Risk Management/Peer Review			Page 4
SECTION I: REVIEWS / SIGNATURES			
Signature of Person Completing Form	Print Name	Title	Date
Signature of Manager/Director	Print Name	Title	Date
Signature	Print Name	Title	Date
Signature	Print Name	Title	Date
Signature of State Director (Level 3 and 4 only)	Print Name	Title	Date

THE MENTOR NETWORK - INCIDENT REPORT
Attorney/Client Privileged and Confidential: Risk Management/Peer Review **Page 1**

Please PRINT Clearly or Type in Legible Font (10-12) - DO NOT Leave Blanks. Complete All Boxes.

SECTION A: CLIENT/INDIVIDUAL INFORMATION

1. Client/Individual's Name: [redacted]
2. Level: ( ) 1 ( ) 2 ( ) 3 (x) 4
3. Guardian: ( ) Self (x) State ( ) Parent(s) ( ) Other:
4. Log #: [redacted]
5. DOB: [redacted]
6. Age: 1 Years 1 M
7. Gender: [redacted]
8. Population: ( ) Adult (18+) (x) Child
9. Service Category: *(Check one)*
   - (x) Behavioral Health
   - ( ) Juvenile Justice
   - ( ) Medically Complex
   - ( ) MR/DD
   - ( ) MR/DD Offender
   - ( ) Acquired Brain Injury
   - ( ) Elder Care
   - ( ) Mental Illness
   - ( ) MR/MI
   - ( ) Education
   - ( ) Other:
10. Date of Admission to MENTOR NETWORK: [redacted]
11. Length of Current Placement/Services: **9 Months**

SECTION B: PROGRAM INFORMATION

12. State: [redacted]
13. City: [redacted]
14. **If Acquisition/Partner, specify company name:**
15. Program Name: **Child Protective Services**
16. Service Setting/Model: **(check the ONE that most closely fits)**
   - ( ) ICF/MR (Intermediate Care Facility)
   - ( ) Group or Shared Living (3+ clients/individuals with 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with 24/7)
   - (x) Mentor Home/ Host Home
   - ( ) Group or Shared Living (3+ clients/individuals with less than 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with less than 24/7)
   - ( ) Home Health Agency Services
   - ( ) Family/School/Home Based Supports (periodic services less than 24/7)
   - ( ) Clinical/Outpatient Therapy/Rehab (OT, PT, Speech)
   - ( ) Day Program
   - ( ) Supported Employment/Vocational
   - ( ) School
   - ( ) Brokerage/Case Management (non-residential)

SECTION C: INCIDENT INFORMATION

17. Date & Time of Incident: [redacted]
18. First Reported to MENTOR NETWORK: [redacted]
    By: *(Name & Title)* **Dr.** [redacted] **Dr.**
19. Location of Incident: *(check one)*
   - ( ) Mentor Home ( ) Primary ( ) Respite
     Mentor Name:
     # of Clients/Individuals Living in Home:
   - ( ) Client/Individual's Residence (group home, ICF, apt)
   - ( ) Client/Individual's Biological Family/Guardian Home
   - ( ) Day Program
   - ( ) School
   - ( ) Client/Individual's Place of Employment
   - ( ) Vehicle
   - ( ) Program Office
   - ( ) Community
   - (x) Other: **hOSPITAL**
20. Outcome of Incident: *(check all that apply)*
   - [ ] Remain in Current Placement
   - [ ] Placement Decision Pending
   - [ ] Client/Individual Placed in Respite
   - [ ] Placement Disrupted (i.e. Client/Individual transferred to new home/ program/placement within MENTOR NETWORK)
   - [ ] Discharged from MENTOR NETWORK
   - [ ] Temporarily or Permanently Closed Mentor Home
   - [ ] Emergency Psychiatric Evaluation (no hospitalization)
   - [ ] Emergency Psychiatric Hospitalization
   - [ ] Emergency Medical Hospitalization
   - [ ] In-school suspension
   - [ ] School Suspension/Expulsion
   - [ ] Client/Individual Arrest/Detention
   - [x] Death
   - [ ] Other:
21. **Summarize in 2-3 sentences the key aspects of the incident for entry into Risk Management database.**

   ** Dr. [redacted] with [redacted] Hospital contacted the CC supervisor to inform of client's time of death.

Attorney/Client Privileged and Confidential: Risk Management/Peer Review — Page 2

Client/Individual Name: [redacted] Log #: [redacted]

SECTION D: INCIDENT DESCRIPTORS (check all that apply)

DEATH (death of client/individual is a Level 4 incident):
(x) Expected Death of Client/Individual
( ) Unexpected Death of Client/Individual

CLIENT/INDIVIDUAL ELOPEMENT/AWOL:
( ) Located at the Time of the Incident Report
( ) Unable to Locate at the Time of the Incident Report
( ) Other:

CLIENT/INDIVIDUAL BEHAVIORAL:
[ ] Self-Injurious Behavior
[ ] Mental Health De-compensation
[ ] Oppositional Behaviors
[ ] Inappropriate Sexual Comments/Threats
[ ] Verbal Threats of Violence
[ ] Exhibitionism/Public Masturbation

CARE-TAKER MISCONDUCT:
(Suspected, Alleged or Confirmed)

Caretaker:
[ ] Mentor
[ ] Mentor Family Member
[ ] Staff
[ ] Other Caretaker:

Alleged Misconduct:
[ ] Sexual Boundary/Abuse
[ ] Verbal or Emotional Abuse
[ ] Physical Assault/Abuse
[ ] Corporal/Inappropriate Punishment
[ ] Inappropriate Use of Restraint/Physical Intervention
[ ] Neglect
[ ] Inadequate Supervision
[ ] Criminal Arrest of Caretaker
[ ] Alcohol/Drug Use by Caretaker
[ ] Misuse of Client/Individual's Funds
[ ] Misappropriation/Destruction of Client/Individual Personal Property
[ ] Other:

MEDICATION INCIDENTS:
[ ] Medication Error
[ ] Missing Controlled Substances
[ ] Serious Adverse Reaction to Medication

MEDICAL INCIDENTS:
[ ] Illness Requiring Medical Treatment
[ ] Deterioration in Existing Medical Condition
[ ] Pregnancy
[ ] Seizure Requiring Emergency Treatment
[ ] UTI
[ ] Bowel Impaction
[ ] Pneumonia
[ ] Pressure Sores
[ ] Other:

CLIENT/INDIVIDUAL INJURY BY:
[ ] Physical Assault by Third Party/Other Individual in our car
[ ] Sexual Assault by Third Party/Other Individual in our care
[ ] Theft by Third Party
[ ] Fall
[ ] Choking
[ ] Bathing/Scalding Related Injuries
[ ] Other Burns
[ ] Vehicle
[ ] Swimming/Near Drowning
[ ] Other Accidental Injury:

SUICIDAL CLIENT/INDIVIDUAL:
[ ] Suicidal Threats or Verbalizations
[ ] Suicidal Attempt or Gesture

EXPOSURE CONTROL INCIDENTS:
[ ] Client/Individual Exposed to Blood Borne Pathogens
[ ] Client/Individual Exposed Third Party to Blood Borne Pathogens

SEXUAL ASSAULT OR INAPPROPRIATE SEXUAL BEHAVIOR BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ]To Mentor's Family Member
[ ] To Other Third Party

PROPERTY DAMAGE BY CLIENT/INDIVIDUAL:
[ ] Property Damage Under $1,000
[ ] Property Damage Over $1,000
[ ] Vehicle Theft
[ ] Fire Setting
[ ] Theft/Shoplifting
[ ] Other:

PHYSICAL ASSAULTS BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ]To Mentor's Family Member
[ ] To Other Third Party
[ ]To Animals (animal cruelty)

POSSESSION OF PROHIBITED MATERIALS: (Defined per client/individual/program)
[ ] Possession of Prohibited Materials (i.e., alcohol, lighter, weapon, pornography, illicit drugs, etc.)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 3

SECTION E: PROGRAMMATIC RESPONSE (Check all that apply)

[ ] Counseling/Training for Staff/Mentor
[ ] ISP/Supervision/Behavioral Plan Developed with Client/Individual
[ ] Internal Investigation Underway
Interventions:
[ ]Physical
[ ]Mechanical
[ ]Seclusions
[ ]Chemical
[ ]Law Enforcement

[ ] Reported to Adult/Child Protective Services
Date:
( ) Substantiated ( ) Unsubstantiate
[ ] Licensing Notified
Date:

[x] Funding Source Notified
Date:
[ ] Family Notified
Date:
[x] Guardian Notified
Date:
[ ] Law Enforcement/Probation Notified
Date:

Client/Individual Name: Log #:

22. **SECTION F: CLIENT/INDIVIDUAL HISTORY / DIAGNOSES**

List Client/Individual's current medical and psychiatric diagnoses, behavioral history (e.g. sexually abused, physically aggressive, running, confabulation, etc.), medical history (e.g. seizures, diabetes, etc.) and medications.

Client was diagnosed with asthma. Client was on Pulmicort .25mg/2ml via nebulizer.

23. **SECTION G: ANTECEDENT EVENTS**

Briefly describe the Client/Individual's condition and activities prior and leading up to this incident.

Client was admitted to Hospital on , due to breathing issues. Upon admission, client was unresponsive. Client had a brain scan, and results showed no brain activity. After more then 12 hours passed, a second brain scan was able to be completed and again showed no brain activity.

24. **SECTION H: INCIDENT NARRATIVE**

Describe IN DETAIL the incident in chronological order. Include who, what, where, when and how. Provide information on alleged injuries, interventions and current status. Report involvement of other parties such as law enforcement, emergency medical services, etc. Include sources of information (e.g. "Mentor reported..." or "Staff observed..."). When using names, include title and/or affiliation (i.e. Joan Smith, DCFS Case Manager.).

Upon receiving two brain scans showing no brain activity the hospital policy is to call time of death. Time of death was called at due to two brain scans showing no brain activity. Dr. also stated that they were looking to secure approval for organ donation. Dr. also included in her report that would remain on life support for organ preservation for future organ donations.

Continue on an additional sheet if necessary. DO NOT WRITE ON BACK OF PAGE)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review			Page 4
SECTION I: REVIEWS / SIGNATURES			
Signature of Person Completing Form [redacted]	Print Name	Title CC Super	Date [redacted]
Signature of Manager/Director	Print Name	Title	Date
Signature	Print Name	Title	Date
Signature	Print Name	Title	Date
Signature of State Director (Level 3 and 4 only) [redacted]	Print Name	Title State Dir.	Date [redacted]

THE MENTOR NETWORK - INCIDENT REPORT
Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 1

Please PRINT Clearly or Type in Legible Font (10-12) - DO NOT Leave Blanks. Complete All Boxes.

SECTION A: CLIENT/INDIVIDUAL INFORMATION

1. Client/Individual's Name: [redacted]
2. Level: ( ) 1 ( ) 2 ( ) 3 (x) 4
3. Guardian: ( ) Self ( ) State ( ) Parent(s) (x) Other: [redacted]
4. Log #: [redacted]
5. DOB: [redacted]
6. Age: 11 Years
7. Gender: [redacted]
8. Population: ( ) Adult (18+) (x) Child
9. Service Category: *(Check one)*
   - ( ) Behavioral Health
   - ( ) Juvenile Justice
   - ( ) Medically Complex
   - (x) MR/DD
   - ( ) MR/DD Offender
   - ( ) Acquired Brain Injury
   - ( ) Elder Care
   - ( ) Mental Illness
   - ( ) MR/MI
   - ( ) Education
   - ( ) Other:
10. Date of Admission to MENTOR NETWORK: [redacted]
11. Length of Current Placement/Services: 1 Months

SECTION B: PROGRAM INFORMATION

12. State: [redacted]
13. City: [redacted]
14. If Acquisition/Partner, specify company name:
15. Program Name: [redacted]
16. Service Setting/Model: (check the ONE that most closely fits)
   - ( ) ICF/MR (Intermediate Care Facility)
   - ( ) Group or Shared Living (3+ clients/individuals with 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with 24/7)
   - (x) Mentor Home/ Host Home
   - ( ) Group or Shared Living (3+ clients/individuals with less than 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with less than 24/7)
   - ( ) Home Health Agency Services
   - ( ) Family/School/Home Based Supports (periodic services less than 24/7)
   - ( ) Clinical/Outpatient Therapy/Rehab (OT, PT, Speech)
   - ( ) Day Program
   - ( ) Supported Employment/Vocational
   - ( ) School
   - ( ) Brokerage/Case Management (non-residential)

SECTION C: INCIDENT INFORMATION

17. Date & Time of Incident: [redacted]
18. First Reported to MENTOR NETWORK: [redacted]
    By: *(Name & Title)* [redacted] mentor
19. Location of Incident: *(check one)*
   - (x) Mentor Home (x) Primary ( ) Respite
     Mentor Name: [redacted]
     # of Clients/Individuals Living in Home: 7
   - ( ) Client/Individual's Residence (group home, ICF, apt)
   - ( ) Client/Individual's Biological Family/Guardian Home
   - ( ) Day Program
   - ( ) School
   - ( ) Client/Individual's Place of Employment
   - ( ) Vehicle
   - ( ) Program Office
   - ( ) Community
   - ( ) Other:
20. Outcome of Incident: *(check all that apply)*
   - [ ] Remain in Current Placement
   - [ ] Placement Decision Pending
   - [ ] Client/Individual Placed in Respite
   - [ ] Placement Disrupted (i.e. Client/Individual transferred to new home/ program/placement within MENTOR NETWORK)
   - [ ] Discharged from MENTOR NETWORK
   - [ ] Temporarily or Permanently Closed Mentor Home
   - [ ] Emergency Psychiatric Evaluation (no hospitalization)
   - [ ] Emergency Psychiatric Hospitalization
   - [ ] Emergency Medical Hospitalization
   - [ ] In-school suspension
   - [ ] School Suspension/Expulsion
   - [ ] Client/Individual Arrest/Detention
   - [x] Death
   - [ ] Other:
21. **Summarize in 2-3 sentences the key aspects of the incident for entry into Risk Management database.**

**Client stopped breathing. [redacted] was taken to ER with indications of suffocation.

Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 2

Client/Individual Name: Log #:

SECTION D: INCIDENT DESCRIPTORS (check all that apply)

DEATH (death of client/individual is a Level 4 incident):
( ) Expected Death of Client/Individual
(x) Unexpected Death of Client/Individual

CLIENT/INDIVIDUAL ELOPEMENT/AWOL:
( ) Located at the Time of the Incident Report
( ) Unable to Locate at the Time of the Incident Report
( ) Other:

CARE-TAKER MISCONDUCT:
(Suspected, Alleged or Confirmed)

Caretaker:
[ ] Mentor
[ ] Mentor Family Member
[ ] Staff
[ ] Other Caretaker:

Alleged Misconduct:
[ ] Sexual Boundary/Abuse
[ ] Verbal or Emotional Abuse
[ ] Physical Assault/Abuse
[ ] Corporal/Inappropriate Punishment
[ ] Inappropriate Use of Restraint/Physical Intervention
[ ] Neglect
[ ] Inadequate Supervision
[ ] Criminal Arrest of Caretaker
[ ] Alcohol/Drug Use by Caretaker
[ ] Misuse of Client/Individual's Funds
[ ] Misappropriation/Destruction of Client/Individual Personal Property
[ ] Other:

SUICIDAL CLIENT/INDIVIDUAL:
[ ] Suicidal Threats or Verbalizations
[ ] Suicidal Attempt or Gesture

SEXUAL ASSAULT OR INAPPROPRIATE SEXUAL BEHAVIOR BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ]To Mentor's Family Member
[ ] To Other Third Party

PHYSICAL ASSAULTS BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ]To Mentor's Family Member
[ ] To Other Third Party
[ ]To Animals (animal cruelty)

CLIENT/INDIVIDUAL BEHAVIORAL:
[ ] Self-Injurious Behavior
[ ] Mental Health De-compensation
[ ] Oppositional Behaviors
[ ] Inappropriate Sexual Comments/Threats
[ ] Verbal Threats of Violence
[ ] Exhibitionism/Public Masturbation

MEDICATION INCIDENTS:
[ ] Medication Error
[ ] Missing Controlled Substances
[ ] Serious Adverse Reaction to Medication

MEDICAL INCIDENTS:
[ ] Illness Requiring Medical Treatment
[ ] Deterioration in Existing Medical Condition
[ ] Pregnancy
[ ] Seizure Requiring Emergency Treatment
[ ] UTI
[ ] Bowel Impaction
[ ] Pneumonia
[ ] Pressure Sores
[ ] Other:

CLIENT/INDIVIDUAL INJURY BY:
[ ] Physical Assault by Third Party/Other Individual in our car
[ ] Sexual Assault by Third Party/Other Individual in our care
[ ] Theft by Third Party
[ ] Fall
[ ] Choking
[ ] Bathing/Scalding Related Injuries
[ ] Other Burns
[ ] Vehicle
[ ] Swimming/Near Drowning
[ ] Other Accidental Injury:

EXPOSURE CONTROL INCIDENTS:
[ ] Client/Individual Exposed to Blood Borne Pathogens
[ ] Client/Individual Exposed Third Party to Blood Borne Pathogens

PROPERTY DAMAGE BY CLIENT/INDIVIDUAL:
[ ] Property Damage Under $1,000
[ ] Property Damage Over $1,000
[ ] Vehicle Theft
[ ] Fire Setting
[ ] Theft/Shoplifting
[ ] Other:

POSSESSION OF PROHIBITED MATERIALS: (Defined per client/individual/program)
[ ] Possession of Prohibited Materials (i.e., alcohol, lighter, weapon, pornography, illicit drugs, etc.)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review — Page 3

SECTION E: PROGRAMMATIC RESPONSE (Check all that apply)

[x] Counseling/Training for Staff/Mentor
[ ] ISP/Supervision/Behavioral Plan Developed with Client/Individual
[ ] Internal Investigation Underway
Interventions:
[ ]Physical
[ ]Mechanical
[ ]Seclusions
[ ]Chemical
[ ]Law Enforcement

[x] Reported to Adult/Child Protective Services
Date: [redacted]
(x) Substantiated ( ) Unsubstantiate
[x] Licensing Notified
Date: [redacted]

[x] Funding Source Notified
Date: [redacted]
[x] Family Notified
Date: [redacted]
[x] Guardian Notified
Date: [redacted]
[x] Law Enforcement/Probation Notified
Date: [redacted]

Client/Individual Name: [redacted] **Log #:** [redacted]

22. SECTION F: CLIENT/INDIVIDUAL HISTORY / DIAGNOSES

List Client/Individual's current medical and psychiatric diagnoses, behavioral history (e.g. sexually abused, physically aggressive, running, confabulation, etc.), medical history (e.g. seizures, diabetes, etc.) and medications.

Down's Syndrome

23. SECTION G: ANTECEDENT EVENTS

Briefly describe the Client/Individual's condition and activities prior and leading up to this incident.

Getting ready for bed.

24. SECTION H: INCIDENT NARRATIVE

Describe IN DETAIL the incident in chronological order. Include who, what, where, when and how. Provide information on alleged injuries, interventions and current status. Report involvement of other parties such as law enforcement, emergency medical services, etc. Include sources of information (e.g. "Mentor reported..." or "Staff observed..."). When using names, include title and/or affiliation (i.e. Joan Smith, DCFS Case Manager.).

ON at on –call therapist, received a phone call from foster mother, . stated that client had stopped breathing and was taken to the Hospital in . Foster mother stated that on at another 16 year old foster child residing in the home discovered "Something wrong with ". Foster mother stated that screamed and ran into bedroom to awaken from sleep. The foster mother stated that she found Client lying in bed and observed that was unconscious and was not breathing. The foster mother indicated that brought client into the living room and began performing CPR and directed to call 9-1-1. The foster mother did not have additional information at that time. On –call therapist directed foster mother to contact this therapist when she found out more information regarding Client's health status. Foster mother contacted on-call therapist again at and stated that client was deceased. Foster mother indicated that the Sheriff's Department Homicide Unit and Child Protective Services had been conducting an investigation since she last spoke with this therapist. Foster mother stated that was taken to the at approximately for assessment/ observation. Foster mother did not have additional information [illegible] therapist directed the foster mother to complete the investigation and to contact this therapist with the police report numbers and names, identification badges and telephone numbers to Sheriff's Deputies involved after the investigation was completed. On –call therapist contacted Lead Clinical Therapist immediately following this phone call to report the incident. On-call therapist received a phone call from Coordinator at regarding the incident. Coordinator was directed to contact the legal guardians of all the clients involved (see above). On-call therapist contacted the foster mother at to follow up regarding the incident. The foster mother stated that on at foster child left bedroom to use the bathroom and upon returning to bedroom witnessed another 11 year old foster child residing in the home holding a pillow over client's face. The foster mother stated that grabbed the pillow from and attempted to awaken client althoug was unresponsive. The foster mother stated that Child Protective Investigator name unknown stated that could remain in the foster home at this time. The foster mother reported that she was unable to obtain the police report number and names and phone numbers of the Sheriff's Deputies involved. Lead therapist contacted on-call therapist at to report that she obtained additional information from the foster mother. Lead Therapist stated that client was observed to have bite/teeth marks on both cheeks and arms. Coordinator spoke with on at in regards to the above incident. Ms. provided additional information regarding the death of client. Ms. stated that client had extensive trauma to the head and eye that indicated that extreme force was used.

Attorney/Client Privileged and Confidential: Risk Management/Peer Review			Page 4
SECTION I: REVIEWS / SIGNATURES			
Signature of Person Completing Form [redacted]	Print Name	Title PC	Date [redacted]
Signature of Manager/Director	Print Name	Title	Date
Signature [redacted]	Print Name	Title State Compliance Manager	Date [redacted]
Signature	Print Name	Title	Date
Signature of State Director (Level 3 and 4 only)	Print Name	Title	Date

THE MENTOR NETWORK - INCIDENT REPORT
Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 1

Please PRINT Clearly or Type in Legible Font (10-12) - DO NOT Leave Blanks. Complete All Boxes.

SECTION A: CLIENT/INDIVIDUAL INFORMATION

1. Client/Individual's Name: [redacted]
2. Level: ( ) 1 ( ) 2 ( ) 3 (x) 4
3. Guardian: (x) Self ( ) State ( ) Parent(s) ( ) Other:
4. Log #: [redacted]
5. DOB: [redacted]
6. Age: 19 Years 7 M
7. Gender: [redacted]
8. Population: (x) Adult (18+) ( ) Child
9. Service Category: ***(Check one)***
   - (x) Behavioral Health
   - ( ) Juvenile Justice
   - ( ) Medically Complex
   - ( ) MR/DD
   - ( ) MR/DD Offender
   - ( ) Acquired Brain Injury
   - ( ) Elder Care
   - ( ) Mental Illness
   - ( ) MR/MI
   - ( ) Education
   - ( ) Other:
10. Date of Admission to MENTOR NETWORK: [redacted]
11. Length of Current Placement/Services:

SECTION B: PROGRAM INFORMATION

12. State: [redacted]
13. City: [redacted]
14. **If Acquisition/Partner, specify company name:**
15. Program Name: **Children's Services** [redacted]
16. Service Setting/Model: **(check the ONE that most closely fits)**
   - ( ) ICF/MR (Intermediate Care Facility)
   - ( ) Group or Shared Living (3+ clients/individuals with 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with 24/7)
   - (x) Mentor Home/ Host Home
   - ( ) Group or Shared Living (3+ clients/individuals with less than 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with less than 24/7)
   - ( ) Home Health Agency Services
   - ( ) Family/School/Home Based Supports (periodic services less than 24/7)
   - ( ) Clinical/Outpatient Therapy/Rehab (OT, PT, Speech)
   - ( ) Day Program
   - ( ) Supported Employment/Vocational
   - ( ) School
   - ( ) Brokerage/Case Management (non-residential)

SECTION C: INCIDENT INFORMATION

17. Date & Time of Incident: [redacted]
18. First Reported to MENTOR NETWORK: [redacted]
    By: *(Name & Title)* [redacted]
19. Location of Incident: ***(check one)***
   - ( ) Mentor Home (x) Primary ( ) Respite
   - **Mentor Name:**
   - **# of Clients/Individuals Living in Home:**
   - ( ) Client/Individual's Residence (group home, ICF, apt)
   - ( ) Client/Individual's Biological Family/Guardian Home
   - ( ) Day Program
   - ( ) School
   - ( ) Client/Individual's Place of Employment
   - ( ) Vehicle
   - ( ) Program Office
   - ( ) Community
   - ( ) Other:
20. Outcome of Incident: ***(check all that apply)***
   - [ ] Remain in Current Placement
   - [ ] Placement Decision Pending
   - [ ] Client/Individual Placed in Respite
   - [ ] Placement Disrupted (i.e. Client/Individual transferred to new home/ program/placement **within** MENTOR NETWORK)
   - [ ] Discharged from MENTOR NETWORK
   - [ ] Temporarily or Permanently Closed Mentor Home
   - [ ] Emergency Psychiatric Evaluation (no hospitalization)
   - [ ] Emergency Psychiatric Hospitalization
   - [ ] Emergency Medical Hospitalization
   - [ ] In-school suspension
   - [ ] School Suspension/Expulsion
   - [ ] Client/Individual Arrest/Detention
   - [x] Death
   - [ ] Other:
21. **Summarize in 2-3 sentences the key aspects of the incident for entry into Risk Management database.**

**Client was in the bathtub. Foster parents daughter discovered [redacted] was blue. She called 911 and gave mouth-to-mouth resuscitation. Client was pronounced dead at the hospital.

Attorney/Client Privileged and Confidential: Risk Management/Peer Review — Page 2

Client/Individual Name: [redacted] Log #: [redacted]

SECTION D: INCIDENT DESCRIPTORS (check all that apply)

DEATH (death of client/individual is a **Level 4** incident):
( ) Expected Death of Client/Individual
(x) Unexpected Death of Client/Individual

CLIENT/INDIVIDUAL ELOPEMENT/AWOL:
( ) Located at the Time of the Incident Report
( ) Unable to Locate at the Time of the Incident Report
( ) Other:

CLIENT/INDIVIDUAL BEHAVIORAL:
[ ] Self-Injurious Behavior
[ ] Mental Health De-compensation
[ ] Oppositional Behaviors
[ ] Inappropriate Sexual Comments/Threats
[ ] Verbal Threats of Violence
[ ] Exhibitionism/Public Masturbation

CARE-TAKER MISCONDUCT:
(Suspected, Alleged or Confirmed)

Caretaker:
[x] Mentor
[x] Mentor Family Member
[ ] Staff
[ ] Other Caretaker:

Alleged Misconduct:
[ ] Sexual Boundary/Abuse
[ ] Verbal or Emotional Abuse
[ ] Physical Assault/Abuse
[ ] Corporal/Inappropriate Punishment
[ ] Inappropriate Use of Restraint/Physical Intervention
[ ] Neglect
[x] Inadequate Supervision
[ ] Criminal Arrest of Caretaker
[ ] Alcohol/Drug Use by Caretaker
[ ] Misuse of Client/Individual's Funds
[ ] Misappropriation/Destruction of Client/Individual Personal Property
[ ] Other:

MEDICATION INCIDENTS:
[ ] Medication Error
[ ] Missing Controlled Substances
[ ] Serious Adverse Reaction to Medication

MEDICAL INCIDENTS:
[ ] Illness Requiring Medical Treatment
[ ] Deterioration in Existing Medical Condition
[ ] Pregnancy
[ ] Seizure Requiring Emergency Treatment
[ ] UTI
[ ] Bowel Impaction
[ ] Pneumonia
[ ] Pressure Sores
[ ] Other:

CLIENT/INDIVIDUAL INJURY BY:
[ ] Physical Assault by Third Party/Other Individual in our car
[ ] Sexual Assault by Third Party/Other Individual in our care
[ ] Theft by Third Party
[ ] Fall
[ ] Choking
[ ] Bathing/Scalding Related Injuries
[ ] Other Burns
[ ] Vehicle
[ ] Swimming/Near Drowning
[ ] Other Accidental Injury:

SUICIDAL CLIENT/INDIVIDUAL:
[ ] Suicidal Threats or Verbalizations
[ ] Suicidal Attempt or Gesture

EXPOSURE CONTROL INCIDENTS:
[ ] Client/Individual Exposed to Blood Borne Pathogens
[ ] Client/Individual Exposed Third Party to Blood Borne Pathogens

SEXUAL ASSAULT OR INAPPROPRIATE SEXUAL BEHAVIOR BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ]To Mentor's Family Member
[ ] To Other Third Party

PROPERTY DAMAGE BY CLIENT/INDIVIDUAL:
[ ] Property Damage Under $1,000
[ ] Property Damage Over $1,000
[ ] Vehicle Theft
[ ] Fire Setting
[ ] Theft/Shoplifting
[ ] Other:

PHYSICAL ASSAULTS BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ]To Mentor's Family Member
[ ] To Other Third Party
[ ]To Animals (animal cruelty)

POSSESSION OF PROHIBITED MATERIALS: (Defined per client/individual/program)
[ ] Possession of Prohibited Materials (i.e., alcohol, lighter, weapon, pornography, illicit drugs, etc.)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 3

SECTION E: PROGRAMMATIC RESPONSE (Check all that apply)

[ ] Counseling/Training for Staff/Mentor
[ ] ISP/Supervision/Behavioral Plan Developed with Client/Individual
[ ] Internal Investigation Underway
Interventions:
[ ]Physical
[ ]Mechanical
[ ]Seclusions
[ ]Chemical
[ ]Law Enforcement

[x] Reported to Adult/Child Protective Services
Date: [redacted]
( ) Substantiated ( ) Unsubstantiate
[ ] Licensing Notified
Date:

[ ] Funding Source Notified
Date:
[ ] Family Notified
Date:
[x] Guardian Notified
Date: [redacted]
[ ] Law Enforcement/Probation Notified
Date:

Client/Individual Name: [redacted] **Log #:** [redacted]

22. SECTION F: CLIENT/INDIVIDUAL HISTORY / DIAGNOSES

List Client/Individual's current medical and psychiatric diagnoses, behavioral history (e.g. sexually abused, physically aggressive, running, confabulation, etc.), medical history (e.g. seizures, diabetes, etc.) and medications.

Client is MR, blind and disabled. [redacted] has been in the [redacted] Foster home for nearly three years. [redacted] made significant progress in this placement and was very connected to the foster family.

23. SECTION G: ANTECEDENT EVENTS

Briefly describe the Client/Individual's condition and activities prior and leading up to this incident.

Client was in the bathtub and was left unattended for several minutes.

24. SECTION H: INCIDENT NARRATIVE

Describe IN DETAIL the incident in chronological order. Include who, what, where, when and how. Provide information on alleged injuries, interventions and current status. Report involvement of other parties such as law enforcement, emergency medical services, etc. Include sources of information (e.g. "Mentor reported..." or "Staff observed..."). When using names, include title and/or affiliation (i.e. Joan Smith, DCFS Case Manager.).

Mentor called case manager, [redacted] to report that foster parents bio daughter, [redacted] had discovered client was underwater in the tub and was "blue". Client started mouth to mouth and called 911. Paramedics transported client to [redacted] Hospital where [redacted] was pronounced dead. M.E. [redacted] was called.

Continue on an additional sheet if necessary. DO NOT WRITE ON BACK OF PAGE)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review — Page 4

SECTION I: REVIEWS / SIGNATURES

Signature	Print Name	Title	Date
Signature of Person Completing Form [redacted]	Print Name	Title Case Manager	Date [redacted]
Signature of Manager/Director	Print Name	Title	Date
Signature	Print Name	Title	Date
Signature	Print Name	Title	Date
Signature of State Director (Level 3 and 4 only)	Print Name	Title	Date

THE MENTOR NETWORK - INCIDENT REPORT
Attorney/Client Privileged and Confidential: Risk Management/Peer Review — Page 1

Please PRINT Clearly or Type in Legible Font (10-12) - DO NOT Leave Blanks. Complete All Boxes.

SECTION A: CLIENT/INDIVIDUAL INFORMATION

1. Client/Individual's Name: [redacted]
2. Level: ( ) 1 ( ) 2 ( ) 3 (x) 4
3. Guardian: ( ) Self (x) State ( ) Parent(s) ( ) Other:
4. Log #: [redacted]
5. DOB: [redacted]
6. Age: 20 Years 2 M
7. Gender: [redacted]
8. Population: (x) Adult (18+) ( ) Child
9. Service Category: *(Check one)*
   - ( ) Behavioral Health
   - ( ) Juvenile Justice
   - ( ) Medically Complex
   - ( ) MR/DD
   - ( ) MR/DD Offender
   - ( ) Acquired Brain Injury
   - ( ) Elder Care
   - ( ) Mental Illness
   - ( ) MR/MI
   - ( ) Education
   - (x) Other: MF
10. Date of Admission to MENTOR NETWORK: [redacted]
11. Length of Current Placement/Services: 8 Years

SECTION B: PROGRAM INFORMATION

12. State: [redacted]
13. City: [redacted]
14. If Acquisition/Partner, specify company name:
15. Program Name: [redacted]
16. Service Setting/Model: (check the ONE that most closely fits)
   - ( ) ICF/MR (Intermediate Care Facility)
   - ( ) Group or Shared Living (3+ clients/individuals with 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with 24/7)
   - (x) Mentor Home/ Host Home
   - ( ) Group or Shared Living (3+ clients/individuals with less than 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with less than 24/7)
   - ( ) Home Health Agency Services
   - ( ) Family/School/Home Based Supports (periodic services less than 24/7)
   - ( ) Clinical/Outpatient Therapy/Rehab (OT, PT, Speech)
   - ( ) Day Program
   - ( ) Supported Employment/Vocational
   - ( ) School
   - ( ) Brokerage/Case Management (non-residential)

SECTION C: INCIDENT INFORMATION

17. Date & Time of Incident: [redacted]
18. First Reported to MENTOR NETWORK: [redacted]
    By: *(Name & Title)* [redacted]
19. Location of Incident: *(check one)*
   - ( ) Mentor Home ( ) Primary ( ) Respite
   - **Mentor Name:**
   - **# of Clients/Individuals Living in Home:**
   - ( ) Client/Individual's Residence (group home, ICF, apt)
   - ( ) Client/Individual's Biological Family/Guardian Home
   - ( ) Day Program
   - (x) School
   - ( ) Client/Individual's Place of Employment
   - ( ) Vehicle
   - ( ) Program Office
   - ( ) Community
   - ( ) Other:
20. Outcome of Incident: *(check all that apply)*
   - [ ] Remain in Current Placement
   - [ ] Placement Decision Pending
   - [ ] Client/Individual Placed in Respite
   - [ ] Placement Disrupted (i.e. Client/Individual transferred to new home/ program/placement within MENTOR NETWORK)
   - [ ] Discharged from MENTOR NETWORK
   - [ ] Temporarily or Permanently Closed Mentor Home
   - [ ] Emergency Psychiatric Evaluation (no hospitalization)
   - [ ] Emergency Psychiatric Hospitalization
   - [ ] Emergency Medical Hospitalization
   - [ ] In-school suspension
   - [ ] School Suspension/Expulsion
   - [ ] Client/Individual Arrest/Detention
   - [x] Death
   - [ ] Other:
21. **Summarize in 2-3 sentences the key aspects of the incident for entry into Risk Management database.**

*** Client was pronounced dead at [redacted] on [redacted] at [redacted] Hospital in [redacted] per [redacted] nursing supervisor. [redacted] had been brought to the hospital by paramedics from her school, [redacted] Education Center.

Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 2

Client/Individual Name: [redacted] **Log #:** [redacted] **Date of Incident:** [redacted]

SECTION D: INCIDENT DESCRIPTORS (check all that apply)

DEATH (death of client/individual is a Level 4 incident):
( ) Expected Death of Client/Individual
(x) Unexpected Death of Client/Individual

CLIENT/INDIVIDUAL ELOPEMENT/AWOL:
( ) Located at the Time of the Incident Report
( ) Unable to Locate at the Time of the Incident Report
( ) Other:

CLIENT/INDIVIDUAL BEHAVIORAL:
[ ] Self-Injurious Behavior
[ ] Mental Health De-compensation
[ ] Oppositional Behaviors
[ ] Inappropriate Sexual Comments/Threats
[ ] Verbal Threats of Violence
[ ] Exhibitionism/Public Masturbation

CARE-TAKER MISCONDUCT:
(Suspected, Alleged or Confirmed)

Caretaker:
[ ] Mentor
[ ] Mentor Family Member
[ ] Staff
[ ] Other Caretaker:

Alleged Misconduct:
[ ] Sexual Boundary/Abuse
[ ] Verbal or Emotional Abuse
[ ] Physical Assault/Abuse
[ ] Corporal/Inappropriate Punishment
[ ] Inappropriate Use of Restraint/Physical Intervention
[ ] Neglect
[ ] Inadequate Supervision
[ ] Criminal Arrest of Caretaker
[ ] Alcohol/Drug Use by Caretaker
[ ] Misuse of Client/Individual's Funds
[ ] Misappropriation/Destruction of Client/Individual Personal Property
[ ] Other:

MEDICATION INCIDENTS:
[ ] Medication Error
[ ] Missing Controlled Substances
[ ] Serious Adverse Reaction to Medication

MEDICAL INCIDENTS:
[ ] Illness Requiring Medical Treatment
[ ] Deterioration in Existing Medical Condition
[ ] Pregnancy
[ ] Seizure Requiring Emergency Treatment
[ ] UTI
[ ] Bowel Impaction
[ ] Pneumonia
[ ] Pressure Sores
[ ] Other:

CLIENT/INDIVIDUAL INJURY BY:
[ ] Physical Assault by Third Party/Other Individual in our car
[ ] Sexual Assault by Third Party/Other Individual in our care
[ ] Theft by Third Party
[ ] Fall
[ ] Choking
[ ] Bathing/Scalding Related Injuries
[ ] Other Burns
[ ] Vehicle
[ ] Swimming/Near Drowning
[ ] Other Accidental Injury:

SUICIDAL CLIENT/INDIVIDUAL:
[ ] Suicidal Threats or Verbalizations
[ ] Suicidal Attempt or Gesture

EXPOSURE CONTROL INCIDENTS:
[ ] Client/Individual Exposed to Blood Borne Pathogens
[ ] Client/Individual Exposed Third Party to Blood Borne Pathogens

SEXUAL ASSAULT OR INAPPROPRIATE SEXUAL BEHAVIOR BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ]To Mentor's Family Member
[ ] To Other Third Party

PROPERTY DAMAGE BY CLIENT/INDIVIDUAL:
[ ] Property Damage Under $1,000
[ ] Property Damage Over $1,000
[ ] Vehicle Theft
[ ] Fire Setting
[ ] Theft/Shoplifting
[ ] Other:

PHYSICAL ASSAULTS BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ]To Mentor's Family Member
[ ] To Other Third Party
[ ]To Animals (animal cruelty)

POSSESSION OF PROHIBITED MATERIALS: (Defined per client/individual/program)
[ ] Possession of Prohibited Materials (i.e., alcohol, lighter, weapon, pornography, illicit drugs, etc.)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 3

SECTION E: PROGRAMMATIC RESPONSE (Check all that apply)

[ ] Counseling/Training for Staff/Mentor
[ ] ISP/Supervision/Behavioral Plan Developed with Client/Individual
[ ] Internal Investigation Underway
Interventions:
[ ]Physical
[ ]Mechanical
[ ]Seclusions
[ ]Chemical
[ ]Law Enforcement

[ ] Reported to Adult/Child Protective Services
Date:
( ) Substantiated ( ) Unsubstantiate
[ ] Licensing Notified
Date:

[ ] Funding Source Notified
Date:
[ ] Family Notified
Date:
[x] Guardian Notified
Date: [redacted]
[ ] Law Enforcement/Probation Notified
Date:

Client/Individual Name: [redacted] **Log #:** [redacted]

22. SECTION F: CLIENT/INDIVIDUAL HISTORY / DIAGNOSES

List Client/Individual's current medical and psychiatric diagnoses, behavioral history (e.g. sexually abused, physically aggressive, running, confabulation, etc.), medical history (e.g. seizures, diabetes, etc.) and medications.

Spastic quadriplegia; scoliosis; cerebral palsy; profound mental retardation; G-tube; history of seizure disorder; acute bronchiospasms Allergies: Latex Medication: None

23. SECTION G: ANTECEDENT EVENTS

Briefly describe the Client/Individual's condition and activities prior and leading up to this incident.

Per foster parent's initial report, staff was unable to awaken [redacted] from [redacted] nap. Per second report from foster parent from the hospital, [redacted] had awakened from a nap at school, and staff was transferring [redacted] to Hoyer lift when [redacted] became unresponsive.

24. SECTION H: INCIDENT NARRATIVE

Describe IN DETAIL the incident in chronological order. Include who, what, where, when and how. Provide information on alleged injuries, interventions and current status. Report involvement of other parties such as law enforcement, emergency medical services, etc. Include sources of information (e.g. "Mentor reported..." or "Staff observed..."). When using names, include title and/or affiliation (i.e. Joan Smith, DCFS Case Manager.).

The initial contact regarding this incident was from [redacted], foster parent, to [redacted], program manager, at [redacted] Per [redacted] had stated that she received a call at home from [redacted] school stating that they were doing CPR on [redacted] because they could not wake [redacted] up after [redacted] nap, and the paramedics were present at the school. [redacted] was heading to the school. [redacted], licensing worker, called [redacted] Education Center, and staff at the school reported that [redacted] was being taken to [redacted] Hospital in [redacted] At [redacted] [redacted], program supervisor, called [redacted] Hospital and spoke to the nursing supervisor. The nursing supervisor informed this worker that [redacted] had been pronounced dead at [redacted] and they would be doing an autopsy. Also, they were waiting for the foster parent to arrive. [redacted] contacted [redacted] at [redacted] and stated that she was at the hospital but would be going home. She also stated that school staff reported that, after awaking from [redacted] nap, [redacted] became unresponsive while being moved in [redacted] Hoyer lift. CPR was started, and paramedics were called. This worker, [redacted], attempted to contact the school to obtain information regarding the incident, but the school closed at [redacted] This worker spoke with the administration staff, and they [illegible — overprinted with "Continue on additional sheet if needed. DO NOT WRITE ON BACK OF PAGE"] follow up with the school in the morning. As more information regarding the incident becomes available, this worker will ensure that the client file is properly updated.

Attorney/Client Privileged and Confidential: Risk Management/Peer Review			Page 4
SECTION I: REVIEWS / SIGNATURES			
Signature of Person Completing Form	Print Name	Title Super.	Date
Signature of Manager/Director	Print Name	Title Prog. Mgr.	Date
Signature	Print Name	Title	Date
Signature	Print Name	Title	Date
Signature of State Director (Level 3 and 4 only)	Print Name	Title State Dir.	Date

THE MENTOR NETWORK - INCIDENT REPORT
Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 1

Please PRINT Clearly or Type in Legible Font (10-12) - DO NOT Leave Blanks. Complete All Boxes.

SECTION A: CLIENT/INDIVIDUAL INFORMATION

1. Client/Individual's Name: [redacted]
2. Level: ( ) 1 ( ) 2 ( ) 3 (x) 4
3. Guardian: ( ) Self ( ) State ( ) Parent(s) (x) Other: Foster parent
4. Log #: [redacted]
5. DOB: [redacted]
6. Age: 17 Years 3 M
7. Gender: [redacted]
8. Population: ( ) Adult (18+) (x) Child
9. Service Category: *(Check one)*
( ) Behavioral Health
( ) Juvenile Justice
(x) Medically Complex
( ) MR/DD
( ) MR/DD Offender
( ) Acquired Brain Injury
( ) Elder Care
( ) Mental Illness
( ) MR/MI
( ) Education
( ) Other:
10. Date of Admission to MENTOR NETWORK:
11. Length of Current Placement/Services:

SECTION B: PROGRAM INFORMATION

12. State: [redacted]
13. City: [redacted]
14. If Acquisition/Partner, specify company name:
15. Program Name: Children's Program

16. Service Setting/Model: (check the ONE that most closely fits)
( ) ICF/MR (Intermediate Care Facility)
( ) Group or Shared Living (3+ clients/individuals with 24/7)
( ) Shared or Supported Living (1 or 2 clients/individuals with 24/7)
(x) Mentor Home/ Host Home
( ) Group or Shared Living (3+ clients/individuals with less than 24/7)
( ) Shared or Supported Living (1 or 2 clients/individuals with less than 24/7)
( ) Home Health Agency Services
( ) Family/School/Home Based Supports (periodic services less than 24/7)
( ) Clinical/Outpatient Therapy/Rehab (OT, PT, Speech)
( ) Day Program
( ) Supported Employment/Vocational
( ) School
( ) Brokerage/Case Management (non-residential)

SECTION C: INCIDENT INFORMATION

17. Date & Time of Incident: [redacted]
18. First Reported to MENTOR NETWORK: [redacted]
By: *(Name & Title)* [redacted] Mentor

19. Location of Incident: *(check one)*
( ) Mentor Home ( ) Primary ( ) Respite
Mentor Name:
# of Clients/Individuals Living in Home:
( ) Client/Individual's Residence (group home, ICF, apt)
( ) Client/Individual's Biological Family/Guardian Home
( ) Day Program
( ) School
( ) Client/Individual's Place of Employment
( ) Vehicle
( ) Program Office
( ) Community
(x) Other: [redacted]

20. Outcome of Incident: *(check all that apply)*
[ ] Remain in Current Placement
[ ] Placement Decision Pending
[ ] Client/Individual Placed in Respite
[ ] Placement Disrupted (i.e. Client/Individual transferred to new home/ program/placement within MENTOR NETWORK)
[ ] Discharged from MENTOR NETWORK
[ ] Temporarily or Permanently Closed Mentor Home
[ ] Emergency Psychiatric Evaluation (no hospitalization)
[ ] Emergency Psychiatric Hospitalization
[ ] Emergency Medical Hospitalization
[ ] In-school suspension
[ ] School Suspension/Expulsion
[ ] Client/Individual Arrest/Detention
[x] Death
[ ] Other:

21. Summarize in 2-3 sentences the key aspects of the incident for entry into Risk Management database.

** Client died on [redacted]

Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 2

Client/Individual Name: [redacted] Log #: [redacted]

SECTION D: INCIDENT DESCRIPTORS (check all that apply)

DEATH (death of client/individual is a **Level 4** incident):
( ) Expected Death of Client/Individual
(x) Unexpected Death of Client/Individual

CLIENT/INDIVIDUAL ELOPEMENT/AWOL:
( ) Located at the Time of the Incident Report
( ) Unable to Locate at the Time of the Incident Report
( ) Other:

CLIENT/INDIVIDUAL BEHAVIORAL:
[ ] Self-Injurious Behavior
[ ] Mental Health De-compensation
[ ] Oppositional Behaviors
[ ] Inappropriate Sexual Comments/Threats
[ ] Verbal Threats of Violence
[ ] Exhibitionism/Public Masturbation

CARE-TAKER MISCONDUCT:
(Suspected, Alleged or Confirmed)

Caretaker:
[ ] Mentor
[ ] Mentor Family Member
[ ] Staff
[ ] Other Caretaker:

Alleged Misconduct:
[ ] Sexual Boundary/Abuse
[ ] Verbal or Emotional Abuse
[ ] Physical Assault/Abuse
[ ] Corporal/Inappropriate Punishment
[ ] Inappropriate Use of Restraint/Physical Intervention
[ ] Neglect
[ ] Inadequate Supervision
[ ] Criminal Arrest of Caretaker
[ ] Alcohol/Drug Use by Caretaker
[ ] Misuse of Client/Individual's Funds
[ ] Misappropriation/Destruction of Client/Individual Personal Property
[ ] Other:

MEDICATION INCIDENTS:
[ ] Medication Error
[ ] Missing Controlled Substances
[ ] Serious Adverse Reaction to Medication

MEDICAL INCIDENTS:
[ ] Illness Requiring Medical Treatment
[ ] Deterioration in Existing Medical Condition
[ ] Pregnancy
[ ] Seizure Requiring Emergency Treatment
[ ] UTI
[ ] Bowel Impaction
[ ] Pneumonia
[ ] Pressure Sores
[ ] Other:

CLIENT/INDIVIDUAL INJURY BY:
[ ] Physical Assault by Third Party/Other Individual in our car
[ ] Sexual Assault by Third Party/Other Individual in our care
[ ] Theft by Third Party
[ ] Fall
[ ] Choking
[ ] Bathing/Scalding Related Injuries
[ ] Other Burns
[ ] Vehicle
[ ] Swimming/Near Drowning
[ ] Other Accidental Injury:

SUICIDAL CLIENT/INDIVIDUAL:
[ ] Suicidal Threats or Verbalizations
[ ] Suicidal Attempt or Gesture

EXPOSURE CONTROL INCIDENTS:
[ ] Client/Individual Exposed to Blood Borne Pathogens
[ ] Client/Individual Exposed Third Party to Blood Borne Pathogens

SEXUAL ASSAULT OR INAPPROPRIATE SEXUAL BEHAVIOR BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party

PROPERTY DAMAGE BY CLIENT/INDIVIDUAL:
[ ] Property Damage Under $1,000
[ ] Property Damage Over $1,000
[ ] Vehicle Theft
[ ] Fire Setting
[ ] Theft/Shoplifting
[ ] Other:

PHYSICAL ASSAULTS BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party
[ ] To Animals (animal cruelty)

POSSESSION OF PROHIBITED MATERIALS: (Defined per client/individual/program)

[ ] Possession of Prohibited Materials (i.e., alcohol, lighter, weapon, pornography, illicit drugs, etc.)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 3

SECTION E: PROGRAMMATIC RESPONSE (Check all that apply)

[ ] Counseling/Training for Staff/Mentor
[ ] ISP/Supervision/Behavioral Plan Developed with Client/Individual
[ ] Internal Investigation Underway
Interventions:
[ ]Physical
[ ]Mechanical
[ ]Seclusions
[ ]Chemical
[ ]Law Enforcement

[ ] Reported to Adult/Child Protective Services
Date:
( ) Substantiated ( ) Unsubstantiate
[ ] Licensing Notified
Date:

[ ] Funding Source Notified
Date:
[ ] Family Notified
Date:
[ ] Guardian Notified
Date:
[ ] Law Enforcement/Probation Notified
Date:

Client/Individual Name: [redacted] Log #: [redacted]

22.
SECTION F: CLIENT/INDIVIDUAL HISTORY / DIAGNOSES

List Client/Individual's current medical and psychiatric diagnoses, behavioral history (e.g. sexually abused, physically aggressive, running, confabulation, etc.), medical history (e.g. seizures, diabetes, etc.) and medications.

Medical history: Seizure disorder; quadriplegic; blind

23.
SECTION G: ANTECEDENT EVENTS

Briefly describe the Client/Individual's condition and activities prior and leading up to this incident.

[redacted] was sleeping. [redacted] was at [redacted] for weekend respite.

24.
SECTION H: INCIDENT NARRATIVE

Describe IN DETAIL the incident in chronological order. Include who, what, where, when and how. Provide information on alleged injuries, interventions and current status. Report involvement of other parties such as law enforcement, emergency medical services, etc. Include sources of information (e.g. "Mentor reported..." or "Staff observed..."). When using names, include title and/or affiliation (i.e. Joan Smith, DCFS Case Manager.).

This worker received a phone call from [redacted] at [redacted] on [redacted], [redacted] [redacted] informed this worker that [redacted], a former DCFS ward whom she had taken subsidized guardianship, died on [redacted] morning. [redacted] was at [redacted] respite for the weekend. [redacted] reported that she received a phone call from [redacted] staff. The staff went into [redacted] room at [redacted] and [redacted] was not breathing. [redacted] was taken to [redacted] Hospital, where [redacted] was pronounced dead. [redacted] informed this worker that there would be an autopsy. Visitation will be held in [redacted] on [redacted] from [redacted] [redacted] informed this worker that [redacted] would be cremated. Time of death, [redacted] case was closed with [redacted] Mentor in [redacted] However, DCFS protocol required that [redacted] be generated.

Continue on an additional sheet if necessary. DO NOT WRITE ON BACK OF PAGE)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review			Page 4
SECTION I: REVIEWS / SIGNATURES			
Signature of Person Completing Form	Print Name	Title Licensing Rep.	Date
Signature of Manager/Director	Print Name	Title	Date
Signature	Print Name	Title Nurse	Date
Signature	Print Name	Title Super.	Date
Signature of State Director (Level 3 and 4 only)	Print Name	Title State Dir.	Date

THE MENTOR NETWORK - INCIDENT REPORT
Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 1

Please PRINT Clearly or Type in Legible Font (10-12) - DO NOT Leave Blanks. Complete All Boxes.

SECTION A: CLIENT/INDIVIDUAL INFORMATION

1. Client/Individual's Name: [redacted]
2. Level: ( ) 1 ( ) 2 ( ) 3 (x) 4
3. Guardian: ( ) Self (x) State ( ) Parent(s) ( ) Other:
4. Log #: [redacted]
5. DOB: [redacted]
6. Age: **11 Months**
7. Gender: [redacted]
8. Population: ( ) Adult (18+) (x) Child
9. Service Category: ***(Check one)***
   - (x) Behavioral Health
   - ( ) Juvenile Justice
   - ( ) Medically Complex
   - ( ) MR/DD
   - ( ) MR/DD Offender
   - ( ) Acquired Brain Injury
   - ( ) Elder Care
   - ( ) Mental Illness
   - ( ) MR/MI
   - ( ) Education
   - ( ) Other:
10. Date of Admission to MENTOR NETWORK: [redacted]
11. Length of Current Placement/Services: **6 Months**

SECTION B: PROGRAM INFORMATION

12. State: [redacted]
13. City: [redacted]
14. **If Acquisition/Partner, specify company name:**
15. Program Name: [redacted]
16. Service Setting/Model: **(check the ONE that most closely fits)**
   - ( ) ICF/MR (Intermediate Care Facility)
   - ( ) Group or Shared Living (3+ clients/individuals with 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with 24/7)
   - (x) Mentor Home/ Host Home
   - ( ) Group or Shared Living (3+ clients/individuals with less than 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with less than 24/7)
   - ( ) Home Health Agency Services
   - ( ) Family/School/Home Based Supports (periodic services less than 24/7)
   - ( ) Clinical/Outpatient Therapy/Rehab (OT, PT, Speech)
   - ( ) Day Program
   - ( ) Supported Employment/Vocational
   - ( ) School
   - ( ) Brokerage/Case Management (non-residential)

SECTION C: INCIDENT INFORMATION

17. Date & Time of Incident: [redacted]
18. First Reported to MENTOR NETWORK: [redacted]
    By: *(Name & Title)* [redacted] **Mentor**
19. Location of Incident: ***(check one)***
   - ( ) Mentor Home ( ) Primary ( ) Respite
     Mentor Name:
     # of Clients/Individuals Living in Home:
   - ( ) Client/Individual's Residence (group home, ICF, apt)
   - ( ) Client/Individual's Biological Family/Guardian Home
   - ( ) Day Program
   - ( ) School
   - ( ) Client/Individual's Place of Employment
   - ( ) Vehicle
   - ( ) Program Office
   - ( ) Community
   - (x) Other: [redacted] **Hospital**
20. Outcome of Incident: ***(check all that apply)***
   - [ ] Remain in Current Placement
   - [ ] Placement Decision Pending
   - [ ] Client/Individual Placed in Respite
   - [ ] Placement Disrupted (i.e. Client/Individual transferred to new home/ program/placement within MENTOR NETWORK)
   - [ ] Discharged from MENTOR NETWORK
   - [ ] Temporarily or Permanently Closed Mentor Home
   - [ ] Emergency Psychiatric Evaluation (no hospitalization)
   - [ ] Emergency Psychiatric Hospitalization
   - [ ] Emergency Medical Hospitalization
   - [ ] In-school suspension
   - [ ] School Suspension/Expulsion
   - [ ] Client/Individual Arrest/Detention
   - [x] Death
   - [ ] Other:
21. **Summarize in 2-3 sentences the key aspects of the incident for entry into Risk Management database.**

** Client's O2 saturation was low (80), and [redacted] heart rate was high, 200, at about [redacted]. The mentor spoke with a doctor, who offered a medication they would only be able to administer at the hospital. The mentor was on the way to the ER with client, and [redacted] heart rate was high and O2 was very low. She and the nurse administered CPR until EMs arrived and continued CPR to the hospital. Client died.

Attorney/Client Privileged and Confidential: Risk Management/Peer Review **Page 2**

Client/Individual Name: [redacted] **Log #:** [redacted]

SECTION D: INCIDENT DESCRIPTORS (check all that apply)

DEATH (death of client/individual is a **Level 4** incident):
( ) Expected Death of Client/Individual
(x) Unexpected Death of Client/Individual

CLIENT/INDIVIDUAL ELOPEMENT/AWOL:
( ) Located at the Time of the Incident Report
( ) Unable to Locate at the Time of the Incident Report
( ) Other:

CARE-TAKER MISCONDUCT:
(Suspected, Alleged or Confirmed)

Caretaker:
[ ] Mentor
[ ] Mentor Family Member
[ ] Staff
[ ] Other Caretaker:

Alleged Misconduct:
[ ] Sexual Boundary/Abuse
[ ] Verbal or Emotional Abuse
[ ] Physical Assault/Abuse
[ ] Corporal/Inappropriate Punishment
[ ] Inappropriate Use of Restraint/Physical Intervention
[ ] Neglect
[ ] Inadequate Supervision
[ ] Criminal Arrest of Caretaker
[ ] Alcohol/Drug Use by Caretaker
[ ] Misuse of Client/Individual's Funds
[ ] Misappropriation/Destruction of Client/Individual Personal Property
[ ] Other:

SUICIDAL CLIENT/INDIVIDUAL:
[ ] Suicidal Threats or Verbalizations
[ ] Suicidal Attempt or Gesture

SEXUAL ASSAULT OR INAPPROPRIATE SEXUAL BEHAVIOR BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party

PHYSICAL ASSAULTS BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party
[ ] To Animals (animal cruelty)

CLIENT/INDIVIDUAL BEHAVIORAL:
[ ] Self-Injurious Behavior
[ ] Mental Health De-compensation
[ ] Oppositional Behaviors
[ ] Inappropriate Sexual Comments/Threats
[ ] Verbal Threats of Violence
[ ] Exhibitionism/Public Masturbation

MEDICATION INCIDENTS:
[ ] Medication Error
[ ] Missing Controlled Substances
[ ] Serious Adverse Reaction to Medication

MEDICAL INCIDENTS:
[ ] Illness Requiring Medical Treatment
[ ] Deterioration in Existing Medical Condition
[ ] Pregnancy
[ ] Seizure Requiring Emergency Treatment
[ ] UTI
[ ] Bowel Impaction
[ ] Pneumonia
[ ] Pressure Sores
[ ] Other:

CLIENT/INDIVIDUAL INJURY BY:
[ ] Physical Assault by Third Party/Other Individual in our car
[ ] Sexual Assault by Third Party/Other Individual in our care
[ ] Theft by Third Party
[ ] Fall
[ ] Choking
[ ] Bathing/Scalding Related Injuries
[ ] Other Burns
[ ] Vehicle
[ ] Swimming/Near Drowning
[ ] Other Accidental Injury:

EXPOSURE CONTROL INCIDENTS:
[ ] Client/Individual Exposed to Blood Borne Pathogens
[ ] Client/Individual Exposed Third Party to Blood Borne Pathogens

PROPERTY DAMAGE BY CLIENT/INDIVIDUAL:
[ ] Property Damage Under $1,000
[ ] Property Damage Over $1,000
[ ] Vehicle Theft
[ ] Fire Setting
[ ] Theft/Shoplifting
[ ] Other:

POSSESSION OF PROHIBITED MATERIALS: (Defined per client/individual/program)
[ ] Possession of Prohibited Materials (i.e., alcohol, lighter, weapon, pornography, illicit drugs, etc.)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 3

SECTION E: PROGRAMMATIC RESPONSE (Check all that apply)

[ ] Counseling/Training for Staff/Mentor
[ ] ISP/Supervision/Behavioral Plan Developed with Client/Individual
[ ] Internal Investigation Underway
Interventions:
[ ]Physical
[ ]Mechanical
[ ]Seclusions
[ ]Chemical
[ ]Law Enforcement

[x] Reported to Adult/Child Protective Services
Date:
( ) Substantiated ( ) Unsubstantiate
[x] Licensing Notified
Date:

[x] Funding Source Notified
Date:
[ ] Family Notified
Date:
[x] Guardian Notified
Date:
[ ] Law Enforcement/Probation Notified
Date:

Client/Individual Name: Log #:

22. SECTION F: CLIENT/INDIVIDUAL HISTORY / DIAGNOSES

List Client/Individual's current medical and psychiatric diagnoses, behavioral history (e.g. sexually abused, physically aggressive, running, confabulation, etc.), medical history (e.g. seizures, diabetes, etc.) and medications.

suffered from cirrhosis of the liver; blindness; deafness in one ear; and severe fetal alcohol syndrome. has been taking the following medications: Latanoprost Eye Drops; Brinzolamide (Azopt) Eye Drops; Petrolatum Eye Ointment; Artificial Tear Drops. is on oxygen and requires suctioning thorughout the day.

23. SECTION G: ANTECEDENT EVENTS

Briefly describe the Client/Individual's condition and activities prior and leading up to this incident.

O2 saturation was low . The mentor and the nurse spoke with the doctor, who stated to increase the Albuterol treatments, which should help with reathing.

24. SECTION H: INCIDENT NARRATIVE

Describe IN DETAIL the incident in chronological order. Include who, what, where, when and how. Provide information on alleged injuries, interventions and current status. Report involvement of other parties such as law enforcement, emergency medical services, etc. Include sources of information (e.g. "Mentor reported..." or "Staff observed..."). When using names, include title and/or affiliation (i.e. Joan Smith, DCFS Case Manager.).

, O2 saturation was low. The mentor called the doctor on-call, who indicated she should increase amount of Albuterol. Nonetheless, O2 saturation was low (80), and heart rate was high (200), at about on . The mentor spoke with the doctor on-call, who indicated may need another medication instead of the increased Albuterol was currently receiving. The medication, Zopanex, would need approval by Medicaid, which is unavailable on the weekend. The mentor asked if she could receive it at the ER. Thus, the mentor, , decided to go to the ER. She informed the Regional Director, , she and the nurse were going to the ER with . On the way to the ER, O2 saturation dropped to 50 and continued to drop. She called 911 and pulled off the expressway at In the interim, she and the nurse ( ) began to administer CPR until EMs arrived. They took to the of located on and She called the Program Manager , at indicating had died.

Continue on an additional sheet if necessary. DO NOT WRITE ON BACK OF PAGE)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review			Page 4
SECTION I: REVIEWS / SIGNATURES			
Signature of Person Completing Form	**Print Name**	**Title** Prog. Mgr.	**Date**
Signature of Manager/Director	**Print Name**	**Title** Prog. Mgr.	**Date**
Signature	**Print Name**	**Title** Clinical Coord.	**Date**
Signature	**Print Name**	**Title**	**Date**
Signature of State Director (Level 3 and 4 only)	**Print Name**	**Title**	**Date**

THE MENTOR NETWORK - INCIDENT REPORT
Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 1

Please PRINT Clearly or Type in Legible Font (10-12) - DO NOT Leave Blanks. Complete All Boxes.

SECTION A: CLIENT/INDIVIDUAL INFORMATION

1. Client/Individual's Name: [redacted]
2. Level: ( ) 1 ( ) 2 ( ) 3 (x) 4
3. Guardian: ( ) Self (x) State ( ) Parent(s) ( ) Other:
4. Log #: [redacted]
5. DOB: [redacted]
6. Age: **2 Months**
7. Gender: [redacted]
8. Population: ( ) Adult (18+) (x) Child
9. Service Category: ***(Check one)***
   - ( ) Behavioral Health
   - ( ) Juvenile Justice
   - (x) Medically Complex
   - ( ) MR/DD
   - ( ) MR/DD Offender
   - ( ) Acquired Brain Injury
   - ( ) Elder Care
   - ( ) Mental Illness
   - ( ) MR/MI
   - ( ) Education
   - ( ) Other:
10. Date of Admission to MENTOR NETWORK: [redacted]
11. Length of Current Placement/Services: **1 Months 3 Days**

SECTION B: PROGRAM INFORMATION

12. State: [redacted]
13. City: [redacted]
14. **If Acquisition/Partner, specify company name:**
15. Program Name: [redacted]

16. Service Setting/Model: **(check the ONE that most closely fits)**
- ( ) ICF/MR (Intermediate Care Facility)
- ( ) Group or Shared Living (3+ clients/individuals with 24/7)
- ( ) Shared or Supported Living (1 or 2 clients/individuals with 24/7)
- (x) Mentor Home/ Host Home
- ( ) Group or Shared Living (3+ clients/individuals with less than 24/7)
- ( ) Shared or Supported Living (1 or 2 clients/individuals with less than 24/7)
- ( ) Home Health Agency Services
- ( ) Family/School/Home Based Supports (periodic services less than 24/7)
- ( ) Clinical/Outpatient Therapy/Rehab (OT, PT, Speech)
- ( ) Day Program
- ( ) Supported Employment/Vocational
- ( ) School
- ( ) Brokerage/Case Management (non-residential)

SECTION C: INCIDENT INFORMATION

17. Date & Time of Incident: [redacted]
18. First Reported to MENTOR NETWORK: [redacted]
    By: *(Name & Title)* [redacted] **Mentor**

19. Location of Incident: ***(check one)***
- ( ) Mentor Home (x) Primary ( ) Respite
  Mentor Name:
  # of Clients/Individuals Living in Home:
- ( ) Client/Individual's Residence (group home, ICF, apt)
- ( ) Client/Individual's Biological Family/Guardian Home
- ( ) Day Program
- ( ) School
- ( ) Client/Individual's Place of Employment
- ( ) Vehicle
- ( ) Program Office
- ( ) Community
- ( ) Other:

20. Outcome of Incident: ***(check all that apply)***
- [ ] Remain in Current Placement
- [ ] Placement Decision Pending
- [ ] Client/Individual Placed in Respite
- [ ] Placement Disrupted (i.e. Client/Individual transferred to new home/ program/placement within MENTOR NETWORK)
- [ ] Discharged from MENTOR NETWORK
- [ ] Temporarily or Permanently Closed Mentor Home
- [ ] Emergency Psychiatric Evaluation (no hospitalization)
- [ ] Emergency Psychiatric Hospitalization
- [ ] Emergency Medical Hospitalization
- [ ] In-school suspension
- [ ] School Suspension/Expulsion
- [ ] Client/Individual Arrest/Detention
- [x] Death
- [ ] Other:

21. **Summarize in 2-3 sentences the key aspects of the incident for entry into Risk Management database.**

**Client was a medically fragile baby under hospice care. On [redacted] Mentor on-call received a call from Mentor saying that client's health was rapidly declining. The same day at approximately [redacted] CC received a call from mentor stating that client had died.

Attorney/Client Privileged and Confidential: Risk Management/Peer Review **Page 2**

Client/Individual Name: [redacted] **Log #:** [redacted]

SECTION D: INCIDENT DESCRIPTORS (check all that apply)

DEATH (death of client/individual is a Level 4 incident):
(x) Expected Death of Client/Individual
( ) Unexpected Death of Client/Individual

CLIENT/INDIVIDUAL ELOPEMENT/AWOL:
( ) Located at the Time of the Incident Report
( ) Unable to Locate at the Time of the Incident Report
( ) Other:

CLIENT/INDIVIDUAL BEHAVIORAL:
[ ] Self-Injurious Behavior
[ ] Mental Health De-compensation
[ ] Oppositional Behaviors
[ ] Inappropriate Sexual Comments/Threats
[ ] Verbal Threats of Violence
[ ] Exhibitionism/Public Masturbation

CARE-TAKER MISCONDUCT:
(Suspected, Alleged or Confirmed)

Caretaker:
[ ] Mentor
[ ] Mentor Family Member
[ ] Staff
[ ] Other Caretaker:

Alleged Misconduct:
[ ] Sexual Boundary/Abuse
[ ] Verbal or Emotional Abuse
[ ] Physical Assault/Abuse
[ ] Corporal/Inappropriate Punishment
[ ] Inappropriate Use of Restraint/Physical Intervention
[ ] Neglect
[ ] Inadequate Supervision
[ ] Criminal Arrest of Caretaker
[ ] Alcohol/Drug Use by Caretaker
[ ] Misuse of Client/Individual's Funds
[ ] Misappropriation/Destruction of Client/Individual Personal Property
[ ] Other:

MEDICATION INCIDENTS:
[ ] Medication Error
[ ] Missing Controlled Substances
[ ] Serious Adverse Reaction to Medication

MEDICAL INCIDENTS:
[ ] Illness Requiring Medical Treatment
[ ] Deterioration in Existing Medical Condition
[ ] Pregnancy
[ ] Seizure Requiring Emergency Treatment
[ ] UTI
[ ] Bowel Impaction
[ ] Pneumonia
[ ] Pressure Sores
[ ] Other:

CLIENT/INDIVIDUAL INJURY BY:
[ ] Physical Assault by Third Party/Other Individual in our car
[ ] Sexual Assault by Third Party/Other Individual in our care
[ ] Theft by Third Party
[ ] Fall
[ ] Choking
[ ] Bathing/Scalding Related Injuries
[ ] Other Burns
[ ] Vehicle
[ ] Swimming/Near Drowning
[ ] Other Accidental Injury:

SUICIDAL CLIENT/INDIVIDUAL:
[ ] Suicidal Threats or Verbalizations
[ ] Suicidal Attempt or Gesture

EXPOSURE CONTROL INCIDENTS:
[ ] Client/Individual Exposed to Blood Borne Pathogens
[ ] Client/Individual Exposed Third Party to Blood Borne Pathogens

SEXUAL ASSAULT OR INAPPROPRIATE SEXUAL BEHAVIOR BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ]To Mentor's Family Member
[ ] To Other Third Party

PROPERTY DAMAGE BY CLIENT/INDIVIDUAL:
[ ] Property Damage Under $1,000
[ ] Property Damage Over $1,000
[ ] Vehicle Theft
[ ] Fire Setting
[ ] Theft/Shoplifting
[ ] Other:

PHYSICAL ASSAULTS BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ]To Mentor's Family Member
[ ] To Other Third Party
[ ]To Animals (animal cruelty)

POSSESSION OF PROHIBITED MATERIALS: (Defined per client/individual/program)
[ ] Possession of Prohibited Materials (i.e., alcohol, lighter, weapon, pornography, illicit drugs, etc.)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 3

SECTION E: PROGRAMMATIC RESPONSE (Check all that apply)

[ ] Counseling/Training for Staff/Mentor
[ ] ISP/Supervision/Behavioral Plan Developed with Client/Individual
[ ] Internal Investigation Underway
Interventions:
[ ]Physical
[ ]Mechanical
[ ]Seclusions
[ ]Chemical
[ ]Law Enforcement

[ ] Reported to Adult/Child Protective Services
Date:
( ) Substantiated ( ) Unsubstantiate
[x] Licensing Notified
Date: [redacted]

[x] Funding Source Notified
Date: [redacted]
[x] Family Notified
Date: [redacted]
[x] Guardian Notified
Date: [redacted]
[ ] Law Enforcement/Probation Notified
Date:

Client/Individual Name: [redacted] **Log #:** [redacted]

22. SECTION F: CLIENT/INDIVIDUAL HISTORY / DIAGNOSES

List Client/Individual's current medical and psychiatric diagnoses, behavioral history (e.g. sexually abused, physically aggressive, running, confabulation, etc.), medical history (e.g. seizures, diabetes, etc.) and medications.

Client was born 6 weeks premature and tested positive for cocaine. [redacted] birth mother reportedly received no pre-natal care. Client was diagnosed with moderately severe hydrocephalus and a CT scan also revealed markedly delayed maturation of the white matter in client's brain. [redacted] suffered from apnea episodes while in [redacted] hospital and was placed on oxygen 24/7. Client was also diagnosed with reflux and received medication for it. Client received Zantac for [redacted] reflux and also received Karo syrup to help with constipation.

23. SECTION G: ANTECEDENT EVENTS

Briefly describe the Client/Individual's condition and activities prior and leading up to this incident.

Client had been responding well in the Mentor home. [redacted] had been gaining weight and responding to the Mentor. During the evening of [redacted] Mentor [redacted] noticed that client was acting differently. [redacted] had been crying and [redacted] was limp and [redacted] body was cool to the touch. At [redacted] on [redacted] called the on call CC and Hospice to tell them about client. Due to client's DNR (Do Not Resuscitate) order, 911 was not called.

24. SECTION H: INCIDENT NARRATIVE

Describe IN DETAIL the incident in chronological order. Include who, what, where, when and how. Provide information on alleged injuries, interventions and current status. Report involvement of other parties such as law enforcement, emergency medical services, etc. Include sources of information (e.g. "Mentor reported..." or "Staff observed..."). When using names, include title and/or affiliation (i.e. Joan Smith, DCFS Case Manager.).

At [redacted] Ms. [redacted] called CC [redacted] and reported that client was not doing well. She stated at approximately [redacted] seemed to have taken a turn for the worse and has been going downhill since. Mrs. [redacted] stated [redacted] just cried and [redacted] body was cool to the touch and limp. She stated she already called hospice to let them know. Hospice asked if she need them to come to her home although there was nothing they could do but support her in making [redacted] comfortable. She told them she would be fine. She also told CC [redacted] that she did not need him to come out to the home because she had experience with children who were actively dying and she would be okay. She also stated that her husband was with her. At [redacted] CC reported the incident to program manager [redacted]. At [redacted] Mrs. [redacted] called CC and reported that client had not passes away yet but [redacted] body was cold and clammy and [redacted] heartbeat had slowed down. She stated she sat up with [redacted] and just held [redacted] all night so [redacted] didn't pass alone. Mrs. [redacted] reported that she had already called the hospital nurse and the nurse was on the way because client probably wouldn't live much longer. CC asked if there was anything [redacted] Mentor could do for her and she stated no there was really nothing that could be done except to wait and be with [redacted] when [redacted] died. At [redacted] [illegible] (CONTINUE ON BACK OF PAGE) Mentor when she arrived at the office and stated client had been sleeping more yesterday [redacted] She call hospice and nurse [redacted] came to the home and said client's pupils were fixed and [redacted] was refusing to eat since midnight. [redacted] stated client had most likely suffered a massive stroke on [redacted], which is why [redacted] health declined rapidly. At the time of CC's phone conversation with mentor, client's heart rate had slowed down and [redacted] body temperature had dropped (cold to the touch). CC then attempted to reach DFCS worker [redacted] and DFCS supervisor [redacted] by phone. CC left voicemails then called DFCS [redacted] Country Director and informed her of the situation. She agreed to contact the family. CC also called [redacted], guardian ad litem and updated him regarding [redacted] decline in health. CC [redacted] agreed to keep Mr. [redacted] informed of any change. Approximately [redacted] CC received call from Mentor informing that client had died. Hospice was at the home and pronounced [redacted] dead. After talking with Mentor, CC called DFCS worker [redacted] and told her that client had passed. She agreed to talk to her supervisor and let staff know about transportation of the body and funeral arrangements. Ms. [redacted] agreed to call Hospice and then call CC [redacted] to let CC know of the arrangements. At [redacted] CC called mentor home and spoke with Hospice Nurse. She stated she spoke with Ms. [redacted] from DFCS and they were trying to arrange transportation for client's body. At [redacted] called CC back to let her know the funeral home would be at the mentor's home at [redacted] to pick up client's body. CC talked to Mrs. [redacted] and informed her that CC would be at the home when the funeral home arrives. Mrs. [redacted] declined CC's offer to come to the home before [redacted] At approximately [redacted] CC arrived at the mentor's home and Mrs. [redacted] informed staff that the funeral home was on its way to pick client's body up. Mr. [redacted] from [redacted] funeral home arrived at [redacted] to pick up client's body. CC stated she stayed at the home until [redacted] and she agreed to call Mrs. [redacted] as soon as DFCS informed her of the funeral arrangements. CC also agreed to inform hospice of funeral arrangements.

Attorney/Client Privileged and Confidential: Risk Management/Peer Review			Page 4
SECTION I: REVIEWS / SIGNATURES			
Signature of Person Completing Form	**Print Name**	**Title** CC	**Date**
Signature of Manager/Director	**Print Name**	**Title**	**Date**
Signature	**Print Name**	**Title**	**Date**
Signature	**Print Name**	**Title**	**Date**
Signature of State Director (Level 3 and 4 only)	**Print Name**	**Title**	**Date**

THE MENTOR NETWORK - INCIDENT REPORT
Attorney/Client Privileged and Confidential: Risk Management/Peer Review — Page 1

Please PRINT Clearly or Type in Legible Font (10-12) - DO NOT Leave Blanks. Complete All Boxes.

SECTION A: CLIENT/INDIVIDUAL INFORMATION

1. Client/Individual's Name: [redacted]
2. Level: ( ) 1 ( ) 2 ( ) 3 (x) 4
3. Guardian: ( ) Self (x) State ( ) Parent(s) ( ) Other:
4. Log # [redacted]
5. DOB: [redacted]
6. Age: 16 Years 1 M
7. Gender: [redacted]
8. Population: ( ) Adult (18+) (x) Child
9. Service Category: *(Check one)*
(x) Behavioral Health
( ) Juvenile Justice
( ) Medically Complex
( ) MR/DD
( ) MR/DD Offender
( ) Acquired Brain Injury
( ) Elder Care
( ) Mental Illness
( ) MR/MI
( ) Education
( ) Other:
10. Date of Admission to MENTOR NETWORK: [redacted]
11. Length of Current Placement/Services: **7 Months**

SECTION B: PROGRAM INFORMATION

12. State: [redacted]
13. City: [redacted]
14. If Acquisition/Partner, specify company name:
15. Program Name: [redacted]

16. Service Setting/Model: (check the ONE that most closely fits)
( ) ICF/MR (Intermediate Care Facility)
( ) Group or Shared Living (3+ clients/individuals with 24/7)
( ) Shared or Supported Living (1 or 2 clients/individuals with 24/7)
(x) Mentor Home/ Host Home
( ) Group or Shared Living (3+ clients/individuals with less than 24/7)
( ) Shared or Supported Living (1 or 2 clients/individuals with less than 24/7)
( ) Home Health Agency Services
( ) Family/School/Home Based Supports (periodic services less than 24/7)
( ) Clinical/Outpatient Therapy/Rehab (OT, PT, Speech)
( ) Day Program
( ) Supported Employment/Vocational
( ) School
( ) Brokerage/Case Management (non-residential)

SECTION C: INCIDENT INFORMATION

17. Date & Time of Incident: [redacted]
18. First Reported to MENTOR NETWORK: [redacted]
By: *(Name & Title)* [redacted] Mentor

19. Location of Incident: *(check one)*
(x) Mentor Home (x) Primary ( ) Respite
Mentor Name: [redacted]
# of Clients/Individuals Living in Home: 1
( ) Client/Individual's Residence (group home, ICF, apt)
( ) Client/Individual's Biological Family/Guardian Home
( ) Day Program
( ) School
( ) Client/Individual's Place of Employment
( ) Vehicle
( ) Program Office
( ) Community
( ) Other:

20. Outcome of Incident: *(check all that apply)*
[ ] Remain in Current Placement
[ ] Placement Decision Pending
[ ] Client/Individual Placed in Respite
[ ] Placement Disrupted (i.e. Client/Individual transferred to new home/ program/placement within MENTOR NETWORK)
[ ] Discharged from MENTOR NETWORK
[ ] Temporarily or Permanently Closed Mentor Home
[ ] Emergency Psychiatric Evaluation (no hospitalization)
[ ] Emergency Psychiatric Hospitalization
[ ] Emergency Medical Hospitalization
[ ] In-school suspension
[ ] School Suspension/Expulsion
[ ] Client/Individual Arrest/Detention
[x] Death
[ ] Other:

21. Summarize in 2-3 sentences the key aspects of the incident for entry into Risk Management database.

**Mentor [redacted] called Clinical Supervisor [redacted] to report that client had passed away.

Attorney/Client Privileged and Confidential: Risk Management/Peer Review — Page 2

Client/Individual Name: [redacted] Log #: [redacted]

SECTION D: INCIDENT DESCRIPTORS (check all that apply)

DEATH (death of client/individual is a **Level 4** incident):
( ) Expected Death of Client/Individual
(x) Unexpected Death of Client/Individual

CLIENT/INDIVIDUAL ELOPEMENT/AWOL:
( ) Located at the Time of the Incident Report
( ) Unable to Locate at the Time of the Incident Report
( ) Other:

CARE-TAKER MISCONDUCT:
(Suspected, Alleged or Confirmed)

Caretaker:
[ ] Mentor
[ ] Mentor Family Member
[ ] Staff
[ ] Other Caretaker:

Alleged Misconduct:
[ ] Sexual Boundary/Abuse
[ ] Verbal or Emotional Abuse
[ ] Physical Assault/Abuse
[ ] Corporal/Inappropriate Punishment
[ ] Inappropriate Use of Restraint/Physical Intervention
[ ] Neglect
[ ] Inadequate Supervision
[ ] Criminal Arrest of Caretaker
[ ] Alcohol/Drug Use by Caretaker
[ ] Misuse of Client/Individual's Funds
[ ] Misappropriation/Destruction of Client/Individual Personal Property
[ ] Other:

SUICIDAL CLIENT/INDIVIDUAL:
[ ] Suicidal Threats or Verbalizations
[ ] Suicidal Attempt or Gesture

SEXUAL ASSAULT OR INAPPROPRIATE SEXUAL BEHAVIOR BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ]To Mentor's Family Member
[ ] To Other Third Party

PHYSICAL ASSAULTS BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ]To Mentor's Family Member
[ ] To Other Third Party
[ ]To Animals (animal cruelty)

CLIENT/INDIVIDUAL BEHAVIORAL:
[ ] Self-Injurious Behavior
[ ] Mental Health De-compensation
[ ] Oppositional Behaviors
[ ] Inappropriate Sexual Comments/Threats
[ ] Verbal Threats of Violence
[ ] Exhibitionism/Public Masturbation

MEDICATION INCIDENTS:
[ ] Medication Error
[ ] Missing Controlled Substances
[ ] Serious Adverse Reaction to Medication

MEDICAL INCIDENTS:
[ ] Illness Requiring Medical Treatment
[ ] Deterioration in Existing Medical Condition
[ ] Pregnancy
[ ] Seizure Requiring Emergency Treatment
[ ] UTI
[ ] Bowel Impaction
[ ] Pneumonia
[ ] Pressure Sores
[ ] Other:

CLIENT/INDIVIDUAL INJURY BY:
[ ] Physical Assault by Third Party/Other Individual in our car
[ ] Sexual Assault by Third Party/Other Individual in our care
[ ] Theft by Third Party
[ ] Fall
[ ] Choking
[ ] Bathing/Scalding Related Injuries
[ ] Other Burns
[ ] Vehicle
[ ] Swimming/Near Drowning
[ ] Other Accidental Injury:

EXPOSURE CONTROL INCIDENTS:
[ ] Client/Individual Exposed to Blood Borne Pathogens
[ ] Client/Individual Exposed Third Party to Blood Borne Pathogens

PROPERTY DAMAGE BY CLIENT/INDIVIDUAL:
[ ] Property Damage Under $1,000
[ ] Property Damage Over $1,000
[ ] Vehicle Theft
[ ] Fire Setting
[ ] Theft/Shoplifting
[ ] Other:

POSSESSION OF PROHIBITED MATERIALS: (Defined per client/individual/program)
[ ] Possession of Prohibited Materials (i.e., alcohol, lighter, weapon, pornography, illicit drugs, etc.)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 3

SECTION E: PROGRAMMATIC RESPONSE (Check all that apply)

[ ] Counseling/Training for Staff/Mentor
[ ] ISP/Supervision/Behavioral Plan Developed with Client/Individual
[ ] Internal Investigation Underway
Interventions:
[ ]Physical
[ ]Mechanical
[ ]Seclusions
[ ]Chemical
[ ]Law Enforcement

[ ] Reported to Adult/Child Protective Services
Date:
( ) Substantiated ( ) Unsubstantiate

[x] Licensing Notified
Date:

[x] Funding Source Notified
Date:
[ ] Family Notified
Date:
[x] Guardian Notified
Date:
[ ] Law Enforcement/Probation Notified
Date:

Client/Individual Name: **Log #:**

22. SECTION F: CLIENT/INDIVIDUAL HISTORY / DIAGNOSES

List Client/Individual's current medical and psychiatric diagnoses, behavioral history (e.g. sexually abused, physically aggressive, running, confabulation, etc.), medical history (e.g. seizures, diabetes, etc.) and medications.

Dysthymic DO, Chronic Moderate Major Depressive DO, Single episode, ODD, Borderline intellectual functioning, low thyroid, recent removal from foster home. historically client can be threatening and aggressive. affect is typically flat. Medications: Clonopin, Clonazepam, Cortef, Zoloft, and Levothyroxin

23. SECTION G: ANTECEDENT EVENTS

Briefly describe the Client/Individual's condition and activities prior and leading up to this incident.

On Client was admitted to health care of at due to reported difficulty breathing and low heart rate. remained in the hospital until On was taken to Hospital by ambulance due to reported difficulty breathing. was released the same evening and was taken to Hospital by Mentor for a psychiatric assessment. the children's psychiatrist at Reportedly declined to admit client and returned to Mr. home.

24. SECTION H: INCIDENT NARRATIVE

Describe IN DETAIL the incident in chronological order. Include who, what, where, when and how. Provide information on alleged injuries, interventions and current status. Report involvement of other parties such as law enforcement, emergency medical services, etc. Include sources of information (e.g. "Mentor reported..." or "Staff observed..."). When using names, include title and/or affiliation (i.e. Joan Smith, DCFS Case Manager.).

On at Mentor called Clinical supervisor to report that client had passed away. Mr. stated that had gone into client's room to check on and discovered was not breathing. Mr. stated he called 911 and attempted CPR but client was already deceased. Mr. stated the police were at his house. He also stated that client had been to see psychiatrist Dr on and client's medication had been changed. Mrs. then contacted program Manager to report the incident. At CC called Mr. to obtain additional information. Mr. stated that client was in bed sleeping and he had last checked on at that morning. Mr. said it is normal for client to sleep a lot so he was not concerned that was still in bed. Mr. checked on him again at and said body appeared different - looked too stiff. Mr. went to wake client but body was stiff and cold. called 911 immediately and attempted to perform CPR but client did not respond. The paramedics arrived and attempted to revive client as well. They were unsuccessful and the medical examiner pronounced dead while at the home.

Continue on an additional sheet if necessary. DO NOT WRITE ON BACK OF PAGE)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review			Page 4
SECTION I: REVIEWS / SIGNATURES			
Signature of Person Completing Form [redacted]	Print Name	Title CS	Date [redacted]
Signature of Manager/Director [redacted]	Print Name	Title PM	Date [redacted]
Signature	Print Name	Title	Date
Signature	Print Name	Title	Date
Signature of State Director (Level 3 and 4 only)	Print Name	Title	Date

THE MENTOR NETWORK - INCIDENT REPORT
Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 1

Please PRINT Clearly or Type in Legible Font (10-12) - DO NOT Leave Blanks. Complete All Boxes.

SECTION A: CLIENT/INDIVIDUAL INFORMATION

1. Client/Individual's Name: [redacted]
2. Level: ( ) 1 ( ) 2 ( ) 3 (x) 4
3. Guardian: (x) Self ( ) State ( ) Parent(s) ( ) Other:
4. Log #: [redacted]
5. DOB: [redacted]
6. Age: **18 Years 9 M**
7. Gender: [redacted]
8. Population: (x) Adult (18+) ( ) Child
9. Service Category: ***(Check one)***
( ) Behavioral Health
( ) Juvenile Justice
( ) Medically Complex
(x) MR/DD
( ) MR/DD Offender
( ) Acquired Brain Injury
( ) Elder Care
( ) Mental Illness
( ) MR/MI
( ) Education
( ) Other:
10. Date of Admission to MENTOR NETWORK: [redacted]
11. Length of Current Placement/Services: **3 Years 4 Months**

SECTION B: PROGRAM INFORMATION

12. State: [redacted]
13. City: [redacted]
14. **If Acquisition/Partner, specify company name:**
15. Program Name: [redacted]
16. Service Setting/Model: **(check the ONE that most closely fits)**
( ) ICF/MR (Intermediate Care Facility)
( ) Group or Shared Living (3+ clients/individuals with 24/7)
( ) Shared or Supported Living (1 or 2 clients/individuals with 24/7)
(x) Mentor Home/ Host Home
( ) Group or Shared Living (3+ clients/individuals with less than 24/7)
( ) Shared or Supported Living (1 or 2 clients/individuals with less than 24/7)
( ) Home Health Agency Services
( ) Family/School/Home Based Supports (periodic services less than 24/7)
( ) Clinical/Outpatient Therapy/Rehab (OT, PT, Speech)
( ) Day Program
( ) Supported Employment/Vocational
( ) School
( ) Brokerage/Case Management (non-residential)

SECTION C: INCIDENT INFORMATION

17. Date & Time of Incident: [redacted]
18. First Reported to MENTOR NETWORK: [redacted]
By: *(Name & Title)* [redacted]
19. Location of Incident: ***(check one)***
( ) Mentor Home ( ) Primary ( ) Respite
Mentor Name:
# of Clients/Individuals Living in Home:
( ) Client/Individual's Residence (group home, ICF, apt)
( ) Client/Individual's Biological Family/Guardian Home
( ) Day Program
( ) School
( ) Client/Individual's Place of Employment
( ) Vehicle
( ) Program Office
( ) Community
(x) Other: [redacted] **Hospital**
20. Outcome of Incident: ***(check all that apply)***
[ ] Remain in Current Placement
[ ] Placement Decision Pending
[ ] Client/Individual Placed in Respite
[ ] Placement Disrupted (i.e. Client/Individual transferred to new home/ program/placement within MENTOR NETWORK)
[ ] Discharged from MENTOR NETWORK
[ ] Temporarily or Permanently Closed Mentor Home
[ ] Emergency Psychiatric Evaluation (no hospitalization)
[ ] Emergency Psychiatric Hospitalization
[ ] Emergency Medical Hospitalization
[ ] In-school suspension
[ ] School Suspension/Expulsion
[ ] Client/Individual Arrest/Detention
[x] Death
[ ] Other:

21. **Summarize in 2-3 sentences the key aspects of the incident for entry into Risk Management database.**
**Client has been in the hospital due to vital pneumonia for 10 days. [redacted] was referred to hospital, but died prior to those arrangements. Cause of death listed as vital pneumonia and bacterial sepsis.

Attorney/Client Privileged and Confidential: Risk Management/Peer Review — Page 2

Client/Individual Name: [redacted] Log #: [redacted]

SECTION D: INCIDENT DESCRIPTORS (check all that apply)

DEATH (death of client/individual is a Level 4 incident):
(x) Expected Death of Client/Individual
( ) Unexpected Death of Client/Individual

CLIENT/INDIVIDUAL ELOPEMENT/AWOL:
( ) Located at the Time of the Incident Report
( ) Unable to Locate at the Time of the Incident Report
( ) Other:

CARE-TAKER MISCONDUCT:
(Suspected, Alleged or Confirmed)

Caretaker:
[ ] Mentor
[ ] Mentor Family Member
[ ] Staff
[ ] Other Caretaker:

Alleged Misconduct:
[ ] Sexual Boundary/Abuse
[ ] Verbal or Emotional Abuse
[ ] Physical Assault/Abuse
[ ] Corporal/Inappropriate Punishment
[ ] Inappropriate Use of Restraint/Physical Intervention
[ ] Neglect
[ ] Inadequate Supervision
[ ] Criminal Arrest of Caretaker
[ ] Alcohol/Drug Use by Caretaker
[ ] Misuse of Client/Individual's Funds
[ ] Misappropriation/Destruction of Client/Individual Personal Property
[ ] Other:

CLIENT/INDIVIDUAL BEHAVIORAL:
[ ] Self-Injurious Behavior
[ ] Mental Health De-compensation
[ ] Oppositional Behaviors
[ ] Inappropriate Sexual Comments/Threats
[ ] Verbal Threats of Violence
[ ] Exhibitionism/Public Masturbation

MEDICATION INCIDENTS:
[ ] Medication Error
[ ] Missing Controlled Substances
[ ] Serious Adverse Reaction to Medication

MEDICAL INCIDENTS:
[ ] Illness Requiring Medical Treatment
[ ] Deterioration in Existing Medical Condition
[ ] Pregnancy
[ ] Seizure Requiring Emergency Treatment
[ ] UTI
[ ] Bowel Impaction
[ ] Pneumonia
[ ] Pressure Sores
[ ] Other:

CLIENT/INDIVIDUAL INJURY BY:
[ ] Physical Assault by Third Party/Other Individual in our car
[ ] Sexual Assault by Third Party/Other Individual in our care
[ ] Theft by Third Party
[ ] Fall
[ ] Choking
[ ] Bathing/Scalding Related Injuries
[ ] Other Burns
[ ] Vehicle
[ ] Swimming/Near Drowning
[ ] Other Accidental Injury:

SUICIDAL CLIENT/INDIVIDUAL:
[ ] Suicidal Threats or Verbalizations
[ ] Suicidal Attempt or Gesture

EXPOSURE CONTROL INCIDENTS:
[ ] Client/Individual Exposed to Blood Borne Pathogens
[ ] Client/Individual Exposed Third Party to Blood Borne Pathogens

SEXUAL ASSAULT OR INAPPROPRIATE SEXUAL BEHAVIOR BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ]To Mentor's Family Member
[ ] To Other Third Party

PROPERTY DAMAGE BY CLIENT/INDIVIDUAL:
[ ] Property Damage Under $1,000
[ ] Property Damage Over $1,000
[ ] Vehicle Theft
[ ] Fire Setting
[ ] Theft/Shoplifting
[ ] Other:

PHYSICAL ASSAULTS BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ]To Mentor's Family Member
[ ] To Other Third Party
[ ]To Animals (animal cruelty)

POSSESSION OF PROHIBITED MATERIALS: (Defined per client/individual/program)
[ ] Possession of Prohibited Materials (i.e., alcohol, lighter, weapon, pornography, illicit drugs, etc.)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 3

SECTION E: PROGRAMMATIC RESPONSE (Check all that apply)

[ ] Counseling/Training for Staff/Mentor
[ ] ISP/Supervision/Behavioral Plan Developed with Client/Individual
[ ] Internal Investigation Underway
Interventions:
[ ]Physical
[ ]Mechanical
[ ]Seclusions
[ ]Chemical
[ ]Law Enforcement

[ ] Reported to Adult/Child Protective Services
Date:
( ) Substantiated ( ) Unsubstantiate
[ ] Licensing Notified
Date:

[x] Funding Source Notified
Date:
[x] Family Notified
Date:
[ ] Guardian Notified
Date:
[ ] Law Enforcement/Probation Notified
Date:

Client/Individual Name: **Log #**

22. SECTION F: CLIENT/INDIVIDUAL HISTORY / DIAGNOSES

List Client/Individual's current medical and psychiatric diagnoses, behavioral history (e.g. sexually abused, physically aggressive, running, confabulation, etc.), medical history (e.g. seizures, diabetes, etc.) and medications.

Client had been in our care over three years. is non-ambulatory and nonverbal Client is diagnosed with: Profound Mental Retardation, Cerebral Palsy, Spastic Quadriplegia, and Chronic Lung Disorder. Medications prior to hospitalization were for seizures and anxiety.

23. SECTION G: ANTECEDENT EVENTS

Briefly describe the Client/Individual's condition and activities prior and leading up to this incident.

Client had been hospitalized on for dehydration was diagnosed with vital pneumonia. The family requested no treatment. Only comfort and care issued a do not resuscitate order. Client was referred to hospice.

24. SECTION H: INCIDENT NARRATIVE

Describe IN DETAIL the incident in chronological order. Include who, what, where, when and how. Provide information on alleged injuries, interventions and current status. Report involvement of other parties such as law enforcement, emergency medical services, etc. Include sources of information (e.g. "Mentor reported..." or "Staff observed..."). When using names, include title and/or affiliation (i.e. Joan Smith, DCFS Case Manager.).

The Mentor, , was sitting with the client at the hospital on This fever had rise to 104° that morning and client did not appear to be functioning well. Ms. observed labored breathing and then saw the client stop breathing. Ms. called for the nurse, who stated client was deceased. Mentor staffs are providing support and assistance to the family regarding funeral arrangements.

Continue on an additional sheet if necessary. DO NOT WRITE ON BACK OF PAGE)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review			Page 4
SECTION I: REVIEWS / SIGNATURES			
Signature of Person Completing Form [redacted]	**Print Name**	**Title** Program Manager	**Date** [redacted]
Signature of Manager/Director	**Print Name**	**Title**	**Date**
Signature	**Print Name**	**Title**	**Date**
Signature	**Print Name**	**Title**	**Date**
Signature of State Director (Level 3 and 4 only)	**Print Name**	**Title**	**Date**

THE MENTOR NETWORK - INCIDENT REPORT
Attorney/Client Privileged and Confidential: Risk Management/Peer Review — **Page 1**

Please PRINT Clearly or Type in Legible Font (10-12) - DO NOT Leave Blanks. Complete All Boxes.

SECTION A: CLIENT/INDIVIDUAL INFORMATION

1. Client/Individual's Name: [redacted]
2. Level: ( ) 1 ( ) 2 ( ) 3 (x) 4
3. Guardian: ( ) Self (x) State ( ) Parent(s) ( ) Other:
4. Log #: [redacted]
5. DOB: [redacted]
6. Age: **5 Months**
7. Gender: [redacted]
8. Population: ( ) Adult (18+) (x) Child
9. Service Category: *(Check one)*
   - ( ) Behavioral Health
   - ( ) Juvenile Justice
   - (x) Medically Complex
   - ( ) MR/DD
   - ( ) MR/DD Offender
   - ( ) Acquired Brain Injury
   - ( ) Elder Care
   - ( ) Mental Illness
   - ( ) MR/MI
   - ( ) Education
   - ( ) Other:
10. Date of Admission to MENTOR NETWORK: [redacted]
11. Length of Current Placement/Services: **3 Months**

SECTION B: PROGRAM INFORMATION

12. State: [redacted]
13. City: [redacted]
14. **If Acquisition/Partner, specify company name:**
15. Program Name: [redacted]
16. Service Setting/Model: **(check the ONE that most closely fits)**
   - ( ) ICF/MR (Intermediate Care Facility)
   - ( ) Group or Shared Living (3+ clients/individuals with 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with 24/7)
   - (x) Mentor Home/ Host Home
   - ( ) Group or Shared Living (3+ clients/individuals with less than 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with less than 24/7)
   - ( ) Home Health Agency Services
   - ( ) Family/School/Home Based Supports (periodic services less than 24/7)
   - ( ) Clinical/Outpatient Therapy/Rehab (OT, PT, Speech)
   - ( ) Day Program
   - ( ) Supported Employment/Vocational
   - ( ) School
   - ( ) Brokerage/Case Management (non-residential)

SECTION C: INCIDENT INFORMATION

17. Date & Time of Incident: [redacted]
18. First Reported to MENTOR NETWORK: [redacted]
   By: *(Name & Title)* [redacted] mentor
19. Location of Incident: *(check one)*
   - ( ) Mentor Home ( ) Primary ( ) Respite
     Mentor Name:
     # of Clients/Individuals Living in Home:
   - ( ) Client/Individual's Residence (group home, ICF, apt)
   - ( ) Client/Individual's Biological Family/Guardian Home
   - ( ) Day Program
   - ( ) School
   - ( ) Client/Individual's Place of Employment
   - ( ) Vehicle
   - ( ) Program Office
   - ( ) Community
   - (x) Other: **hospital**
20. Outcome of Incident: *(check all that apply)*
   - [ ] Remain in Current Placement
   - [ ] Placement Decision Pending
   - [ ] Client/Individual Placed in Respite
   - [ ] Placement Disrupted (i.e. Client/Individual transferred to new home/ program/placement within MENTOR NETWORK)
   - [ ] Discharged from MENTOR NETWORK
   - [ ] Temporarily or Permanently Closed Mentor Home
   - [ ] Emergency Psychiatric Evaluation (no hospitalization)
   - [ ] Emergency Psychiatric Hospitalization
   - [ ] Emergency Medical Hospitalization
   - [ ] In-school suspension
   - [ ] School Suspension/Expulsion
   - [ ] Client/Individual Arrest/Detention
   - [x] Death
   - [ ] Other:
21. **Summarize in 2-3 sentences the key aspects of the incident for entry into Risk Management database.**

** [redacted] passed away on [redacted] at [redacted] Hospital in [redacted] due to complications from a high fever [redacted] had multiple medical problems from birth and [redacted] legal guardian had signed a DNR order prior to [redacted] placement with MENTOR.

Attorney/Client Privileged and Confidential: Risk Management/Peer Review — Page 2

Client/Individual Name: [redacted] Log #: [redacted] Date of Incident: [redacted]

SECTION D: INCIDENT DESCRIPTORS (check all that apply)

DEATH (death of client/individual is a Level 4 incident):
( ) Expected Death of Client/Individual
(x) Unexpected Death of Client/Individual

CLIENT/INDIVIDUAL ELOPEMENT/AWOL:
( ) Located at the Time of the Incident Report
( ) Unable to Locate at the Time of the Incident Report
( ) Other:

CARE-TAKER MISCONDUCT:
(Suspected, Alleged or Confirmed)

Caretaker:
[ ] Mentor
[ ] Mentor Family Member
[ ] Staff
[ ] Other Caretaker:

Alleged Misconduct:
[ ] Sexual Boundary/Abuse
[ ] Verbal or Emotional Abuse
[ ] Physical Assault/Abuse
[ ] Corporal/Inappropriate Punishment
[ ] Inappropriate Use of Restraint/Physical Intervention
[ ] Neglect
[ ] Inadequate Supervision
[ ] Criminal Arrest of Caretaker
[ ] Alcohol/Drug Use by Caretaker
[ ] Misuse of Client/Individual's Funds
[ ] Misappropriation/Destruction of Client/Individual Personal Property
[ ] Other:

SUICIDAL CLIENT/INDIVIDUAL:
[ ] Suicidal Threats or Verbalizations
[ ] Suicidal Attempt or Gesture

SEXUAL ASSAULT OR INAPPROPRIATE SEXUAL BEHAVIOR BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party

PHYSICAL ASSAULTS BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party
[ ] To Animals (animal cruelty)

CLIENT/INDIVIDUAL BEHAVIORAL:
[ ] Self-Injurious Behavior
[ ] Mental Health De-compensation
[ ] Oppositional Behaviors
[ ] Inappropriate Sexual Comments/Threats
[ ] Verbal Threats of Violence
[ ] Exhibitionism/Public Masturbation

MEDICATION INCIDENTS:
[ ] Medication Error
[ ] Missing Controlled Substances
[ ] Serious Adverse Reaction to Medication

MEDICAL INCIDENTS:
[ ] Illness Requiring Medical Treatment
[x] Deterioration in Existing Medical Condition
[ ] Pregnancy
[ ] Seizure Requiring Emergency Treatment
[ ] UTI
[ ] Bowel Impaction
[ ] Pneumonia
[ ] Pressure Sores
[ ] Other:

CLIENT/INDIVIDUAL INJURY BY:
[ ] Physical Assault by Third Party/Other Individual in our car
[ ] Sexual Assault by Third Party/Other Individual in our care
[ ] Theft by Third Party
[ ] Fall
[ ] Choking
[ ] Bathing/Scalding Related Injuries
[ ] Other Burns
[ ] Vehicle
[ ] Swimming/Near Drowning
[ ] Other Accidental Injury:

EXPOSURE CONTROL INCIDENTS:
[ ] Client/Individual Exposed to Blood Borne Pathogens
[ ] Client/Individual Exposed Third Party to Blood Borne Pathogens

PROPERTY DAMAGE BY CLIENT/INDIVIDUAL:
[ ] Property Damage Under $1,000
[ ] Property Damage Over $1,000
[ ] Vehicle Theft
[ ] Fire Setting
[ ] Theft/Shoplifting
[ ] Other:

POSSESSION OF PROHIBITED MATERIALS: (Defined per client/individual/program)
[ ] Possession of Prohibited Materials (i.e., alcohol, lighter, weapon, pornography, illicit drugs, etc.)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 3

SECTION E: PROGRAMMATIC RESPONSE (Check all that apply)

[ ] Counseling/Training for Staff/Mentor
[ ] ISP/Supervision/Behavioral Plan Developed with Client/Individual
[ ] Internal Investigation Underway
Interventions:
[ ]Physical
[ ]Mechanical
[ ]Seclusions
[ ]Chemical
[ ]Law Enforcement

[ ] Reported to Adult/Child Protective Services
Date:
( ) Substantiated ( ) Unsubstantiate
[ ] Licensing Notified
Date:

[x] Funding Source Notified
Date:
[ ] Family Notified
Date:
[x] Guardian Notified
Date:
[ ] Law Enforcement/Probation Notified
Date:

Client/Individual Name: **Log #:**

22. SECTION F: CLIENT/INDIVIDUAL HISTORY / DIAGNOSES

List Client/Individual's current medical and psychiatric diagnoses, behavioral history (e.g. sexually abused, physically aggressive, running, confabulation, etc.), medical history (e.g. seizures, diabetes, etc.) and medications.

was born with birth Asphyxia. prognosis at birth was poor. has severe brain damage with no purposeful movements or gestures. A G-tube was inserted befre discharge from the hospital. A DNR was initiated prior to discharing to DSS custody.

23. SECTION G: ANTECEDENT EVENTS

Briefly describe the Client/Individual's condition and activities prior and leading up to this incident.

Mrs. reports that client began running a fever on and was taken to pediatrician. Tests showed that white blood count was elevated. was given a shot of Rocefin and scheduled to be re-checked n As stated above, prior to the appointment on client's G-tube became dislodged and mentor was instructed to take client to ER. According to Mrs. l while at , she expressed concern about transporting client to due to client's fever and distressed breathing. Per Mrs. , ER staff ~~**responded that there was nothing more they could do.**~~

24. SECTION H: INCIDENT NARRATIVE

Describe IN DETAIL the incident in chronological order. Include who, what, where, when and how. Provide information on alleged injuries, interventions and current status. Report involvement of other parties such as law enforcement, emergency medical services, etc. Include sources of information (e.g. "Mentor reported..." or "Staff observed..."). When using names, include title and/or affiliation (i.e. Joan Smith, DCFS Case Manager.).

Per mentor, , client's G-tube dislodged and she was instructed by client's pediatrician to take client to the emergency room - Center - for replacement of G-tube. Upon arrival at the ER, mentor reports that she was informed that client's G-tube had to be replaced by the physician who originally inserted it. According to Mrs. , client's vital signs were taken and had a fever of 103 and oxygen saturation was 86. ER staff gave client a suppository for the fever. Mentor reports that she was instructed by hospital staff to transport client to Hospital. In transit, Mrs. reported that client was having difficulty breathing and she had to stop the vehicle several times to suction client. Upon arrival at , client was reported to be having convulsions. Client's temperature had risen to 107.8. According to Mrs. l, ER staff provided care throughout the day to lower client's fever and assist with breathing. Due to the DNR Order, hospital staff could not respond when client's heart stopped beating. Mentor, contacted the MENTOR office at to report that she was taking client to the ER to have G-tube re-inserted after it became dislodged during feeding. , client's coordinator, spoke with staff at approximately [illegible overprinted text] spoke to DSS and confirmed that client's DNR order was in place. ER staff also reported that client was doing poorly at this time. Mrs. was contacted by Mrs. at and learned that client had just died. Mrs. spoke to the on-call worker at DSS at and reported the death. , DSS supervisor, contacted Mrs. at to inform her that DSS and the birth parents would be handling the arrangement for client's funeral.

Attorney/Client Privileged and Confidential: Risk Management/Peer Review			Page 4
SECTION I: REVIEWS / SIGNATURES			
Signature of Person Completing Form	**Print Name**	**Title** Program Supervisor	**Date**
Signature of Manager/Director	**Print Name**	**Title** Program Manager	**Date**
Signature	**Print Name**	**Title**	**Date**
Signature	**Print Name**	**Title**	**Date**
Signature of State Director (Level 3 and 4 only)	**Print Name**	**Title**	**Date**

THE MENTOR NETWORK - INCIDENT REPORT
Attorney/Client Privileged and Confidential: Risk Management/Peer Review **Page 1**

Please PRINT Clearly or Type in Legible Font (10-12) - DO NOT Leave Blanks. Complete All Boxes.

SECTION A: CLIENT/INDIVIDUAL INFORMATION

1. Client/Individual's Name: [redacted]
2. Level: ( ) 1 ( ) 2 ( ) 3 (x) 4
3. Guardian: ( ) Self (x) State ( ) Parent(s) ( ) Other:
4. Log #: [redacted]
5. DOB: [redacted]
6. Age: 15 Years 1
7. Gender: [redacted]
8. Population: ( ) Adult (18+) (x) Child
9. Service Category: *(Check one)*
   - (x) Behavioral Health
   - ( ) Juvenile Justice
   - ( ) Medically Complex
   - ( ) MR/DD
   - ( ) MR/DD Offender
   - ( ) Acquired Brain Injury
   - ( ) Elder Care
   - ( ) Mental Illness
   - ( ) MR/MI
   - ( ) Education
   - ( ) Other:
10. Date of Admission to MENTOR NETWORK: [redacted]
11. Length of Current Placement/Services: 21 Days

SECTION B: PROGRAM INFORMATION

12. State: [redacted]
13. City: [redacted]
14. **If Acquisition/Partner, specify company name:**
15. Program Name: [redacted]

16. Service Setting/Model: **(check the ONE that most closely fits)**
- ( ) ICF/MR (Intermediate Care Facility)
- ( ) Group or Shared Living (3+ clients/individuals with 24/7)
- ( ) Shared or Supported Living (1 or 2 clients/individuals with 24/7)
- (x) Mentor Home/ Host Home
- ( ) Group or Shared Living (3+ clients/individuals with less than 24/7)
- ( ) Shared or Supported Living (1 or 2 clients/individuals with less than 24/7)
- ( ) Home Health Agency Services
- ( ) Family/School/Home Based Supports (periodic services less than 24/7)
- ( ) Clinical/Outpatient Therapy/Rehab (OT, PT, Speech)
- ( ) Day Program
- ( ) Supported Employment/Vocational
- ( ) School
- ( ) Brokerage/Case Management (non-residential)

SECTION C: INCIDENT INFORMATION

17. Date & Time of Incident: [redacted]
18. First Reported to MENTOR NETWORK: [redacted]
    By: *(Name & Title)* [redacted] CC

19. Location of Incident: *(check one)*
- (x) Mentor Home (x) Primary ( ) Respite
  - **Mentor Name:** [redacted]
  - **# of Clients/Individuals Living in Home:** 1
- ( ) Client/Individual's Residence (group home, ICF, apt)
- ( ) Client/Individual's Biological Family/Guardian Home
- ( ) Day Program
- ( ) School
- ( ) Client/Individual's Place of Employment
- ( ) Vehicle
- ( ) Program Office
- ( ) Community
- ( ) Other:

20. Outcome of Incident: *(check all that apply)*
- [ ] Remain in Current Placement
- [ ] Placement Decision Pending
- [ ] Client/Individual Placed in Respite
- [ ] Placement Disrupted (i.e. Client/Individual transferred to new home/ program/placement within MENTOR NETWORK)
- [ ] Discharged from MENTOR NETWORK
- [ ] Temporarily or Permanently Closed Mentor Home
- [ ] Emergency Psychiatric Evaluation (no hospitalization)
- [ ] Emergency Psychiatric Hospitalization
- [ ] Emergency Medical Hospitalization
- [ ] In-school suspension
- [ ] School Suspension/Expulsion
- [ ] Client/Individual Arrest/Detention
- [x] Death
- [ ] Other:

21. **Summarize in 2-3 sentences the key aspects of the incident for entry into Risk Management database.**

** On [redacted] between the hours of [redacted] expired.

Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 2

Client/Individual Name: [redacted] **Log #** [redacted]

SECTION D: INCIDENT DESCRIPTORS (check all that apply)

DEATH (death of client/individual is a **Level 4** incident): ( ) Expected Death of Client/Individual (x) Unexpected Death of Client/Individual **CLIENT/INDIVIDUAL ELOPEMENT/AWOL:** ( ) Located at the Time of the Incident Report ( ) Unable to Locate at the Time of the Incident Report ( ) Other:	**CLIENT/INDIVIDUAL BEHAVIORAL:** [ ] Self-Injurious Behavior [ ] Mental Health De-compensation [ ] Oppositional Behaviors [ ] Inappropriate Sexual Comments/Threats [ ] Verbal Threats of Violence [ ] Exhibitionism/Public Masturbation
CARE-TAKER MISCONDUCT: **(Suspected, Alleged or Confirmed)** ***Caretaker:*** [ ] Mentor [ ] Mentor Family Member [ ] Staff [ ] Other Caretaker: ***Alleged Misconduct:*** [ ] Sexual Boundary/Abuse [ ] Verbal or Emotional Abuse [ ] Physical Assault/Abuse [ ] Corporal/Inappropriate Punishment [ ] Inappropriate Use of Restraint/Physical Intervention [ ] Neglect [ ] Inadequate Supervision [ ] Criminal Arrest of Caretaker [ ] Alcohol/Drug Use by Caretaker [ ] Misuse of Client/Individual's Funds [ ] Misappropriation/Destruction of Client/Individual Personal Property [ ] Other:	**MEDICATION INCIDENTS:** [ ] Medication Error [ ] Missing Controlled Substances [ ] Serious Adverse Reaction to Medication **MEDICAL INCIDENTS:** [ ] Illness Requiring Medical Treatment [ ] Deterioration in Existing Medical Condition [ ] Pregnancy [ ] Seizure Requiring Emergency Treatment [ ] UTI [ ] Bowel Impaction [ ] Pneumonia [ ] Pressure Sores [ ] Other: **CLIENT/INDIVIDUAL INJURY BY:** [ ] Physical Assault by Third Party/Other Individual in our car [ ] Sexual Assault by Third Party/Other Individual in our care [ ] Theft by Third Party [ ] Fall [ ] Choking [ ] Bathing/Scalding Related Injuries [ ] Other Burns [ ] Vehicle [ ] Swimming/Near Drowning [ ] Other Accidental Injury:
SUICIDAL CLIENT/INDIVIDUAL: [ ] Suicidal Threats or Verbalizations [ ] Suicidal Attempt or Gesture	**EXPOSURE CONTROL INCIDENTS:** [ ] Client/Individual Exposed to Blood Borne Pathogens [ ] Client/Individual Exposed Third Party to Blood Borne Pathogens
SEXUAL ASSAULT OR INAPPROPRIATE SEXUAL BEHAVIOR BY CLIENT/INDIVIDUAL: [ ] To Other Client [ ] To Staff or Mentor [ ]To Mentor's Family Member [ ] To Other Third Party	**PROPERTY DAMAGE BY CLIENT/INDIVIDUAL:** [ ] Property Damage Under $1,000 [ ] Property Damage Over $1,000 [ ] Vehicle Theft [ ] Fire Setting [ ] Theft/Shoplifting [ ] Other:
PHYSICAL ASSAULTS BY CLIENT/INDIVIDUAL: [ ] To Other Client [ ] To Staff or Mentor [ ]To Mentor's Family Member [ ] To Other Third Party [ ]To Animals (animal cruelty)	**POSSESSION OF PROHIBITED MATERIALS: (Defined per client/individual/program)** [ ] Possession of Prohibited Materials (i.e., alcohol, lighter, weapon, pornography, illicit drugs, etc.)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 3

SECTION E: PROGRAMMATIC RESPONSE (Check all that apply)

[x] Counseling/Training for Staff/Mentor
[ ] ISP/Supervision/Behavioral Plan Developed with Client/Individual
[ ] Internal Investigation Underway
Interventions:
[ ]Physical
[ ]Mechanical
[ ]Seclusions
[ ]Chemical
[ ]Law Enforcement

[x] Reported to Adult/Child Protective Services
Date:
( ) Substantiated ( ) Unsubstantiate
[x] Licensing Notified
Date:

[x] Funding Source Notified
Date:
[ ] Family Notified
Date:
[x] Guardian Notified
Date:
[ ] Law Enforcement/Probation Notified
Date:

Client/Individual Name: Log #:

22. **SECTION F: CLIENT/INDIVIDUAL HISTORY / DIAGNOSES**

List Client/Individual's current medical and psychiatric diagnoses, behavioral history (e.g. sexually abused, physically aggressive, running, confabulation, etc.), medical history (e.g. seizures, diabetes, etc.) and medications.

has several diagnoses: I: Pervasive Development Delay, NOS, due to general medical condition (Cerebral Palsy); II: Cognitive Disorder NOS, Provisional, due to eneral medical condition (Cerebral Palsy); III: Cerebral Palsy, Seizure Disorder, Asthma; IV: Neglect, multiple foster home placements, severe mental, physical, and behavioral issues. V: Current GAF-15 and while hospitalized had a tracheotomy inserted due to having a seizure and then h aving multiple respiratory problems following the seizure.

23. **SECTION G: ANTECEDENT EVENTS**

Briefly describe the Client/Individual's condition and activities prior and leading up to this incident.

reports that appeared to be tired after their long day at the doctor's office. was put to bed at on without incident. FP states she checked on around and was doing okay.

24. **SECTION H: INCIDENT NARRATIVE**

Describe IN DETAIL the incident in chronological order. Include who, what, where, when and how. Provide information on alleged injuries, interventions and current status. Report involvement of other parties such as law enforcement, emergency medical services, etc. Include sources of information (e.g. "Mentor reported..." or "Staff observed..."). When using names, include title and/or affiliation (i.e. Joan Smith, DCFS Case Manager.).

On between the hours of expired. Between the hours of found on the floor not breathing; trach was also out. The foster parents administered CPR until the police/ambulance arrived. At that time, the paramedics attempted to revive unfortunately, did not respond. Thereafter, was taken to the hospital (Hospital) where was pronounced dead. This supervisor contacted CPS on-call hotline at and notified of the above incident. At Admin. was contacted. He th4n forwarded me the assigned Sup and Admin cell numbers. Around this supervisor left messages on SSCM , Supervisor and Administrator cell phone. returned my call at at that time, I informed him of the above incident. assured me that he would notify the biological family.

Continue on an additional sheet if necessary. DO NOT WRITE ON BACK OF PAGE)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review			Page 4
SECTION I: REVIEWS / SIGNATURES			
Signature of Person Completing Form	Print Name	Title Clinical Supervisor	Date
Signature of Manager/Director	Print Name	Title Program Manager	Date
Signature	Print Name	Title Clinical Director	Date
Signature	Print Name	Title	Date
Signature of State Director (Level 3 and 4 only)	Print Name	Title	Date

THE MENTOR NETWORK - INCIDENT REPORT
Attorney/Client Privileged and Confidential: Risk Management/Peer Review — Page 1

Please PRINT Clearly or Type in Legible Font (10-12) - DO NOT Leave Blanks. Complete All Boxes.

SECTION A: CLIENT/INDIVIDUAL INFORMATION

1. Client/Individual's Name: [redacted]
2. Level: ( ) 1 ( ) 2 ( ) 3 (x) 4
3. Guardian: ( ) Self (x) State ( ) Parent(s) ( ) Other:
4. Log #: [redacted]
5. DOB: [redacted]
6. Age: 1 Years 4 M
7. Gender: [redacted]
8. Population: ( ) Adult (18+) (x) Child
9. Service Category: *(Check one)*
   - ( ) Behavioral Health
   - ( ) Juvenile Justice
   - (x) Medically Complex
   - ( ) MR/DD
   - ( ) MR/DD Offender
   - ( ) Acquired Brain Injury
   - ( ) Elder Care
   - ( ) Mental Illness
   - ( ) MR/MI
   - ( ) Education
   - ( ) Other:
10. Date of Admission to MENTOR NETWORK: [redacted]
11. Length of Current Placement/Services: 8 Months

SECTION B: PROGRAM INFORMATION

12. State: [redacted]
13. City: [redacted]
14. If Acquisition/Partner, specify company name:
15. Program Name: [redacted]

16. Service Setting/Model: **(check the ONE that most closely fits)**
- ( ) ICF/MR (Intermediate Care Facility)
- ( ) Group or Shared Living (3+ clients/individuals with 24/7)
- ( ) Shared or Supported Living (1 or 2 clients/individuals with 24/7)
- (x) Mentor Home/ Host Home
- ( ) Group or Shared Living (3+ clients/individuals with less than 24/7)
- ( ) Shared or Supported Living (1 or 2 clients/individuals with less than 24/7)
- ( ) Home Health Agency Services
- ( ) Family/School/Home Based Supports (periodic services less than 24/7)
- ( ) Clinical/Outpatient Therapy/Rehab (OT, PT, Speech)
- ( ) Day Program
- ( ) Supported Employment/Vocational
- ( ) School
- ( ) Brokerage/Case Management (non-residential)

SECTION C: INCIDENT INFORMATION

17. Date & Time of Incident: [redacted]
18. First Reported to MENTOR NETWORK: [redacted]
    By: *(Name & Title)* [redacted] Mentor

19. Location of Incident: *(check one)*
- ( ) Mentor Home ( ) Primary ( ) Respite
  Mentor Name:
  # of Clients/Individuals Living in Home:
- ( ) Client/Individual's Residence (group home, ICF, apt)
- ( ) Client/Individual's Biological Family/Guardian Home
- ( ) Day Program
- ( ) School
- ( ) Client/Individual's Place of Employment
- ( ) Vehicle
- ( ) Program Office
- ( ) Community
- (x) Other: [redacted] Medical C

20. Outcome of Incident: *(check all that apply)*
- [ ] Remain in Current Placement
- [ ] Placement Decision Pending
- [ ] Client/Individual Placed in Respite
- [ ] Placement Disrupted (i.e. Client/Individual transferred to new home/ program/placement within MENTOR NETWORK)
- [ ] Discharged from MENTOR NETWORK
- [ ] Temporarily or Permanently Closed Mentor Home
- [ ] Emergency Psychiatric Evaluation (no hospitalization)
- [ ] Emergency Psychiatric Hospitalization
- [ ] Emergency Medical Hospitalization
- [ ] In-school suspension
- [ ] School Suspension/Expulsion
- [ ] Client/Individual Arrest/Detention
- [x] Death
- [ ] Other:

21. **Summarize in 2-3 sentences the key aspects of the incident for entry into Risk Management database.**

"[redacted] passed away on [redacted] at [redacted] death was due to complications from [redacted] various medical conditions, mainly [redacted] failing liver and bowels. [redacted] had been in [redacted] at [redacted] since [redacted] awaiting a liver and bowel transplant when [redacted] condition worsened.

Attorney/Client Privileged and Confidential: Risk Management/Peer Review — Page 2

Client/Individual Name: [redacted] Log #: [redacted]

SECTION D: INCIDENT DESCRIPTORS (check all that apply)

DEATH (death of client/individual is a Level 4 incident):
(x) Expected Death of Client/Individual
( ) Unexpected Death of Client/Individual

CLIENT/INDIVIDUAL ELOPEMENT/AWOL:
( ) Located at the Time of the Incident Report
( ) Unable to Locate at the Time of the Incident Report
( ) Other:

CARE-TAKER MISCONDUCT:
(Suspected, Alleged or Confirmed)

Caretaker:
[ ] Mentor
[ ] Mentor Family Member
[ ] Staff
[ ] Other Caretaker:

Alleged Misconduct:
[ ] Sexual Boundary/Abuse
[ ] Verbal or Emotional Abuse
[ ] Physical Assault/Abuse
[ ] Corporal/Inappropriate Punishment
[ ] Inappropriate Use of Restraint/Physical Intervention
[ ] Neglect
[ ] Inadequate Supervision
[ ] Criminal Arrest of Caretaker
[ ] Alcohol/Drug Use by Caretaker
[ ] Misuse of Client/Individual's Funds
[ ] Misappropriation/Destruction of Client/Individual Personal Property
[ ] Other:

CLIENT/INDIVIDUAL BEHAVIORAL:
[ ] Self-Injurious Behavior
[ ] Mental Health De-compensation
[ ] Oppositional Behaviors
[ ] Inappropriate Sexual Comments/Threats
[ ] Verbal Threats of Violence
[ ] Exhibitionism/Public Masturbation

MEDICATION INCIDENTS:
[ ] Medication Error
[ ] Missing Controlled Substances
[ ] Serious Adverse Reaction to Medication

MEDICAL INCIDENTS:
[x] Illness Requiring Medical Treatment
[x] Deterioration in Existing Medical Condition
[ ] Pregnancy
[ ] Seizure Requiring Emergency Treatment
[ ] UTI
[ ] Bowel Impaction
[ ] Pneumonia
[ ] Pressure Sores
[ ] Other:

CLIENT/INDIVIDUAL INJURY BY:
[ ] Physical Assault by Third Party/Other Individual in our car
[ ] Sexual Assault by Third Party/Other Individual in our care
[ ] Theft by Third Party
[ ] Fall
[ ] Choking
[ ] Bathing/Scalding Related Injuries
[ ] Other Burns
[ ] Vehicle
[ ] Swimming/Near Drowning
[ ] Other Accidental Injury:

SUICIDAL CLIENT/INDIVIDUAL:
[ ] Suicidal Threats or Verbalizations
[ ] Suicidal Attempt or Gesture

EXPOSURE CONTROL INCIDENTS:
[ ] Client/Individual Exposed to Blood Borne Pathogens
[ ] Client/Individual Exposed Third Party to Blood Borne Pathogens

SEXUAL ASSAULT OR INAPPROPRIATE SEXUAL BEHAVIOR BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party

PROPERTY DAMAGE BY CLIENT/INDIVIDUAL:
[ ] Property Damage Under $1,000
[ ] Property Damage Over $1,000
[ ] Vehicle Theft
[ ] Fire Setting
[ ] Theft/Shoplifting
[ ] Other:

PHYSICAL ASSAULTS BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party
[ ] To Animals (animal cruelty)

POSSESSION OF PROHIBITED MATERIALS: (Defined per client/individual/program)
[ ] Possession of Prohibited Materials (i.e., alcohol, lighter, weapon, pornography, illicit drugs, etc.)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 3

SECTION E: PROGRAMMATIC RESPONSE (Check all that apply)

[ ] Counseling/Training for Staff/Mentor
[ ] ISP/Supervision/Behavioral Plan Developed with Client/Individual
[ ] Internal Investigation Underway
Interventions:
[ ]Physical
[ ]Mechanical
[ ]Seclusions
[ ]Chemical
[ ]Law Enforcement

[ ] Reported to Adult/Child Protective Services
Date:
( ) Substantiated ( ) Unsubstantiate
[ ] Licensing Notified
Date:

[x] Funding Source Notified
Date: [redacted]
[ ] Family Notified
Date:
[x] Guardian Notified
Date: [redacted]
[ ] Law Enforcement/Probation Notified
Date:

Client/Individual Name: [redacted]

22. SECTION F: CLIENT/INDIVIDUAL HISTORY / DIAGNOSES

List Client/Individual's current medical and psychiatric diagnoses, behavioral history (e.g. sexually abused, physically aggressive, running, confabulation, etc.), medical history (e.g. seizures, diabetes, etc.) and medications.

Client was born at 32 gestation, developed Necrotizing Enterocolitis, an infection causing the destruction of the bowel, had maternal HIV infection, anemina, cholestatic jaundice, ostoepenis, and had intrauterine cocaine exposure. Client had been admitted to the hospital on six different occasions since placement. DX: Medically Complex-ICD, Extreme Prematurity, Short Bowel Syndrome. MEDS: TPN (Total Paren Nutrition) via central line continuously 24 hours/day, Actigall and Zantac.

23. SECTION G: ANTECEDENT EVENTS

Briefly describe the Client/Individual's condition and activities prior and leading up to this incident.

[redacted] was in the hospital until [redacted] was eight months old. [redacted] has short bowel syndrome, has 24-hour tube feedings and has liver damage. [redacted] has been hospitalized since [redacted] and was flown to [redacted] for treatment and possible transplant of liver and bowels. Since [redacted] arrived in [redacted] has had various complications to [redacted] conditions and had several secondary infections. Per Mentor, [redacted] condition worsened before [redacted] could receive a transplant.

24. SECTION H: INCIDENT NARRATIVE

Describe IN DETAIL the incident in chronological order. Include who, what, where, when and how. Provide information on alleged injuries, interventions and current status. Report involvement of other parties such as law enforcement, emergency medical services, etc. Include sources of information (e.g. "Mentor reported..." or "Staff observed..."). When using names, include title and/or affiliation (i.e. Joan Smith, DCFS Case Manager.).

[redacted] passed away on [redacted] at [redacted] death was due to complications from [redacted] various medical conditions, mainly [redacted] failing liver and bowels. [redacted] had been in [redacted] at [redacted] since [redacted] awaiting a liver and bowel transplant when [redacted] condition worsened.

Continue on an additional sheet if necessary. DO NOT WRITE ON BACK OF PAGE)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review			Page 4
SECTION I: REVIEWS / SIGNATURES			
Signature of Person Completing Form [redacted]	**Print Name**	**Title** Clinical Coordinator	**Date** [redacted]
Signature of Manager/Director [redacted]	**Print Name**	**Title** Program Manager	**Date** [redacted]
Signature	**Print Name**	**Title**	**Date**
Signature	**Print Name**	**Title**	**Date**
Signature of State Director (Level 3 and 4 only)	**Print Name**	**Title**	**Date**

THE MENTOR NETWORK - INCIDENT REPORT
Attorney/Client Privileged and Confidential: Risk Management/Peer Review — **Page 1**

Please PRINT Clearly or Type in Legible Font (10-12) - DO NOT Leave Blanks. Complete All Boxes.

SECTION A: CLIENT/INDIVIDUAL INFORMATION

1. Client/Individual's Name: [redacted]
2. Level: ( ) 1 ( ) 2 ( ) 3 (x) 4
3. Guardian: ( ) Self (x) State ( ) Parent(s) ( ) Other:
4. Log #: [redacted]
5. DOB: [redacted]
6. Age: **10 Months**
7. Gender: [redacted]
8. Population: ( ) Adult (18+) (x) Child
9. Service Category: *(Check one)*
   - ( ) Behavioral Health
   - ( ) Juvenile Justice
   - (x) Medically Complex
   - ( ) MR/DD
   - ( ) MR/DD Offender
   - ( ) Acquired Brain Injury
   - ( ) Elder Care
   - ( ) Mental Illness
   - ( ) MR/MI
   - ( ) Education
   - ( ) Other:
10. Date of Admission to MENTOR NETWORK: [redacted]
11. Length of Current Placement/Services: **6 Months**

SECTION B: PROGRAM INFORMATION

12. State: [redacted]
13. City: [redacted]
14. **If Acquisition/Partner, specify company name:**
15. Program Name: **Medically Complex**
16. Service Setting/Model: **(check the ONE that most closely fits)**
   - ( ) ICF/MR (Intermediate Care Facility)
   - ( ) Group or Shared Living (3+ clients/individuals with 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with 24/7)
   - (x) Mentor Home/ Host Home
   - ( ) Group or Shared Living (3+ clients/individuals with less than 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with less than 24/7)
   - ( ) Home Health Agency Services
   - ( ) Family/School/Home Based Supports (periodic services less than 24/7)
   - ( ) Clinical/Outpatient Therapy/Rehab (OT, PT, Speech)
   - ( ) Day Program
   - ( ) Supported Employment/Vocational
   - ( ) School
   - ( ) Brokerage/Case Management (non-residential)

SECTION C: INCIDENT INFORMATION

17. Date & Time of Incident: [redacted]
18. First Reported to MENTOR NETWORK: [redacted]
    By: *(Name & Title)* [redacted] **Mentor**
19. Location of Incident: *(check one)*
   - (x) Mentor Home (x) Primary ( ) Respite
     Mentor Name: [redacted]
     # of Clients/Individuals Living in Home: 2
   - ( ) Client/Individual's Residence (group home, ICF, apt)
   - ( ) Client/Individual's Biological Family/Guardian Home
   - ( ) Day Program
   - ( ) School
   - ( ) Client/Individual's Place of Employment
   - ( ) Vehicle
   - ( ) Program Office
   - ( ) Community
   - ( ) Other:
20. Outcome of Incident: *(check all that apply)*
   - [ ] Remain in Current Placement
   - [ ] Placement Decision Pending
   - [ ] Client/Individual Placed in Respite
   - [ ] Placement Disrupted (i.e. Client/Individual transferred to new home/ program/placement within MENTOR NETWORK)
   - [ ] Discharged from MENTOR NETWORK
   - [ ] Temporarily or Permanently Closed Mentor Home
   - [ ] Emergency Psychiatric Evaluation (no hospitalization)
   - [ ] Emergency Psychiatric Hospitalization
   - [ ] Emergency Medical Hospitalization
   - [ ] In-school suspension
   - [ ] School Suspension/Expulsion
   - [ ] Client/Individual Arrest/Detention
   - [x] Death
   - [ ] Other:
21. **Summarize in 2-3 sentences the key aspects of the incident for entry into Risk Management database.**

+[redacted]. [redacted] called 911 & administered CPR after checking on client in bed and determining client was unresponsive. Client arrived at [redacted] Hospital by ambulance with mentor [redacted]. Client examined at Hospital ER and determined to be dead on arrival after failed attempts to resuscitate.

Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 2

Client/Individual Name: [redacted] **Log #:** [redacted]M

SECTION D: INCIDENT DESCRIPTORS (check all that apply)

DEATH (death of client/individual is a Level 4 incident):
( ) Expected Death of Client/Individual
(x) Unexpected Death of Client/Individual

CLIENT/INDIVIDUAL ELOPEMENT/AWOL:
( ) Located at the Time of the Incident Report
( ) Unable to Locate at the Time of the Incident Report
( ) Other:

CARE-TAKER MISCONDUCT:
(Suspected, Alleged or Confirmed)

Caretaker:
[ ] Mentor
[ ] Mentor Family Member
[ ] Staff
[ ] Other Caretaker:

Alleged Misconduct:
[ ] Sexual Boundary/Abuse
[ ] Verbal or Emotional Abuse
[ ] Physical Assault/Abuse
[ ] Corporal/Inappropriate Punishment
[ ] Inappropriate Use of Restraint/Physical Intervention
[ ] Neglect
[ ] Inadequate Supervision
[ ] Criminal Arrest of Caretaker
[ ] Alcohol/Drug Use by Caretaker
[ ] Misuse of Client/Individual's Funds
[ ] Misappropriation/Destruction of Client/Individual Personal Property
[ ] Other:

SUICIDAL CLIENT/INDIVIDUAL:
[ ] Suicidal Threats or Verbalizations
[ ] Suicidal Attempt or Gesture

SEXUAL ASSAULT OR INAPPROPRIATE SEXUAL BEHAVIOR BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ]To Mentor's Family Member
[ ] To Other Third Party

PHYSICAL ASSAULTS BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ]To Mentor's Family Member
[ ] To Other Third Party
[ ]To Animals (animal cruelty)

CLIENT/INDIVIDUAL BEHAVIORAL:
[ ] Self-Injurious Behavior
[ ] Mental Health De-compensation
[ ] Oppositional Behaviors
[ ] Inappropriate Sexual Comments/Threats
[ ] Verbal Threats of Violence
[ ] Exhibitionism/Public Masturbation

MEDICATION INCIDENTS:
[ ] Medication Error
[ ] Missing Controlled Substances
[ ] Serious Adverse Reaction to Medication

MEDICAL INCIDENTS:
[ ] Illness Requiring Medical Treatment
[x] Deterioration in Existing Medical Condition
[ ] Pregnancy
[ ] Seizure Requiring Emergency Treatment
[ ] UTI
[ ] Bowel Impaction
[ ] Pneumonia
[ ] Pressure Sores
[x] Other: **DOA at Hospital**

CLIENT/INDIVIDUAL INJURY BY:
[ ] Physical Assault by Third Party/Other Individual in our car
[ ] Sexual Assault by Third Party/Other Individual in our care
[ ] Theft by Third Party
[ ] Fall
[ ] Choking
[ ] Bathing/Scalding Related Injuries
[ ] Other Burns
[ ] Vehicle
[ ] Swimming/Near Drowning
[ ] Other Accidental Injury:

EXPOSURE CONTROL INCIDENTS:
[ ] Client/Individual Exposed to Blood Borne Pathogens
[ ] Client/Individual Exposed Third Party to Blood Borne Pathogens

PROPERTY DAMAGE BY CLIENT/INDIVIDUAL:
[ ] Property Damage Under $1,000
[ ] Property Damage Over $1,000
[ ] Vehicle Theft
[ ] Fire Setting
[ ] Theft/Shoplifting
[ ] Other:

POSSESSION OF PROHIBITED MATERIALS: (Defined per client/individual/program)
[ ] Possession of Prohibited Materials (i.e., alcohol, lighter, weapon, pornography, illicit drugs, etc.)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 3

SECTION E: PROGRAMMATIC RESPONSE (Check all that apply)

[x] Counseling/Training for Staff/Mentor
[ ] ISP/Supervision/Behavioral Plan Developed with Client/Individual
[x] Internal Investigation Underway
Interventions:
[ ]Physical
[ ]Mechanical
[ ]Seclusions
[ ]Chemical
[ ]Law Enforcement

[ ] Reported to Adult/Child Protective Services
Date:
( ) Substantiated ( ) Unsubstantiate

[ ] Licensing Notified
Date:

[x] Funding Source Notified
Date: [redacted]
[ ] Family Notified
Date:
[x] Guardian Notified
Date: [redacted]
[ ] Law Enforcement/Probation Notified
Date:

Client/Individual Name: [redacted] **Log #:** [redacted]

22. SECTION F: CLIENT/INDIVIDUAL HISTORY / DIAGNOSES

List Client/Individual's current medical and psychiatric diagnoses, behavioral history (e.g. sexually abused, physically aggressive, running, confabulation, etc.), medical history (e.g. seizures, diabetes, etc.) and medications.

Ex- 25 week premature Infant, intra-uterine drug exposure, GERD, Bronchopulmonary dysplasia, Retinopathy of Prematurity, Anemia of prematurity, developmental delay/HX Respiratory distress syndrome requiring ventilation and oxygen, feeding intolerance requiring parenteral nutrition with central line, chronic lung disease, apnea, heart murmur, porencephaly, Grade 4 Intraventricular hemorrhage, suspected Sepsis. Current Medications: Polyvisol with Iron, Zantac, Reglan, Amoxicillin.

23. SECTION G: ANTECEDENT EVENTS

Briefly describe the Client/Individual's condition and activities prior and leading up to this incident.

One week prior to incident Child had a 106 degree fever. Mentor took child to [redacted] ER on [redacted] where mentor reported [redacted] was examined and sent home with prescription for amoxicillin. Following ER visit, client was examined by pediatrician, Dr. [redacted] at [redacted] Medical Center. Client was continuing with amoxicillin at time of incident.

24. SECTION H: INCIDENT NARRATIVE

Describe IN DETAIL the incident in chronological order. Include who, what, where, when and how. Provide information on alleged injuries, interventions and current status. Report involvement of other parties such as law enforcement, emergency medical services, etc. Include sources of information (e.g. "Mentor reported..." or "Staff observed..."). When using names, include title and/or affiliation (i.e. Joan Smith, DCFS Case Manager.).

On [REDACTED] mentor, [REDACTED], contacted this coordinator at [REDACTED] and sated she is at [REDACTED] Hospital with client. She explained that approximately one hour earlier her husband, Mr. [REDACTED] checked on client, who was in bed, and determined client was not breathing. Mr. [REDACTED] then called 911 and gave CPR. Once the ambulance arrived, Mr. [REDACTED] urged Mrs. [REDACTED] to come home immediately. Mrs. [REDACTED] arrived home and accompanied client to ER. After Mr. [REDACTED] made arrangements for care of the other children in the home, [REDACTED] arrived at the ER at approximately [REDACTED] At that time, this writer contacted Mrs. [REDACTED], who stated "they are continuing to work on [REDACTED] (client)." At [REDACTED] writer reported current situation to [REDACTED], Emergency On-Call worker at [REDACTED] City DSS. At [REDACTED] writer called [REDACTED] Hospital ER to request information on client's status. The responding nurse stated she could not give writer information and transferred call to Dr. [REDACTED], who stated client was determined to be Dead on Arrival when ambulance brought [REDACTED] to ER after full efforts were made to resuscitate client. Writer notified [REDACTED] at [REDACTED] City DSS of client's death. After notifying [REDACTED], Program Manager of Medically Complex Program, of client's death at [REDACTED] writer proceeded to [REDACTED] [illegible] of client's death. When writer arrived at the hospital at [REDACTED] Mr. & Mrs. [REDACTED] indicated they had been interviewed by [REDACTED] County Police. After the [REDACTED] received permission to view client, writer accompanied them into the room where client lay. Mrs. [REDACTED] was very distressed at the viewing and was comforted by her husband. Police request the [REDACTED] talk to the Medical Examiner before leaving the hospital. The Medical Examiner arrived at approximately [REDACTED] The homicide detective assured the [REDACTED] they were not suspect and advised them the police were required to go to the [REDACTED] home to view client's home environment and also take items, such as bedding etc. The [REDACTED] were cooperative with law enforcement and hospital personnel. Throughout the time at the hospital, writer talked with the [REDACTED] about the situation, what they might expect, and offered support and counseling services. Writer remained with the [REDACTED] until [REDACTED] on [REDACTED].

Attorney/Client Privileged and Confidential: Risk Management/Peer Review			Page 4
SECTION I: REVIEWS / SIGNATURES			
Signature of Person Completing Form	**Print Name**	**Title** Clinical Coordinator	**Date**
Signature of Manager/Director	**Print Name**	**Title** Program Manager	**Date**
Signature	**Print Name**	**Title**	**Date**
Signature	**Print Name**	**Title**	**Date**
Signature of State Director (Level 3 and 4 only)	**Print Name**	**Title** State Director	**Date**

THE MENTOR NETWORK - INCIDENT REPORT
Attorney/Client Privileged and Confidential: Risk Management/Peer Review **Page 1**

Please PRINT Clearly or Type in Legible Font (10-12) - DO NOT Leave Blanks. Complete All Boxes.

SECTION A: CLIENT/INDIVIDUAL INFORMATION

1. Client/Individual's Name: [redacted]
2. Level: ( ) 1 ( ) 2 ( ) 3 (x) 4
3. Guardian: ( ) Self (x) State ( ) Parent(s) ( ) Other:
4. Log #: [redacted]
5. DOB: [redacted]
6. Age: **3 Years 9 M**
7. Gender: [redacted]
8. Population: ( ) Adult (18+) (x) Child
9. Service Category: ***(Check one)***
   - (x) Behavioral Health
   - ( ) Juvenile Justice
   - ( ) Medically Complex
   - ( ) MR/DD
   - ( ) MR/DD Offender
   - ( ) Acquired Brain Injury
   - ( ) Elder Care
   - ( ) Mental Illness
   - ( ) MR/MI
   - ( ) Education
   - ( ) Other:
10. Date of Admission to MENTOR NETWORK: [redacted]
11. Length of Current Placement/Services: **1 Years**

SECTION B: PROGRAM INFORMATION

12. State: [redacted]
13. City: [redacted]
14. **If Acquisition/Partner, specify company name:**
15. Program Name: **Children's Services**
16. Service Setting/Model: **(check the ONE that most closely fits)**
   - ( ) ICF/MR (Intermediate Care Facility)
   - ( ) Group or Shared Living (3+ clients/individuals with 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with 24/7)
   - (x) Mentor Home/ Host Home
   - ( ) Group or Shared Living (3+ clients/individuals with less than 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with less than 24/7)
   - ( ) Home Health Agency Services
   - ( ) Family/School/Home Based Supports (periodic services less than 24/7)
   - ( ) Clinical/Outpatient Therapy/Rehab (OT, PT, Speech)
   - ( ) Day Program
   - ( ) Supported Employment/Vocational
   - ( ) School
   - ( ) Brokerage/Case Management (non-residential)

SECTION C: INCIDENT INFORMATION

17. Date & Time of Incident: [redacted]
18. First Reported to MENTOR NETWORK: [redacted]
    By: *(Name & Title)* [redacted] **Primary Mentor**
19. Location of Incident: ***(check one)***
   - ( ) Mentor Home ( ) Primary ( ) Respite
     Mentor Name:
     # of Clients/Individuals Living in Home:
   - ( ) Client/Individual's Residence (group home, ICF, apt)
   - ( ) Client/Individual's Biological Family/Guardian Home
   - ( ) Day Program
   - ( ) School
   - ( ) Client/Individual's Place of Employment
   - (x) Vehicle
   - ( ) Program Office
   - ( ) Community
   - ( ) Other:
20. Outcome of Incident: ***(check all that apply)***
   - [ ] Remain in Current Placement
   - [ ] Placement Decision Pending
   - [ ] Client/Individual Placed in Respite
   - [ ] Placement Disrupted (i.e. Client/Individual transferred to new home/ program/placement within MENTOR NETWORK)
   - [ ] Discharged from MENTOR NETWORK
   - [ ] Temporarily or Permanently Closed Mentor Home
   - [ ] Emergency Psychiatric Evaluation (no hospitalization)
   - [ ] Emergency Psychiatric Hospitalization
   - [ ] Emergency Medical Hospitalization
   - [ ] In-school suspension
   - [ ] School Suspension/Expulsion
   - [ ] Client/Individual Arrest/Detention
   - [x] Death
   - [ ] Other:
21. **Summarize in 2-3 sentences the key aspects of the incident for entry into Risk Management database.**

[redacted] was in respite with [redacted]; they were traveling in a vehicle on the way to the store and noticed that [redacted] was having difficulty breathing. At approximately [redacted] they pulled over and called 911, who responded and ~~transported [redacted] to [redacted] Hospital. [redacted] was pronounced dead at~~ [redacted]

Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 2

Client/Individual Name: [redacted] **Log #:** [redacted]

SECTION D: INCIDENT DESCRIPTORS (check all that apply)

DEATH (death of client/individual is a Level 4 incident):
( ) Expected Death of Client/Individual
(x) Unexpected Death of Client/Individual

CLIENT/INDIVIDUAL ELOPEMENT/AWOL:
( ) Located at the Time of the Incident Report
( ) Unable to Locate at the Time of the Incident Report
( ) Other:

CLIENT/INDIVIDUAL BEHAVIORAL:
[ ] Self-Injurious Behavior
[ ] Mental Health De-compensation
[ ] Oppositional Behaviors
[ ] Inappropriate Sexual Comments/Threats
[ ] Verbal Threats of Violence
[ ] Exhibitionism/Public Masturbation

CARE-TAKER MISCONDUCT:
(Suspected, Alleged or Confirmed)

Caretaker:
[ ] Mentor
[ ] Mentor Family Member
[ ] Staff
[ ] Other Caretaker:

Alleged Misconduct:
[ ] Sexual Boundary/Abuse
[ ] Verbal or Emotional Abuse
[ ] Physical Assault/Abuse
[ ] Corporal/Inappropriate Punishment
[ ] Inappropriate Use of Restraint/Physical Intervention
[ ] Neglect
[ ] Inadequate Supervision
[ ] Criminal Arrest of Caretaker
[ ] Alcohol/Drug Use by Caretaker
[ ] Misuse of Client/Individual's Funds
[ ] Misappropriation/Destruction of Client/Individual Personal Property
[ ] Other:

MEDICATION INCIDENTS:
[ ] Medication Error
[ ] Missing Controlled Substances
[ ] Serious Adverse Reaction to Medication

MEDICAL INCIDENTS:
[ ] Illness Requiring Medical Treatment
[ ] Deterioration in Existing Medical Condition
[ ] Pregnancy
[ ] Seizure Requiring Emergency Treatment
[ ] UTI
[ ] Bowel Impaction
[ ] Pneumonia
[ ] Pressure Sores
[ ] Other:

CLIENT/INDIVIDUAL INJURY BY:
[ ] Physical Assault by Third Party/Other Individual in our car
[ ] Sexual Assault by Third Party/Other Individual in our care
[ ] Theft by Third Party
[ ] Fall
[ ] Choking
[ ] Bathing/Scalding Related Injuries
[ ] Other Burns
[ ] Vehicle
[ ] Swimming/Near Drowning
[ ] Other Accidental Injury:

SUICIDAL CLIENT/INDIVIDUAL:
[ ] Suicidal Threats or Verbalizations
[ ] Suicidal Attempt or Gesture

EXPOSURE CONTROL INCIDENTS:
[ ] Client/Individual Exposed to Blood Borne Pathogens
[ ] Client/Individual Exposed Third Party to Blood Borne Pathogens

SEXUAL ASSAULT OR INAPPROPRIATE SEXUAL BEHAVIOR BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ]To Mentor's Family Member
[ ] To Other Third Party

PROPERTY DAMAGE BY CLIENT/INDIVIDUAL:
[ ] Property Damage Under $1,000
[ ] Property Damage Over $1,000
[ ] Vehicle Theft
[ ] Fire Setting
[ ] Theft/Shoplifting
[ ] Other:

PHYSICAL ASSAULTS BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ]To Mentor's Family Member
[ ] To Other Third Party
[ ]To Animals (animal cruelty)

POSSESSION OF PROHIBITED MATERIALS: (Defined per client/individual/program)
[ ] Possession of Prohibited Materials (i.e., alcohol, lighter, weapon, pornography, illicit drugs, etc.)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 3

SECTION E: PROGRAMMATIC RESPONSE (Check all that apply)

[ ] Counseling/Training for Staff/Mentor
[ ] ISP/Supervision/Behavioral Plan Developed with Client/Individual
[ ] Internal Investigation Underway
Interventions:
[ ]Physical
[ ]Mechanical
[ ]Seclusions
[ ]Chemical
[ ]Law Enforcement

[x] Reported to Adult/Child Protective Services
Date: [redacted]
( ) Substantiated ( ) Unsubstantiate
[x] Licensing Notified
Date: [redacted]

[x] Funding Source Notified
Date: [redacted]
[x] Family Notified
Date: [redacted]
[x] Guardian Notified
Date: [redacted]
[x] Law Enforcement/Probation Notified
Date: [redacted]

Client/Individual Name: [redacted] **Log #:** [redacted]

22. **SECTION F: CLIENT/INDIVIDUAL HISTORY / DIAGNOSES**

List Client/Individual's current medical and psychiatric diagnoses, behavioral history (e.g. sexually abused, physically aggressive, running, confabulation, etc.), medical history (e.g. seizures, diabetes, etc.) and medications.

Client is diagnosed with speech and language delay, as well as asthma, which is much improved. [redacted] has been followed for low weight; however, since [redacted] this diagnosis has been resolved. [redacted] is prescribed Albuterol PRN, which was last used once in [redacted]

23. **SECTION G: ANTECEDENT EVENTS**

Briefly describe the Client/Individual's condition and activities prior and leading up to this incident.

The client was behaving and eating normally throughout the day on [redacted]

24. **SECTION H: INCIDENT NARRATIVE**

Describe IN DETAIL the incident in chronological order. Include who, what, where, when and how. Provide information on alleged injuries, interventions and current status. Report involvement of other parties such as law enforcement, emergency medical services, etc. Include sources of information (e.g. "Mentor reported..." or "Staff observed..."). When using names, include title and/or affiliation (i.e. Joan Smith, DCFS Case Manager.).

[redacted] (Respite Mentors) were providing respite care to [redacted] (client) since [redacted], [redacted] They reported [redacted] to be behaving normally throughout the night on [redacted] and the day on [redacted] Mr. and Mrs. [redacted] reported to be riding in a vehicle with Mrs. [redacted] mother. Mr. [redacted] was reportedly sitting in the back next to [redacted] and was talking with [redacted]. Mr. [redacted] reported to notice [redacted] was having trouble breathing so they pulled over and called 911. The medics arrived and reportedly provided medical care at roadside, then transported [redacted] to [redacted] Hospital. Once they arrived at [redacted] Hospital, efforts were made to revive [redacted]; however, at [redacted] was pronounced dead. [redacted] (Program Manager) and [redacted] (Clinical Supervisor) responded to the hospital. The hospital doctor reported that he believed [redacted] had had a heart attack. Detective [redacted] of the [redacted] City Police Homicide Unit questioned the [redacted] and [redacted] (primary Mentor) about [redacted] history and the circumstances of the day. [redacted], [redacted] City Child Protective Services, spoke with [redacted], Mrs. [redacted] and Ms. [redacted] regarding the incident and the investigation into the cause of death. [redacted] was turned over to the medical examiner for an autopsy.

Continue on an additional sheet if necessary. DO NOT WRITE ON BACK OF PAGE)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review			Page 4
SECTION I: REVIEWS / SIGNATURES			
Signature of Person Completing Form	Print Name	Title Program Manager	Date
Signature of Manager/Director	Print Name	Title Program Director	Date
Signature	Print Name	Title Clinical Supervisor	Date
Signature	Print Name	Title State QA Manager	Date
Signature of State Director (Level 3 and 4 only)	Print Name	Title State Director	Date

THE MENTOR NETWORK - INCIDENT REPORT
Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 1

Please PRINT Clearly or Type in Legible Font (10-12) - DO NOT Leave Blanks. Complete All Boxes.

SECTION A: CLIENT/INDIVIDUAL INFORMATION

1. Client/Individual's Name: [redacted]
2. Level: ( ) 1 ( ) 2 ( ) 3 (x) 4
3. Guardian: ( ) Self (x) State ( ) Parent(s) ( ) Other:
4. Log #:
5. DOB: [redacted]
6. Age: 15 Years 1
7. Gender: [redacted]
8. Population: ( ) Adult (18+) (x) Child
9. Service Category: *(Check one)*
   - ( ) Behavioral Health
   - ( ) Juvenile Justice
   - (x) Medically Complex
   - ( ) MR/DD
   - ( ) MR/DD Offender
   - ( ) Acquired Brain Injury
   - ( ) Elder Care
   - ( ) Mental Illness
   - ( ) MR/MI
   - ( ) Education
   - ( ) Other:
10. Date of Admission to MENTOR NETWORK: [redacted]
11. Length of Current Placement/Services: 4 Years

SECTION B: PROGRAM INFORMATION

12. State: [redacted]
13. City: [redacted]
14. If Acquisition/Partner, specify company name:
15. Program Name: Children's Program
16. Service Setting/Model: (check the ONE that most closely fits)
   - ( ) ICF/MR (Intermediate Care Facility)
   - ( ) Group or Shared Living (3+ clients/individuals with 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with 24/7)
   - (x) Mentor Home/ Host Home
   - ( ) Group or Shared Living (3+ clients/individuals with less than 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with less than 24/7)
   - ( ) Home Health Agency Services
   - ( ) Family/School/Home Based Supports (periodic services less than 24/7)
   - ( ) Clinical/Outpatient Therapy/Rehab (OT, PT, Speech)
   - ( ) Day Program
   - ( ) Supported Employment/Vocational
   - ( ) School
   - ( ) Brokerage/Case Management (non-residential)

SECTION C: INCIDENT INFORMATION

17. Date & Time of Incident: [redacted]
18. First Reported to MENTOR NETWORK: [redacted]
    By: *(Name & Title)* [redacted] Caseworker
19. Location of Incident: *(check one)*
   - ( ) Mentor Home ( ) Primary ( ) Respite
     Mentor Name:
     # of Clients/Individuals Living in Home:
   - ( ) Client/Individual's Residence (group home, ICF, apt)
   - ( ) Client/Individual's Biological Family/Guardian Home
   - ( ) Day Program
   - ( ) School
   - ( ) Client/Individual's Place of Employment
   - ( ) Vehicle
   - ( ) Program Office
   - ( ) Community
   - (x) Other: [redacted]
20. Outcome of Incident: *(check all that apply)*
   - [ ] Remain in Current Placement
   - [ ] Placement Decision Pending
   - [ ] Client/Individual Placed in Respite
   - [ ] Placement Disrupted (i.e. Client/Individual transferred to new home/ program/placement within MENTOR NETWORK)
   - [ ] Discharged from MENTOR NETWORK
   - [ ] Temporarily or Permanently Closed Mentor Home
   - [ ] Emergency Psychiatric Evaluation (no hospitalization)
   - [ ] Emergency Psychiatric Hospitalization
   - [ ] Emergency Medical Hospitalization
   - [ ] In-school suspension
   - [ ] School Suspension/Expulsion
   - [ ] Client/Individual Arrest/Detention
   - [x] Death
   - [ ] Other:
21. **Summarize in 2-3 sentences the key aspects of the incident for entry into Risk Management database.**

    ** Client died from multiple organ failure.

Attorney/Client Privileged and Confidential: Risk Management/Peer Review — Page 2

Client/Individual Name: [redacted] Log #: Date of Incident: [redacted]

SECTION D: INCIDENT DESCRIPTORS (check all that apply)

DEATH (death of client/individual is a **Level 4** incident):
(x) Expected Death of Client/Individual
( ) Unexpected Death of Client/Individual

CLIENT/INDIVIDUAL ELOPEMENT/AWOL:
( ) Located at the Time of the Incident Report
( ) Unable to Locate at the Time of the Incident Report
( ) Other:

CLIENT/INDIVIDUAL BEHAVIORAL:
[ ] Self-Injurious Behavior
[ ] Mental Health De-compensation
[ ] Oppositional Behaviors
[ ] Inappropriate Sexual Comments/Threats
[ ] Verbal Threats of Violence
[ ] Exhibitionism/Public Masturbation

CARE-TAKER MISCONDUCT:
(Suspected, Alleged or Confirmed)

Caretaker:
[ ] Mentor
[ ] Mentor Family Member
[ ] Staff
[ ] Other Caretaker:

Alleged Misconduct:
[ ] Sexual Boundary/Abuse
[ ] Verbal or Emotional Abuse
[ ] Physical Assault/Abuse
[ ] Corporal/Inappropriate Punishment
[ ] Inappropriate Use of Restraint/Physical Intervention
[ ] Neglect
[ ] Inadequate Supervision
[ ] Criminal Arrest of Caretaker
[ ] Alcohol/Drug Use by Caretaker
[ ] Misuse of Client/Individual's Funds
[ ] Misappropriation/Destruction of Client/Individual Personal Property
[ ] Other:

MEDICATION INCIDENTS:
[ ] Medication Error
[ ] Missing Controlled Substances
[ ] Serious Adverse Reaction to Medication

MEDICAL INCIDENTS:
[ ] Illness Requiring Medical Treatment
[ ] Deterioration in Existing Medical Condition
[ ] Pregnancy
[ ] Seizure Requiring Emergency Treatment
[ ] UTI
[ ] Bowel Impaction
[ ] Pneumonia
[ ] Pressure Sores
[ ] Other:

CLIENT/INDIVIDUAL INJURY BY:
[ ] Physical Assault by Third Party/Other Individual in our car
[ ] Sexual Assault by Third Party/Other Individual in our care
[ ] Theft by Third Party
[ ] Fall
[ ] Choking
[ ] Bathing/Scalding Related Injuries
[ ] Other Burns
[ ] Vehicle
[ ] Swimming/Near Drowning
[ ] Other Accidental Injury:

SUICIDAL CLIENT/INDIVIDUAL:
[ ] Suicidal Threats or Verbalizations
[ ] Suicidal Attempt or Gesture

EXPOSURE CONTROL INCIDENTS:
[ ] Client/Individual Exposed to Blood Borne Pathogens
[ ] Client/Individual Exposed Third Party to Blood Borne Pathogens

SEXUAL ASSAULT OR INAPPROPRIATE SEXUAL BEHAVIOR BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ]To Mentor's Family Member
[ ] To Other Third Party

PROPERTY DAMAGE BY CLIENT/INDIVIDUAL:
[ ] Property Damage Under $1,000
[ ] Property Damage Over $1,000
[ ] Vehicle Theft
[ ] Fire Setting
[ ] Theft/Shoplifting
[ ] Other:

PHYSICAL ASSAULTS BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ]To Mentor's Family Member
[ ] To Other Third Party
[ ]To Animals (animal cruelty)

POSSESSION OF PROHIBITED MATERIALS: (Defined per client/individual/program)
[ ] Possession of Prohibited Materials (i.e., alcohol, lighter, weapon, pornography, illicit drugs, etc.)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 3

SECTION E: PROGRAMMATIC RESPONSE (Check all that apply)

[x] Counseling/Training for Staff/Mentor
[ ] ISP/Supervision/Behavioral Plan Developed with Client/Individual
[ ] Internal Investigation Underway
Interventions:
[ ]Physical
[ ]Mechanical
[ ]Seclusions
[ ]Chemical
[ ]Law Enforcement

[ ] Reported to Adult/Child Protective Services
Date:
( ) Substantiated ( ) Unsubstantiate
[ ] Licensing Notified
Date:

[ ] Funding Source Notified
Date:
[x] Family Notified
Date:
[ ] Guardian Notified
Date:
[ ] Law Enforcement/Probation Notified
Date:

Client/Individual Name: **Log #:**

22.

SECTION F: CLIENT/INDIVIDUAL HISTORY / DIAGNOSES

List Client/Individual's current medical and psychiatric diagnoses, behavioral history (e.g. sexually abused, physically aggressive, running, confabulation, etc.), medical history (e.g. seizures, diabetes, etc.) and medications.

Diagnosis: Chronic lung disease; scoliosis; seizure disorder; cerebral palsy; severe mental retardation. Medications: Keppra; Topomax.

23.

SECTION G: ANTECEDENT EVENTS

Briefly describe the Client/Individual's condition and activities prior and leading up to this incident.

was hospitalized on evening

24.

SECTION H: INCIDENT NARRATIVE

Describe IN DETAIL the incident in chronological order. Include who, what, where, when and how. Provide information on alleged injuries, interventions and current status. Report involvement of other parties such as law enforcement, emergency medical services, etc. Include sources of information (e.g. "Mentor reported..." or "Staff observed..."). When using names, include title and/or affiliation (i.e. Joan Smith, DCFS Case Manager.).

was taken to the Emergency Room on , due to trouble breathing. While in the Emergency Room, temperature spiked to 108 degrees. was stabilized as best as possible and admitted to the Pediatric Intensive Care Unit. health began to decompensate over night and was in multiple organ failure by the following morning. The treating physician stated that he felt had some kind of underlying infection causing the multiple organ failure; however, he could not verify this. He stated that the blood cultures were negative, and was too sick to do a spinal tap. kidneys had shut down, and he was not outputting any urine. Therefore, a urinalysis could not be done. health continued to decline, until the doctor felt there was no chance of recovery. Consent was obtained by the guardian of DCFS for a Do Not Resuscitate order, as well as consent for no escalation of treatment and withdrawal of treatment. On , the treating physician spoke to both the birth family and the foster family regarding all of the options, including continuing treatment and continuing to provide all treatment available; continuing to provide the treatment that is receiving at this time, but not escalating that treatment; or withdrawing all treatment. All birth family and foster family members felt that ... as there was no chance of recovery. All treatment was withdrawn at was pronounced dead at by the treating physician, Dr.

Attorney/Client Privileged and Confidential: Risk Management/Peer Review			Page 4
SECTION I: REVIEWS / SIGNATURES			
Signature of Person Completing Form	Print Name	Title Trainer	Date
Signature of Manager/Director	Print Name	Title PM	Date
Signature	Print Name	Title Nurse	Date
Signature	Print Name	Title	Date
Signature of State Director (Level 3 and 4 only)	Print Name	Title	Date

THE MENTOR NETWORK - INCIDENT REPORT
Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 1

Please PRINT Clearly or Type in Legible Font (10-12) - DO NOT Leave Blanks. Complete All Boxes.

SECTION A: CLIENT/INDIVIDUAL INFORMATION

1. Client/Individual's Name: [redacted]
2. Level: ( ) 1 ( ) 2 ( ) 3 (x) 4
3. Guardian: ( ) Self (x) State ( ) Parent(s) ( ) Other:
4. Log #: [redacted]
5. DOB: [redacted]
6. Age: 3 Years 5 M
7. Gender: [redacted]
8. Population: ( ) Adult (18+) (x) Child
9. Service Category: *(Check one)*
   - ( ) Behavioral Health
   - ( ) Juvenile Justice
   - (x) Medically Complex
   - ( ) MR/DD
   - ( ) MR/DD Offender
   - ( ) Acquired Brain Injury
   - ( ) Elder Care
   - ( ) Mental Illness
   - ( ) MR/MI
   - ( ) Education
   - ( ) Other:
10. Date of Admission to MENTOR NETWORK: [redacted]
11. Length of Current Placement/Services: **3 Years 1 Months**

SECTION B: PROGRAM INFORMATION

12. State: [redacted]
13. City: [redacted]
14. **If Acquisition/Partner, specify company name:**
15. Program Name: **Medically Complex**
16. Service Setting/Model: **(check the ONE that most closely fits)**
   - ( ) ICF/MR (Intermediate Care Facility)
   - ( ) Group or Shared Living (3+ clients/individuals with 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with 24/7)
   - (x) Mentor Home/ Host Home
   - ( ) Group or Shared Living (3+ clients/individuals with less than 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with less than 24/7)
   - ( ) Home Health Agency Services
   - ( ) Family/School/Home Based Supports (periodic services less than 24/7)
   - ( ) Clinical/Outpatient Therapy/Rehab (OT, PT, Speech)
   - ( ) Day Program
   - ( ) Supported Employment/Vocational
   - ( ) School
   - ( ) Brokerage/Case Management (non-residential)

SECTION C: INCIDENT INFORMATION

17. Date & Time of Incident: [redacted]
18. First Reported to MENTOR NETWORK: [redacted]
    By: *(Name & Title)* [redacted] Mentor
19. Location of Incident: *(check one)*
   - (x) Mentor Home (x) Primary ( ) Respite
     Mentor Name: [redacted]
     # of Clients/Individuals Living in Home: 2
   - ( ) Client/Individual's Residence (group home, ICF, apt)
   - ( ) Client/Individual's Biological Family/Guardian Home
   - ( ) Day Program
   - ( ) School
   - ( ) Client/Individual's Place of Employment
   - ( ) Vehicle
   - ( ) Program Office
   - ( ) Community
   - ( ) Other:
20. Outcome of Incident: *(check all that apply)*
   - [ ] Remain in Current Placement
   - [ ] Placement Decision Pending
   - [ ] Client/Individual Placed in Respite
   - [ ] Placement Disrupted (i.e. Client/Individual transferred to new home/ program/placement within MENTOR NETWORK)
   - [x] Discharged from MENTOR NETWORK
   - [ ] Temporarily or Permanently Closed Mentor Home
   - [ ] Emergency Psychiatric Evaluation (no hospitalization)
   - [ ] Emergency Psychiatric Hospitalization
   - [ ] Emergency Medical Hospitalization
   - [ ] In-school suspension
   - [ ] School Suspension/Expulsion
   - [ ] Client/Individual Arrest/Detention
   - [x] Death
   - [ ] Other:

21. **Summarize in 2-3 sentences the key aspects of the incident for entry into Risk Management database.**

**Mentor contacted on call coordinator by phone at [redacted] stating that Mentor found [redacted] dead in [redacted] bed between [redacted] Mentor contacted 911 and the police and paramedics were dispatched to the Mentor's home.

Attorney/Client Privileged and Confidential: Risk Management/Peer Review — Page 2

Client/Individual Name: [redacted] **Log #:** [redacted]

SECTION D: INCIDENT DESCRIPTORS (check all that apply)

DEATH (death of client/individual is a Level 4 incident):
( ) Expected Death of Client/Individual
(x) Unexpected Death of Client/Individual

CLIENT/INDIVIDUAL ELOPEMENT/AWOL:
( ) Located at the Time of the Incident Report
( ) Unable to Locate at the Time of the Incident Report
( ) Other:

CLIENT/INDIVIDUAL BEHAVIORAL:
[ ] Self-Injurious Behavior
[ ] Mental Health De-compensation
[ ] Oppositional Behaviors
[ ] Inappropriate Sexual Comments/Threats
[ ] Verbal Threats of Violence
[ ] Exhibitionism/Public Masturbation

CARE-TAKER MISCONDUCT:
(Suspected, Alleged or Confirmed)

Caretaker:
[ ] Mentor
[ ] Mentor Family Member
[ ] Staff
[ ] Other Caretaker:

Alleged Misconduct:
[ ] Sexual Boundary/Abuse
[ ] Verbal or Emotional Abuse
[ ] Physical Assault/Abuse
[ ] Corporal/Inappropriate Punishment
[ ] Inappropriate Use of Restraint/Physical Intervention
[ ] Neglect
[ ] Inadequate Supervision
[ ] Criminal Arrest of Caretaker
[ ] Alcohol/Drug Use by Caretaker
[ ] Misuse of Client/Individual's Funds
[ ] Misappropriation/Destruction of Client/Individual Personal Property
[ ] Other:

MEDICATION INCIDENTS:
[ ] Medication Error
[ ] Missing Controlled Substances
[ ] Serious Adverse Reaction to Medication

MEDICAL INCIDENTS:
[ ] Illness Requiring Medical Treatment
[ ] Deterioration in Existing Medical Condition
[ ] Pregnancy
[ ] Seizure Requiring Emergency Treatment
[ ] UTI
[ ] Bowel Impaction
[ ] Pneumonia
[ ] Pressure Sores
[ ] Other:

CLIENT/INDIVIDUAL INJURY BY:
[ ] Physical Assault by Third Party/Other Individual in our car
[ ] Sexual Assault by Third Party/Other Individual in our care
[ ] Theft by Third Party
[ ] Fall
[ ] Choking
[ ] Bathing/Scalding Related Injuries
[ ] Other Burns
[ ] Vehicle
[ ] Swimming/Near Drowning
[ ] Other Accidental Injury:

SUICIDAL CLIENT/INDIVIDUAL:
[ ] Suicidal Threats or Verbalizations
[ ] Suicidal Attempt or Gesture

EXPOSURE CONTROL INCIDENTS:
[ ] Client/Individual Exposed to Blood Borne Pathogens
[ ] Client/Individual Exposed Third Party to Blood Borne Pathogens

SEXUAL ASSAULT OR INAPPROPRIATE SEXUAL BEHAVIOR BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ]To Mentor's Family Member
[ ] To Other Third Party

PROPERTY DAMAGE BY CLIENT/INDIVIDUAL:
[ ] Property Damage Under $1,000
[ ] Property Damage Over $1,000
[ ] Vehicle Theft
[ ] Fire Setting
[ ] Theft/Shoplifting
[ ] Other:

PHYSICAL ASSAULTS BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ]To Mentor's Family Member
[ ] To Other Third Party
[ ]To Animals (animal cruelty)

POSSESSION OF PROHIBITED MATERIALS: (Defined per client/individual/program)
[ ] Possession of Prohibited Materials (i.e., alcohol, lighter, weapon, pornography, illicit drugs, etc.)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 3

SECTION E: PROGRAMMATIC RESPONSE (Check all that apply)

[ ] Counseling/Training for Staff/Mentor
[ ] ISP/Supervision/Behavioral Plan Developed with Client/Individual
[ ] Internal Investigation Underway
Interventions:
[ ]Physical
[ ]Mechanical
[ ]Seclusions
[ ]Chemical
[ ]Law Enforcement

[ ] Reported to Adult/Child Protective Services
Date:
( ) Substantiated ( ) Unsubstantiate
[ ] Licensing Notified
Date:

[x] Funding Source Notified
Date: [redacted]
[ ] Family Notified
Date:
[x] Guardian Notified
Date: [redacted]
[x] Law Enforcement/Probation Notified
Date: [redacted]

Client/Individual Name: [redacted] **Log #:** [redacted]

22. SECTION F: CLIENT/INDIVIDUAL HISTORY / DIAGNOSES

List Client/Individual's current medical and psychiatric diagnoses, behavioral history (e.g. sexually abused, physically aggressive, running, confabulation, etc.), medical history (e.g. seizures, diabetes, etc.) and medications.

Semilobar Holoprosencephaly, Centeral diabetes Insipidus, Temperature dysreguailtion, Cerebral palsy, Repaired cleft lip and cleft palate, Right retinal and iris colomba, Microcephaly, Ventricular septal defect, VRE, Chordee, Patent Ductus Arteriosis, Non verbal, Wheelchair dependent, Global developmental delays. DDAVP, Poly-vi-Sol, Pulmicort and Oxycodine.

23. SECTION G: ANTECEDENT EVENTS

Briefly describe the Client/Individual's condition and activities prior and leading up to this incident.

Mentor [redacted] reported that [redacted] was alive in [redacted] bed at [redacted] on [redacted] when he checked on [redacted] [redacted] had returned home from a 2.5-month hospital stay on [redacted] Prior to that [redacted] had been hospitalized in [redacted] and [redacted] Both hospitalizations resulted in surgeries. Although [redacted] health status remained a concern his affect once [redacted] returned home included smiling and laughing.

24. SECTION H: INCIDENT NARRATIVE

Describe IN DETAIL the incident in chronological order. Include who, what, where, when and how. Provide information on alleged injuries, interventions and current status. Report involvement of other parties such as law enforcement, emergency medical services, etc. Include sources of information (e.g. "Mentor reported..." or "Staff observed..."). When using names, include title and/or affiliation (i.e. Joan Smith, DCFS Case Manager.).

Mentor [redacted] called the on call CC at [redacted] to say [redacted] passed away during the night. Mentor [redacted] [redacted] explained that he called 911 between [redacted] when Mentor [redacted] found [redacted] dead in [redacted] bed. Mentor [redacted] states that [redacted] was alive at [redacted] when [redacted] last checked on [redacted] The emergency operator asked that Mentor give CPR. According to Mentor paramedics arrived first and were followed by the police. According to [redacted] a medical examiner pronounced [redacted] dead in the home and Detective [redacted] contacted [redacted] city DSS on call. DSS on call worker Ms [redacted] instructed [redacted] to call a funeral home to remove [redacted] body since according to [redacted] the medial examiner did not see a reason to take [redacted] in for an autopsy due to [redacted] extensive medical history and that it appeared [redacted] had died of natural cases. When Mentor [redacted] spoke to [redacted] at DSS she suggested that he call a funeral home that has worked with DSS to make funeral arrangements. At [redacted] of DSS was able to provide Mentor with a list of funeral homes he could call after he spoke to DSS supervisor [redacted]. At [redacted] Mentors [redacted] contacted this worker to state that [redacted] body was removed from their home by [illegible] funeral home. (Continue on additional sheets if necessary. DO NOT WRITE ON BACK OF PAGE)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review — Page 4

SECTION I: REVIEWS / SIGNATURES

Signature	Print Name	Title	Date
Signature of Person Completing Form [redacted]	Print Name	Title CC	Date [redacted]
Signature of Manager/Director [redacted]	Print Name	Title PM	Date [redacted]
Signature	Print Name	Title	Date
Signature	Print Name	Title	Date
Signature of State Director (Level 3 and 4 only) [redacted]	Print Name	Title SD	Date [redacted]

THE MENTOR NETWORK - INCIDENT REPORT
Attorney/Client Privileged and Confidential: Risk Management/Peer Review — Page 1

Please PRINT Clearly or Type in Legible Font (10-12) - DO NOT Leave Blanks. Complete All Boxes.

SECTION A: CLIENT/INDIVIDUAL INFORMATION

1. Client/Individual's Name: [redacted]
2. Level: ( ) 1 ( ) 2 ( ) 3 (x) 4
3. Guardian: ( ) Self (x) State ( ) Parent(s) ( ) Other:
4. Log #: [redacted]
5. DOB: [redacted]
6. Age: 15 Years 2 M
7. Gender: [redacted]
8. Population: ( ) Adult (18+) (x) Child
9. Service Category: *(Check one)*
( ) Behavioral Health
( ) Juvenile Justice
(x) Medically Complex
( ) MR/DD
( ) MR/DD Offender
( ) Acquired Brain Injury
( ) Elder Care
( ) Mental Illness
( ) MR/MI
( ) Education
( ) Other:
10. Date of Admission to MENTOR NETWORK: [redacted]
11. Length of Current Placement/Services: 4 Years

SECTION B: PROGRAM INFORMATION

12. State: [redacted]
13. City: [redacted]
14. If Acquisition/Partner, specify company name:
15. Program Name: [redacted]
16. Service Setting/Model: (check the ONE that most closely fits)
( ) ICF/MR (Intermediate Care Facility)
( ) Group or Shared Living (3+ clients/individuals with 24/7)
( ) Shared or Supported Living (1 or 2 clients/individuals with 24/7)
(x) Mentor Home/ Host Home
( ) Group or Shared Living (3+ clients/individuals with less than 24/7)
( ) Shared or Supported Living (1 or 2 clients/individuals with less than 24/7)
( ) Home Health Agency Services
( ) Family/School/Home Based Supports (periodic services less than 24/7)
( ) Clinical/Outpatient Therapy/Rehab (OT, PT, Speech)
( ) Day Program
( ) Supported Employment/Vocational
( ) School
( ) Brokerage/Case Management (non-residential)

SECTION C: INCIDENT INFORMATION

17. Date & Time of Incident: [redacted]
18. First Reported to MENTOR NETWORK: [redacted]
By: *(Name & Title)* [redacted] foster parent
19. Location of Incident: *(check one)*
(x) Mentor Home (x) Primary ( ) Respite
Mentor Name: [redacted]
# of Clients/Individuals Living in Home: 2
( ) Client/Individual's Residence (group home, ICF, apt)
( ) Client/Individual's Biological Family/Guardian Home
( ) Day Program
( ) School
( ) Client/Individual's Place of Employment
( ) Vehicle
( ) Program Office
( ) Community
( ) Other:
20. Outcome of Incident: *(check all that apply)*
[ ] Remain in Current Placement
[ ] Placement Decision Pending
[ ] Client/Individual Placed in Respite
[ ] Placement Disrupted (i.e. Client/Individual transferred to new home/ program/placement **within** MENTOR NETWORK)
[ ] Discharged from MENTOR NETWORK
[ ] Temporarily or Permanently Closed Mentor Home
[ ] Emergency Psychiatric Evaluation (no hospitalization)
[ ] Emergency Psychiatric Hospitalization
[ ] Emergency Medical Hospitalization
[ ] In-school suspension
[ ] School Suspension/Expulsion
[ ] Client/Individual Arrest/Detention
[x] Death
[x] Other: ER Visit
21. Summarize in 2-3 sentences the key aspects of the incident for entry into Risk Management database.

** On [redacted] at [redacted] the assigned worker [redacted] received a call from foster parent [redacted]. Worker was informed that the minor was transported to [redacted] Hospital in [redacted] via amublance. Worker was informed that the minor had labored breathing, seemed limp and there was vomit on the bed. Worker contacted nurse clinician [redacted], on-call supervisor, [redacted] and paged the program manager, [redacted]. Worker and nurse clinician arrived at [redacted] Hospital and were informed the minor passed at [redacted]

Attorney/Client Privileged and Confidential: Risk Management/Peer Review **Page 2**

Client/Individual Name: [redacted] **Log #:** [redacted]

SECTION D: INCIDENT DESCRIPTORS (check all that apply)

DEATH (death of client/individual is a **Level 4** incident):
( ) Expected Death of Client/Individual
(x) Unexpected Death of Client/Individual

CLIENT/INDIVIDUAL ELOPEMENT/AWOL:
( ) Located at the Time of the Incident Report
( ) Unable to Locate at the Time of the Incident Report
( ) Other:

CLIENT/INDIVIDUAL BEHAVIORAL:
[ ] Self-Injurious Behavior
[ ] Mental Health De-compensation
[ ] Oppositional Behaviors
[ ] Inappropriate Sexual Comments/Threats
[ ] Verbal Threats of Violence
[ ] Exhibitionism/Public Masturbation

CARE-TAKER MISCONDUCT:
(Suspected, Alleged or Confirmed)

Caretaker:
[ ] Mentor
[ ] Mentor Family Member
[ ] Staff
[ ] Other Caretaker:

Alleged Misconduct:
[ ] Sexual Boundary/Abuse
[ ] Verbal or Emotional Abuse
[ ] Physical Assault/Abuse
[ ] Corporal/Inappropriate Punishment
[ ] Inappropriate Use of Restraint/Physical Intervention
[ ] Neglect
[ ] Inadequate Supervision
[ ] Criminal Arrest of Caretaker
[ ] Alcohol/Drug Use by Caretaker
[ ] Misuse of Client/Individual's Funds
[ ] Misappropriation/Destruction of Client/Individual Personal Property
[ ] Other:

MEDICATION INCIDENTS:
[ ] Medication Error
[ ] Missing Controlled Substances
[ ] Serious Adverse Reaction to Medication

MEDICAL INCIDENTS:
[x] Illness Requiring Medical Treatment
[ ] Deterioration in Existing Medical Condition
[ ] Pregnancy
[ ] Seizure Requiring Emergency Treatment
[ ] UTI
[ ] Bowel Impaction
[ ] Pneumonia
[ ] Pressure Sores
[ ] Other:

CLIENT/INDIVIDUAL INJURY BY:
[ ] Physical Assault by Third Party/Other Individual in our car
[ ] Sexual Assault by Third Party/Other Individual in our care
[ ] Theft by Third Party
[ ] Fall
[ ] Choking
[ ] Bathing/Scalding Related Injuries
[ ] Other Burns
[ ] Vehicle
[ ] Swimming/Near Drowning
[ ] Other Accidental Injury:

SUICIDAL CLIENT/INDIVIDUAL:
[ ] Suicidal Threats or Verbalizations
[ ] Suicidal Attempt or Gesture

EXPOSURE CONTROL INCIDENTS:
[ ] Client/Individual Exposed to Blood Borne Pathogens
[ ] Client/Individual Exposed Third Party to Blood Borne Pathogens

SEXUAL ASSAULT OR INAPPROPRIATE SEXUAL BEHAVIOR BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ]To Mentor's Family Member
[ ] To Other Third Party

PROPERTY DAMAGE BY CLIENT/INDIVIDUAL:
[ ] Property Damage Under $1,000
[ ] Property Damage Over $1,000
[ ] Vehicle Theft
[ ] Fire Setting
[ ] Theft/Shoplifting
[ ] Other:

PHYSICAL ASSAULTS BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ]To Mentor's Family Member
[ ] To Other Third Party
[ ]To Animals (animal cruelty)

POSSESSION OF PROHIBITED MATERIALS: (Defined per client/individual/program)

[ ] Possession of Prohibited Materials (i.e., alcohol, lighter, weapon, pornography, illicit drugs, etc.)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 3

SECTION E: PROGRAMMATIC RESPONSE (Check all that apply)

[ ] Counseling/Training for Staff/Mentor
[ ] ISP/Supervision/Behavioral Plan Developed with Client/Individual
[ ] Internal Investigation Underway
Interventions:
[ ]Physical
[ ]Mechanical
[ ]Seclusions
[ ]Chemical
[ ]Law Enforcement

[x] Reported to Adult/Child Protective Services
Date: [redacted]
( ) Substantiated ( ) Unsubstantiate
[x] Licensing Notified
Date: [redacted]

[x] Funding Source Notified
Date: [redacted]
[x] Family Notified
Date: [redacted]
[x] Guardian Notified
Date: [redacted]
[ ] Law Enforcement/Probation Notified
Date:

Client/Individual Name: [redacted] **Log #:** [redacted]

22. SECTION F: CLIENT/INDIVIDUAL HISTORY / DIAGNOSES

List Client/Individual's current medical and psychiatric diagnoses, behavioral history (e.g. sexually abused, physically aggressive, running, confabulation, etc.), medical history (e.g. seizures, diabetes, etc.) and medications.

The minor is diagnosed with Spastic Quadraplegic, Cerebral Palsy, Seizure Disorder, Neuromotor Retardation and Asthma. The minor takes the following medications: Baclofen, Albuterol Inhaler (prn), Valporic Acid, Carbamazepine, Glycopyrrolate adn Trihexyphenidyl.

23. SECTION G: ANTECEDENT EVENTS

Briefly describe the Client/Individual's condition and activities prior and leading up to this incident.

The minor had just finished receiving [redacted] G-tube feeding prior to the incident and laid down after [redacted] feeding due to being tired.

24. SECTION H: INCIDENT NARRATIVE

Describe IN DETAIL the incident in chronological order. Include who, what, where, when and how. Provide information on alleged injuries, interventions and current status. Report involvement of other parties such as law enforcement, emergency medical services, etc. Include sources of information (e.g. "Mentor reported..." or "Staff observed..."). When using names, include title and/or affiliation (i.e. Joan Smith, DCFS Case Manager.).

On [redacted] at [redacted] the assigned worker [redacted] received a call from foster parent [redacted]. Worker was informed that the minor was transported to [redacted] Hospital in [redacted] via ambulance. Worker was informed that the minor had labored breathing and became limp after walking up in vomit. Worker contacted nurse clinician [redacted], on-call worker [redacted], on-call supervisor, [redacted] and paged the program manager [redacted]. Worker and nurse clinician arrived at [redacted] Hospital and were informed that the minor passed away at [redacted] Worker was informed by [redacted] that the medical personnel tried to resuscitate the minor for an hour but were unable. The worker and nurse clinician along with the foster parent were told by the nursing staff to go to the coroner's office. Worker spoke with investigator [redacted] and was informed that the autopsy would be performed tomorrow and the cause of death should be available by noon. Worker called the Hotline.

Continue on an additional sheet if necessary. DO NOT WRITE ON BACK OF PAGE)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review			Page 4
SECTION I: REVIEWS / SIGNATURES			
Signature of Person Completing Form	Print Name	Title Program Coordinator	Date
Signature of Manager/Director	Print Name	Title Program Manager	Date
Signature	Print Name	Title Program Supervisor	Date
Signature	Print Name	Title	Date
Signature of State Director (Level 3 and 4 only)	Print Name	Title State Director	Date

THE MENTOR NETWORK - INCIDENT REPORT
Attorney/Client Privileged and Confidential: Risk Management/Peer Review — Page 1

Please PRINT Clearly or Type in Legible Font (10-12) - DO NOT Leave Blanks. Complete All Boxes.

SECTION A: CLIENT/INDIVIDUAL INFORMATION

1. Client/Individual's Name: [redacted]
2. Level: ( ) 1 ( ) 2 ( ) 3 (x) 4
3. Guardian: ( ) Self (x) State ( ) Parent(s) ( ) Other:
4. Log #: [redacted]
5. DOB: [redacted]
6. Age: 3 Years 1 M
7. Gender: [redacted]
8. Population: ( ) Adult (18+) (x) Child
9. Service Category: *(Check one)*
   - (x) Behavioral Health
   - ( ) Juvenile Justice
   - ( ) Medically Complex
   - ( ) MR/DD
   - ( ) MR/DD Offender
   - ( ) Acquired Brain Injury
   - ( ) Elder Care
   - ( ) Mental Illness
   - ( ) MR/MI
   - ( ) Education
   - ( ) Other:
10. Date of Admission to MENTOR NETWORK: [redacted]
11. Length of Current Placement/Services: *** Days**

SECTION B: PROGRAM INFORMATION

12. State: [redacted]
13. City: [redacted]
14. **If Acquisition/Partner, specify company name:**
15. Program Name: [redacted]
16. Service Setting/Model: **(check the ONE that most closely fits)**
   - ( ) ICF/MR (Intermediate Care Facility)
   - ( ) Group or Shared Living (3+ clients/individuals with 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with 24/7)
   - (x) Mentor Home/ Host Home
   - ( ) Group or Shared Living (3+ clients/individuals with less than 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with less than 24/7)
   - ( ) Home Health Agency Services
   - ( ) Family/School/Home Based Supports (periodic services less than 24/7)
   - ( ) Clinical/Outpatient Therapy/Rehab (OT, PT, Speech)
   - ( ) Day Program
   - ( ) Supported Employment/Vocational
   - ( ) School
   - ( ) Brokerage/Case Management (non-residential)

SECTION C: INCIDENT INFORMATION

17. Date & Time of Incident: [redacted]
18. First Reported to MENTOR NETWORK: [redacted]
   By: *(Name & Title)* **On call person at [redacted] Hospital**
19. Location of Incident: *(check one)*
   - (x) Mentor Home (x) Primary ( ) Respite
     Mentor Name: [redacted]
     # of Clients/Individuals Living in Home: 1
   - ( ) Client/Individual's Residence (group home, ICF, apt)
   - ( ) Client/Individual's Biological Family/Guardian Home
   - ( ) Day Program
   - ( ) School
   - ( ) Client/Individual's Place of Employment
   - ( ) Vehicle
   - ( ) Program Office
   - ( ) Community
   - ( ) Other:
20. Outcome of Incident: *(check all that apply)*
   - [ ] Remain in Current Placement
   - [ ] Placement Decision Pending
   - [ ] Client/Individual Placed in Respite
   - [ ] Placement Disrupted (i.e. Client/Individual transferred to new home/ program/placement within MENTOR NETWORK)
   - [ ] Discharged from MENTOR NETWORK
   - [ ] Temporarily or Permanently Closed Mentor Home
   - [ ] Emergency Psychiatric Evaluation (no hospitalization)
   - [ ] Emergency Psychiatric Hospitalization
   - [ ] Emergency Medical Hospitalization
   - [ ] In-school suspension
   - [ ] School Suspension/Expulsion
   - [ ] Client/Individual Arrest/Detention
   - [x] Death
   - [ ] Other:

21. **Summarize in 2-3 sentences the key aspects of the incident for entry into Risk Management database.**

**Client was transported to [redacted] Hospital due to having trouble breathing and gasping for breath.

Attorney/Client Privileged and Confidential: Risk Management/Peer Review — Page 2

Client/Individual Name: [redacted] Log #: [redacted]

SECTION D: INCIDENT DESCRIPTORS (check all that apply)

DEATH (death of client/individual is a Level 4 incident):
( ) Expected Death of Client/Individual
(x) Unexpected Death of Client/Individual

CLIENT/INDIVIDUAL ELOPEMENT/AWOL:
( ) Located at the Time of the Incident Report
( ) Unable to Locate at the Time of the Incident Report
( ) Other:

CARE-TAKER MISCONDUCT:
(Suspected, Alleged or Confirmed)

Caretaker:
[ ] Mentor
[ ] Mentor Family Member
[ ] Staff
[ ] Other Caretaker:

Alleged Misconduct:
[ ] Sexual Boundary/Abuse
[ ] Verbal or Emotional Abuse
[ ] Physical Assault/Abuse
[ ] Corporal/Inappropriate Punishment
[ ] Inappropriate Use of Restraint/Physical Intervention
[ ] Neglect
[ ] Inadequate Supervision
[ ] Criminal Arrest of Caretaker
[ ] Alcohol/Drug Use by Caretaker
[ ] Misuse of Client/Individual's Funds
[ ] Misappropriation/Destruction of Client/Individual Personal Property
[ ] Other:

SUICIDAL CLIENT/INDIVIDUAL:
[ ] Suicidal Threats or Verbalizations
[ ] Suicidal Attempt or Gesture

SEXUAL ASSAULT OR INAPPROPRIATE SEXUAL BEHAVIOR BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ]To Mentor's Family Member
[ ] To Other Third Party

PHYSICAL ASSAULTS BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ]To Mentor's Family Member
[ ] To Other Third Party
[ ]To Animals (animal cruelty)

CLIENT/INDIVIDUAL BEHAVIORAL:
[ ] Self-Injurious Behavior
[ ] Mental Health De-compensation
[ ] Oppositional Behaviors
[ ] Inappropriate Sexual Comments/Threats
[ ] Verbal Threats of Violence
[ ] Exhibitionism/Public Masturbation

MEDICATION INCIDENTS:
[ ] Medication Error
[ ] Missing Controlled Substances
[ ] Serious Adverse Reaction to Medication

MEDICAL INCIDENTS:
[ ] Illness Requiring Medical Treatment
[ ] Deterioration in Existing Medical Condition
[ ] Pregnancy
[ ] Seizure Requiring Emergency Treatment
[ ] UTI
[ ] Bowel Impaction
[ ] Pneumonia
[ ] Pressure Sores
[ ] Other:

CLIENT/INDIVIDUAL INJURY BY:
[ ] Physical Assault by Third Party/Other Individual in our car
[ ] Sexual Assault by Third Party/Other Individual in our care
[ ] Theft by Third Party
[ ] Fall
[ ] Choking
[ ] Bathing/Scalding Related Injuries
[ ] Other Burns
[ ] Vehicle
[ ] Swimming/Near Drowning
[ ] Other Accidental Injury:

EXPOSURE CONTROL INCIDENTS:
[ ] Client/Individual Exposed to Blood Borne Pathogens
[ ] Client/Individual Exposed Third Party to Blood Borne Pathogens

PROPERTY DAMAGE BY CLIENT/INDIVIDUAL:
[ ] Property Damage Under $1,000
[ ] Property Damage Over $1,000
[ ] Vehicle Theft
[ ] Fire Setting
[ ] Theft/Shoplifting
[ ] Other:

POSSESSION OF PROHIBITED MATERIALS: (Defined per client/individual/program)
[ ] Possession of Prohibited Materials (i.e., alcohol, lighter, weapon, pornography, illicit drugs, etc.)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 3

SECTION E: PROGRAMMATIC RESPONSE (Check all that apply)

[x] Counseling/Training for Staff/Mentor
[ ] ISP/Supervision/Behavioral Plan Developed with Client/Individual
[ ] Internal Investigation Underway
Interventions:
[ ]Physical
[ ]Mechanical
[ ]Seclusions
[ ]Chemical
[ ]Law Enforcement

[x] Reported to Adult/Child Protective Services
Date: [redacted]
( ) Substantiated ( ) Unsubstantiate
[ ] Licensing Notified
Date:

[x] Funding Source Notified
Date: [redacted]
[x] Family Notified
Date: [redacted]
[x] Guardian Notified
Date: [redacted]
[ ] Law Enforcement/Probation Notified
Date:

Client/Individual Name: [redacted] **Log #:** [redacted]

22.
SECTION F: CLIENT/INDIVIDUAL HISTORY / DIAGNOSES

List Client/Individual's current medical and psychiatric diagnoses, behavioral history (e.g. sexually abused, physically aggressive, running, confabulation, etc.), medical history (e.g. seizures, diabetes, etc.) and medications.

Client was diagnosed as having cerebral palsy, eating D/O/gastro esophageal reflux, developmental D/O, non-verbal, G tube, history of failure to thrive some seizure activity and is wheelchair bound. Client is prescribed the following medications: Miralax, D'Allergy, Phenobarbital, Valproic acid, Predoisolone, Q Dryle, Baclofon-Diazapem, Prevacid, Erythronycin and Reglan. Client received physical and occupational therapy weekly. Per doctor's report client bruises easily and has hip displacement.

23.
SECTION G: ANTECEDENT EVENTS

Briefly describe the Client/Individual's condition and activities prior and leading up to this incident.

Client was asleep when it was noticed that [redacted] was having trouble breathing.

24.
SECTION H: INCIDENT NARRATIVE

Describe IN DETAIL the incident in chronological order. Include who, what, where, when and how. Provide information on alleged injuries, interventions and current status. Report involvement of other parties such as law enforcement, emergency medical services, etc. Include sources of information (e.g. "Mentor reported..." or "Staff observed..."). When using names, include title and/or affiliation (i.e. Joan Smith, DCFS Case Manager.).

On [REDACTED] at approx [REDACTED] mentor's daughter noticed that client's breathing was "different" and immediately awakened mentor, [REDACTED] who had reportedly just went to sleep at [REDACTED] mentor reportedly picked up the client who had defecated in [REDACTED] diaper and began to clean [REDACTED] up and issue a breathing treatment. Per mentor the client was "gasping for breath and making a strange noise" therefore the mentor called 911while continuing to issue a breathing treatment. Per mentor at approx [REDACTED] she had to phone 911 approx 5 minutes prior to getting through to an actual switchboard operator who issued the ambulance. At approx [REDACTED] the ambulance arrived and began working on the client to stabilize [REDACTED] breathing. After working with the client for approx 5 minutes mentor was instructed to meet them at [REDACTED] Hospital. Per mentor she arrived at [REDACTED] Hospital approx [REDACTED] while numerous doctors tried to work with the client to stabilize [REDACTED] health. At approx [REDACTED] the client was pronounced dead. On call coordinator [REDACTED] was called at [REDACTED] by the on call personnel at [REDACTED] Hospital to notify [REDACTED] Mentor that the client went into cardiac arrest and passed away. Mr. [REDACTED] phoned this writer at [REDACTED] of the clients passing. This writer phoned Director [REDACTED] at [REDACTED] and left a detailed voice message regarding the Clients passing. [illegible] DO NOT WRITE ON BACK OF PAGE [illegible] to obtain detailed information regarding the incident. During the conversation mentor was crying and appeared to be very distraught during the phone conversation. Per mentor the doctor informed her that the client had too many health issue and they were surprise the [REDACTED] (the client) made it this long. Mentor explained that she tried to do everything she could to try and help the client with [REDACTED] breathing and was hopeful that the client would "come through as [REDACTED] has in the past when [REDACTED] had breathing difficulties". Mentor explained that the DCS CM supervisor [REDACTED] was contacted by [REDACTED] Hospital and informed of the situation with the client. Mr. [REDACTED] spoke with mentor to send his apologies fir the clients passing. Clients biological mother [REDACTED] was notified of her [REDACTED] passing. Mentor left the hospital at approx [REDACTED] die to the act that Mrs. [REDACTED] was en route to say her "goodbyes" to client.

Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 4

SECTION I: REVIEWS / SIGNATURES

Signature	Print Name	Title	Date
Signature of Person Completing Form [redacted]	Print Name	Title PM	Date [redacted]
Signature of Manager/Director [redacted]	Print Name	Title PM	Date [redacted]
Signature [redacted]	Print Name	Title SD	Date [redacted]
Signature	Print Name	Title	Date
Signature of State Director (Level 3 and 4 only)	Print Name	Title	Date

THE MENTOR NETWORK - INCIDENT REPORT
Attorney/Client Privileged and Confidential: Risk Management/Peer Review — Page 1

Please PRINT Clearly or Type in Legible Font (10-12) - DO NOT Leave Blanks. Complete All Boxes.

SECTION A: CLIENT/INDIVIDUAL INFORMATION

1. Client/Individual's Name: [redacted]
2. Level: ( ) 1 ( ) 2 ( ) 3 (x) 4
3. Guardian: ( ) Self (x) State ( ) Parent(s) ( ) Other:
4. Log #: [redacted]
5. DOB: [redacted]
6. Age: **4 Years**
7. Gender: [redacted]
8. Population: ( ) Adult (18+) (x) Child
9. Service Category: ***(Check one)***
   - (x) Behavioral Health
   - ( ) Juvenile Justice
   - ( ) Medically Complex
   - ( ) MR/DD
   - ( ) MR/DD Offender
   - ( ) Acquired Brain Injury
   - ( ) Elder Care
   - ( ) Mental Illness
   - ( ) MR/MI
   - ( ) Education
   - ( ) Other:
10. Date of Admission to MENTOR NETWORK: [redacted]
11. Length of Current Placement/Services: **3 Years**

SECTION B: PROGRAM INFORMATION

12. State: [redacted]
13. City: [redacted]
14. **If Acquisition/Partner, specify company name:**
15. Program Name: [redacted]
16. Service Setting/Model: **(check the ONE that most closely fits)**
   - ( ) ICF/MR (Intermediate Care Facility)
   - ( ) Group or Shared Living (3+ clients/individuals with 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with 24/7)
   - (x) Mentor Home/ Host Home
   - ( ) Group or Shared Living (3+ clients/individuals with less than 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with less than 24/7)
   - ( ) Home Health Agency Services
   - ( ) Family/School/Home Based Supports (periodic services less than 24/7)
   - ( ) Clinical/Outpatient Therapy/Rehab (OT, PT, Speech)
   - ( ) Day Program
   - ( ) Supported Employment/Vocational
   - ( ) School
   - ( ) Brokerage/Case Management (non-residential)

SECTION C: INCIDENT INFORMATION

17. Date & Time of Incident: [redacted]
18. First Reported to MENTOR NETWORK: [redacted]
    By: *(Name & Title)* [redacted] MENTOR
19. Location of Incident: ***(check one)***
   - (x) Mentor Home (x) Primary ( ) Respite
     Mentor Name: [redacted]
     # of Clients/Individuals Living in Home: 3
   - ( ) Client/Individual's Residence (group home, ICF, apt)
   - ( ) Client/Individual's Biological Family/Guardian Home
   - ( ) Day Program
   - ( ) School
   - ( ) Client/Individual's Place of Employment
   - ( ) Vehicle
   - ( ) Program Office
   - ( ) Community
   - ( ) Other:
20. Outcome of Incident: ***(check all that apply)***
   - [ ] Remain in Current Placement
   - [ ] Placement Decision Pending
   - [ ] Client/Individual Placed in Respite
   - [ ] Placement Disrupted (i.e. Client/Individual transferred to new home/ program/placement **within** MENTOR NETWORK)
   - [ ] Discharged from MENTOR NETWORK
   - [ ] Temporarily or Permanently Closed Mentor Home
   - [ ] Emergency Psychiatric Evaluation (no hospitalization)
   - [ ] Emergency Psychiatric Hospitalization
   - [ ] Emergency Medical Hospitalization
   - [ ] In-school suspension
   - [ ] School Suspension/Expulsion
   - [ ] Client/Individual Arrest/Detention
   - [x] Death
   - [ ] Other:
21. **Summarize in 2-3 sentences the key aspects of the incident for entry into Risk Management database.**

**Client decanulated while in the MENTOR home. The foster father biological [redacted] daughter went to the bathroom that is across from [redacted] bedroom and noticed [redacted] trach was out. She got her father who was answering the door to let [redacted] nurse in and Nurse [redacted] and Mr. [redacted] ran in the room. Nurse [redacted] put [redacted] trach back in and started CPR while Mr. [redacted] contacted EMS. EMS showed up a few minutes later as did the police. EMS rushed [redacted] to [redacted] Hospital. Child was treated at [redacted] ICU and died while in care.

Attorney/Client Privileged and Confidential: Risk Management/Peer Review **Page 2**

Client/Individual Name: [redacted] **Log #:** [redacted]

SECTION D: INCIDENT DESCRIPTORS (check all that apply)

DEATH (death of client/individual is a **Level 4** incident):
( ) Expected Death of Client/Individual
(x) Unexpected Death of Client/Individual

CLIENT/INDIVIDUAL ELOPEMENT/AWOL:
( ) Located at the Time of the Incident Report
( ) Unable to Locate at the Time of the Incident Report
( ) Other:

CARE-TAKER MISCONDUCT:
(Suspected, Alleged or Confirmed)

Caretaker:
[ ] Mentor
[ ] Mentor Family Member
[ ] Staff
[ ] Other Caretaker:

Alleged Misconduct:
[ ] Sexual Boundary/Abuse
[ ] Verbal or Emotional Abuse
[ ] Physical Assault/Abuse
[ ] Corporal/Inappropriate Punishment
[ ] Inappropriate Use of Restraint/Physical Intervention
[ ] Neglect
[ ] Inadequate Supervision
[ ] Criminal Arrest of Caretaker
[ ] Alcohol/Drug Use by Caretaker
[ ] Misuse of Client/Individual's Funds
[ ] Misappropriation/Destruction of Client/Individual Personal Property
[ ] Other:

CLIENT/INDIVIDUAL BEHAVIORAL:
[ ] Self-Injurious Behavior
[ ] Mental Health De-compensation
[ ] Oppositional Behaviors
[ ] Inappropriate Sexual Comments/Threats
[ ] Verbal Threats of Violence
[ ] Exhibitionism/Public Masturbation

MEDICATION INCIDENTS:
[ ] Medication Error
[ ] Missing Controlled Substances
[ ] Serious Adverse Reaction to Medication

MEDICAL INCIDENTS:
[ ] Illness Requiring Medical Treatment
[ ] Deterioration in Existing Medical Condition
[ ] Pregnancy
[ ] Seizure Requiring Emergency Treatment
[ ] UTI
[ ] Bowel Impaction
[ ] Pneumonia
[ ] Pressure Sores
[x] Other: **decanulated**

CLIENT/INDIVIDUAL INJURY BY:
[ ] Physical Assault by Third Party/Other Individual in our car
[ ] Sexual Assault by Third Party/Other Individual in our care
[ ] Theft by Third Party
[ ] Fall
[ ] Choking
[ ] Bathing/Scalding Related Injuries
[ ] Other Burns
[ ] Vehicle
[ ] Swimming/Near Drowning
[x] Other Accidental Injury: **client pulled [redacted] own trac**

SUICIDAL CLIENT/INDIVIDUAL:
[ ] Suicidal Threats or Verbalizations
[ ] Suicidal Attempt or Gesture

EXPOSURE CONTROL INCIDENTS:
[ ] Client/Individual Exposed to Blood Borne Pathogens
[ ] Client/Individual Exposed Third Party to Blood Borne Pathogens

SEXUAL ASSAULT OR INAPPROPRIATE SEXUAL BEHAVIOR BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party

PROPERTY DAMAGE BY CLIENT/INDIVIDUAL:
[ ] Property Damage Under $1,000
[ ] Property Damage Over $1,000
[ ] Vehicle Theft
[ ] Fire Setting
[ ] Theft/Shoplifting
[ ] Other:

PHYSICAL ASSAULTS BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party
[ ] To Animals (animal cruelty)

POSSESSION OF PROHIBITED MATERIALS: (Defined per client/individual/program)
[ ] Possession of Prohibited Materials (i.e., alcohol, lighter, weapon, pornography, illicit drugs, etc.)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 3

SECTION E: PROGRAMMATIC RESPONSE (Check all that apply)

- [ ] Counseling/Training for Staff/Mentor
- [ ] ISP/Supervision/Behavioral Plan Developed with Client/Individual
- [ ] Internal Investigation Underway

Interventions:

- [ ]Physical
- [ ]Mechanical
- [ ]Seclusions
- [ ]Chemical
- [ ]Law Enforcement

[x] Reported to Adult/Child Protective Services
Date:

( ) Substantiated ( ) Unsubstantiate

[ ] Licensing Notified
Date:

[x] Funding Source Notified
Date:

[x] Family Notified
Date:

[x] Guardian Notified
Date:

[x] Law Enforcement/Probation Notified
Date:

Client/Individual Name: **Log #:**

22. SECTION F: CLIENT/INDIVIDUAL HISTORY / DIAGNOSES

List Client/Individual's current medical and psychiatric diagnoses, behavioral history (e.g. sexually abused, physically aggressive, running, confabulation, etc.), medical history (e.g. seizures, diabetes, etc.) and medications.

Client has multiple medical problems including congenital heart disease, Klinelters syndrome, and visual and hearing impairments Pulimicort

23. SECTION G: ANTECEDENT EVENTS

Briefly describe the Client/Individual's condition and activities prior and leading up to this incident.

Client just got done playing and foster father was laying down and waiting for nurse ( ) to show up.

24. SECTION H: INCIDENT NARRATIVE

Describe IN DETAIL the incident in chronological order. Include who, what, where, when and how. Provide information on alleged injuries, interventions and current status. Report involvement of other parties such as law enforcement, emergency medical services, etc. Include sources of information (e.g. "Mentor reported..." or "Staff observed..."). When using names, include title and/or affiliation (i.e. Joan Smith, DCFS Case Manager.).

Pc received a message on voicemail approx at from . The message was received around on the date on the incident and was immediately called. He stated that laid down in baby bed around so he could go check on the other 2 foster children in the home and answer the door. The foster fathers bio daughter went to the bathroom that is located across from bedroom and noticed that trach was out. reported that his daughter ran down the hall to get him approx 5-10 minutes after left the room. was answering the door to let nurse in. Nurse and ran into the room. Nurse put trach back in and started CPR while contacted EMS. At this point stated that had no pulse. EMS showed up a few minutes later as did the police. EMS rushed to Hospital after unsuccessfully trying to revive Police officer hung behind and took a police report. arrived at the hospital and was put on a ventilator immediately. Foster parent contacted County DCS, MENTOR and bio parents. This morning on doctors did and EEG to see how much brain damage was done and the result showed that was completely brain dead. died at Hospital around after [illegible]nty came and did an investigation report with the . An autopsy will be done on prior to DCS investigates results. PC's last home visit was on

Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 4

SECTION I: REVIEWS / SIGNATURES

Signature	Print Name	Title	Date
Signature of Person Completing Form [redacted]	Print Name	Title PC	Date [redacted]
Signature of Manager/Director [redacted]	Print Name	Title Dir of Ops	Date [redacted]
Signature	Print Name	Title	Date
Signature	Print Name	Title	Date
Signature of State Director (Level 3 and 4 only)	Print Name	Title	Date

THE MENTOR NETWORK - INCIDENT REPORT
Attorney/Client Privileged and Confidential: Risk Management/Peer Review — Page 1

Please PRINT Clearly or Type in Legible Font (10-12) - DO NOT Leave Blanks. Complete All Boxes.

SECTION A: CLIENT/INDIVIDUAL INFORMATION

1. Client/Individual's Name: [redacted]
2. Level: ( ) 1 ( ) 2 ( ) 3 (x) 4
3. Guardian: ( ) Self (x) State ( ) Parent(s) ( ) Other:
4. Log #: [redacted]
5. DOB: [redacted]
6. Age: **5 Months**
7. Gender: [redacted]
8. Population: ( ) Adult (18+) (x) Child
9. Service Category: *(Check one)*
   - ( ) Behavioral Health
   - ( ) Juvenile Justice
   - (x) Medically Complex
   - ( ) MR/DD
   - ( ) MR/DD Offender
   - ( ) Acquired Brain Injury
   - ( ) Elder Care
   - ( ) Mental Illness
   - ( ) MR/MI
   - ( ) Education
   - ( ) Other:
10. Date of Admission to MENTOR NETWORK: [redacted]
11. Length of Current Placement/Services: **10 Days**

SECTION B: PROGRAM INFORMATION

12. State: [redacted]
13. City: [redacted]
14. If Acquisition/Partner, specify company name:
15. Program Name: **Medically Complex**
16. Service Setting/Model: (check the ONE that most closely fits)
   - ( ) ICF/MR (Intermediate Care Facility)
   - ( ) Group or Shared Living (3+ clients/individuals with 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with 24/7)
   - (x) Mentor Home/ Host Home
   - ( ) Group or Shared Living (3+ clients/individuals with less than 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with less than 24/7)
   - ( ) Home Health Agency Services
   - ( ) Family/School/Home Based Supports (periodic services less than 24/7)
   - ( ) Clinical/Outpatient Therapy/Rehab (OT, PT, Speech)
   - ( ) Day Program
   - ( ) Supported Employment/Vocational
   - ( ) School
   - ( ) Brokerage/Case Management (non-residential)

SECTION C: INCIDENT INFORMATION

17. Date & Time of Incident: [redacted]
18. First Reported to MENTOR NETWORK: [redacted]
    By: *(Name & Title)* [redacted]
19. Location of Incident: *(check one)*
   - (x) Mentor Home (x) Primary ( ) Respite
     Mentor Name: [redacted]
     # of Clients/Individuals Living in Home: 2
   - ( ) Client/Individual's Residence (group home, ICF, apt)
   - ( ) Client/Individual's Biological Family/Guardian Home
   - ( ) Day Program
   - ( ) School
   - ( ) Client/Individual's Place of Employment
   - ( ) Vehicle
   - ( ) Program Office
   - ( ) Community
   - ( ) Other:
20. Outcome of Incident: *(check all that apply)*
   - [ ] Remain in Current Placement
   - [ ] Placement Decision Pending
   - [ ] Client/Individual Placed in Respite
   - [ ] Placement Disrupted (i.e. Client/Individual transferred to new home/ program/placement within MENTOR NETWORK)
   - [x] Discharged from MENTOR NETWORK
   - [ ] Temporarily or Permanently Closed Mentor Home
   - [ ] Emergency Psychiatric Evaluation (no hospitalization)
   - [ ] Emergency Psychiatric Hospitalization
   - [x] Emergency Medical Hospitalization
   - [ ] In-school suspension
   - [ ] School Suspension/Expulsion
   - [ ] Client/Individual Arrest/Detention
   - [x] Death
   - [ ] Other:
21. **Summarize in 2-3 sentences the key aspects of the incident for entry into Risk Management database.**

**Child was found non-responsive in [redacted] crib after apnea monitor alarmed. Mentor and EMTS performed CPR. Child was transported to hospital and resuscitated. [redacted] was admitted to the hospital where [redacted] subsequently died 18 hours later at [redacted] on [redacted]

Attorney/Client Privileged and Confidential: Risk Management/Peer Review — Page 2

Client/Individual Name: [redacted] Log #: [redacted] Date of Incident: [redacted]

SECTION D: INCIDENT DESCRIPTORS (check all that apply)

DEATH (death of client/individual is a **Level 4** incident): ( ) Expected Death of Client/Individual (x) Unexpected Death of Client/Individual **CLIENT/INDIVIDUAL ELOPEMENT/AWOL:** ( ) Located at the Time of the Incident Report ( ) Unable to Locate at the Time of the Incident Report ( ) Other:	**CLIENT/INDIVIDUAL BEHAVIORAL:** [ ] Self-Injurious Behavior [ ] Mental Health De-compensation [ ] Oppositional Behaviors [ ] Inappropriate Sexual Comments/Threats [ ] Verbal Threats of Violence [ ] Exhibitionism/Public Masturbation
CARE-TAKER MISCONDUCT: **(Suspected, Alleged or Confirmed)** ***Caretaker:*** [ ] Mentor [ ] Mentor Family Member [ ] Staff [ ] Other Caretaker: ***Alleged Misconduct:*** [ ] Sexual Boundary/Abuse [ ] Verbal or Emotional Abuse [ ] Physical Assault/Abuse [ ] Corporal/Inappropriate Punishment [ ] Inappropriate Use of Restraint/Physical Intervention [ ] Neglect [ ] Inadequate Supervision [ ] Criminal Arrest of Caretaker [ ] Alcohol/Drug Use by Caretaker [ ] Misuse of Client/Individual's Funds [ ] Misappropriation/Destruction of Client/Individual Personal Property [ ] Other:	**MEDICATION INCIDENTS:** [ ] Medication Error [ ] Missing Controlled Substances [ ] Serious Adverse Reaction to Medication **MEDICAL INCIDENTS:** [ ] Illness Requiring Medical Treatment [x] Deterioration in Existing Medical Condition [ ] Pregnancy [ ] Seizure Requiring Emergency Treatment [ ] UTI [ ] Bowel Impaction [ ] Pneumonia [ ] Pressure Sores [ ] Other: **CLIENT/INDIVIDUAL INJURY BY:** [ ] Physical Assault by Third Party/Other Individual in our car [ ] Sexual Assault by Third Party/Other Individual in our care [ ] Theft by Third Party [ ] Fall [ ] Choking [ ] Bathing/Scalding Related Injuries [ ] Other Burns [ ] Vehicle [ ] Swimming/Near Drowning [ ] Other Accidental Injury:
SUICIDAL CLIENT/INDIVIDUAL: [ ] Suicidal Threats or Verbalizations [ ] Suicidal Attempt or Gesture	**EXPOSURE CONTROL INCIDENTS:** [ ] Client/Individual Exposed to Blood Borne Pathogens [ ] Client/Individual Exposed Third Party to Blood Borne Pathogens
SEXUAL ASSAULT OR INAPPROPRIATE SEXUAL BEHAVIOR BY CLIENT/INDIVIDUAL: [ ] To Other Client [ ] To Staff or Mentor [ ]To Mentor's Family Member [ ] To Other Third Party	**PROPERTY DAMAGE BY CLIENT/INDIVIDUAL:** [ ] Property Damage Under $1,000 [ ] Property Damage Over $1,000 [ ] Vehicle Theft [ ] Fire Setting [ ] Theft/Shoplifting [ ] Other:
PHYSICAL ASSAULTS BY CLIENT/INDIVIDUAL: [ ] To Other Client [ ] To Staff or Mentor [ ]To Mentor's Family Member [ ] To Other Third Party [ ]To Animals (animal cruelty)	**POSSESSION OF PROHIBITED MATERIALS: (Defined per client/individual/program)** [ ] Possession of Prohibited Materials (i.e., alcohol, lighter, weapon, pornography, illicit drugs, etc.)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 3

SECTION E: PROGRAMMATIC RESPONSE (Check all that apply)

[ ] Counseling/Training for Staff/Mentor
[ ] ISP/Supervision/Behavioral Plan Developed with Client/Individual
[ ] Internal Investigation Underway
Interventions:
[ ]Physical
[ ]Mechanical
[ ]Seclusions
[ ]Chemical
[ ]Law Enforcement

[ ] Reported to Adult/Child Protective Services
Date:
( ) Substantiated ( ) Unsubstantiate
[x] Licensing Notified
Date:

[x] Funding Source Notified
Date:
[ ] Family Notified
Date:
[x] Guardian Notified
Date:
[x] Law Enforcement/Probation Notified
Date:

Client/Individual Name: **Log #:**

22.
SECTION F: CLIENT/INDIVIDUAL HISTORY / DIAGNOSES

List Client/Individual's current medical and psychiatric diagnoses, behavioral history (e.g. sexually abused, physically aggressive, running, confabulation, etc.), medical history (e.g. seizures, diabetes, etc.) and medications.

Ex-24-week preemie, hx of grade II IVH, s/p nissen fundoplication, s/p laser eye sugery, oral motor dysfunction, g tube dependent, reflux, chronic lung disease, oxygen and apnea monitor dependent, retinopathy of prematurity, atrophic R kidney and seizure disorder Medications – Aldactone, Diuril, Zantac, Albuterol, Flovent, Fer-in-sol, phenobabritol, glycerine peds supplement, Tylenol and Maalox.

23.
SECTION G: ANTECEDENT EVENTS

Briefly describe the Client/Individual's condition and activities prior and leading up to this incident.

Mentor report woke up and had g-tube feeding at stooled, urinated and given a sponge bath around Mentor reported she laid in crib for nap. Mentor reported that at approx she went in to check on and found alert. A few minutes later she heard the apnea monitor alarm. pediatrician 3 days prior had seen and a visiting nurse saw 2 days prior. MENTOR CC and RN also visited in home 3x in past 6 days.

24.
SECTION H: INCIDENT NARRATIVE

Describe IN DETAIL the incident in chronological order. Include who, what, where, when and how. Provide information on alleged injuries, interventions and current status. Report involvement of other parties such as law enforcement, emergency medical services, etc. Include sources of information (e.g. "Mentor reported..." or "Staff observed..."). When using names, include title and/or affiliation (i.e. Joan Smith, DCFS Case Manager.).

Mentor reported that she immediately responded to the alarm and went to side. She found not breathing and non-responsive. Mentor reports she began administering CPR and called 911, she then resumed CPR. Mentor reports that EMTs arrived within 7-8 minutes and took over the care and then police arrived. Mentor then notified this writer the CC on case. Mentor and her husband were interviewed y police and then went to . This writer arrived at hospital after notifying PM, DSS worker, DSS intake worker, DSS supervisor and MENTOR nurse. Upon arrival this writer introduced herself to Officer This writer was informed that a team was currently working o . This writer met with the mentors and sat with them for a while. This writer called DSS workers to update on status and requested that birth mom be notified. This writer then met with the police who the departed. Attending physician informed this writer that would be transferred to another hospital. This writer was informed that the child lost pulse and had to be resuscitated twice. From the initial incident was never breathing on own. DSS worker and birth parents arrived shortly after. This writer spoke with them. was transported to Hospital PICU at approx This writer, the mentors, DSS [illegible] nurse. The attending physician discussed condition with all assembled and stated that is in pre existing seizure, kidney, and cardiac or lung conditions. Those gathered went in to visit the child in pairs. This writer received a call at stating that was expected to die soon. This writer notified the DSS worker and the Mentors. This writer and the Mentors arrived back at the hospital at . Birth mom was present and all were allowed to hold the child. died at This writer has notified DSS and MENTORS staff.

SECTION I: REVIEWS / SIGNATURES

Signature of Person Completing Form	Print Name	Title	Date
[redacted]		CC	[redacted]
Signature of Manager/Director	**Print Name**	**Title**	**Date**
[redacted]		PM	[redacted]
Signature	**Print Name**	**Title**	**Date**
[redacted]		State QA Manager	[redacted]
Signature	**Print Name**	**Title**	**Date**
Signature of State Director (Level 3 and 4 only)	**Print Name**	**Title**	**Date**

THE MENTOR NETWORK - INCIDENT REPORT
Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 1

Please PRINT Clearly or Type in Legible Font (10-12) - DO NOT Leave Blanks. Complete All Boxes.

SECTION A: CLIENT/INDIVIDUAL INFORMATION

1. Client/Individual's Name: [redacted]
2. Level: ( ) 1 ( ) 2 ( ) 3 (x) 4
3. Guardian: ( ) Self ( ) State (x) Parent(s) ( ) Other:
4. Log #: [redacted]
5. DOB: [redacted]
6. Age: 17 Years 9 M
7. Gender: [redacted]
8. Population: ( ) Adult (18+) (x) Child
9. Service Category: *(Check one)*
(x) Behavioral Health
( ) Juvenile Justice
( ) Medically Complex
( ) MR/DD
( ) MR/DD Offender
( ) Acquired Brain Injury
( ) Elder Care
( ) Mental Illness
( ) MR/MI
( ) Education
( ) Other:
10. Date of Admission to MENTOR NETWORK: [redacted]
11. Length of Current Placement/Services: 12 Months

SECTION B: PROGRAM INFORMATION

12. State: [redacted]
13. City: [redacted]
14. If Acquisition/Partner, specify company name:
15. Program Name: TFC

16. Service Setting/Model: (check the ONE that most closely fits)
( ) ICF/MR (Intermediate Care Facility)
( ) Group or Shared Living (3+ clients/individuals with 24/7)
( ) Shared or Supported Living (1 or 2 clients/individuals with 24/7)
(x) Mentor Home/ Host Home
( ) Group or Shared Living (3+ clients/individuals with less than 24/7)
( ) Shared or Supported Living (1 or 2 clients/individuals with less than 24/7)
( ) Home Health Agency Services
( ) Family/School/Home Based Supports (periodic services less than 24/7)
( ) Clinical/Outpatient Therapy/Rehab (OT, PT, Speech)
( ) Day Program
( ) Supported Employment/Vocational
( ) School
( ) Brokerage/Case Management (non-residential)

SECTION C: INCIDENT INFORMATION

17. Date & Time of Incident: [redacted]
18. First Reported to MENTOR NETWORK: [redacted]
By: *(Name & Title)* [redacted] mentor

19. Location of Incident: *(check one)*
( ) Mentor Home (x) Primary ( ) Respite
Mentor Name:
# of Clients/Individuals Living in Home:
( ) Client/Individual's Residence (group home, ICF, apt)
( ) Client/Individual's Biological Family/Guardian Home
( ) Day Program
( ) School
( ) Client/Individual's Place of Employment
( ) Vehicle
( ) Program Office
( ) Community
( ) Other:

20. Outcome of Incident: *(check all that apply)*
[ ] Remain in Current Placement
[ ] Placement Decision Pending
[ ] Client/Individual Placed in Respite
[ ] Placement Disrupted (i.e. Client/Individual transferred to new home/ program/placement within MENTOR NETWORK)
[ ] Discharged from MENTOR NETWORK
[ ] Temporarily or Permanently Closed Mentor Home
[ ] Emergency Psychiatric Evaluation (no hospitalization)
[ ] Emergency Psychiatric Hospitalization
[ ] Emergency Medical Hospitalization
[ ] In-school suspension
[ ] School Suspension/Expulsion
[ ] Client/Individual Arrest/Detention
[x] Death
[ ] Other:

21. Summarize in 2-3 sentences the key aspects of the incident for entry into Risk Management database.

**On [redacted] (secondary mentor) called to report upon checking on client this morning at [redacted] client was in [redacted] bed gasping for air. Clients pulse was reportedly low and 911 was called and paramedics continued medical intervention upon their arrival. Secondary mentor administered CPR in the interim of waiting for the paramedics. Client was transported to [redacted] Hospital via ambulance. Shortly after arriving at the hospital it was reported by hospital medical staff that the client had died.

Attorney/Client Privileged and Confidential: Risk Management/Peer Review — **Page 2**

Client/Individual Name: [redacted] **Log #:** [redacted]

SECTION D: INCIDENT DESCRIPTORS (check all that apply)

DEATH (death of client/individual is a Level 4 incident):
( ) Expected Death of Client/Individual
(x) Unexpected Death of Client/Individual

CLIENT/INDIVIDUAL ELOPEMENT/AWOL:
( ) Located at the Time of the Incident Report
( ) Unable to Locate at the Time of the Incident Report
( ) Other:

CLIENT/INDIVIDUAL BEHAVIORAL:
[ ] Self-Injurious Behavior
[ ] Mental Health De-compensation
[ ] Oppositional Behaviors
[ ] Inappropriate Sexual Comments/Threats
[ ] Verbal Threats of Violence
[ ] Exhibitionism/Public Masturbation

CARE-TAKER MISCONDUCT:
(Suspected, Alleged or Confirmed)

Caretaker:
[ ] Mentor
[ ] Mentor Family Member
[ ] Staff
[ ] Other Caretaker:

Alleged Misconduct:
[ ] Sexual Boundary/Abuse
[ ] Verbal or Emotional Abuse
[ ] Physical Assault/Abuse
[ ] Corporal/Inappropriate Punishment
[ ] Inappropriate Use of Restraint/Physical Intervention
[ ] Neglect
[ ] Inadequate Supervision
[ ] Criminal Arrest of Caretaker
[ ] Alcohol/Drug Use by Caretaker
[ ] Misuse of Client/Individual's Funds
[ ] Misappropriation/Destruction of Client/Individual Personal Property
[ ] Other:

MEDICATION INCIDENTS:
[ ] Medication Error
[ ] Missing Controlled Substances
[ ] Serious Adverse Reaction to Medication

MEDICAL INCIDENTS:
[ ] Illness Requiring Medical Treatment
[ ] Deterioration in Existing Medical Condition
[ ] Pregnancy
[ ] Seizure Requiring Emergency Treatment
[ ] UTI
[ ] Bowel Impaction
[ ] Pneumonia
[ ] Pressure Sores
[ ] Other:

CLIENT/INDIVIDUAL INJURY BY:
[ ] Physical Assault by Third Party/Other Individual in our car
[ ] Sexual Assault by Third Party/Other Individual in our care
[ ] Theft by Third Party
[ ] Fall
[ ] Choking
[ ] Bathing/Scalding Related Injuries
[ ] Other Burns
[ ] Vehicle
[ ] Swimming/Near Drowning
[ ] Other Accidental Injury:

SUICIDAL CLIENT/INDIVIDUAL:
[ ] Suicidal Threats or Verbalizations
[ ] Suicidal Attempt or Gesture

EXPOSURE CONTROL INCIDENTS:
[ ] Client/Individual Exposed to Blood Borne Pathogens
[ ] Client/Individual Exposed Third Party to Blood Borne Pathogens

SEXUAL ASSAULT OR INAPPROPRIATE SEXUAL BEHAVIOR BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ]To Mentor's Family Member
[ ] To Other Third Party

PROPERTY DAMAGE BY CLIENT/INDIVIDUAL:
[ ] Property Damage Under $1,000
[ ] Property Damage Over $1,000
[ ] Vehicle Theft
[ ] Fire Setting
[ ] Theft/Shoplifting
[ ] Other:

PHYSICAL ASSAULTS BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ]To Mentor's Family Member
[ ] To Other Third Party
[ ]To Animals (animal cruelty)

POSSESSION OF PROHIBITED MATERIALS: (Defined per client/individual/program)

[ ] Possession of Prohibited Materials (i.e., alcohol, lighter, weapon, pornography, illicit drugs, etc.)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 3

SECTION E: PROGRAMMATIC RESPONSE (Check all that apply)

[ ] Counseling/Training for Staff/Mentor
[ ] ISP/Supervision/Behavioral Plan Developed with Client/Individual
[ ] Internal Investigation Underway
Interventions:
[ ]Physical
[ ]Mechanical
[ ]Seclusions
[ ]Chemical
[ ]Law Enforcement

[ ] Reported to Adult/Child Protective Services
Date:
( ) Substantiated ( ) Unsubstantiate
[ ] Licensing Notified
Date:

[x] Funding Source Notified
Date:
[x] Family Notified
Date:
[ ] Guardian Notified
Date:
[ ] Law Enforcement/Probation Notified
Date:

Client/Individual Name: **Log #:**

22. SECTION F: CLIENT/INDIVIDUAL HISTORY / DIAGNOSES

List Client/Individual's current medical and psychiatric diagnoses, behavioral history (e.g. sexually abused, physically aggressive, running, confabulation, etc.), medical history (e.g. seizures, diabetes, etc.) and medications.

Client came into care with a diagnosis of moderate MR and family disruption. also has been diagnosed with anxiety D/O and has a history of CP and Seizure D/O. is nonverbal and ambulatory. medications include Fluvoxamine, Clonidine, Risperdal, and Carbamazepine.

23. SECTION G: ANTECEDENT EVENTS

Briefly describe the Client/Individual's condition and activities prior and leading up to this incident.

24. SECTION H: INCIDENT NARRATIVE

Describe IN DETAIL the incident in chronological order. Include who, what, where, when and how. Provide information on alleged injuries, interventions and current status. Report involvement of other parties such as law enforcement, emergency medical services, etc. Include sources of information (e.g. "Mentor reported..." or "Staff observed..."). When using names, include title and/or affiliation (i.e. Joan Smith, DCFS Case Manager.).

O called to report, upon checking on client this morning at approximately , client was in bed grasping for air. Reportedly, after turning client over on side to check airway, client's head went back. checked for a pulse, and the pulse was shallow. l called the emergency medical services, who instructed to administer CPR. The Police Department arrived at the home and felt a shallow pulse. Mentor further reported that EMs arrived and put client on automatic CPR and transported client to Hospital. Reportedly, primary mentor, and l drove behind the ambulance. While waiting in the waiting area of the hospital, the ER nurse reported to the mentors that client had died.

Continue on an additional sheet if necessary. DO NOT WRITE ON BACK OF PAGE)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review			Page 4
SECTION I: REVIEWS / SIGNATURES			
Signature of Person Completing Form	Print Name	Title CC	Date
Signature of Manager/Director	Print Name	Title PM	Date
Signature	Print Name	Title	Date
Signature	Print Name	Title	Date
Signature of State Director (Level 3 and 4 only)	Print Name	Title	Date

THE MENTOR NETWORK - INCIDENT REPORT
Attorney/Client Privileged and Confidential: Risk Management/Peer Review **Page 1**

Please PRINT Clearly or Type in Legible Font (10-12) - DO NOT Leave Blanks. Complete All Boxes.

SECTION A: CLIENT/INDIVIDUAL INFORMATION

1. Client/Individual's Name: [redacted]
2. Level: ( ) 1 ( ) 2 ( ) 3 (x) 4

3. Guardian: ( ) Self (x) State ( ) Parent(s) ( ) Other:
4. Log #: [redacted]

5. DOB: [redacted]
6. Age: **17 Years 8 M**
7. Gender: [redacted]

8. Population: ( ) Adult (18+) (x) Child

9. Service Category: ***(Check one)***
(x) Behavioral Health
( ) Juvenile Justice
( ) Medically Complex
( ) MR/DD
( ) MR/DD Offender
( ) Acquired Brain Injury
( ) Elder Care
( ) Mental Illness
( ) MR/MI
( ) Education
( ) Other:

10. Date of Admission to MENTOR NETWORK: [redacted]

11. Length of Current Placement/Services: **1 Years 9 Months**

SECTION B: PROGRAM INFORMATION

12. State: [redacted]
13. City: [redacted]

14. **If Acquisition/Partner, specify company name:**

15. Program Name: [redacted]

16. Service Setting/Model: **(check the ONE that most closely fits)**

( ) ICF/MR (Intermediate Care Facility)
( ) Group or Shared Living (3+ clients/individuals with 24/7)
( ) Shared or Supported Living (1 or 2 clients/individuals with 24/7)
(x) Mentor Home/ Host Home
( ) Group or Shared Living (3+ clients/individuals with less than 24/7)
( ) Shared or Supported Living (1 or 2 clients/individuals with less than 24/7)
( ) Home Health Agency Services
( ) Family/School/Home Based Supports (periodic services less than 24/7)
( ) Clinical/Outpatient Therapy/Rehab (OT, PT, Speech)
( ) Day Program
( ) Supported Employment/Vocational
( ) School
( ) Brokerage/Case Management (non-residential)

SECTION C: INCIDENT INFORMATION

17. Date & Time of Incident: [redacted]

18. First Reported to MENTOR NETWORK: [redacted]
By: *(Name & Title)* [redacted] **Mentor**

19. Location of Incident: ***(check one)***
(x) Mentor Home (x) Primary ( ) Respite
Mentor Name: [redacted]
# of Clients/Individuals Living in Home: 2
( ) Client/Individual's Residence (group home, ICF, apt)
( ) Client/Individual's Biological Family/Guardian Home
( ) Day Program
( ) School
( ) Client/Individual's Place of Employment
( ) Vehicle
( ) Program Office
( ) Community
( ) Other:

20. Outcome of Incident: ***(check all that apply)***
[ ] Remain in Current Placement
[ ] Placement Decision Pending
[ ] Client/Individual Placed in Respite
[ ] Placement Disrupted (i.e. Client/Individual transferred to new home/ program/placement within MENTOR NETWORK)
[ ] Discharged from MENTOR NETWORK
[ ] Temporarily or Permanently Closed Mentor Home
[ ] Emergency Psychiatric Evaluation (no hospitalization)
[ ] Emergency Psychiatric Hospitalization
[ ] Emergency Medical Hospitalization
[ ] In-school suspension
[ ] School Suspension/Expulsion
[ ] Client/Individual Arrest/Detention
[x] Death
[ ] Other:

21. **Summarize in 2-3 sentences the key aspects of the incident for entry into Risk Management database.**

** On [redacted] [redacted], mentor, arrived home at [redacted] and found her client deceased. [redacted] called the police immediately. [redacted] states that the police told her that it appeared to be suicide. At the time of this report, the official police report was not available.

Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 2

Client/Individual Name: [redacted] **Log #:** [redacted]

SECTION D: INCIDENT DESCRIPTORS (check all that apply)

DEATH (death of client/individual is a **Level 4** incident):
( ) Expected Death of Client/Individual
(x) Unexpected Death of Client/Individual

CLIENT/INDIVIDUAL ELOPEMENT/AWOL:
( ) Located at the Time of the Incident Report
( ) Unable to Locate at the Time of the Incident Report
( ) Other:

CLIENT/INDIVIDUAL BEHAVIORAL:
[ ] Self-Injurious Behavior
[ ] Mental Health De-compensation
[ ] Oppositional Behaviors
[ ] Inappropriate Sexual Comments/Threats
[ ] Verbal Threats of Violence
[ ] Exhibitionism/Public Masturbation

CARE-TAKER MISCONDUCT:
(Suspected, Alleged or Confirmed)

Caretaker:
[ ] Mentor
[ ] Mentor Family Member
[ ] Staff
[ ] Other Caretaker:

Alleged Misconduct:
[ ] Sexual Boundary/Abuse
[ ] Verbal or Emotional Abuse
[ ] Physical Assault/Abuse
[ ] Corporal/Inappropriate Punishment
[ ] Inappropriate Use of Restraint/Physical Intervention
[ ] Neglect
[ ] Inadequate Supervision
[ ] Criminal Arrest of Caretaker
[ ] Alcohol/Drug Use by Caretaker
[ ] Misuse of Client/Individual's Funds
[ ] Misappropriation/Destruction of Client/Individual Personal Property
[ ] Other:

MEDICATION INCIDENTS:
[ ] Medication Error
[ ] Missing Controlled Substances
[ ] Serious Adverse Reaction to Medication

MEDICAL INCIDENTS:
[ ] Illness Requiring Medical Treatment
[ ] Deterioration in Existing Medical Condition
[ ] Pregnancy
[ ] Seizure Requiring Emergency Treatment
[ ] UTI
[ ] Bowel Impaction
[ ] Pneumonia
[ ] Pressure Sores
[ ] Other:

CLIENT/INDIVIDUAL INJURY BY:
[ ] Physical Assault by Third Party/Other Individual in our car
[ ] Sexual Assault by Third Party/Other Individual in our care
[ ] Theft by Third Party
[ ] Fall
[ ] Choking
[ ] Bathing/Scalding Related Injuries
[ ] Other Burns
[ ] Vehicle
[ ] Swimming/Near Drowning
[ ] Other Accidental Injury:

SUICIDAL CLIENT/INDIVIDUAL:
[ ] Suicidal Threats or Verbalizations
[ ] Suicidal Attempt or Gesture

EXPOSURE CONTROL INCIDENTS:
[ ] Client/Individual Exposed to Blood Borne Pathogens
[ ] Client/Individual Exposed Third Party to Blood Borne Pathogens

SEXUAL ASSAULT OR INAPPROPRIATE SEXUAL BEHAVIOR BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ]To Mentor's Family Member
[ ] To Other Third Party

PROPERTY DAMAGE BY CLIENT/INDIVIDUAL:
[ ] Property Damage Under $1,000
[ ] Property Damage Over $1,000
[ ] Vehicle Theft
[ ] Fire Setting
[ ] Theft/Shoplifting
[ ] Other:

PHYSICAL ASSAULTS BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ]To Mentor's Family Member
[ ] To Other Third Party
[ ]To Animals (animal cruelty)

POSSESSION OF PROHIBITED MATERIALS: (Defined per client/individual/program)
[ ] Possession of Prohibited Materials (i.e., alcohol, lighter, weapon, pornography, illicit drugs, etc.)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 3

SECTION E: PROGRAMMATIC RESPONSE (Check all that apply)

[x] Counseling/Training for Staff/Mentor
[ ] ISP/Supervision/Behavioral Plan Developed with Client/Individual
[ ] Internal Investigation Underway
Interventions:
[ ]Physical
[ ]Mechanical
[ ]Seclusions
[ ]Chemical
[ ]Law Enforcement

[ ] Reported to Adult/Child Protective Services
Date:
( ) Substantiated ( ) Unsubstantiate

[ ] Licensing Notified
Date:

[x] Funding Source Notified
Date: [redacted]
[x] Family Notified
Date: [redacted]
[x] Guardian Notified
Date: [redacted]
[x] Law Enforcement/Probation Notified
Date: [redacted]

Client/Individual Name: [redacted] Log #: [redacted]

22. **SECTION F: CLIENT/INDIVIDUAL HISTORY / DIAGNOSES**

List Client/Individual's current medical and psychiatric diagnoses, behavioral history (e.g. sexually abused, physically aggressive, running, confabulation, etc.), medical history (e.g. seizures, diabetes, etc.) and medications.

[redacted] was diagnosed with adjustment disorder with disturbance of conduct and oppositional defiant disorder. [redacted] was not prescribed any medications. [redacted] was hospitalized in the past ([redacted]) for suicidal ideation. [redacted] also has a history of running away and drug and alcohol use.

23. **SECTION G: ANTECEDENT EVENTS**

Briefly describe the Client/Individual's condition and activities prior and leading up to this incident.

On [redacted] [redacted] left to go to [redacted] with her [redacted] daughter and her 18-year-old client. [redacted] states that [redacted] did not want to go, because she had a date that night. [redacted] states that [redacted] allowed [redacted] to stay in [redacted] so that she could go on [redacted] date, but [redacted] needed to stay overnight at [redacted] parent's home.

24. **SECTION H: INCIDENT NARRATIVE**

Describe IN DETAIL the incident in chronological order. Include who, what, where, when and how. Provide information on alleged injuries, interventions and current status. Report involvement of other parties such as law enforcement, emergency medical services, etc. Include sources of information (e.g. "Mentor reported..." or "Staff observed..."). When using names, include title and/or affiliation (i.e. Joan Smith, DCFS Case Manager.).

On [redacted] [redacted], mentor, arrived home at [redacted] and found [redacted] client, in the recliner in the living room. [redacted] states that [redacted] was unresponsive, "had no pulse" and was "already cold". [redacted] states that she called the police. The police are calling [redacted] death an apparent suicide by use of a firearm. Per [redacted] DSS Social Worker/guardian, there was a handgun and a rifle present. [redacted] states that both guns belonged to her and her husband. [redacted] states that it appeared that [redacted] broke into her bedroom to get the guns. [redacted] states that the handgun was locked in a safe, and the rifle was also locked up, both of which were locked in the bedroom. At the time of this report, the official police report was not available.

Continue on an additional sheet if necessary. DO NOT WRITE ON BACK OF PAGE)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review			Page 4
SECTION I: REVIEWS / SIGNATURES			
Signature of Person Completing Form	Print Name	Title Coord.	Date
Signature of Manager/Director	Print Name	Title PM	Date
Signature	Print Name	Title	Date
Signature	Print Name	Title QA	Date
Signature of State Director (Level 3 and 4 only)	Print Name	Title State Dir.	Date

THE MENTOR NETWORK - INCIDENT REPORT

Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 1

Please PRINT Clearly or Type in Legible Font (10-12) - DO NOT Leave Blanks. Complete All Boxes.

SECTION A: CLIENT/INDIVIDUAL INFORMATION

1. Client/Individual's Name: [redacted]

2. Level: ( ) 1 ( ) 2 ( ) 3 (x) 4

3. Guardian: ( ) Self (x) State ( ) Parent(s) ( ) Other:

4. Log #: [redacted]

5. DOB: [redacted]

6. Age: 3 Years 10 M

7. Gender: [redacted]

8. Population: ( ) Adult (18+) (x) Child

9. Service Category: *(Check one)*

- ( ) Behavioral Health
- ( ) Juvenile Justice
- (x) Medically Complex
- ( ) MR/DD
- ( ) MR/DD Offender
- ( ) Acquired Brain Injury
- ( ) Elder Care
- ( ) Mental Illness
- ( ) MR/MI
- ( ) Education
- ( ) Other:

10. Date of Admission to MENTOR NETWORK: [redacted]

11. Length of Current Placement/Services: **3 Years 7 Months**

SECTION B: PROGRAM INFORMATION

12. State: [redacted]

13. City: [redacted]

14. **If Acquisition/Partner, specify company name:**

15. Program Name: **Medically Complex**

16. Service Setting/Model: **(check the ONE that most closely fits)**

- ( ) ICF/MR (Intermediate Care Facility)
- ( ) Group or Shared Living (3+ clients/individuals with 24/7)
- ( ) Shared or Supported Living (1 or 2 clients/individuals with 24/7)
- (x) Mentor Home/ Host Home
- ( ) Group or Shared Living (3+ clients/individuals with less than 24/7)
- ( ) Shared or Supported Living (1 or 2 clients/individuals with less than 24/7)
- ( ) Home Health Agency Services
- ( ) Family/School/Home Based Supports (periodic services less than 24/7)
- ( ) Clinical/Outpatient Therapy/Rehab (OT, PT, Speech)
- ( ) Day Program
- ( ) Supported Employment/Vocational
- ( ) School
- ( ) Brokerage/Case Management (non-residential)

SECTION C: INCIDENT INFORMATION

17. Date & Time of Incident: [redacted]

18. First Reported to MENTOR NETWORK: [redacted]
By: *(Name & Title)* [redacted] CC

19. Location of Incident: *(check one)*

- ( ) Mentor Home ( ) Primary ( ) Respite
  Mentor Name:
  # of Clients/Individuals Living in Home:
- ( ) Client/Individual's Residence (group home, ICF, apt)
- ( ) Client/Individual's Biological Family/Guardian Home
- ( ) Day Program
- ( ) School
- ( ) Client/Individual's Place of Employment
- ( ) Vehicle
- ( ) Program Office
- ( ) Community
- (x) Other: **Hospital**

20. Outcome of Incident: *(check all that apply)*

- [ ] Remain in Current Placement
- [ ] Placement Decision Pending
- [ ] Client/Individual Placed in Respite
- [ ] Placement Disrupted (i.e. Client/Individual transferred to new home/ program/placement **within** MENTOR NETWORK)
- [ ] Discharged from MENTOR NETWORK
- [ ] Temporarily or Permanently Closed Mentor Home
- [ ] Emergency Psychiatric Evaluation (no hospitalization)
- [ ] Emergency Psychiatric Hospitalization
- [ ] Emergency Medical Hospitalization
- [ ] In-school suspension
- [ ] School Suspension/Expulsion
- [ ] Client/Individual Arrest/Detention
- [x] Death
- [ ] Other:

21. **Summarize in 2-3 sentences the key aspects of the incident for entry into Risk Management database.**

** Client died in the hospital as a result of RSV and pneumonia.

Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 2

Client/Individual Name: [redacted] **Log #:** [redacted]

SECTION D: INCIDENT DESCRIPTORS (check all that apply)

DEATH (death of client/individual is a **Level 4** incident):
(x) Expected Death of Client/Individual
( ) Unexpected Death of Client/Individual

CLIENT/INDIVIDUAL ELOPEMENT/AWOL:
( ) Located at the Time of the Incident Report
( ) Unable to Locate at the Time of the Incident Report
( ) Other:

CARE-TAKER MISCONDUCT:
(Suspected, Alleged or Confirmed)

Caretaker:
[ ] Mentor
[ ] Mentor Family Member
[ ] Staff
[ ] Other Caretaker:

Alleged Misconduct:
[ ] Sexual Boundary/Abuse
[ ] Verbal or Emotional Abuse
[ ] Physical Assault/Abuse
[ ] Corporal/Inappropriate Punishment
[ ] Inappropriate Use of Restraint/Physical Intervention
[ ] Neglect
[ ] Inadequate Supervision
[ ] Criminal Arrest of Caretaker
[ ] Alcohol/Drug Use by Caretaker
[ ] Misuse of Client/Individual's Funds
[ ] Misappropriation/Destruction of Client/Individual Personal Property
[ ] Other:

SUICIDAL CLIENT/INDIVIDUAL:
[ ] Suicidal Threats or Verbalizations
[ ] Suicidal Attempt or Gesture

SEXUAL ASSAULT OR INAPPROPRIATE SEXUAL BEHAVIOR BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ]To Mentor's Family Member
[ ] To Other Third Party

PHYSICAL ASSAULTS BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ]To Mentor's Family Member
[ ] To Other Third Party
[ ]To Animals (animal cruelty)

CLIENT/INDIVIDUAL BEHAVIORAL:
[ ] Self-Injurious Behavior
[ ] Mental Health De-compensation
[ ] Oppositional Behaviors
[ ] Inappropriate Sexual Comments/Threats
[ ] Verbal Threats of Violence
[ ] Exhibitionism/Public Masturbation

MEDICATION INCIDENTS:
[ ] Medication Error
[ ] Missing Controlled Substances
[ ] Serious Adverse Reaction to Medication

MEDICAL INCIDENTS:
[ ] Illness Requiring Medical Treatment
[ ] Deterioration in Existing Medical Condition
[ ] Pregnancy
[ ] Seizure Requiring Emergency Treatment
[ ] UTI
[ ] Bowel Impaction
[ ] Pneumonia
[ ] Pressure Sores
[ ] Other:

CLIENT/INDIVIDUAL INJURY BY:
[ ] Physical Assault by Third Party/Other Individual in our car
[ ] Sexual Assault by Third Party/Other Individual in our care
[ ] Theft by Third Party
[ ] Fall
[ ] Choking
[ ] Bathing/Scalding Related Injuries
[ ] Other Burns
[ ] Vehicle
[ ] Swimming/Near Drowning
[ ] Other Accidental Injury:

EXPOSURE CONTROL INCIDENTS:
[ ] Client/Individual Exposed to Blood Borne Pathogens
[ ] Client/Individual Exposed Third Party to Blood Borne Pathogens

PROPERTY DAMAGE BY CLIENT/INDIVIDUAL:
[ ] Property Damage Under $1,000
[ ] Property Damage Over $1,000
[ ] Vehicle Theft
[ ] Fire Setting
[ ] Theft/Shoplifting
[ ] Other:

POSSESSION OF PROHIBITED MATERIALS: (Defined per client/individual/program)
[ ] Possession of Prohibited Materials (i.e., alcohol, lighter, weapon, pornography, illicit drugs, etc.)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 3

SECTION E: PROGRAMMATIC RESPONSE (Check all that apply)

[ ] Counseling/Training for Staff/Mentor
[ ] ISP/Supervision/Behavioral Plan Developed with Client/Individual
[ ] Internal Investigation Underway
Interventions:
[ ]Physical
[ ]Mechanical
[ ]Seclusions
[ ]Chemical
[ ]Law Enforcement

[ ] Reported to Adult/Child Protective Services
Date:
( ) Substantiated ( ) Unsubstantiate

[x] Licensing Notified
Date:

[x] Funding Source Notified
Date:
[ ] Family Notified
Date:
[x] Guardian Notified
Date:
[ ] Law Enforcement/Probation Notified
Date:

Client/Individual Name: **Log #:**

22. SECTION F: CLIENT/INDIVIDUAL HISTORY / DIAGNOSES

List Client/Individual's current medical and psychiatric diagnoses, behavioral history (e.g. sexually abused, physically aggressive, running, confabulation, etc.), medical history (e.g. seizures, diabetes, etc.) and medications.

Medical diagnoses: Hypoxic ischemic encephalopathy; seizure disorder; cortical blindness; temperature instability; NAS; scoliosis; Hypertonicity; GER; anemia; oral motor dysfunction; GT/nissen; microcephaly; umbilical hernia, self-resolving; RSV; pneumonia. Current medications: Reglan; Phenobarbital; Polyvisol; Diazepam; Albuterol; Miralax; Robinal; Zantac; Baclofen; Keppra; Flovent; Atrovent.

23. SECTION G: ANTECEDENT EVENTS

Briefly describe the Client/Individual's condition and activities prior and leading up to this incident.

Mentor, , reported that was admitted to the Hospital Center on and was diagnosed with RSV and pneumonia. On a Do Not Resuscitate/Do Not Intubate order was put into place by the courts. This decision was made based on frequent intubations; deteriorating medical condition; and quality of life issues. Therefore, was provided with palliative care only.

24. SECTION H: INCIDENT NARRATIVE

Describe IN DETAIL the incident in chronological order. Include who, what, where, when and how. Provide information on alleged injuries, interventions and current status. Report involvement of other parties such as law enforcement, emergency medical services, etc. Include sources of information (e.g. "Mentor reported..." or "Staff observed..."). When using names, include title and/or affiliation (i.e. Joan Smith, DCFS Case Manager.).

, Clinical Coordinator, reported that died at Hospital at on . Clinical Coordinator and , Nurse Specialist, were with the mentor and the mentor's extended family at the hospital at the time of death. This writer notified , Program Manager, and , Nurse Specialist Supervisor, of this incident. DSS worker, , was present at the hospital earlier on and was aware of expected death.

Continue on an additional sheet if necessary. DO NOT WRITE ON BACK OF PAGE)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review			Page 4
SECTION I: REVIEWS / SIGNATURES			
Signature of Person Completing Form	**Print Name**	**Title** Clinical Super.	**Date**
Signature of Manager/Director	**Print Name**	**Title** PM	**Date**
Signature	**Print Name**	**Title**	**Date**
Signature	**Print Name**	**Title**	**Date**
Signature of State Director (Level 3 and 4 only)	**Print Name**	**Title** SD	**Date**

THE MENTOR NETWORK - INCIDENT REPORT
Attorney/Client Privileged and Confidential: Risk Management/Peer Review **Page 1**

Please PRINT Clearly or Type in Legible Font (10-12) - DO NOT Leave Blanks. Complete All Boxes.

SECTION A: CLIENT/INDIVIDUAL INFORMATION

1. Client/Individual's Name: [redacted]
2. Level: ( ) 1 ( ) 2 ( ) 3 (x) 4
3. Guardian: (x) Self ( ) State ( ) Parent(s) ( ) Other:
4. Log #: [redacted]
5. DOB: [redacted]
6. Age: 1 Months
7. Gender: [redacted]
8. Population: ( ) Adult (18+) (x) Child
9. Service Category: *(Check one)*
   - (x) Behavioral Health
   - ( ) Juvenile Justice
   - ( ) Medically Complex
   - ( ) MR/DD
   - ( ) MR/DD Offender
   - ( ) Acquired Brain Injury
   - ( ) Elder Care
   - ( ) Mental Illness
   - ( ) MR/MI
   - ( ) Education
   - ( ) Other:
10. Date of Admission to MENTOR NETWORK: [redacted]
11. Length of Current Placement/Services:

SECTION B: PROGRAM INFORMATION

12. State: [redacted]
13. City: [redacted]
14. **If Acquisition/Partner, specify company name:**
15. Program Name: **Child Protective Services**
16. Service Setting/Model: **(check the ONE that most closely fits)**
   - ( ) ICF/MR (Intermediate Care Facility)
   - ( ) Group or Shared Living (3+ clients/individuals with 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with 24/7)
   - (x) Mentor Home/ Host Home
   - ( ) Group or Shared Living (3+ clients/individuals with less than 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with less than 24/7)
   - ( ) Home Health Agency Services
   - ( ) Family/School/Home Based Supports (periodic services less than 24/7)
   - ( ) Clinical/Outpatient Therapy/Rehab (OT, PT, Speech)
   - ( ) Day Program
   - ( ) Supported Employment/Vocational
   - ( ) School
   - ( ) Brokerage/Case Management (non-residential)

SECTION C: INCIDENT INFORMATION

17. Date & Time of Incident: [redacted]
18. First Reported to MENTOR NETWORK: [redacted]
   By: *(Name & Title)* [redacted] Mentor
19. Location of Incident: *(check one)*
   - (x) Mentor Home (x) Primary ( ) Respite
     Mentor Name: [redacted]
     # of Clients/Individuals Living in Home: 3
   - ( ) Client/Individual's Residence (group home, ICF, apt)
   - ( ) Client/Individual's Biological Family/Guardian Home
   - ( ) Day Program
   - ( ) School
   - ( ) Client/Individual's Place of Employment
   - ( ) Vehicle
   - ( ) Program Office
   - ( ) Community
   - ( ) Other:
20. Outcome of Incident: *(check all that apply)*
   - [ ] Remain in Current Placement
   - [ ] Placement Decision Pending
   - [ ] Client/Individual Placed in Respite
   - [ ] Placement Disrupted (i.e. Client/Individual transferred to new home/ program/placement within MENTOR NETWORK)
   - [ ] Discharged from MENTOR NETWORK
   - [ ] Temporarily or Permanently Closed Mentor Home
   - [ ] Emergency Psychiatric Evaluation (no hospitalization)
   - [ ] Emergency Psychiatric Hospitalization
   - [ ] Emergency Medical Hospitalization
   - [ ] In-school suspension
   - [ ] School Suspension/Expulsion
   - [ ] Client/Individual Arrest/Detention
   - [x] Death
   - [ ] Other:
21. **Summarize in 2-3 sentences the key aspects of the incident for entry into Risk Management database.**

** When the mentor's adult daughter, [redacted] brought a bottle to client, [redacted] was not breathing. [redacted] called the mentor to call 911 and began CPR. Paramedics revived client, but [redacted] died at [redacted] Hospital shortly after arrival.

Attorney/Client Privileged and Confidential: Risk Management/Peer Review — Page 2

Client/Individual Name: [redacted] Log #: [redacted]

SECTION D: INCIDENT DESCRIPTORS (check all that apply)

DEATH (death of client/individual is a **Level 4** incident):
( ) Expected Death of Client/Individual
(x) Unexpected Death of Client/Individual

CLIENT/INDIVIDUAL ELOPEMENT/AWOL:
( ) Located at the Time of the Incident Report
( ) Unable to Locate at the Time of the Incident Report
( ) Other:

CLIENT/INDIVIDUAL BEHAVIORAL:
[ ] Self-Injurious Behavior
[ ] Mental Health De-compensation
[ ] Oppositional Behaviors
[ ] Inappropriate Sexual Comments/Threats
[ ] Verbal Threats of Violence
[ ] Exhibitionism/Public Masturbation

CARE-TAKER MISCONDUCT:
(Suspected, Alleged or Confirmed)

Caretaker:
[ ] Mentor
[ ] Mentor Family Member
[ ] Staff
[ ] Other Caretaker:

Alleged Misconduct:
[ ] Sexual Boundary/Abuse
[ ] Verbal or Emotional Abuse
[ ] Physical Assault/Abuse
[ ] Corporal/Inappropriate Punishment
[ ] Inappropriate Use of Restraint/Physical Intervention
[ ] Neglect
[ ] Inadequate Supervision
[ ] Criminal Arrest of Caretaker
[ ] Alcohol/Drug Use by Caretaker
[ ] Misuse of Client/Individual's Funds
[ ] Misappropriation/Destruction of Client/Individual Personal Property
[ ] Other:

MEDICATION INCIDENTS:
[ ] Medication Error
[ ] Missing Controlled Substances
[ ] Serious Adverse Reaction to Medication

MEDICAL INCIDENTS:
[ ] Illness Requiring Medical Treatment
[ ] Deterioration in Existing Medical Condition
[ ] Pregnancy
[ ] Seizure Requiring Emergency Treatment
[ ] UTI
[ ] Bowel Impaction
[ ] Pneumonia
[ ] Pressure Sores
[ ] Other:

CLIENT/INDIVIDUAL INJURY BY:
[ ] Physical Assault by Third Party/Other Individual in our car
[ ] Sexual Assault by Third Party/Other Individual in our care
[ ] Theft by Third Party
[ ] Fall
[ ] Choking
[ ] Bathing/Scalding Related Injuries
[ ] Other Burns
[ ] Vehicle
[ ] Swimming/Near Drowning
[ ] Other Accidental Injury:

SUICIDAL CLIENT/INDIVIDUAL:
[ ] Suicidal Threats or Verbalizations
[ ] Suicidal Attempt or Gesture

EXPOSURE CONTROL INCIDENTS:
[ ] Client/Individual Exposed to Blood Borne Pathogens
[ ] Client/Individual Exposed Third Party to Blood Borne Pathogens

SEXUAL ASSAULT OR INAPPROPRIATE SEXUAL BEHAVIOR BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ]To Mentor's Family Member
[ ] To Other Third Party

PROPERTY DAMAGE BY CLIENT/INDIVIDUAL:
[ ] Property Damage Under $1,000
[ ] Property Damage Over $1,000
[ ] Vehicle Theft
[ ] Fire Setting
[ ] Theft/Shoplifting
[ ] Other:

PHYSICAL ASSAULTS BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ]To Mentor's Family Member
[ ] To Other Third Party
[ ]To Animals (animal cruelty)

POSSESSION OF PROHIBITED MATERIALS: (Defined per client/individual/program)
[ ] Possession of Prohibited Materials (i.e., alcohol, lighter, weapon, pornography, illicit drugs, etc.)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 3

SECTION E: PROGRAMMATIC RESPONSE (Check all that apply)

[ ] Counseling/Training for Staff/Mentor
[ ] ISP/Supervision/Behavioral Plan Developed with Client/Individual
[ ] Internal Investigation Underway
Interventions:
[ ]Physical
[ ]Mechanical
[ ]Seclusions
[ ]Chemical
[ ]Law Enforcement

[ ] Reported to Adult/Child Protective Services
Date:
( ) Substantiated ( ) Unsubstantiate
[ ] Licensing Notified
Date:

[ ] Funding Source Notified
Date:
[ ] Family Notified
Date:
[ ] Guardian Notified
Date:
[ ] Law Enforcement/Probation Notified
Date:

Client/Individual Name: [redacted] **Log #:** [redacted]

22. **SECTION F: CLIENT/INDIVIDUAL HISTORY / DIAGNOSES**

List Client/Individual's current medical and psychiatric diagnoses, behavioral history (e.g. sexually abused, physically aggressive, running, confabulation, etc.), medical history (e.g. seizures, diabetes, etc.) and medications.

No medical history. [redacted] and [redacted] birth mother tested positive for cocaine at [redacted] birth. [redacted] had experienced fussiness and colic during the night for the two months of [redacted] life. [redacted] had been seen by a pediatrician, and no abnormalities were reported.

23. **SECTION G: ANTECEDENT EVENTS**

Briefly describe the Client/Individual's condition and activities prior and leading up to this incident.

[redacted] had been fussy "as usual" during the night and finally slept "around [redacted] Mentor, [redacted], went to work, and her adult daughter, approved for respite, was present in the home. [redacted] had been home also, but left for the store when the incident occurred.

24. **SECTION H: INCIDENT NARRATIVE**

Describe IN DETAIL the incident in chronological order. Include who, what, where, when and how. Provide information on alleged injuries, interventions and current status. Report involvement of other parties such as law enforcement, emergency medical services, etc. Include sources of information (e.g. "Mentor reported..." or "Staff observed..."). When using names, include title and/or affiliation (i.e. Joan Smith, DCFS Case Manager.).

At around [redacted] brought [redacted] a bottle and discovered that [redacted] was not breathing. [redacted] called her mother at work so she would call 911, and [redacted] began CPR. [redacted] rushed home from work. The paramedics arrived at the home and continued CPR for over 30 minutes in their rescue vehicle. [redacted] reached CC, [redacted], who called PM, [redacted]. The baby was allegedly resuscitated and then taken to [redacted] Hospital by ambulance. [redacted] also went to the hospital, and [redacted] was pronounced dead at [redacted] [redacted] representative [redacted] called PM for a safety plan for the other children in the home. Since one of the other babies in the home is recovering from open-heart surgery, PM wanted to preserve the placement and not add any further stress to [redacted] When the hospital personnel named SIDs as the preliminary findings of cause of death and law enforcement reported no evidence or signs of abuse or neglect, PM and [redacted] agreed on the safety plan of keeping the other two babies in the home with the restriction that [redacted] would NOT be alone to give care to them until the investigation was completed. PM personally visited the [redacted] home, offered condolences, discussed incident, and explained the safety plan t the whole family. CC will follow up with weekly visits to the home. (Continue on additional sheet if necessary. DO NOT WRITE ON BACK OF PAGE)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review			Page 4
SECTION I: REVIEWS / SIGNATURES			
Signature of Person Completing Form	Print Name	Title	Date
Signature of Manager/Director	Print Name	Title	Date
Signature	Print Name	Title	Date
Signature	Print Name	Title	Date
Signature of State Director (Level 3 and 4 only)	Print Name	Title	Date

THE MENTOR NETWORK - INCIDENT REPORT
Attorney/Client Privileged and Confidential: Risk Management/Peer Review — Page 1

Please PRINT Clearly or Type In Legible Font (10-12) - DO NOT Leave Blanks. Complete All Boxes.

SECTION A: CLIENT/INDIVIDUAL INFORMATION

1. Client/Individual's Name: [redacted]
2. Level: ( ) 1 ( ) 2 ( ) 3 (x) 4
3. Guardian: ( ) Self (x) State ( ) Parent(s) ( ) Other:
4. Log #: [redacted]
5. DOB: [redacted]
6. Age: 21 Years 3 M
7. Gender: [redacted]
8. Population: (x) Adult (18+) ( ) Child
9. Service Category: *(Check one)*
   - (x) Behavioral Health
   - ( ) Juvenile Justice
   - ( ) Medically Complex
   - ( ) MR/DD
   - ( ) MR/DD Offender
   - ( ) Acquired Brain Injury
   - ( ) Elder Care
   - ( ) Mental Illness
   - ( ) MR/MI
   - ( ) Education
   - ( ) Other:
10. Date of Admission to MENTOR NETWORK: [redacted]
11. Length of Current Placement/Services: 2 Days

SECTION B: PROGRAM INFORMATION

12. State: [redacted]
13. City: [redacted]
14. If Acquisition/Partner, specify company name:
15. Program Name: Children's Services
16. Service Setting/Model: (check the ONE that most closely fits)
   - ( ) ICF/MR (Intermediate Care Facility)
   - ( ) Group or Shared Living (3+ clients/individuals with 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with 24/7)
   - (x) Mentor Home/ Host Home
   - ( ) Group or Shared Living (3+ clients/individuals with less than 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with less than 24/7)
   - ( ) Home Health Agency Services
   - ( ) Family/School/Home Based Supports (periodic services less than 24/7)
   - ( ) Clinical/Outpatient Therapy/Rehab (OT, PT, Speech)
   - ( ) Day Program
   - ( ) Supported Employment/Vocational
   - ( ) School
   - ( ) Brokerage/Case Management (non-residential)

SECTION C: INCIDENT INFORMATION

17. Date & Time of Incident: [redacted]
18. First Reported to MENTOR NETWORK: [redacted]
   By: *(Name & Title)* [redacted] Foster Parent
19. Location of Incident: *(check one)*
   - ( ) Mentor Home ( ) Primary ( ) Respite
   - **Mentor Name:**
   - **# of Clients/Individuals Living In Home:**
   - ( ) Client/Individual's Residence (group home, ICF, apt)
   - ( ) Client/Individual's Biological Family/Guardian Home
   - ( ) Day Program
   - ( ) School
   - ( ) Client/Individual's Place of Employment
   - ( ) Vehicle
   - ( ) Program Office
   - (x) Community
   - ( ) Other:
20. Outcome of Incident: *(check all that apply)*
   - [ ] Remain in Current Placement
   - [ ] Placement Decision Pending
   - [ ] Client/Individual Placed in Respite
   - [ ] Placement Disrupted (i.e. Client/Individual transferred to new home/ program/placement within MENTOR NETWORK)
   - [ ] Discharged from MENTOR NETWORK
   - [ ] Temporarily or Permanently Closed Mentor Home
   - [ ] Emergency Psychiatric Evaluation (no hospitalization)
   - [ ] Emergency Psychiatric Hospitalization
   - [ ] Emergency Medical Hospitalization
   - [ ] In-school suspension
   - [ ] School Suspension/Expulsion
   - [ ] Client/Individual Arrest/Detention
   - [x] Death
   - [ ] Other:
21. **Summarize in 2-3 sentences the key aspects of the incident for entry into Risk Management database.**

   **Client had a seizure while on vacation with foster parents. [redacted] died at the hospital.

Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 2

Client/Individual Name: [redacted] **Log #:** [redacted]

SECTION D: INCIDENT DESCRIPTORS (check all that apply)

DEATH (death of client/individual is a Level 4 incident):
( ) Expected Death of Client/Individual
(x) Unexpected Death of Client/Individual

CLIENT/INDIVIDUAL ELOPEMENT/AWOL:
( ) Located at the Time of the Incident Report
( ) Unable to Locate at the Time of the Incident Report
( ) Other:

CLIENT/INDIVIDUAL BEHAVIORAL:
[ ] Self-Injurious Behavior
[ ] Mental Health De-compensation
[ ] Oppositional Behaviors
[ ] Inappropriate Sexual Comments/Threats
[ ] Verbal Threats of Violence
[ ] Exhibitionism/Public Masturbation

CARE-TAKER MISCONDUCT:
(Suspected, Alleged or Confirmed)

Caretaker:
[ ] Mentor
[ ] Mentor Family Member
[ ] Staff
[ ] Other Caretaker:

Alleged Misconduct:
[ ] Sexual Boundary/Abuse
[ ] Verbal or Emotional Abuse
[ ] Physical Assault/Abuse
[ ] Corporal/Inappropriate Punishment
[ ] Inappropriate Use of Restraint/Physical Intervention
[ ] Neglect
[ ] Inadequate Supervision
[ ] Criminal Arrest of Caretaker
[ ] Alcohol/Drug Use by Caretaker
[ ] Misuse of Client/Individual's Funds
[ ] Misappropriation/Destruction of Client/Individual Personal Property
[ ] Other:

MEDICATION INCIDENTS:
[ ] Medication Error
[ ] Missing Controlled Substances
[ ] Serious Adverse Reaction to Medication

MEDICAL INCIDENTS:
[ ] Illness Requiring Medical Treatment
[ ] Deterioration in Existing Medical Condition
[ ] Pregnancy
[x] Seizure Requiring Emergency Treatment
[x] UTI
[ ] Bowel Impaction
[ ] Pneumonia
[ ] Pressure Sores
[ ] Other:

CLIENT/INDIVIDUAL INJURY BY:
[ ] Physical Assault by Third Party/Other Individual in our car
[ ] Sexual Assault by Third Party/Other Individual in our care
[ ] Theft by Third Party
[ ] Fall
[ ] Choking
[ ] Bathing/Scalding Related Injuries
[ ] Other Burns
[ ] Vehicle
[ ] Swimming/Near Drowning
[ ] Other Accidental Injury:

SUICIDAL CLIENT/INDIVIDUAL:
[ ] Suicidal Threats or Verbalizations
[ ] Suicidal Attempt or Gesture

EXPOSURE CONTROL INCIDENTS:
[ ] Client/Individual Exposed to Blood Borne Pathogens
[ ] Client/Individual Exposed Third Party to Blood Borne Pathogens

SEXUAL ASSAULT OR INAPPROPRIATE SEXUAL BEHAVIOR BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ]To Mentor's Family Member
[ ] To Other Third Party

PROPERTY DAMAGE BY CLIENT/INDIVIDUAL:
[ ] Property Damage Under $1,000
[ ] Property Damage Over $1,000
[ ] Vehicle Theft
[ ] Fire Setting
[ ] Theft/Shoplifting
[ ] Other:

PHYSICAL ASSAULTS BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ]To Mentor's Family Member
[ ] To Other Third Party
[ ]To Animals (animal cruelty)

POSSESSION OF PROHIBITED MATERIALS: (Defined per client/individual/program)
[ ] Possession of Prohibited Materials (i.e., alcohol, lighter, weapon, pornography, illicit drugs, etc.)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 3

SECTION E: PROGRAMMATIC RESPONSE (Check all that apply)

[ ] Counseling/Training for Staff/Mentor
[ ] ISP/Supervision/Behavioral Plan Developed with Client/Individual
[ ] Internal Investigation Underway
Interventions:
[ ]Physical
[ ]Mechanical
[ ]Seclusions
[ ]Chemical
[ ]Law Enforcement

[ ] Reported to Adult/Child Protective Services
Date:
( ) Substantiated ( ) Unsubstantiate
[x] Licensing Notified
Date:

[x] Funding Source Notified
Date:
[x] Family Notified
Date:
[x] Guardian Notified
Date:
[x] Law Enforcement/Probation Notified
Date:

Client/Individual Name: Log #:

22. **SECTION F: CLIENT/INDIVIDUAL HISTORY / DIAGNOSES**

List Client/Individual's current medical and psychiatric diagnoses, behavioral history (e.g. sexually abused, physically aggressive, running, confabulation, etc.), medical history (e.g. seizures, diabetes, etc.) and medications.

DX: ADHD, Moderate MR, Seizure D/O, Type 2 Diabetes and Astigmatism. RX: Lamictal, Folic Acid, Seasonale BCP Tablets, Glucophage (Metaformine) and Diazepam.

23. **SECTION G: ANTECEDENT EVENTS**

Briefly describe the Client/Individual's condition and activities prior and leading up to this incident.

had experienced an increase in the amount and intensity of seizures over the past several months, according to the medical staff at the School. medical condition had been followed through physician at the school and medications had been adjusted accordingly. In addition to daily regimen of medications, had received two pm medications while in the school. The first is a liquid Valium administered orally, to be taken if begins twitching. The second was a rectal syringe of medication to be administered if oral medication could not be given. The staff at the School only gave the foster parent the oral pm medication. The foster parent was trained by staff on what to do when had seizures, which included removing any surrounding objects near lying on back and placing a pillow under head. also had Diabetes, which was managed through diet. The foster parents administered a blood sugar test twice a day and documented blood sugar levels. They were directed to alter diet and activity level, depending on the results of blood sugar level. The foster parents were diligent in monitoring diet, adhering to a strict time schedule for eating, as well as the kinds of foods ate to keep blood sugar down. There had been no significant issues with blood sugar that day.

24. **SECTION H: INCIDENT NARRATIVE**

Describe <u>IN DETAIL</u> the incident in chronological order. Include who, what, where, when and how. Provide information on alleged injuries, interventions and current status. Report involvement of other parties such as law enforcement, emergency medical services, etc. Include sources of information (e.g. "Mentor reported..." or "Staff observed..."). When using names, include title and/or affiliation (i.e. Joan Smith, DCFS Case Manager.).

was on vacation with Mentor family, traveling through At , Mentor noticed was making some unusual sounds that often preceded a seizure. The foster parent pulled the car over into the Waffle House while he monitored in the event was going into a grand mal seizure. The foster parent said that lips turned an ashen color, which he has never observed during a seizure, so he called 911. While the ambulance was en route, they instructed the foster parent to be sure throat was not obstructed, which he did (there was no blockage). The ambulance arrived and took to Medical Center in At approximately , treating physician, informed Mentor that had passed away from the seizure. Coroner informed the Mentor that they wanted to do a full autopsy on due to being a ward of the state, and he had transferred to Center in He told Mentor that they needed authorization from a guardian to perform the autopsy and release the body. The coroner also explained that a detective would need to interview the foster parent to rule out any abuse. At MENTOR on-call worker contacted DSS on-call worker and informed her of the incident. MENTOR on-call worker [illegible] worker received a phone call from Supervisor and provided her with the same information. She was also given MENTOR Program Manager contact information. spoke with DSS supervisor throughout the day. The autopsy was concluded by late afternoon on and they ruled the death as a heart arrhythmia secondary to seizure. There was no evidence of external trauma. Detective interviewed foster parent, at approximately At the conclusion of the autopsy, Detective informed of the results and told him he was "free to go." The referring agency, made arrangements to store body at a nursing home close to the hospital while they attempted to contact mother regarding her preference for burial plans (i.e., cremation or embalmment). will make arrangements to have the body brought back to spoke with mother at approximately on sister is also in a MENTOR home and Program Manager and Clinical Coordinator went to see the sister on at to inform her of her death. also spoke with the sister that evening and paid another visit to the sister on The other children riding in the vehicle with the foster family are coping adequately, per foster parent . The foster parent will be returning to

CONFIDENTIAL PURSUANT TO SENATE RULE 26

Attorney/Client Privileged and Confidential: Risk Management/Peer Review			Page 4
SECTION I: REVIEWS / SIGNATURES			
Signature of Person Completing Form [redacted]	**Print Name**	**Title** Clinical Coordinator	**Date** [redacted]
Signature of Manager/Director [redacted], LCSW-C	**Print Name**	**Title** Program Manager	**Date** [redacted]
Signature	**Print Name**	**Title**	**Date**
Signature	**Print Name**	**Title**	**Date**
Signature of State Director (Level 3 and 4 only)	**Print Name**	**Title**	**Date**

THE MENTOR NETWORK - INCIDENT REPORT
Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 1

Please PRINT Clearly or Type in Legible Font (10-12) - DO NOT Leave Blanks. Complete All Boxes.

SECTION A: CLIENT/INDIVIDUAL INFORMATION

1. Client/Individual's Name: [redacted]
2. Level: ( ) 1 ( ) 2 ( ) 3 (x) 4
3. Guardian: ( ) Self ( ) State ( ) Parent(s) (x) Other: [redacted]
4. Log #: [redacted]
5. DOB: [redacted]
6. Age: 11 Years 1 M
7. Gender: [redacted]
8. Population: ( ) Adult (18+) (x) Child
9. Service Category: *(Check one)*
( ) Behavioral Health
( ) Juvenile Justice
(x) Medically Complex
( ) MR/DD
( ) MR/DD Offender
( ) Acquired Brain Injury
( ) Elder Care
( ) Mental Illness
( ) MR/MI
( ) Education
( ) Other:
10. Date of Admission to MENTOR NETWORK: [redacted]
11. Length of Current Placement/Services: 7 Years 11 Months

SECTION B: PROGRAM INFORMATION

12. State: [redacted]
13. City: [redacted]
14. **If Acquisition/Partner, specify company name:**
15. Program Name: TFC

16. Service Setting/Model: **(check the ONE that most closely fits)**
( ) ICF/MR (Intermediate Care Facility)
( ) Group or Shared Living (3+ clients/individuals with 24/7)
( ) Shared or Supported Living (1 or 2 clients/individuals with 24/7)
(x) Mentor Home/ Host Home
( ) Group or Shared Living (3+ clients/individuals with less than 24/7)
( ) Shared or Supported Living (1 or 2 clients/individuals with less than 24/7)
( ) Home Health Agency Services
( ) Family/School/Home Based Supports (periodic services less than 24/7)
( ) Clinical/Outpatient Therapy/Rehab (OT, PT, Speech)
( ) Day Program
( ) Supported Employment/Vocational
( ) School
( ) Brokerage/Case Management (non-residential)

SECTION C: INCIDENT INFORMATION

17. Date & Time of Incident: [redacted]
18. First Reported to MENTOR NETWORK: [redacted]
By: *(Name & Title)* [redacted] Social Worker

19. Location of Incident: *(check one)*
( ) Mentor Home ( ) Primary ( ) Respite
Mentor Name:
# of Clients/Individuals Living in Home:
( ) Client/Individual's Residence (group home, ICF, apt)
( ) Client/Individual's Biological Family/Guardian Home
( ) Day Program
( ) School
( ) Client/Individual's Place of Employment
( ) Vehicle
( ) Program Office
( ) Community
(x) Other: [redacted]

20. Outcome of Incident: *(check all that apply)*
[ ] Remain in Current Placement
[ ] Placement Decision Pending
[ ] Client/Individual Placed in Respite
[ ] Placement Disrupted (i.e. Client/Individual transferred to new home/ program/placement **within** MENTOR NETWORK)
[ ] Discharged from MENTOR NETWORK
[ ] Temporarily or Permanently Closed Mentor Home
[ ] Emergency Psychiatric Evaluation (no hospitalization)
[ ] Emergency Psychiatric Hospitalization
[ ] Emergency Medical Hospitalization
[ ] In-school suspension
[ ] School Suspension/Expulsion
[ ] Client/Individual Arrest/Detention
[x] Death
[ ] Other:

21. **Summarize in 2-3 sentences the key aspects of the incident for entry into Risk Management database.**

**On [redacted] On-call worker [redacted], was notified by [redacted], [redacted] Hospital Social Worker, that [redacted] was sick and currently at the [redacted] Medical Center [redacted] was on respite at the [redacted] ~~facility) when [redacted] became ill and transported to [redacted] was later transported to [redacted] the same day. Once~~ arriving [redacted] had internal bleeding and no pulse. [redacted] was also place on a ventilator. On [redacted] at approximately [redacted] [redacted] died.

Attorney/Client Privileged and Confidential: Risk Management/Peer Review — **Page 2**

Client/Individual Name: [redacted] **Log #** [redacted]

SECTION D: INCIDENT DESCRIPTORS (check all that apply)

DEATH (death of client/individual is a Level 4 incident):
( ) Expected Death of Client/Individual
(x) Unexpected Death of Client/Individual

CLIENT/INDIVIDUAL ELOPEMENT/AWOL:
( ) Located at the Time of the Incident Report
( ) Unable to Locate at the Time of the Incident Report
( ) Other:

CARE-TAKER MISCONDUCT:
(Suspected, Alleged or Confirmed)

Caretaker:
[ ] Mentor
[ ] Mentor Family Member
[ ] Staff
[ ] Other Caretaker:

Alleged Misconduct:
[ ] Sexual Boundary/Abuse
[ ] Verbal or Emotional Abuse
[ ] Physical Assault/Abuse
[ ] Corporal/Inappropriate Punishment
[ ] Inappropriate Use of Restraint/Physical Intervention
[ ] Neglect
[ ] Inadequate Supervision
[ ] Criminal Arrest of Caretaker
[ ] Alcohol/Drug Use by Caretaker
[ ] Misuse of Client/Individual's Funds
[ ] Misappropriation/Destruction of Client/Individual Personal Property
[ ] Other:

SUICIDAL CLIENT/INDIVIDUAL:
[ ] Suicidal Threats or Verbalizations
[ ] Suicidal Attempt or Gesture

SEXUAL ASSAULT OR INAPPROPRIATE SEXUAL BEHAVIOR BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party

PHYSICAL ASSAULTS BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party
[ ] To Animals (animal cruelty)

CLIENT/INDIVIDUAL BEHAVIORAL:
[ ] Self-Injurious Behavior
[ ] Mental Health De-compensation
[ ] Oppositional Behaviors
[ ] Inappropriate Sexual Comments/Threats
[ ] Verbal Threats of Violence
[ ] Exhibitionism/Public Masturbation

MEDICATION INCIDENTS:
[ ] Medication Error
[ ] Missing Controlled Substances
[ ] Serious Adverse Reaction to Medication

MEDICAL INCIDENTS:
[ ] Illness Requiring Medical Treatment
[ ] Deterioration in Existing Medical Condition
[ ] Pregnancy
[ ] Seizure Requiring Emergency Treatment
[ ] UTI
[ ] Bowel Impaction
[ ] Pneumonia
[ ] Pressure Sores
[ ] Other:

CLIENT/INDIVIDUAL INJURY BY:
[ ] Physical Assault by Third Party/Other Individual in our car
[ ] Sexual Assault by Third Party/Other Individual in our care
[ ] Theft by Third Party
[ ] Fall
[ ] Choking
[ ] Bathing/Scalding Related Injuries
[ ] Other Burns
[ ] Vehicle
[ ] Swimming/Near Drowning
[ ] Other Accidental Injury:

EXPOSURE CONTROL INCIDENTS:
[ ] Client/Individual Exposed to Blood Borne Pathogens
[ ] Client/Individual Exposed Third Party to Blood Borne Pathogens

PROPERTY DAMAGE BY CLIENT/INDIVIDUAL:
[ ] Property Damage Under $1,000
[ ] Property Damage Over $1,000
[ ] Vehicle Theft
[ ] Fire Setting
[ ] Theft/Shoplifting
[ ] Other:

POSSESSION OF PROHIBITED MATERIALS: (Defined per client/individual/program)

[ ] Possession of Prohibited Materials (i.e., alcohol, lighter, weapon, pornography, illicit drugs, etc.)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 3

SECTION E: PROGRAMMATIC RESPONSE (Check all that apply)

[ ] Counseling/Training for Staff/Mentor
[ ] ISP/Supervision/Behavioral Plan Developed with Client/Individual
[ ] Internal Investigation Underway
Interventions:
- [ ]Physical
- [ ]Mechanical
- [ ]Seclusions
- [ ]Chemical
- [ ]Law Enforcement

[ ] Reported to Adult/Child Protective Services
Date:
( ) Substantiated ( ) Unsubstantiate
[ ] Licensing Notified
Date:

[x] Funding Source Notified
Date: [redacted]
[ ] Family Notified
Date:
[x] Guardian Notified
Date: [redacted]
[ ] Law Enforcement/Probation Notified
Date:

Client/Individual Name: [redacted] **Log #:** [redacted]

22. SECTION F: CLIENT/INDIVIDUAL HISTORY / DIAGNOSES

List Client/Individual's current medical and psychiatric diagnoses, behavioral history (e.g. sexually abused, physically aggressive, running, confabulation, etc.), medical history (e.g. seizures, diabetes, etc.) and medications.

Severe MR, Hypoxic Ischemic Encephalopathy, Seizure Disorder, and Blindness. G-Tube Dependent, Has a Trachea, and is Bedridden. The client has a Apnea Monitor. Meds: Transderm Patch, Phenobarbital, Clonazepam, Baclofen, Multivitamin, and Keppra.

23. SECTION G: ANTECEDENT EVENTS

Briefly describe the Client/Individual's condition and activities prior and leading up to this incident.

24. SECTION H: INCIDENT NARRATIVE

Describe IN DETAIL the incident in chronological order. Include who, what, where, when and how. Provide information on alleged injuries, interventions and current status. Report involvement of other parties such as law enforcement, emergency medical services, etc. Include sources of information (e.g. "Mentor reported..." or "Staff observed..."). When using names, include title and/or affiliation (i.e. Joan Smith, DCFS Case Manager.).

On [redacted] at approximately [redacted] on-call coordinator [redacted] received a call from [redacted], [redacted] social worker, that the client had become gevely ill and was admitted to [redacted] Medical Center in [redacted] The social worker also reported that the client was sick the day before and was taken to [redacted]. [redacted] was treated and later released that same day. [redacted] became ill a second time and was transported to [redacted] again on [redacted] and was later sent to [redacted] Medical Center for additional treatment the same day. Once arriving at [redacted] the client was experiencing internal bleeding, respiratory distress, and no pulse. [redacted] was given medication to increase blood clotting and to assist with [redacted] blood pressure. The client was also on a ventilator. [redacted], hospital social worker, spoke with PM, [redacted] on [redacted] and informed her that the client was gravely ill and [redacted] family needed to be contacted immediately to assist with making medical decisions [redacted] also spoke with the nurse, [redacted], and was informed that [redacted] would probably not make it through the night. On [redacted] [redacted] received a call from [redacted] daughter, [redacted] informing her that the client died at [redacted] She reported that [redacted] heart stopped beating. Even though [redacted] were on a cruise in the Bahamas, they were notified on [redacted] and were able to speak with hospital officials and made decisions concerning the client's treatment. The [redacted] have a court order giving them permanent and legal custody of the client.

(DO NOT WRITE ON BACK OF PAGE)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review			Page 4
SECTION I: REVIEWS / SIGNATURES			
Signature of Person Completing Form	Print Name	Title PM	Date
Signature of Manager/Director	Print Name	Title Deputy State Dir.	Date
Signature	Print Name	Title State Dir.	Date
Signature	Print Name	Title	Date
Signature of State Director (Level 3 and 4 only)	Print Name	Title	Date

THE MENTOR NETWORK - INCIDENT REPORT
Attorney/Client Privileged and Confidential: Risk Management/Peer Review — **Page 1**

Please PRINT Clearly or Type in Legible Font (10-12) - DO NOT Leave Blanks. Complete All Boxes.

SECTION A: CLIENT/INDIVIDUAL INFORMATION

1. Client/Individual's Name: [redacted]
2. Level: ( ) 1 ( ) 2 ( ) 3 (x) 4
3. Guardian: ( ) Self (x) State ( ) Parent(s) ( ) Other:
4. Log #: [redacted]
5. DOB: [redacted]
6. Age: 11 Years 1 M
7. Gender: [redacted]
8. Population: ( ) Adult (18+) (x) Child
9. Service Category: ***(Check one)***
   - (x) Behavioral Health
   - ( ) Juvenile Justice
   - ( ) Medically Complex
   - ( ) MR/DD
   - ( ) MR/DD Offender
   - ( ) Acquired Brain Injury
   - ( ) Elder Care
   - ( ) Mental Illness
   - ( ) MR/MI
   - ( ) Education
   - ( ) Other:
10. Date of Admission to MENTOR NETWORK: [redacted]
11. Length of Current Placement/Services: * Years 6 Months 17 Days

SECTION B: PROGRAM INFORMATION

12. State: [redacted]
13. City: [redacted]
14. **If Acquisition/Partner, specify company name:**
15. Program Name: **Child Protective Services**
16. Service Setting/Model: **(check the ONE that most closely fits)**
   - ( ) ICF/MR (Intermediate Care Facility)
   - ( ) Group or Shared Living (3+ clients/individuals with 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with 24/7)
   - (x) Mentor Home/ Host Home
   - ( ) Group or Shared Living (3+ clients/individuals with less than 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with less than 24/7)
   - ( ) Home Health Agency Services
   - ( ) Family/School/Home Based Supports (periodic services less than 24/7)
   - ( ) Clinical/Outpatient Therapy/Rehab (OT, PT, Speech)
   - ( ) Day Program
   - ( ) Supported Employment/Vocational
   - ( ) School
   - ( ) Brokerage/Case Management (non-residential)

SECTION C: INCIDENT INFORMATION

17. Date & Time of Incident: [redacted]
18. First Reported to MENTOR NETWORK: [redacted]
    By: *(Name & Title)* [redacted] CPS Caseworker
19. Location of Incident: ***(check one)***
   - ( ) Mentor Home ( ) Primary ( ) Respite
     Mentor Name:
     # of Clients/Individuals Living in Home:
   - ( ) Client/Individual's Residence (group home, ICF, apt)
   - ( ) Client/Individual's Biological Family/Guardian Home
   - ( ) Day Program
   - ( ) School
   - ( ) Client/Individual's Place of Employment
   - ( ) Vehicle
   - ( ) Program Office
   - ( ) Community
   - (x) Other: [redacted] Hospital
20. Outcome of Incident: ***(check all that apply)***
   - [ ] Remain in Current Placement
   - [ ] Placement Decision Pending
   - [ ] Client/Individual Placed in Respite
   - [ ] Placement Disrupted (i.e. Client/Individual transferred to new home/ program/placement **within** MENTOR NETWORK)
   - [ ] Discharged from MENTOR NETWORK
   - [ ] Temporarily or Permanently Closed Mentor Home
   - [ ] Emergency Psychiatric Evaluation (no hospitalization)
   - [ ] Emergency Psychiatric Hospitalization
   - [ ] Emergency Medical Hospitalization
   - [ ] In-school suspension
   - [ ] School Suspension/Expulsion
   - [ ] Client/Individual Arrest/Detention
   - [x] Death
   - [ ] Other:
21. **Summarize in 2-3 sentences the key aspects of the incident for entry into Risk Management database.**

** [redacted] had seizures requiring Paramedic transport to the hospital. [redacted] was on life support since [redacted]. Brain scan detected that [redacted] was brain dead on [redacted]

Attorney/Client Privileged and Confidential: Risk Management/Peer Review **Page 2**

Client/Individual Name: [redacted] **Log #:** [redacted]

SECTION D: INCIDENT DESCRIPTORS (check all that apply)

DEATH (death of client/individual is a Level 4 incident):
(x) Expected Death of Client/Individual
( ) Unexpected Death of Client/Individual

CLIENT/INDIVIDUAL ELOPEMENT/AWOL:
( ) Located at the Time of the Incident Report
( ) Unable to Locate at the Time of the Incident Report
( ) Other:

CLIENT/INDIVIDUAL BEHAVIORAL:
[ ] Self-Injurious Behavior
[ ] Mental Health De-compensation
[ ] Oppositional Behaviors
[ ] Inappropriate Sexual Comments/Threats
[ ] Verbal Threats of Violence
[ ] Exhibitionism/Public Masturbation

CARE-TAKER MISCONDUCT:
(Suspected, Alleged or Confirmed)

Caretaker:
[ ] Mentor
[ ] Mentor Family Member
[ ] Staff
[ ] Other Caretaker:

Alleged Misconduct:
[ ] Sexual Boundary/Abuse
[ ] Verbal or Emotional Abuse
[ ] Physical Assault/Abuse
[ ] Corporal/Inappropriate Punishment
[ ] Inappropriate Use of Restraint/Physical Intervention
[ ] Neglect
[ ] Inadequate Supervision
[ ] Criminal Arrest of Caretaker
[ ] Alcohol/Drug Use by Caretaker
[ ] Misuse of Client/Individual's Funds
[ ] Misappropriation/Destruction of Client/Individual Personal Property
[ ] Other:

MEDICATION INCIDENTS:
[ ] Medication Error
[ ] Missing Controlled Substances
[ ] Serious Adverse Reaction to Medication

MEDICAL INCIDENTS:
[ ] Illness Requiring Medical Treatment
[ ] Deterioration in Existing Medical Condition
[ ] Pregnancy
[ ] Seizure Requiring Emergency Treatment
[ ] UTI
[ ] Bowel Impaction
[ ] Pneumonia
[ ] Pressure Sores
[ ] Other:

CLIENT/INDIVIDUAL INJURY BY:
[ ] Physical Assault by Third Party/Other Individual in our car
[ ] Sexual Assault by Third Party/Other Individual in our care
[ ] Theft by Third Party
[ ] Fall
[ ] Choking
[ ] Bathing/Scalding Related Injuries
[ ] Other Burns
[ ] Vehicle
[ ] Swimming/Near Drowning
[ ] Other Accidental Injury:

SUICIDAL CLIENT/INDIVIDUAL:
[ ] Suicidal Threats or Verbalizations
[ ] Suicidal Attempt or Gesture

EXPOSURE CONTROL INCIDENTS:
[ ] Client/Individual Exposed to Blood Borne Pathogens
[ ] Client/Individual Exposed Third Party to Blood Borne Pathogens

SEXUAL ASSAULT OR INAPPROPRIATE SEXUAL BEHAVIOR BY CLIENT/INDIVIDUAL:
[x] To Other Client
[ ] To Staff or Mentor
[x] To Mentor's Family Member
[ ] To Other Third Party

PROPERTY DAMAGE BY CLIENT/INDIVIDUAL:
[ ] Property Damage Under $1,000
[ ] Property Damage Over $1,000
[ ] Vehicle Theft
[ ] Fire Setting
[ ] Theft/Shoplifting
[ ] Other:

PHYSICAL ASSAULTS BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party
[ ] To Animals (animal cruelty)

POSSESSION OF PROHIBITED MATERIALS: (Defined per client/individual/program)
[ ] Possession of Prohibited Materials (i.e., alcohol, lighter, weapon, pornography, illicit drugs, etc.)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 3

SECTION E: PROGRAMMATIC RESPONSE (Check all that apply)

[ ] Counseling/Training for Staff/Mentor
[ ] ISP/Supervision/Behavioral Plan Developed with Client/Individual
[ ] Internal Investigation Underway
Interventions:
[ ]Physical
[ ]Mechanical
[ ]Seclusions
[ ]Chemical
[ ]Law Enforcement

[ ] Reported to Adult/Child Protective Services
Date:
( ) Substantiated ( ) Unsubstantiate
[ ] Licensing Notified
Date:

[ ] Funding Source Notified
Date:
[ ] Family Notified
Date:
[ ] Guardian Notified
Date:
[ ] Law Enforcement/Probation Notified
Date:

Client/Individual Name: ██████ **Log #:** ██████

22.
SECTION F: CLIENT/INDIVIDUAL HISTORY / DIAGNOSES

List Client/Individual's current medical and psychiatric diagnoses, behavioral history (e.g. sexually abused, physically aggressive, running, confabulation, etc.), medical history (e.g. seizures, diabetes, etc.) and medications.

Dx: Seizure Disorder, Cerebral Palsy, problems with gastric reflux Brain swelling and brain dead per brain scan ██ Rx: Dilantin (Phenytoin) 15mL qd for seizures Miralax 17 mL for constipation

23.
SECTION G: ANTECEDENT EVENTS

Briefly describe the Client/Individual's condition and activities prior and leading up to this incident.

Prior to this incident, child's death, ██ was placed on life support at ██ Hospital at ██ on ██ At ██, ██ Mentor was relinquished of all responsibility for medical decisions by CPS due to the fact that ██ biological mother and CPS had medical consent to make decisions about ██ treatment.

24.
SECTION H: INCIDENT NARRATIVE

Describe IN DETAIL the incident in chronological order. Include who, what, where, when and how. Provide information on alleged injuries, interventions and current status. Report involvement of other parties such as law enforcement, emergency medical services, etc. Include sources of information (e.g. "Mentor reported..." or "Staff observed..."). When using names, include title and/or affiliation (i.e. Joan Smith, DCFS Case Manager.).

On ██ ██ was placed on life support equipment following seizures at ██ Hospital. Tests indicated that ██ was non-responsive, pupils were fixed and dilated. The mentor was present at the ride by ambulance from her home to ██ Hospital ER, and when ██ was transported to ██ Hospital. PM ██ came to ██ Hospital to sit with the mentor until CPS officially relinquished the program's responsibility for medical consent and care. At ██, ██ CW ██ spoke by telephone to CPS and informed PM that the mentor and/or Program no longer had to sign medical consent and could leave the hospital. The bio mother was expected to agree to turn off life support sometime soon, and ██ was expected to pass away. On ██ Cw ██ reported that ██ passed away on ██ CW reported that when child was defined as brain dead at ██, that was time of death according to the State of ██

Continue on an additional sheet if necessary. DO NOT WRITE ON BACK OF PAGE)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review			Page 4
SECTION I: REVIEWS / SIGNATURES			
Signature of Person Completing Form	**Print Name**	**Title** PM	**Date**
Signature of Manager/Director	**Print Name**	**Title** Deputy State Director	**Date**
Signature	**Print Name**	**Title** State Director	**Date**
Signature	**Print Name**	**Title**	**Date**
Signature of State Director (Level 3 and 4 only)	**Print Name**	**Title**	**Date**

THE MENTOR NETWORK - INCIDENT REPORT
Attorney/Client Privileged and Confidential: Risk Management/Peer Review **Page 1**

Please PRINT Clearly or Type in Legible Font (10-12) - DO NOT Leave Blanks. Complete All Boxes.

SECTION A: CLIENT/INDIVIDUAL INFORMATION

1. Client/Individual's Name: [redacted]

2. Level: ( ) 1 ( ) 2 ( ) 3 (x) 4

3. Guardian: ( ) Self (x) State ( ) Parent(s) ( ) Other:

4. Log #: [redacted]

5. DOB: [redacted]

6. Age: 15 Years 3 M

7. Gender: [redacted]

8. Population: ( ) Adult (18+) (x) Child

9. Service Category: *(Check one)*

(x) Behavioral Health
( ) Juvenile Justice
( ) Medically Complex
( ) MR/DD
( ) MR/DD Offender
( ) Acquired Brain Injury
( ) Elder Care
( ) Mental Illness
( ) MR/MI
( ) Education
( ) Other:

10. Date of Admission to MENTOR NETWORK: [redacted]

11. Length of Current Placement/Services:

SECTION B: PROGRAM INFORMATION

12. State: [redacted]

13. City: [redacted]

14. If Acquisition/Partner, specify company name:

15. Program Name: Child Protective Services

16. Service Setting/Model: **(check the ONE that most closely fits)**

( ) ICF/MR (Intermediate Care Facility)
( ) Group or Shared Living (3+ clients/individuals with 24/7)
( ) Shared or Supported Living (1 or 2 clients/individuals with 24/7)
(x) Mentor Home/ Host Home
( ) Group or Shared Living (3+ clients/individuals with less than 24/7)
( ) Shared or Supported Living (1 or 2 clients/individuals with less than 24/7)
( ) Home Health Agency Services
( ) Family/School/Home Based Supports (periodic services less than 24/7)
( ) Clinical/Outpatient Therapy/Rehab (OT, PT, Speech)
( ) Day Program
( ) Supported Employment/Vocational
( ) School
( ) Brokerage/Case Management (non-residential)

SECTION C: INCIDENT INFORMATION

17. Date & Time of Incident: [redacted]

18. First Reported to MENTOR NETWORK: [redacted]
By: *(Name & Title)* [redacted] Program Manager

19. Location of Incident: *(check one)*

(x) Mentor Home (x) Primary ( ) Respite
Mentor Name: [redacted]
# of Clients/Individuals Living in Home: 2
( ) Client/Individual's Residence (group home, ICF, apt)
( ) Client/Individual's Biological Family/Guardian Home
( ) Day Program
( ) School
( ) Client/Individual's Place of Employment
( ) Vehicle
( ) Program Office
( ) Community
( ) Other:

20. Outcome of Incident: *(check all that apply)*

[ ] Remain in Current Placement
[ ] Placement Decision Pending
[ ] Client/Individual Placed in Respite
[ ] Placement Disrupted (i.e. Client/Individual transferred to new home/ program/placement within MENTOR NETWORK)
[ ] Discharged from MENTOR NETWORK
[ ] Temporarily or Permanently Closed Mentor Home
[ ] Emergency Psychiatric Evaluation (no hospitalization)
[ ] Emergency Psychiatric Hospitalization
[ ] Emergency Medical Hospitalization
[ ] In-school suspension
[ ] School Suspension/Expulsion
[ ] Client/Individual Arrest/Detention
[x] Death
[ ] Other:

21. Summarize in 2-3 sentences the key aspects of the incident for entry into Risk Management database.

**Client was admitted to [redacted] on [redacted]. On [redacted] at [redacted] the client passed away. The cause of death is believed to be a bowel obstruction. An autopsy is pending.

Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 2

Client/Individual Name: [redacted] **Log #:** [redacted]

SECTION D: INCIDENT DESCRIPTORS (check all that apply)

DEATH (death of client/individual is a Level 4 incident):
(x) Expected Death of Client/Individual
( ) Unexpected Death of Client/Individual

CLIENT/INDIVIDUAL ELOPEMENT/AWOL:
( ) Located at the Time of the Incident Report
( ) Unable to Locate at the Time of the Incident Report
( ) Other:

CLIENT/INDIVIDUAL BEHAVIORAL:
[ ] Self-Injurious Behavior
[ ] Mental Health De-compensation
[ ] Oppositional Behaviors
[ ] Inappropriate Sexual Comments/Threats
[ ] Verbal Threats of Violence
[ ] Exhibitionism/Public Masturbation

CARE-TAKER MISCONDUCT:
(Suspected, Alleged or Confirmed)

Caretaker:
[ ] Mentor
[ ] Mentor Family Member
[ ] Staff
[ ] Other Caretaker:

Alleged Misconduct:
[ ] Sexual Boundary/Abuse
[ ] Verbal or Emotional Abuse
[ ] Physical Assault/Abuse
[ ] Corporal/Inappropriate Punishment
[ ] Inappropriate Use of Restraint/Physical Intervention
[ ] Neglect
[ ] Inadequate Supervision
[ ] Criminal Arrest of Caretaker
[ ] Alcohol/Drug Use by Caretaker
[ ] Misuse of Client/Individual's Funds
[ ] Misappropriation/Destruction of Client/Individual Personal Property
[ ] Other:

MEDICATION INCIDENTS:
[ ] Medication Error
[ ] Missing Controlled Substances
[ ] Serious Adverse Reaction to Medication

MEDICAL INCIDENTS:
[ ] Illness Requiring Medical Treatment
[ ] Deterioration in Existing Medical Condition
[ ] Pregnancy
[ ] Seizure Requiring Emergency Treatment
[ ] UTI
[ ] Bowel Impaction
[ ] Pneumonia
[ ] Pressure Sores
[ ] Other:

CLIENT/INDIVIDUAL INJURY BY:
[ ] Physical Assault by Third Party/Other Individual in our car
[ ] Sexual Assault by Third Party/Other Individual in our care
[ ] Theft by Third Party
[ ] Fall
[ ] Choking
[ ] Bathing/Scalding Related Injuries
[ ] Other Burns
[ ] Vehicle
[ ] Swimming/Near Drowning
[ ] Other Accidental Injury:

SUICIDAL CLIENT/INDIVIDUAL:
[ ] Suicidal Threats or Verbalizations
[ ] Suicidal Attempt or Gesture

EXPOSURE CONTROL INCIDENTS:
[ ] Client/Individual Exposed to Blood Borne Pathogens
[ ] Client/Individual Exposed Third Party to Blood Borne Pathogens

SEXUAL ASSAULT OR INAPPROPRIATE SEXUAL BEHAVIOR BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ]To Mentor's Family Member
[ ] To Other Third Party

PROPERTY DAMAGE BY CLIENT/INDIVIDUAL:
[ ] Property Damage Under $1,000
[ ] Property Damage Over $1,000
[ ] Vehicle Theft
[ ] Fire Setting
[ ] Theft/Shoplifting
[ ] Other:

PHYSICAL ASSAULTS BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ]To Mentor's Family Member
[ ] To Other Third Party
[ ]To Animals (animal cruelty)

POSSESSION OF PROHIBITED MATERIALS: (Defined per client/individual/program)
[ ] Possession of Prohibited Materials (i.e., alcohol, lighter, weapon, pornography, illicit drugs, etc.)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 3

SECTION E: PROGRAMMATIC RESPONSE (Check all that apply)

[ ] Counseling/Training for Staff/Mentor
[ ] ISP/Supervision/Behavioral Plan Developed with Client/Individual
[ ] Internal Investigation Underway
Interventions:
[ ]Physical
[ ]Mechanical
[ ]Seclusions
[ ]Chemical
[ ]Law Enforcement

[x] Reported to Adult/Child Protective Services
Date:
( ) Substantiated ( ) Unsubstantiate
[x] Licensing Notified
Date:

[x] Funding Source Notified
Date:
[ ] Family Notified
Date:
[ ] Guardian Notified
Date:
[ ] Law Enforcement/Probation Notified
Date:

Client/Individual Name: Log #:

22.
SECTION F: CLIENT/INDIVIDUAL HISTORY / DIAGNOSES

List Client/Individual's current medical and psychiatric diagnoses, behavioral history (e.g. sexually abused, physically aggressive, running, confabulation, etc.), medical history (e.g. seizures, diabetes, etc.) and medications.

CP, Profound MR, G-tube, Seizures. Medications: Carbamzrine, Keppra, Diazepam, Zappac, Bacloren, Mylicon, Albuterolac, Bactoren, Mylicon, Albuterol.

23.
SECTION G: ANTECEDENT EVENTS

Briefly describe the Client/Individual's condition and activities prior and leading up to this incident.

Client was admitted to on for a fever was previously at and was released on doctor, Dr. continued to provider care when was discharged from and order admission to .

24.
SECTION H: INCIDENT NARRATIVE

Describe IN DETAIL the incident in chronological order. Include who, what, where, when and how. Provide information on alleged injuries, interventions and current status. Report involvement of other parties such as law enforcement, emergency medical services, etc. Include sources of information (e.g. "Mentor reported..." or "Staff observed..."). When using names, include title and/or affiliation (i.e. Joan Smith, DCFS Case Manager.).

Client was admitted to on due to fever. Doctors believed had a bowel obstruction but the client was not strong enough for surgery. medical treatment included blood transfusions and three blood pressure medications but was no able to have surgery. On at the client passed away. The cause of death is believed to be a bowel obstruction. An autopsy is pending. CPS CW and State Director notified at that time. Hotline was notified at on # ID # called on the follow up on hotline report. She stated she would review reports and follow up with any questions.

Continue on an additional sheet if necessary. DO NOT WRITE ON BACK OF PAGE)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review			Page 4
SECTION I: REVIEWS / SIGNATURES			
Signature of Person Completing Form [redacted]	**Print Name**	**Title** Program Manager	**Date** [redacted]
Signature of Manager/Director	**Print Name**	**Title**	**Date**
Signature	**Print Name**	**Title**	**Date**
Signature [redacted]	**Print Name**	**Title** State QA	**Date** [redacted]
Signature of State Director (Level 3 and 4 only) [redacted]	**Print Name**	**Title** State director	**Date** [redacted]

THE MENTOR NETWORK - INCIDENT REPORT
Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 1

Please PRINT Clearly or Type in Legible Font (10-12) - DO NOT Leave Blanks. Complete All Boxes.

SECTION A: CLIENT/INDIVIDUAL INFORMATION

1. Client/Individual's Name: [redacted]
2. Level: ( ) 1 ( ) 2 ( ) 3 (x) 4
3. Guardian: ( ) Self (x) State ( ) Parent(s) ( ) Other:
4. Log #: [redacted]
5. DOB: [redacted]
6. Age: 15 Years 3 M
7. Gender: [redacted]
8. Population: ( ) Adult (18+) (x) Child
9. Service Category: *(Check one)*
   - (x) Behavioral Health
   - ( ) Juvenile Justice
   - ( ) Medically Complex
   - ( ) MR/DD
   - ( ) MR/DD Offender
   - ( ) Acquired Brain Injury
   - ( ) Elder Care
   - ( ) Mental Illness
   - ( ) MR/MI
   - ( ) Education
   - ( ) Other:
10. Date of Admission to MENTOR NETWORK: [redacted]
11. Length of Current Placement/Services:

SECTION B: PROGRAM INFORMATION

12. State: [redacted]
13. City: [redacted]
14. **If Acquisition/Partner, specify company name:**
15. Program Name: **Child Protective Services**
16. Service Setting/Model: **(check the ONE that most closely fits)**
   - ( ) ICF/MR (Intermediate Care Facility)
   - ( ) Group or Shared Living (3+ clients/individuals with 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with 24/7)
   - (x) Mentor Home/ Host Home
   - ( ) Group or Shared Living (3+ clients/individuals with less than 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with less than 24/7)
   - ( ) Home Health Agency Services
   - ( ) Family/School/Home Based Supports (periodic services less than 24/7)
   - ( ) Clinical/Outpatient Therapy/Rehab (OT, PT, Speech)
   - ( ) Day Program
   - ( ) Supported Employment/Vocational
   - ( ) School
   - ( ) Brokerage/Case Management (non-residential)

SECTION C: INCIDENT INFORMATION

17. Date & Time of Incident: [redacted]
18. First Reported to MENTOR NETWORK: [redacted]
   By: *(Name & Title)* [redacted] **CPS Caseworker**
19. Location of Incident: *(check one)*
   - (x) Mentor Home (x) Primary ( ) Respite
     Mentor Name: [redacted]
     # of Clients/Individuals Living in Home: 1
   - ( ) Client/Individual's Residence (group home, ICF, apt)
   - ( ) Client/Individual's Biological Family/Guardian Home
   - ( ) Day Program
   - ( ) School
   - ( ) Client/Individual's Place of Employment
   - ( ) Vehicle
   - ( ) Program Office
   - ( ) Community
   - ( ) Other:
20. Outcome of Incident: *(check all that apply)*
   - [ ] Remain in Current Placement
   - [ ] Placement Decision Pending
   - [ ] Client/Individual Placed in Respite
   - [ ] Placement Disrupted (i.e. Client/Individual transferred to new home/ program/placement **within** MENTOR NETWORK)
   - [ ] Discharged from MENTOR NETWORK
   - [ ] Temporarily or Permanently Closed Mentor Home
   - [ ] Emergency Psychiatric Evaluation (no hospitalization)
   - [ ] Emergency Psychiatric Hospitalization
   - [ ] Emergency Medical Hospitalization
   - [ ] In-school suspension
   - [ ] School Suspension/Expulsion
   - [ ] Client/Individual Arrest/Detention
   - [x] Death
   - [ ] Other:
21. **Summarize in 2-3 sentences the key aspects of the incident for entry into Risk Management database.**

**Client had seizures requiring Paramedic transport to the hospital. Client was on life support since [redacted] Brain scan detected that [redacted] was brain dead on [redacted].

Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 2

Client/Individual Name: [redacted] Log #: [redacted]

SECTION D: INCIDENT DESCRIPTORS (check all that apply)

DEATH (death of client/individual is a **Level 4** incident):
(x) Expected Death of Client/Individual
( ) Unexpected Death of Client/Individual

CLIENT/INDIVIDUAL ELOPEMENT/AWOL:
( ) Located at the Time of the Incident Report
( ) Unable to Locate at the Time of the Incident Report
( ) Other:

CLIENT/INDIVIDUAL BEHAVIORAL:
[ ] Self-Injurious Behavior
[ ] Mental Health De-compensation
[ ] Oppositional Behaviors
[ ] Inappropriate Sexual Comments/Threats
[ ] Verbal Threats of Violence
[ ] Exhibitionism/Public Masturbation

CARE-TAKER MISCONDUCT:
(Suspected, Alleged or Confirmed)

Caretaker:
[ ] Mentor
[ ] Mentor Family Member
[ ] Staff
[ ] Other Caretaker:

Alleged Misconduct:
[ ] Sexual Boundary/Abuse
[ ] Verbal or Emotional Abuse
[ ] Physical Assault/Abuse
[ ] Corporal/Inappropriate Punishment
[ ] Inappropriate Use of Restraint/Physical Intervention
[ ] Neglect
[ ] Inadequate Supervision
[ ] Criminal Arrest of Caretaker
[ ] Alcohol/Drug Use by Caretaker
[ ] Misuse of Client/Individual's Funds
[ ] Misappropriation/Destruction of Client/Individual Personal Property
[ ] Other:

MEDICATION INCIDENTS:
[ ] Medication Error
[ ] Missing Controlled Substances
[ ] Serious Adverse Reaction to Medication

MEDICAL INCIDENTS:
[ ] Illness Requiring Medical Treatment
[ ] Deterioration in Existing Medical Condition
[ ] Pregnancy
[ ] Seizure Requiring Emergency Treatment
[ ] UTI
[ ] Bowel Impaction
[ ] Pneumonia
[ ] Pressure Sores
[ ] Other:

CLIENT/INDIVIDUAL INJURY BY:
[ ] Physical Assault by Third Party/Other Individual in our car
[ ] Sexual Assault by Third Party/Other Individual in our care
[ ] Theft by Third Party
[ ] Fall
[ ] Choking
[ ] Bathing/Scalding Related Injuries
[ ] Other Burns
[ ] Vehicle
[ ] Swimming/Near Drowning
[ ] Other Accidental Injury:

SUICIDAL CLIENT/INDIVIDUAL:
[ ] Suicidal Threats or Verbalizations
[ ] Suicidal Attempt or Gesture

EXPOSURE CONTROL INCIDENTS:
[ ] Client/Individual Exposed to Blood Borne Pathogens
[ ] Client/Individual Exposed Third Party to Blood Borne Pathogens

SEXUAL ASSAULT OR INAPPROPRIATE SEXUAL BEHAVIOR BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ]To Mentor's Family Member
[ ] To Other Third Party

PROPERTY DAMAGE BY CLIENT/INDIVIDUAL:
[ ] Property Damage Under $1,000
[ ] Property Damage Over $1,000
[ ] Vehicle Theft
[ ] Fire Setting
[ ] Theft/Shoplifting
[ ] Other:

PHYSICAL ASSAULTS BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ]To Mentor's Family Member
[ ] To Other Third Party
[ ]To Animals (animal cruelty)

POSSESSION OF PROHIBITED MATERIALS: (Defined per client/individual/program)
[ ] Possession of Prohibited Materials (i.e., alcohol, lighter, weapon, pornography, illicit drugs, etc.)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 3

SECTION E: PROGRAMMATIC RESPONSE (Check all that apply)

[ ] Counseling/Training for Staff/Mentor
[ ] ISP/Supervision/Behavioral Plan Developed with Client/Individual
[ ] Internal Investigation Underway
Interventions:
[ ]Physical
[ ]Mechanical
[ ]Seclusions
[ ]Chemical
[ ]Law Enforcement

[ ] Reported to Adult/Child Protective Services
Date:
( ) Substantiated ( ) Unsubstantiate
[ ] Licensing Notified
Date:

[ ] Funding Source Notified
Date:
[ ] Family Notified
Date:
[ ] Guardian Notified
Date:
[ ] Law Enforcement/Probation Notified
Date:

Client/Individual Name: [redacted] **Log #:** [redacted]

22.
SECTION F: CLIENT/INDIVIDUAL HISTORY / DIAGNOSES

List Client/Individual's current medical and psychiatric diagnoses, behavioral history (e.g. sexually abused, physically aggressive, running, confabulation, etc.), medical history (e.g. seizures, diabetes, etc.) and medications.

Dx: Seizure Disorder, Cerebral Palsy, Problems with gastric reflux. Brain swelling and brain dead per brain scan [redacted] Rx: Dilantin (phenytoin 15ml qd for seizures. Miralax 17ml for constipation.

23.
SECTION G: ANTECEDENT EVENTS

Briefly describe the Client/Individual's condition and activities prior and leading up to this incident.

Prior to this incident, client's death, the client was placed on life support at [redacted] Hospital at [redacted] on [redacted] At [redacted] [redacted] Mentor was relinquished of all responsibility for medical decisions by CPS due to the fact that [redacted] biological mother and CPS had medical consent to make decisions about [redacted] treatment.

24.
SECTION H: INCIDENT NARRATIVE

Describe IN DETAIL the incident in chronological order. Include who, what, where, when and how. Provide information on alleged injuries, interventions and current status. Report involvement of other parties such as law enforcement, emergency medical services, etc. Include sources of information (e.g. "Mentor reported..." or "Staff observed..."). When using names, include title and/or affiliation (i.e. Joan Smith, DCFS Case Manager.).

On [redacted] client was placed on life support equipment following seizures at [redacted] Hospital. Tests indicated that [redacted] was non-responsive, pupils were fixed and dilated. The mentor was present at the ride by ambulance form her home to [redacted] Hospital Emergency room and when the client was transported to [redacted] Hospital. Program Manager [redacted] came to [redacted] Hospital to sit with the mentor until CPS officially relinquished the program's responsibility for medical consent and care. At [redacted] [redacted] CW [redacted] spoke by telephone to CPS and informed PM that the mentor and/or Program no longer had to sign medical consent and could leave the hospital. The biological mother was expected to agree to turn off life support sometime soon, and the client was expected to pas away. On [redacted] CW [redacted] reported that the client passed away on [redacted] CW reported that when client was defined at [redacted] which was the time of the death according to the state of [redacted]

Continue on an additional sheet if necessary. DO NOT WRITE ON BACK OF PAGE)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review			Page 4
SECTION I: REVIEWS / SIGNATURES			
Signature of Person Completing Form	Print Name	Title Program Manager	Date
Signature of Manager/Director	Print Name	Title	Date
Signature	Print Name	Title QA	Date
Signature	Print Name	Title Deputy State director	Date
Signature of State Director (Level 3 and 4 only)	Print Name	Title State Director	Date

THE MENTOR NETWORK - INCIDENT REPORT
Attorney/Client Privileged and Confidential: Risk Management/Peer Review **Page 1**

Please PRINT Clearly or Type in Legible Font (10-12) - DO NOT Leave Blanks. Complete All Boxes.

SECTION A: CLIENT/INDIVIDUAL INFORMATION

1. Client/Individual's Name: [redacted]
2. Level: ( ) 1 ( ) 2 ( ) 3 (x) 4
3. Guardian: ( ) Self (x) State ( ) Parent(s) ( ) Other:
4. Log #: [redacted]
5. DOB: [redacted]
6. Age: **1 Years 7 M**
7. Gender: [redacted]
8. Population: ( ) Adult (18+) (x) Child
9. Service Category: *(Check one)*
   - (x) Behavioral Health
   - ( ) Juvenile Justice
   - ( ) Medically Complex
   - ( ) MR/DD
   - ( ) MR/DD Offender
   - ( ) Acquired Brain Injury
   - ( ) Elder Care
   - ( ) Mental Illness
   - ( ) MR/MI
   - ( ) Education
   - ( ) Other:
10. Date of Admission to MENTOR NETWORK: [redacted]
11. Length of Current Placement/Services: **4 Months 10 Days**

SECTION B: PROGRAM INFORMATION

12. State: [redacted]
13. City: [redacted]
14. **If Acquisition/Partner, specify company name:**
15. Program Name: **TFC**
16. Service Setting/Model: **(check the ONE that most closely fits)**
   - ( ) ICF/MR (Intermediate Care Facility)
   - ( ) Group or Shared Living (3+ clients/individuals with 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with 24/7)
   - (x) Mentor Home/ Host Home
   - ( ) Group or Shared Living (3+ clients/individuals with less than 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with less than 24/7)
   - ( ) Home Health Agency Services
   - ( ) Family/School/Home Based Supports (periodic services less than 24/7)
   - ( ) Clinical/Outpatient Therapy/Rehab (OT, PT, Speech)
   - ( ) Day Program
   - ( ) Supported Employment/Vocational
   - ( ) School
   - ( ) Brokerage/Case Management (non-residential)

SECTION C: INCIDENT INFORMATION

17. Date & Time of Incident: [redacted]
18. First Reported to MENTOR NETWORK: [redacted]
    By: *(Name & Title)* [redacted] mentor
19. Location of Incident: *(check one)*
   - (x) Mentor Home (x) Primary ( ) Respite
     Mentor Name: [redacted]
     # of Clients/Individuals Living in Home: 4
   - ( ) Client/Individual's Residence (group home, ICF, apt)
   - ( ) Client/Individual's Biological Family/Guardian Home
   - ( ) Day Program
   - ( ) School
   - ( ) Client/Individual's Place of Employment
   - ( ) Vehicle
   - ( ) Program Office
   - ( ) Community
   - ( ) Other:
20. Outcome of Incident: *(check all that apply)*
   - [ ] Remain in Current Placement
   - [ ] Placement Decision Pending
   - [ ] Client/Individual Placed in Respite
   - [ ] Placement Disrupted (i.e. Client/Individual transferred to new home/ program/placement within MENTOR NETWORK)
   - [ ] Discharged from MENTOR NETWORK
   - [ ] Temporarily or Permanently Closed Mentor Home
   - [ ] Emergency Psychiatric Evaluation (no hospitalization)
   - [ ] Emergency Psychiatric Hospitalization
   - [ ] Emergency Medical Hospitalization
   - [ ] In-school suspension
   - [ ] School Suspension/Expulsion
   - [ ] Client/Individual Arrest/Detention
   - [x] Death
   - [ ] Other:

21. **Summarize in 2-3 sentences the key aspects of the incident for entry into Risk Management database.**

"[redacted] a medically fragile 18 month old stopped breathing while at the foster care home, efforts to revive [redacted] at home were unsuccessful. EMS transported [redacted] to a hospital where [redacted] could not be revived.

Client/Individual Name: [redacted] Log #: [redacted]

SECTION D: INCIDENT DESCRIPTORS (check all that apply)

DEATH (death of client/individual is a **Level 4** incident):
( ) Expected Death of Client/Individual
(x) Unexpected Death of Client/Individual

CLIENT/INDIVIDUAL ELOPEMENT/AWOL:
( ) Located at the Time of the Incident Report
( ) Unable to Locate at the Time of the Incident Report
( ) Other:

CLIENT/INDIVIDUAL BEHAVIORAL:
[ ] Self-Injurious Behavior
[ ] Mental Health De-compensation
[ ] Oppositional Behaviors
[ ] Inappropriate Sexual Comments/Threats
[ ] Verbal Threats of Violence
[ ] Exhibitionism/Public Masturbation

CARE-TAKER MISCONDUCT:
(Suspected, Alleged or Confirmed)

Caretaker:
[ ] Mentor
[ ] Mentor Family Member
[ ] Staff
[ ] Other Caretaker:

Alleged Misconduct:
[ ] Sexual Boundary/Abuse
[ ] Verbal or Emotional Abuse
[ ] Physical Assault/Abuse
[ ] Corporal/Inappropriate Punishment
[ ] Inappropriate Use of Restraint/Physical Intervention
[ ] Neglect
[ ] Inadequate Supervision
[ ] Criminal Arrest of Caretaker
[ ] Alcohol/Drug Use by Caretaker
[ ] Misuse of Client/Individual's Funds
[ ] Misappropriation/Destruction of Client/Individual Personal Property
[ ] Other:

MEDICATION INCIDENTS:
[ ] Medication Error
[ ] Missing Controlled Substances
[ ] Serious Adverse Reaction to Medication

MEDICAL INCIDENTS:
[ ] Illness Requiring Medical Treatment
[ ] Deterioration in Existing Medical Condition
[ ] Pregnancy
[ ] Seizure Requiring Emergency Treatment
[ ] UTI
[ ] Bowel Impaction
[ ] Pneumonia
[ ] Pressure Sores
[ ] Other:

CLIENT/INDIVIDUAL INJURY BY:
[ ] Physical Assault by Third Party/Other Individual in our car
[ ] Sexual Assault by Third Party/Other Individual in our care
[ ] Theft by Third Party
[ ] Fall
[ ] Choking
[ ] Bathing/Scalding Related Injuries
[ ] Other Burns
[ ] Vehicle
[ ] Swimming/Near Drowning
[ ] Other Accidental Injury:

SUICIDAL CLIENT/INDIVIDUAL:
[ ] Suicidal Threats or Verbalizations
[ ] Suicidal Attempt or Gesture

EXPOSURE CONTROL INCIDENTS:
[ ] Client/Individual Exposed to Blood Borne Pathogens
[ ] Client/Individual Exposed Third Party to Blood Borne Pathogens

SEXUAL ASSAULT OR INAPPROPRIATE SEXUAL BEHAVIOR BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ]To Mentor's Family Member
[ ] To Other Third Party

PROPERTY DAMAGE BY CLIENT/INDIVIDUAL:
[ ] Property Damage Under $1,000
[ ] Property Damage Over $1,000
[ ] Vehicle Theft
[ ] Fire Setting
[ ] Theft/Shoplifting
[ ] Other:

PHYSICAL ASSAULTS BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ]To Mentor's Family Member
[ ] To Other Third Party
[ ]To Animals (animal cruelty)

POSSESSION OF PROHIBITED MATERIALS: (Defined per client/individual/program)
[ ] Possession of Prohibited Materials (i.e., alcohol, lighter, weapon, pornography, illicit drugs, etc.)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 3

SECTION E: PROGRAMMATIC RESPONSE (Check all that apply)

[x] Counseling/Training for Staff/Mentor
[ ] ISP/Supervision/Behavioral Plan Developed with Client/Individual
[ ] Internal Investigation Underway
Interventions:
[ ]Physical
[ ]Mechanical
[ ]Seclusions
[ ]Chemical
[ ]Law Enforcement

[ ] Reported to Adult/Child Protective Services
Date:
( ) Substantiated ( ) Unsubstantiate
[ ] Licensing Notified
Date:

[x] Funding Source Notified
Date: [redacted]
[ ] Family Notified
Date:
[x] Guardian Notified
Date: [redacted]
[ ] Law Enforcement/Probation Notified
Date:

Client/Individual Name: [redacted] **Log #:** [redacted]

22. SECTION F: CLIENT/INDIVIDUAL HISTORY / DIAGNOSES

List Client/Individual's current medical and psychiatric diagnoses, behavioral history (e.g. sexually abused, physically aggressive, running, confabulation, etc.), medical history (e.g. seizures, diabetes, etc.) and medications.

Hypoplastic L heart syndrome and Lymphmgectasia

23. SECTION G: ANTECEDENT EVENTS

Briefly describe the Client/Individual's condition and activities prior and leading up to this incident.

24. SECTION H: INCIDENT NARRATIVE

Describe IN DETAIL the incident in chronological order. Include who, what, where, when and how. Provide information on alleged injuries, interventions and current status. Report involvement of other parties such as law enforcement, emergency medical services, etc. Include sources of information (e.g. "Mentor reported..." or "Staff observed..."). When using names, include title and/or affiliation (i.e. Joan Smith, DCFS Case Manager.).

At approx [redacted] o [redacted] program CC received a phone call from [redacted] the foster parent reporting that [redacted] a medically fragile 3 client had stopped breathing. She reported that she had per instructions from [redacted] changed the tracheotomy collar but that [redacted] had not resumed breathing. She further reported that she began to provide ventilation by using an ambu bag and called 911. The ambulance staff indicated that they would transport young [redacted] to [redacted] Hospital, [redacted] then call [redacted] the guardian [redacted] and spoke with [redacted] a supervisor there and reported the above information that [redacted] was being transported to the hospital. [redacted] said that [redacted] should keep her appraised and provide the [redacted]n call name and number. [redacted] then met with he supervisor [redacted] and reported the above and [redacted] instructed [redacted] to contact [redacted] Medical social worker, [redacted] PCP to ensure that they were informed of these events [redacted] called and spoke to [redacted] MSW at [redacted] and informed her of the events to this time and provide the names and numbers for both [redacted] DSS and mentor on call staff. [redacted] [redacted]r spouse of the primary foster parent called Ms [redacted] to report that hospital staff had been unable to revive [redacted] [illegible] [redacted] received a phone call from [redacted] RN from [redacted] who indicated that she spoke with [redacted] and she had spoken with the hospital and was aware that [redacted] had died. [redacted] called both the [redacted] MENTOR [redacted] and the [redacted]ENTOR Deputy [redacted]. [redacted] then called [redacted] to inform her that [redacted] had died.

Attorney/Client Privileged and Confidential: Risk Management/Peer Review			Page 4
SECTION I: REVIEWS / SIGNATURES			
Signature of Person Completing Form	Print Name	Title PC	Date
Signature of Manager/Director	Print Name	Title PM	Date
Signature	Print Name	Title	Date
Signature	Print Name	Title	Date
Signature of State Director (Level 3 and 4 only)	Print Name	Title	Date

THE MENTOR NETWORK - INCIDENT REPORT
Attorney/Client Privileged and Confidential: Risk Management/Peer Review **Page 1**

Please PRINT Clearly or Type in Legible Font (10-12) - DO NOT Leave Blanks. Complete All Boxes.

SECTION A: CLIENT/INDIVIDUAL INFORMATION

1. Client/Individual's Name: [redacted]
2. Level: ( ) 1 ( ) 2 ( ) 3 (x) 4
3. Guardian: ( ) Self (x) State ( ) Parent(s) ( ) Other:
4. Log #: [redacted]
5. DOB: [redacted]
6. Age: 18 Years 1
7. Gender: [redacted]
8. Population: (x) Adult (18+) ( ) Child
9. Service Category: *(Check one)*
   - (x) Behavioral Health
   - ( ) Juvenile Justice
   - ( ) Medically Complex
   - ( ) MR/DD
   - ( ) MR/DD Offender
   - ( ) Acquired Brain Injury
   - ( ) Elder Care
   - ( ) Mental Illness
   - ( ) MR/MI
   - ( ) Education
   - ( ) Other:
10. Date of Admission to MENTOR NETWORK: [redacted]
11. Length of Current Placement/Services:

SECTION B: PROGRAM INFORMATION

12. State: [redacted]
13. City: [redacted]
14. **If Acquisition/Partner, specify company name:**
15. Program Name: [redacted]
16. Service Setting/Model: **(check the ONE that most closely fits)**
   - ( ) ICF/MR (Intermediate Care Facility)
   - ( ) Group or Shared Living (3+ clients/individuals with 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with 24/7)
   - (x) Mentor Home/ Host Home
   - ( ) Group or Shared Living (3+ clients/individuals with less than 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with less than 24/7)
   - ( ) Home Health Agency Services
   - ( ) Family/School/Home Based Supports (periodic services less than 24/7)
   - ( ) Clinical/Outpatient Therapy/Rehab (OT, PT, Speech)
   - ( ) Day Program
   - ( ) Supported Employment/Vocational
   - ( ) School
   - ( ) Brokerage/Case Management (non-residential)

SECTION C: INCIDENT INFORMATION

17. Date & Time of Incident: [redacted]
18. First Reported to MENTOR NETWORK: [redacted]
    By: *(Name & Title)* [redacted] Coroner's Office
19. Location of Incident: *(check one)*
   - ( ) Mentor Home ( ) Primary ( ) Respite
     Mentor Name:
     # of Clients/Individuals Living in Home:
   - ( ) Client/Individual's Residence (group home, ICF, apt)
   - ( ) Client/Individual's Biological Family/Guardian Home
   - ( ) Day Program
   - ( ) School
   - ( ) Client/Individual's Place of Employment
   - ( ) Vehicle
   - ( ) Program Office
   - (x) Community
   - ( ) Other:
20. Outcome of Incident: *(check all that apply)*
   - [ ] Remain in Current Placement
   - [ ] Placement Decision Pending
   - [ ] Client/Individual Placed in Respite
   - [ ] Placement Disrupted (i.e. Client/Individual transferred to new home/ program/placement within MENTOR NETWORK)
   - [ ] Discharged from MENTOR NETWORK
   - [ ] Temporarily or Permanently Closed Mentor Home
   - [ ] Emergency Psychiatric Evaluation (no hospitalization)
   - [ ] Emergency Psychiatric Hospitalization
   - [ ] Emergency Medical Hospitalization
   - [ ] In-school suspension
   - [ ] School Suspension/Expulsion
   - [ ] Client/Individual Arrest/Detention
   - [x] Death
   - [ ] Other:
21. **Summarize in 2-3 sentences the key aspects of the incident for entry into Risk Management database.**

** The [redacted] Coroner's Office notified [redacted] Mentor that client's body was identified by fingerprints and that [redacted] was deceased. Additional information could not be released, due to the fact that [redacted] death is currently under investigation by the police.

Attorney/Client Privileged and Confidential: Risk Management/Peer Review — Page 2

Client/Individual Name: [redacted] Log #: [redacted]

SECTION D: INCIDENT DESCRIPTORS (check all that apply)

DEATH (death of client/individual is a Level 4 incident):
( ) Expected Death of Client/Individual
(x) Unexpected Death of Client/Individual

CLIENT/INDIVIDUAL ELOPEMENT/AWOL:
( ) Located at the Time of the Incident Report
( ) Unable to Locate at the Time of the Incident Report
( ) Other:

CLIENT/INDIVIDUAL BEHAVIORAL:
[ ] Self-Injurious Behavior
[ ] Mental Health De-compensation
[ ] Oppositional Behaviors
[ ] Inappropriate Sexual Comments/Threats
[ ] Verbal Threats of Violence
[ ] Exhibitionism/Public Masturbation

CARE-TAKER MISCONDUCT:
(Suspected, Alleged or Confirmed)

Caretaker:
[ ] Mentor
[ ] Mentor Family Member
[ ] Staff
[ ] Other Caretaker:

Alleged Misconduct:
[ ] Sexual Boundary/Abuse
[ ] Verbal or Emotional Abuse
[ ] Physical Assault/Abuse
[ ] Corporal/Inappropriate Punishment
[ ] Inappropriate Use of Restraint/Physical Intervention
[ ] Neglect
[ ] Inadequate Supervision
[ ] Criminal Arrest of Caretaker
[ ] Alcohol/Drug Use by Caretaker
[ ] Misuse of Client/Individual's Funds
[ ] Misappropriation/Destruction of Client/Individual Personal Property
[ ] Other:

MEDICATION INCIDENTS:
[ ] Medication Error
[ ] Missing Controlled Substances
[ ] Serious Adverse Reaction to Medication

MEDICAL INCIDENTS:
[ ] Illness Requiring Medical Treatment
[ ] Deterioration in Existing Medical Condition
[ ] Pregnancy
[ ] Seizure Requiring Emergency Treatment
[ ] UTI
[ ] Bowel Impaction
[ ] Pneumonia
[ ] Pressure Sores
[ ] Other:

CLIENT/INDIVIDUAL INJURY BY:
[ ] Physical Assault by Third Party/Other Individual in our car
[ ] Sexual Assault by Third Party/Other Individual in our care
[ ] Theft by Third Party
[ ] Fall
[ ] Choking
[ ] Bathing/Scalding Related Injuries
[ ] Other Burns
[ ] Vehicle
[ ] Swimming/Near Drowning
[ ] Other Accidental Injury:

SUICIDAL CLIENT/INDIVIDUAL:
[ ] Suicidal Threats or Verbalizations
[ ] Suicidal Attempt or Gesture

EXPOSURE CONTROL INCIDENTS:
[ ] Client/Individual Exposed to Blood Borne Pathogens
[ ] Client/Individual Exposed Third Party to Blood Borne Pathogens

SEXUAL ASSAULT OR INAPPROPRIATE SEXUAL BEHAVIOR BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ]To Mentor's Family Member
[ ] To Other Third Party

PROPERTY DAMAGE BY CLIENT/INDIVIDUAL:
[ ] Property Damage Under $1,000
[ ] Property Damage Over $1,000
[ ] Vehicle Theft
[ ] Fire Setting
[ ] Theft/Shoplifting
[ ] Other:

PHYSICAL ASSAULTS BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ]To Mentor's Family Member
[ ] To Other Third Party
[ ]To Animals (animal cruelty)

POSSESSION OF PROHIBITED MATERIALS: (Defined per client/individual/program)
[ ] Possession of Prohibited Materials (i.e., alcohol, lighter, weapon, pornography, illicit drugs, etc.)

SECTION E: PROGRAMMATIC RESPONSE (Check all that apply)

[ ] Counseling/Training for Staff/Mentor
[ ] ISP/Supervision/Behavioral Plan Developed with Client/Individual
[ ] Internal Investigation Underway
Interventions:
[ ]Physical
[ ]Mechanical
[ ]Seclusions
[ ]Chemical
[ ]Law Enforcement

[x] Reported to Adult/Child Protective Services
Date:
( ) Substantiated (x) Unsubstantiate
[x] Licensing Notified
Date:

[ ] Funding Source Notified
Date:
[ ] Family Notified
Date:
[x] Guardian Notified
Date:
[x] Law Enforcement/Probation Notified
Date:

Client/Individual Name: **Log #:**

22. SECTION F: CLIENT/INDIVIDUAL HISTORY / DIAGNOSES

List Client/Individual's current medical and psychiatric diagnoses, behavioral history (e.g. sexually abused, physically aggressive, running, confabulation, etc.), medical history (e.g. seizures, diabetes, etc.) and medications.

is diagnosed with asthma and utilized an Albuterol inhaler is needed. has previously received psychiatric services but was not currently prescribed any psychotropic medications. has been arrested for shoplifting.

23. SECTION G: ANTECEDENT EVENTS

Briefly describe the Client/Individual's condition and activities prior and leading up to this incident.

The foster parent reported that there were no unusual activities or conditions regarding

24. SECTION H: INCIDENT NARRATIVE

Describe IN DETAIL the incident in chronological order. Include who, what, where, when and how. Provide information on alleged injuries, interventions and current status. Report involvement of other parties such as law enforcement, emergency medical services, etc. Include sources of information (e.g. "Mentor reported..." or "Staff observed..."). When using names, include title and/or affiliation (i.e. Joan Smith, DCFS Case Manager.).

On at , the supervisor and Mentor wee notified by the Coroner's Office that) was identified to be deceased. The coroner's office requested family's information for notifications. They were provided with contact information for the caseworker and foster parent, as well as the name of biological sister. Additional details surrounding death could not be released, because it is being investigated as a homicide. The identification of body was made base don fingerprints. The DFCS hotline was contacted. According to hotline worker, , a report is being taken as information only. A eport is being prepared.

Continue on an additional sheet if necessary. DO NOT WRITE ON BACK OF PAGE)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review			Page 4
SECTION I: REVIEWS / SIGNATURES			
Signature of Person Completing Form [redacted]	**Print Name**	**Title** Children's Prog. Super.	**Date** [redacted]
Signature of Manager/Director [redacted]	**Print Name**	**Title** Children's Prog. Super.	**Date** [redacted]
Signature [redacted]	**Print Name**	**Title** PM	**Date** [redacted]
Signature	**Print Name**	**Title**	**Date**
Signature of State Director (Level 3 and 4 only) [redacted]	**Print Name**	**Title** State Dir.	**Date** [redacted]

THE MENTOR NETWORK - INCIDENT REPORT
Attorney/Client Privileged and Confidential: Risk Management/Peer Review — Page 1

Please PRINT Clearly or Type in Legible Font (10-12) - DO NOT Leave Blanks. Complete All Boxes.

SECTION A: CLIENT/INDIVIDUAL INFORMATION

1. Client/Individual's Name: [redacted]
2. Level: ( ) 1 ( ) 2 ( ) 3 (x) 4
3. Guardian: ( ) Self (x) State ( ) Parent(s) ( ) Other:
4. Log #: [redacted]
5. DOB: [redacted]
6. Age: 2 Years 2 M
7. Gender: [redacted]
8. Population: ( ) Adult (18+) (x) Child
9. Service Category: *(Check one)*
   - ( ) Behavioral Health
   - ( ) Juvenile Justice
   - (x) Medically Complex
   - ( ) MR/DD
   - ( ) MR/DD Offender
   - ( ) Acquired Brain Injury
   - ( ) Elder Care
   - ( ) Mental Illness
   - ( ) MR/MI
   - ( ) Education
   - ( ) Other:
10. Date of Admission to MENTOR NETWORK: [redacted]
11. Length of Current Placement/Services: 1 Years 11 Months 19 Days

SECTION B: PROGRAM INFORMATION

12. State: [redacted]
13. City: [redacted]
14. If Acquisition/Partner, specify company name:
15. Program Name: TFC
16. Service Setting/Model: **(check the ONE that most closely fits)**
   - ( ) ICF/MR (Intermediate Care Facility)
   - ( ) Group or Shared Living (3+ clients/individuals with 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with 24/7)
   - (x) Mentor Home/ Host Home
   - ( ) Group or Shared Living (3+ clients/individuals with less than 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with less than 24/7)
   - ( ) Home Health Agency Services
   - ( ) Family/School/Home Based Supports (periodic services less than 24/7)
   - ( ) Clinical/Outpatient Therapy/Rehab (OT, PT, Speech)
   - ( ) Day Program
   - ( ) Supported Employment/Vocational
   - ( ) School
   - ( ) Brokerage/Case Management (non-residential)

SECTION C: INCIDENT INFORMATION

17. Date & Time of Incident: [redacted]
18. First Reported to MENTOR NETWORK: [redacted]
    By: *(Name & Title)* [redacted] mentor parent
19. Location of Incident: *(check one)*
   - (x) Mentor Home (x) Primary ( ) Respite
     Mentor Name: [redacted]
     # of Clients/Individuals Living in Home: 5
   - ( ) Client/Individual's Residence (group home, ICF, apt)
   - ( ) Client/Individual's Biological Family/Guardian Home
   - ( ) Day Program
   - ( ) School
   - ( ) Client/Individual's Place of Employment
   - ( ) Vehicle
   - ( ) Program Office
   - ( ) Community
   - ( ) Other:
20. Outcome of Incident: *(check all that apply)*
   - [ ] Remain in Current Placement
   - [ ] Placement Decision Pending
   - [ ] Client/Individual Placed in Respite
   - [ ] Placement Disrupted (i.e. Client/Individual transferred to new home/ program/placement within MENTOR NETWORK)
   - [ ] Discharged from MENTOR NETWORK
   - [ ] Temporarily or Permanently Closed Mentor Home
   - [ ] Emergency Psychiatric Evaluation (no hospitalization)
   - [ ] Emergency Psychiatric Hospitalization
   - [ ] Emergency Medical Hospitalization
   - [ ] In-school suspension
   - [ ] School Suspension/Expulsion
   - [ ] Client/Individual Arrest/Detention
   - [x] Death
   - [ ] Other:

21. **Summarize in 2-3 sentences the key aspects of the incident for entry into Risk Management database.**

** On [redacted] at [redacted] mentor [redacted] called her coordinator to report that [redacted] had passed away at [redacted] [redacted] from hospice was present at the time of death.

Attorney/Client Privileged and Confidential: Risk Management/Peer Review — Page 2

Client/Individual Name: [redacted] Log #: [redacted]

SECTION D: INCIDENT DESCRIPTORS (check all that apply)

DEATH (death of client/individual is a Level 4 incident):
(x) Expected Death of Client/Individual
( ) Unexpected Death of Client/Individual

CLIENT/INDIVIDUAL ELOPEMENT/AWOL:
( ) Located at the Time of the Incident Report
( ) Unable to Locate at the Time of the Incident Report
( ) Other:

CLIENT/INDIVIDUAL BEHAVIORAL:
[ ] Self-Injurious Behavior
[ ] Mental Health De-compensation
[ ] Oppositional Behaviors
[ ] Inappropriate Sexual Comments/Threats
[ ] Verbal Threats of Violence
[ ] Exhibitionism/Public Masturbation

CARE-TAKER MISCONDUCT:
(Suspected, Alleged or Confirmed)

Caretaker:
[ ] Mentor
[ ] Mentor Family Member
[ ] Staff
[ ] Other Caretaker:

Alleged Misconduct:
[ ] Sexual Boundary/Abuse
[ ] Verbal or Emotional Abuse
[ ] Physical Assault/Abuse
[ ] Corporal/Inappropriate Punishment
[ ] Inappropriate Use of Restraint/Physical Intervention
[ ] Neglect
[ ] Inadequate Supervision
[ ] Criminal Arrest of Caretaker
[ ] Alcohol/Drug Use by Caretaker
[ ] Misuse of Client/Individual's Funds
[ ] Misappropriation/Destruction of Client/Individual Personal Property
[ ] Other:

MEDICATION INCIDENTS:
[ ] Medication Error
[ ] Missing Controlled Substances
[ ] Serious Adverse Reaction to Medication

MEDICAL INCIDENTS:
[ ] Illness Requiring Medical Treatment
[ ] Deterioration in Existing Medical Condition
[ ] Pregnancy
[ ] Seizure Requiring Emergency Treatment
[ ] UTI
[ ] Bowel Impaction
[ ] Pneumonia
[ ] Pressure Sores
[ ] Other:

CLIENT/INDIVIDUAL INJURY BY:
[ ] Physical Assault by Third Party/Other Individual in our car
[ ] Sexual Assault by Third Party/Other Individual in our care
[ ] Theft by Third Party
[ ] Fall
[ ] Choking
[ ] Bathing/Scalding Related Injuries
[ ] Other Burns
[ ] Vehicle
[ ] Swimming/Near Drowning
[ ] Other Accidental Injury:

SUICIDAL CLIENT/INDIVIDUAL:
[ ] Suicidal Threats or Verbalizations
[ ] Suicidal Attempt or Gesture

EXPOSURE CONTROL INCIDENTS:
[ ] Client/Individual Exposed to Blood Borne Pathogens
[ ] Client/Individual Exposed Third Party to Blood Borne Pathogens

SEXUAL ASSAULT OR INAPPROPRIATE SEXUAL BEHAVIOR BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party

PROPERTY DAMAGE BY CLIENT/INDIVIDUAL:
[ ] Property Damage Under $1,000
[ ] Property Damage Over $1,000
[ ] Vehicle Theft
[ ] Fire Setting
[ ] Theft/Shoplifting
[ ] Other:

PHYSICAL ASSAULTS BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party
[ ] To Animals (animal cruelty)

POSSESSION OF PROHIBITED MATERIALS: (Defined per client/individual/program)
[ ] Possession of Prohibited Materials (i.e., alcohol, lighter, weapon, pornography, illicit drugs, etc.)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 3

SECTION E: PROGRAMMATIC RESPONSE (Check all that apply)

[x] Counseling/Training for Staff/Mentor
[ ] ISP/Supervision/Behavioral Plan Developed with Client/Individual
[ ] Internal Investigation Underway
Interventions:
[ ]Physical
[ ]Mechanical
[ ]Seclusions
[ ]Chemical
[ ]Law Enforcement

[ ] Reported to Adult/Child Protective Services
Date:
( ) Substantiated ( ) Unsubstantiate
[x] Licensing Notified
Date:

[x] Funding Source Notified
Date:
[ ] Family Notified
Date:
[x] Guardian Notified
Date:
[ ] Law Enforcement/Probation Notified
Date:

Client/Individual Name: **Log #:**

22. SECTION F: CLIENT/INDIVIDUAL HISTORY / DIAGNOSES

List Client/Individual's current medical and psychiatric diagnoses, behavioral history (e.g. sexually abused, physically aggressive, running, confabulation, etc.), medical history (e.g. seizures, diabetes, etc.) and medications.

995.55 - Shaken Baby Syndrome. has Cerebral Palsy, reflux, feeding intolerance, dysphagia, visual impairment, cranial nerve III palsy, neurogenic bladder with recurrent urinary tract infections and global developmental delay. Recently, was diagnosed with pulmonary edema. The results of x-ray on showed lungs were filled completely with fluid and would no longer have usage.

23. SECTION G: ANTECEDENT EVENTS

Briefly describe the Client/Individual's condition and activities prior and leading up to this incident.

Pulmonary Edema, Shaken Baby Syndrome, Cerebral Palsy, Feeding Intolerance, Visual Impairment, Cranial Nerve III Palsy, Neurogenic Bladder with recurrent UTIs and Global Development Delays.

24. SECTION H: INCIDENT NARRATIVE

Describe IN DETAIL the incident in chronological order. Include who, what, where, when and how. Provide information on alleged injuries, interventions and current status. Report involvement of other parties such as law enforcement, emergency medical services, etc. Include sources of information (e.g. "Mentor reported..." or "Staff observed..."). When using names, include title and/or affiliation (i.e. Joan Smith, DCFS Case Manager.).

Approximately on , Program Clinical Coordinator, received a telephone call from , the foster parent, reporting that a medically fragile client, had passed away at , Hospice Social Worker, was present at the time of death. - Mentor reports , Hospice Nurse, MTS Caseworker, , Program Pediatrician, and Mr. Coroner were present throughout the remainder of the day. - reports had been battling pulmonary edema for a few weeks. received an x-ray on The results showed no longer had usage of lungs as they were completely filled with fluid. has had problems with bleeding from nose due to platelets remaining low. core temperature has ranged from 86-88 degrees. An autopsy is scheduled for . Although biological parents relinquished their rights, Mrs. reports their attorneys were notified. Mrs. extended the invitation for them to attend the funeral.

Continue on an additional sheet if necessary. DO NOT WRITE ON BACK OF PAGE)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review			Page 4
SECTION I: REVIEWS / SIGNATURES			
Signature of Person Completing Form	**Print Name**	**Title** Clinical Coordinator	**Date**
Signature of Manager/Director	**Print Name**	**Title** Program Manager	**Date**
Signature	**Print Name**	**Title**	**Date**
Signature	**Print Name**	**Title**	**Date**
Signature of State Director (Level 3 and 4 only)	**Print Name**	**Title**	**Date**

THE MENTOR NETWORK - INCIDENT REPORT
Attorney/Client Privileged and Confidential: Risk Management/Peer Review — Page 1

Please PRINT Clearly or Type in Legible Font (10-12) - DO NOT Leave Blanks. Complete All Boxes.

SECTION A: CLIENT/INDIVIDUAL INFORMATION

1. Client/Individual's Name: [redacted]
2. Level: ( ) 1 ( ) 2 ( ) 3 (x) 4
3. Guardian: ( ) Self (x) State ( ) Parent(s) ( ) Other:
4. Log #:
5. DOB: [redacted]
6. Age: 1 Years 6 M
7. Gender: [redacted]
8. Population: ( ) Adult (18+) (x) Child
9. Service Category: *(Check one)*
( ) Behavioral Health
( ) Juvenile Justice
(x) Medically Complex
( ) MR/DD
( ) MR/DD Offender
( ) Acquired Brain Injury
( ) Elder Care
( ) Mental Illness
( ) MR/MI
( ) Education
( ) Other:
10. Date of Admission to MENTOR NETWORK: [redacted]
11. Length of Current Placement/Services: **11 Months**

SECTION B: PROGRAM INFORMATION

12. State: [redacted]
13. City: [redacted]
14. If Acquisition/Partner, specify company name:
15. Program Name: [redacted]

16. Service Setting/Model: **(check the ONE that most closely fits)**
( ) ICF/MR (Intermediate Care Facility)
( ) Group or Shared Living (3+ clients/individuals with 24/7)
( ) Shared or Supported Living (1 or 2 clients/individuals with 24/7)
(x) Mentor Home/ Host Home
( ) Group or Shared Living (3+ clients/individuals with less than 24/7)
( ) Shared or Supported Living (1 or 2 clients/individuals with less than 24/7)
( ) Home Health Agency Services
( ) Family/School/Home Based Supports (periodic services less than 24/7)
( ) Clinical/Outpatient Therapy/Rehab (OT, PT, Speech)
( ) Day Program
( ) Supported Employment/Vocational
( ) School
( ) Brokerage/Case Management (non-residential)

SECTION C: INCIDENT INFORMATION

17. Date & Time of Incident: [redacted]
18. First Reported to MENTOR NETWORK: [redacted]
By: *(Name & Title)* [redacted] PM

19. Location of Incident: *(check one)*
( ) Mentor Home ( ) Primary ( ) Respite
Mentor Name:
# of Clients/Individuals Living in Home:
( ) Client/Individual's Residence (group home, ICF, apt)
( ) Client/Individual's Biological Family/Guardian Home
( ) Day Program
( ) School
( ) Client/Individual's Place of Employment
( ) Vehicle
( ) Program Office
( ) Community
(x) Other: [redacted] **Children's Hospital**

20. Outcome of Incident: *(check all that apply)*
[ ] Remain in Current Placement
[ ] Placement Decision Pending
[ ] Client/Individual Placed in Respite
[ ] Placement Disrupted (i.e. Client/Individual transferred to new home/ program/placement within MENTOR NETWORK)
[x] Discharged from MENTOR NETWORK
[ ] Temporarily or Permanently Closed Mentor Home
[ ] Emergency Psychiatric Evaluation (no hospitalization)
[ ] Emergency Psychiatric Hospitalization
[ ] Emergency Medical Hospitalization
[ ] In-school suspension
[ ] School Suspension/Expulsion
[ ] Client/Individual Arrest/Detention
[x] Death
[ ] Other:

21. **Summarize in 2-3 sentences the key aspects of the incident for entry into Risk Management database.**

**On [redacted] [redacted] PM the minor [redacted] passed away at [redacted] Children's Hospital from Acute Hypoxic Respiratory Failure secondary to RSV per [redacted] [redacted].

Attorney/Client Privileged and Confidential: Risk Management/Peer Review — Page 2

Client/Individual Name: [redacted] Log #: Date of Inciden[redacted]

SECTION D: INCIDENT DESCRIPTORS (check all that apply)

DEATH (death of client/individual is a Level 4 incident):
(x) Expected Death of Client/Individual
( ) Unexpected Death of Client/Individual

CLIENT/INDIVIDUAL ELOPEMENT/AWOL:
( ) Located at the Time of the Incident Report
( ) Unable to Locate at the Time of the Incident Report
( ) Other:

CARE-TAKER MISCONDUCT:
(Suspected, Alleged or Confirmed)

Caretaker:
[ ] Mentor
[ ] Mentor Family Member
[ ] Staff
[ ] Other Caretaker:

Alleged Misconduct:
[ ] Sexual Boundary/Abuse
[ ] Verbal or Emotional Abuse
[ ] Physical Assault/Abuse
[ ] Corporal/Inappropriate Punishment
[ ] Inappropriate Use of Restraint/Physical Intervention
[ ] Neglect
[ ] Inadequate Supervision
[ ] Criminal Arrest of Caretaker
[ ] Alcohol/Drug Use by Caretaker
[ ] Misuse of Client/Individual's Funds
[ ] Misappropriation/Destruction of Client/Individual Personal Property
[ ] Other:

CLIENT/INDIVIDUAL BEHAVIORAL:
[ ] Self-Injurious Behavior
[ ] Mental Health De-compensation
[ ] Oppositional Behaviors
[ ] Inappropriate Sexual Comments/Threats
[ ] Verbal Threats of Violence
[ ] Exhibitionism/Public Masturbation

MEDICATION INCIDENTS:
[ ] Medication Error
[ ] Missing Controlled Substances
[ ] Serious Adverse Reaction to Medication

MEDICAL INCIDENTS:
[ ] Illness Requiring Medical Treatment
[ ] Deterioration in Existing Medical Condition
[ ] Pregnancy
[ ] Seizure Requiring Emergency Treatment
[ ] UTI
[ ] Bowel Impaction
[ ] Pneumonia
[ ] Pressure Sores
[ ] Other:

CLIENT/INDIVIDUAL INJURY BY:
[ ] Physical Assault by Third Party/Other Individual in our car
[ ] Sexual Assault by Third Party/Other Individual in our care
[ ] Theft by Third Party
[ ] Fall
[ ] Choking
[ ] Bathing/Scalding Related Injuries
[ ] Other Burns
[ ] Vehicle
[ ] Swimming/Near Drowning
[ ] Other Accidental Injury:

SUICIDAL CLIENT/INDIVIDUAL:
[ ] Suicidal Threats or Verbalizations
[ ] Suicidal Attempt or Gesture

EXPOSURE CONTROL INCIDENTS:
[ ] Client/Individual Exposed to Blood Borne Pathogens
[ ] Client/Individual Exposed Third Party to Blood Borne Pathogens

SEXUAL ASSAULT OR INAPPROPRIATE SEXUAL BEHAVIOR BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ]To Mentor's Family Member
[ ] To Other Third Party

PROPERTY DAMAGE BY CLIENT/INDIVIDUAL:
[ ] Property Damage Under $1,000
[ ] Property Damage Over $1,000
[ ] Vehicle Theft
[ ] Fire Setting
[ ] Theft/Shoplifting
[ ] Other:

PHYSICAL ASSAULTS BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ]To Mentor's Family Member
[ ] To Other Third Party
[ ]To Animals (animal cruelty)

POSSESSION OF PROHIBITED MATERIALS: (Defined per client/individual/program)
[ ] Possession of Prohibited Materials (i.e., alcohol, lighter, weapon, pornography, illicit drugs, etc.)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review — Page 3

SECTION E: PROGRAMMATIC RESPONSE (Check all that apply)

[ ] Counseling/Training for Staff/Mentor
[ ] ISP/Supervision/Behavioral Plan Developed with Client/Individual
[ ] Internal Investigation Underway
Interventions:
[ ]Physical
[ ]Mechanical
[ ]Seclusions
[ ]Chemical
[ ]Law Enforcement

[x] Reported to Adult/Child Protective Services
Date: [redacted]
( ) Substantiated ( ) Unsubstantiate
[ ] Licensing Notified
Date:

[x] Funding Source Notified
Date: [redacted]
[x] Family Notified
Date: [redacted]
[x] Guardian Notified
Date: [redacted]
[ ] Law Enforcement/Probation Notified
Date:

Client/Individual Name: [redacted] Log #: [redacted]

22. **SECTION F: CLIENT/INDIVIDUAL HISTORY / DIAGNOSES**

List Client/Individual's current medical and psychiatric diagnoses, behavioral history (e.g. sexually abused, physically aggressive, running, confabulation, etc.), medical history (e.g. seizures, diabetes, etc.) and medications.

[redacted] is diagnosed with the following: TBI, Respiratory failure, HX of ng tube, G tube, blindness, brain atrophy, severe failure to thrive, urosepsis and developmental delays. The minor is on the following medications Diazepam, Enulose, Phenobarbitol, Tylenol (PRN), Prevacid, and Triamcinolone

23. **SECTION G: ANTECEDENT EVENTS**

Briefly describe the Client/Individual's condition and activities prior and leading up to this incident.

The minor was hospitalized on [redacted] due to RSV and pneumonia. Minor was placed in the Pediatrics ICU at [redacted] Hospital. Minor had several infections including RSV, pneumonia, sinus and ear infection. The hospital staff tried all interventions possible including 100& oxygen, three chest tubes, ventilator, and oscillator. [redacted] Mentor OM maintained contacts with the guardian's office. Dr [redacted] spoke with bio mother directly. Doctor requested all significant parties come to hospital on [redacted]

24. **SECTION H: INCIDENT NARRATIVE**

Describe IN DETAIL the incident in chronological order. Include who, what, where, when and how. Provide information on alleged injuries, interventions and current status. Report involvement of other parties such as law enforcement, emergency medical services, etc. Include sources of information (e.g. "Mentor reported..." or "Staff observed..."). When using names, include title and/or affiliation (i.e. Joan Smith, DCFS Case Manager.).

On [redacted] at [redacted] the minor [redacted] passed away at [redacted] Hospital from Acute Hypoxic Respiratory Failure secondary to RSV per [redacted] The bio mother, maternal grandmother, foster parents extended family and [redacted] mentor worker [redacted] and [redacted] had been at the hospital for several hours and were present when the minor passed away.

Continue on an additional sheet if necessary. DO NOT WRITE ON BACK OF PAGE)

SECTION I: REVIEWS / SIGNATURES

Signature	Print Name	Title	Date
Signature of Person Completing Form [redacted]	Print Name	Title PC	Date [redacted]
Signature of Manager/Director [redacted]	Print Name	Title PM	Date [redacted]
Signature [redacted]	Print Name	Title PS	Date [redacted]
Signature [redacted]	Print Name	Title Dir of Ops	Date [redacted]
Signature of State Director (Level 3 and 4 only)	Print Name	Title	Date

THE MENTOR NETWORK - INCIDENT REPORT
Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 1

Please PRINT Clearly or Type in Legible Font (10-12) - DO NOT Leave Blanks. Complete All Boxes.

SECTION A: CLIENT/INDIVIDUAL INFORMATION

1. Client/Individual's Name: [redacted]
2. Level: ( ) 1 ( ) 2 ( ) 3 (x) 4
3. Guardian: ( ) Self (x) State ( ) Parent(s) ( ) Other:
4. Log #: [redacted]
5. DOB: [redacted]
6. Age: 12 Years 4 M
7. Gender: [redacted]
8. Population: ( ) Adult (18+) (x) Child
9. Service Category: *(Check one)*
   - (x) Behavioral Health
   - ( ) Juvenile Justice
   - ( ) Medically Complex
   - ( ) MR/DD
   - ( ) MR/DD Offender
   - ( ) Acquired Brain Injury
   - ( ) Elder Care
   - ( ) Mental Illness
   - ( ) MR/MI
   - ( ) Education
   - ( ) Other:
10. Date of Admission to MENTOR NETWORK: [redacted]
11. Length of Current Placement/Services:

SECTION B: PROGRAM INFORMATION

12. State: [redacted]
13. City: [redacted]
14. If Acquisition/Partner, specify company name:
15. Program Name: [redacted]

16. Service Setting/Model: **(check the ONE that most closely fits)**
- ( ) ICF/MR (Intermediate Care Facility)
- ( ) Group or Shared Living (3+ clients/individuals with 24/7)
- ( ) Shared or Supported Living (1 or 2 clients/individuals with 24/7)
- (x) Mentor Home/ Host Home
- ( ) Group or Shared Living (3+ clients/individuals with less than 24/7)
- ( ) Shared or Supported Living (1 or 2 clients/individuals with less than 24/7)
- ( ) Home Health Agency Services
- ( ) Family/School/Home Based Supports (periodic services less than 24/7)
- ( ) Clinical/Outpatient Therapy/Rehab (OT, PT, Speech)
- ( ) Day Program
- ( ) Supported Employment/Vocational
- ( ) School
- ( ) Brokerage/Case Management (non-residential)

SECTION C: INCIDENT INFORMATION

17. Date & Time of Incident: [redacted]
18. First Reported to MENTOR NETWORK: [redacted]
    By: *(Name & Title)* [redacted] mentor

19. Location of Incident: *(check one)*
- (x) Mentor Home (x) Primary ( ) Respite
  Mentor Name: [redacted]
  # of Clients/Individuals Living in Home:
- ( ) Client/Individual's Residence (group home, ICF, apt)
- ( ) Client/Individual's Biological Family/Guardian Home
- ( ) Day Program
- ( ) School
- ( ) Client/Individual's Place of Employment
- ( ) Vehicle
- ( ) Program Office
- ( ) Community
- ( ) Other:

20. Outcome of Incident: *(check all that apply)*
- [x] Remain in Current Placement
- [ ] Placement Decision Pending
- [ ] Client/Individual Placed in Respite
- [ ] Placement Disrupted (i.e. Client/Individual transferred to new home/ program/placement within MENTOR NETWORK)
- [ ] Discharged from MENTOR NETWORK
- [ ] Temporarily or Permanently Closed Mentor Home
- [ ] Emergency Psychiatric Evaluation (no hospitalization)
- [ ] Emergency Psychiatric Hospitalization
- [x] Emergency Medical Hospitalization
- [ ] In-school suspension
- [ ] School Suspension/Expulsion
- [ ] Client/Individual Arrest/Detention
- [ ] Death
- [ ] Other:

21. **Summarize in 2-3 sentences the key aspects of the incident for entry into Risk Management database.**

**Client became ill with a fever and sore throat. [redacted] was taken to the ER where [redacted] was diagnosed with a lung infection. Client was admitted into the hospital.

Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 2

Client/Individual Name: [redacted] **Log #:** [redacted]

SECTION D: INCIDENT DESCRIPTORS (check all that apply)

DEATH (death of client/individual is a Level 4 incident):
( ) Expected Death of Client/Individual
( ) Unexpected Death of Client/Individual

CLIENT/INDIVIDUAL ELOPEMENT/AWOL:
( ) Located at the Time of the Incident Report
( ) Unable to Locate at the Time of the Incident Report
( ) Other:

CLIENT/INDIVIDUAL BEHAVIORAL:
[ ] Self-Injurious Behavior
[ ] Mental Health De-compensation
[ ] Oppositional Behaviors
[ ] Inappropriate Sexual Comments/Threats
[ ] Verbal Threats of Violence
[ ] Exhibitionism/Public Masturbation

CARE-TAKER MISCONDUCT:
(Suspected, Alleged or Confirmed)

Caretaker:
[ ] Mentor
[ ] Mentor Family Member
[ ] Staff
[ ] Other Caretaker:

Alleged Misconduct:
[ ] Sexual Boundary/Abuse
[ ] Verbal or Emotional Abuse
[ ] Physical Assault/Abuse
[ ] Corporal/Inappropriate Punishment
[ ] Inappropriate Use of Restraint/Physical Intervention
[ ] Neglect
[ ] Inadequate Supervision
[ ] Criminal Arrest of Caretaker
[ ] Alcohol/Drug Use by Caretaker
[ ] Misuse of Client/Individual's Funds
[ ] Misappropriation/Destruction of Client/Individual Personal Property
[ ] Other:

MEDICATION INCIDENTS:
[ ] Medication Error
[ ] Missing Controlled Substances
[ ] Serious Adverse Reaction to Medication

MEDICAL INCIDENTS:
[x] Illness Requiring Medical Treatment
[ ] Deterioration in Existing Medical Condition
[ ] Pregnancy
[ ] Seizure Requiring Emergency Treatment
[ ] UTI
[ ] Bowel Impaction
[ ] Pneumonia
[ ] Pressure Sores
[ ] Other:

CLIENT/INDIVIDUAL INJURY BY:
[ ] Physical Assault by Third Party/Other Individual in our car
[ ] Sexual Assault by Third Party/Other Individual in our care
[ ] Theft by Third Party
[ ] Fall
[ ] Choking
[ ] Bathing/Scalding Related Injuries
[ ] Other Burns
[ ] Vehicle
[ ] Swimming/Near Drowning
[ ] Other Accidental Injury:

SUICIDAL CLIENT/INDIVIDUAL:
[ ] Suicidal Threats or Verbalizations
[ ] Suicidal Attempt or Gesture

EXPOSURE CONTROL INCIDENTS:
[ ] Client/Individual Exposed to Blood Borne Pathogens
[ ] Client/Individual Exposed Third Party to Blood Borne Pathogens

SEXUAL ASSAULT OR INAPPROPRIATE SEXUAL BEHAVIOR BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ]To Mentor's Family Member
[ ] To Other Third Party

PROPERTY DAMAGE BY CLIENT/INDIVIDUAL:
[ ] Property Damage Under $1,000
[ ] Property Damage Over $1,000
[ ] Vehicle Theft
[ ] Fire Setting
[ ] Theft/Shoplifting
[ ] Other:

PHYSICAL ASSAULTS BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ]To Mentor's Family Member
[ ] To Other Third Party
[ ]To Animals (animal cruelty)

POSSESSION OF PROHIBITED MATERIALS: (Defined per client/individual/program)
[ ] Possession of Prohibited Materials (i.e., alcohol, lighter, weapon, pornography, illicit drugs, etc.)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 3

SECTION E: PROGRAMMATIC RESPONSE (Check all that apply)

[ ] Counseling/Training for Staff/Mentor
[ ] ISP/Supervision/Behavioral Plan Developed with Client/Individual
[ ] Internal Investigation Underway
Interventions:
[ ]Physical
[ ]Mechanical
[ ]Seclusions
[ ]Chemical
[ ]Law Enforcement

[ ] Reported to Adult/Child Protective Services
Date:
( ) Substantiated ( ) Unsubstantiate

[x] Licensing Notified
Date:

[x] Funding Source Notified
Date:
[ ] Family Notified
Date:
[x] Guardian Notified
Date:
[ ] Law Enforcement/Probation Notified
Date:

Client/Individual Name: Log #:

22.
SECTION F: CLIENT/INDIVIDUAL HISTORY / DIAGNOSES

List Client/Individual's current medical and psychiatric diagnoses, behavioral history (e.g. sexually abused, physically aggressive, running, confabulation, etc.), medical history (e.g. seizures, diabetes, etc.) and medications.

Axis I – Adjustment DO Axis II – none Axis III – none Axis IV – separation from family, medical neglect and abuse Axis V – 58

23.
SECTION G: ANTECEDENT EVENTS

Briefly describe the Client/Individual's condition and activities prior and leading up to this Incident.

Client was complaining of having a sore throat and developed a fever.

24.
SECTION H: INCIDENT NARRATIVE

Describe IN DETAIL the incident in chronological order. Include who, what, where, when and how. Provide information on alleged injuries, interventions and current status. Report involvement of other parties such as law enforcement, emergency medical services, etc. Include sources of information (e.g. "Mentor reported..." or "Staff observed..."). When using names, include title and/or affiliation (i.e. Joan Smith, DCFS Case Manager.).

Mentor called the on call services on at to report that she had taken client to the ER. The client had a fever and sore throat. The client was evaluated and diagnosed with a ling infection that required hospitalization. The client was admitted to Hospital in On call coordinator notified of the need for the client to be hospitalized. DYSA signed into the hospital and is currently being treated in the pediatrics unit for a bacterial infection in lungs. UPDATE – evening was transferred by airlift to the Hospital where was placed on a ventilator after several incidences of loss of blood pressure. was tested and found to have signs of MRSA in nose. On morning was placed on life support with the approval of guardian birth father. birth father informed the CC and CS that had given approval to the hospital to perform "bypass surgery" on due to an unknown infection in heart. He stated that he was told that this procedure was a last report. As of is still in surgery and doctors report that everything is going well.

Continue on an additional sheet if necessary. DO NOT WRITE ON BACK OF PAGE)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review			Page 4
SECTION I: REVIEWS / SIGNATURES			
Signature of Person Completing Form	Print Name	Title CC	Date
Signature of Manager/Director	Print Name	Title APM	Date
Signature	Print Name	Title Supervisor	Date
Signature	Print Name	Title SQM	Date
Signature of State Director (Level 3 and 4 only)	Print Name	Title	Date

THE MENTOR NETWORK - INCIDENT REPORT
Attorney/Client Privileged and Confidential: Risk Management/Peer Review — Page 1

Please PRINT Clearly or Type in Legible Font (10-12) - DO NOT Leave Blanks. Complete All Boxes.

SECTION A: CLIENT/INDIVIDUAL INFORMATION

1. Client/Individual's Name: [redacted]
2. Level: ( ) 1 ( ) 2 ( ) 3 (x) 4
3. Guardian: ( ) Self (x) State ( ) Parent(s) ( ) Other:
4. Log #: [redacted]
5. DOB: [redacted]
6. Age: 19 Years 8 M
7. Gender: [redacted]
8. Population: (x) Adult (18+) ( ) Child
9. Service Category: *(Check one)*
   - (x) Behavioral Health
   - ( ) Juvenile Justice
   - ( ) Medically Complex
   - ( ) MR/DD
   - ( ) MR/DD Offender
   - ( ) Acquired Brain Injury
   - ( ) Elder Care
   - ( ) Mental Illness
   - ( ) MR/MI
   - ( ) Education
   - ( ) Other:
10. Date of Admission to MENTOR NETWORK: [redacted]
11. Length of Current Placement/Services:

SECTION B: PROGRAM INFORMATION

12. State: [redacted]
13. City: [redacted]
14. If Acquisition/Partner, specify company name:
15. Program Name: Child Protective Services
16. Service Setting/Model: **(check the ONE that most closely fits)**
   - ( ) ICF/MR (Intermediate Care Facility)
   - ( ) Group or Shared Living (3+ clients/individuals with 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with 24/7)
   - (x) Mentor Home/ Host Home
   - ( ) Group or Shared Living (3+ clients/individuals with less than 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with less than 24/7)
   - ( ) Home Health Agency Services
   - ( ) Family/School/Home Based Supports (periodic services less than 24/7)
   - ( ) Clinical/Outpatient Therapy/Rehab (OT, PT, Speech)
   - ( ) Day Program
   - ( ) Supported Employment/Vocational
   - ( ) School
   - ( ) Brokerage/Case Management (non-residential)

SECTION C: INCIDENT INFORMATION

17. Date & Time of Incident: [redacted]
18. First Reported to MENTOR NETWORK: [redacted]
    By: *(Name & Title)* [redacted] Mentor
19. Location of Incident: *(check one)*
   - ( ) Mentor Home ( ) Primary ( ) Respite
     Mentor Name:
     # of Clients/Individuals Living in Home:
   - ( ) Client/Individual's Residence (group home, ICF, apt)
   - ( ) Client/Individual's Biological Family/Guardian Home
   - ( ) Day Program
   - ( ) School
   - ( ) Client/Individual's Place of Employment
   - ( ) Vehicle
   - ( ) Program Office
   - (x) Community
   - ( ) Other:
20. Outcome of Incident: *(check all that apply)*
   - [ ] Remain in Current Placement
   - [ ] Placement Decision Pending
   - [ ] Client/Individual Placed in Respite
   - [ ] Placement Disrupted (i.e. Client/Individual transferred to new home/ program/placement within MENTOR NETWORK)
   - [ ] Discharged from MENTOR NETWORK
   - [ ] Temporarily or Permanently Closed Mentor Home
   - [ ] Emergency Psychiatric Evaluation (no hospitalization)
   - [ ] Emergency Psychiatric Hospitalization
   - [ ] Emergency Medical Hospitalization
   - [ ] In-school suspension
   - [ ] School Suspension/Expulsion
   - [ ] Client/Individual Arrest/Detention
   - [x] Death
   - [ ] Other:
21. **Summarize in 2-3 sentences the key aspects of the incident for entry into Risk Management database.**

** Client was participating in the rodeo trail ride with [redacted] foster family and was staying with them in the family RV. On [redacted] morning, [redacted], the family was not able to rouse [redacted] CPR was performed, and EMs were called. They were not able to revive [redacted].

Attorney/Client Privileged and Confidential: Risk Management/Peer Review — Page 2

Client/Individual Name: [redacted] Log #: [redacted]

SECTION D: INCIDENT DESCRIPTORS (check all that apply)

DEATH (death of client/individual is a Level 4 incident):
( ) Expected Death of Client/Individual
(x) Unexpected Death of Client/Individual

CLIENT/INDIVIDUAL ELOPEMENT/AWOL:
( ) Located at the Time of the Incident Report
( ) Unable to Locate at the Time of the Incident Report
( ) Other:

CARE-TAKER MISCONDUCT:
(Suspected, Alleged or Confirmed)

Caretaker:
[ ] Mentor
[ ] Mentor Family Member
[ ] Staff
[ ] Other Caretaker:

Alleged Misconduct:
[ ] Sexual Boundary/Abuse
[ ] Verbal or Emotional Abuse
[ ] Physical Assault/Abuse
[ ] Corporal/Inappropriate Punishment
[ ] Inappropriate Use of Restraint/Physical Intervention
[ ] Neglect
[ ] Inadequate Supervision
[ ] Criminal Arrest of Caretaker
[ ] Alcohol/Drug Use by Caretaker
[ ] Misuse of Client/Individual's Funds
[ ] Misappropriation/Destruction of Client/Individual Personal Property
[ ] Other:

CLIENT/INDIVIDUAL BEHAVIORAL:
[ ] Self-Injurious Behavior
[ ] Mental Health De-compensation
[ ] Oppositional Behaviors
[ ] Inappropriate Sexual Comments/Threats
[ ] Verbal Threats of Violence
[ ] Exhibitionism/Public Masturbation

MEDICATION INCIDENTS:
[ ] Medication Error
[ ] Missing Controlled Substances
[ ] Serious Adverse Reaction to Medication

MEDICAL INCIDENTS:
[ ] Illness Requiring Medical Treatment
[ ] Deterioration in Existing Medical Condition
[ ] Pregnancy
[ ] Seizure Requiring Emergency Treatment
[ ] UTI
[ ] Bowel Impaction
[ ] Pneumonia
[ ] Pressure Sores
[ ] Other:

CLIENT/INDIVIDUAL INJURY BY:
[ ] Physical Assault by Third Party/Other Individual in our car
[ ] Sexual Assault by Third Party/Other Individual in our care
[ ] Theft by Third Party
[ ] Fall
[ ] Choking
[ ] Bathing/Scalding Related Injuries
[ ] Other Burns
[ ] Vehicle
[ ] Swimming/Near Drowning
[ ] Other Accidental Injury:

SUICIDAL CLIENT/INDIVIDUAL:
[ ] Suicidal Threats or Verbalizations
[ ] Suicidal Attempt or Gesture

EXPOSURE CONTROL INCIDENTS:
[ ] Client/Individual Exposed to Blood Borne Pathogens
[ ] Client/Individual Exposed Third Party to Blood Borne Pathogens

SEXUAL ASSAULT OR INAPPROPRIATE SEXUAL BEHAVIOR BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ]To Mentor's Family Member
[ ] To Other Third Party

PROPERTY DAMAGE BY CLIENT/INDIVIDUAL:
[ ] Property Damage Under $1,000
[ ] Property Damage Over $1,000
[ ] Vehicle Theft
[ ] Fire Setting
[ ] Theft/Shoplifting
[ ] Other:

PHYSICAL ASSAULTS BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ]To Mentor's Family Member
[ ] To Other Third Party
[ ]To Animals (animal cruelty)

POSSESSION OF PROHIBITED MATERIALS: (Defined per client/individual/program)
[ ] Possession of Prohibited Materials (i.e., alcohol, lighter, weapon, pornography, illicit drugs, etc.)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 3

SECTION E: PROGRAMMATIC RESPONSE (Check all that apply)

[ ] Counseling/Training for Staff/Mentor
[ ] ISP/Supervision/Behavioral Plan Developed with Client/Individual
[ ] Internal Investigation Underway
Interventions:
[ ]Physical
[ ]Mechanical
[ ]Seclusions
[ ]Chemical
[ ]Law Enforcement

[x] Reported to Adult/Child Protective Services
Date: [redacted]
( ) Substantiated ( ) Unsubstantiate
[ ] Licensing Notified
Date:

[x] Funding Source Notified
Date: [redacted]
[ ] Family Notified
Date:
[ ] Guardian Notified
Date:
[ ] Law Enforcement/Probation Notified
Date:

Client/Individual Name: [redacted] **Log #:** [redacted]

22. **SECTION F: CLIENT/INDIVIDUAL HISTORY / DIAGNOSES**

List Client/Individual's current medical and psychiatric diagnoses, behavioral history (e.g. sexually abused, physically aggressive, running, confabulation, etc.), medical history (e.g. seizures, diabetes, etc.) and medications.

Past history includes: Borderline intellectual functioning and a history of asthma. Pregnant

23. **SECTION G: ANTECEDENT EVENTS**

Briefly describe the Client/Individual's condition and activities prior and leading up to this incident.

[redacted] and the foster family were participating in a rodeo trail ride and were camping in the [redacted] family's RV.

24. **SECTION H: INCIDENT NARRATIVE**

Describe IN DETAIL the incident in chronological order. Include who, what, where, when and how. Provide information on alleged injuries, interventions and current status. Report involvement of other parties such as law enforcement, emergency medical services, etc. Include sources of information (e.g. "Mentor reported..." or "Staff observed..."). When using names, include title and/or affiliation (i.e. Joan Smith, DCFS Case Manager.).

Mr. [redacted] reported that Mrs [redacted] was unable to rouse [redacted] for br4akfast in the morning. CPR was started by the [redacted], and EMs were called. Paramedics worked on [redacted] but were not able to revive [redacted] The police on the scene have determined at this point that it appears all of the family was suffering from carbon monoxide poisoning. An autopsy will be performed o[redacted] Inspector [redacted] interviewed Mr. and Mrs. [redacted] and two of the foster children and reports he feels this was a tragic accident.

Continue on an additional sheet if necessary. DO NOT WRITE ON BACK OF PAGE)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review — Page 4

SECTION I: REVIEWS / SIGNATURES

Signature	Print Name	Title	Date
Signature of Person Completing Form [redacted]		PM	[redacted]
Signature of Manager/Director [redacted]		PM	[redacted]
Signature			
Signature [redacted]		State QA	[redacted]
Signature of State Director (Level 3 and 4 only) [redacted]		State Dir.	[redacted]

THE MENTOR NETWORK - INCIDENT REPORT
Attorney/Client Privileged and Confidential: Risk Management/Peer Review — Page 1

Please PRINT Clearly or Type in Legible Font (10-12) - DO NOT Leave Blanks. Complete All Boxes.

SECTION A: CLIENT/INDIVIDUAL INFORMATION

1. Client/Individual's Name: [redacted]
2. Level: ( ) 1 ( ) 2 ( ) 3 (x) 4
3. Guardian: ( ) Self (x) State ( ) Parent(s) ( ) Other:
4. Log #: [redacted]
5. DOB: [redacted]
6. Age: 9 Months
7. Gender: [redacted]
8. Population: ( ) Adult (18+) (x) Child
9. Service Category: *(Check one)*
   - ( ) Behavioral Health
   - ( ) Juvenile Justice
   - (x) Medically Complex
   - ( ) MR/DD
   - ( ) MR/DD Offender
   - ( ) Acquired Brain Injury
   - ( ) Elder Care
   - ( ) Mental Illness
   - ( ) MR/MI
   - ( ) Education
   - ( ) Other:
10. Date of Admission to MENTOR NETWORK: [redacted]
11. Length of Current Placement/Services: 3 Months 1 Days

SECTION B: PROGRAM INFORMATION

12. State: [redacted]
13. City: [redacted]
14. If Acquisition/Partner, specify company name:
15. Program Name: TFC

16. Service Setting/Model: (check the ONE that most closely fits)
- ( ) ICF/MR (Intermediate Care Facility)
- ( ) Group or Shared Living (3+ clients/individuals with 24/7)
- ( ) Shared or Supported Living (1 or 2 clients/individuals with 24/7)
- (x) Mentor Home/ Host Home
- ( ) Group or Shared Living (3+ clients/individuals with less than 24/7)
- ( ) Shared or Supported Living (1 or 2 clients/individuals with less than 24/7)
- ( ) Home Health Agency Services
- ( ) Family/School/Home Based Supports (periodic services less than 24/7)
- ( ) Clinical/Outpatient Therapy/Rehab (OT, PT, Speech)
- ( ) Day Program
- ( ) Supported Employment/Vocational
- ( ) School
- ( ) Brokerage/Case Management (non-residential)

SECTION C: INCIDENT INFORMATION

17. Date & Time of Incident: [redacted]
18. First Reported to MENTOR NETWORK: [redacted]
    By: *(Name & Title)* [redacted] mentor

19. Location of Incident: *(check one)*
- (x) Mentor Home (x) Primary ( ) Respite
  - Mentor Name: [redacted]
  - # of Clients/Individuals Living in Home: 6
- ( ) Client/Individual's Residence (group home, ICF, apt)
- ( ) Client/Individual's Biological Family/Guardian Home
- ( ) Day Program
- ( ) School
- ( ) Client/Individual's Place of Employment
- ( ) Vehicle
- ( ) Program Office
- ( ) Community
- ( ) Other:

20. Outcome of Incident: *(check all that apply)*
- [ ] Remain in Current Placement
- [ ] Placement Decision Pending
- [ ] Client/Individual Placed in Respite
- [ ] Placement Disrupted (i.e. Client/Individual transferred to new home/ program/placement within MENTOR NETWORK)
- [ ] Discharged from MENTOR NETWORK
- [ ] Temporarily or Permanently Closed Mentor Home
- [ ] Emergency Psychiatric Evaluation (no hospitalization)
- [ ] Emergency Psychiatric Hospitalization
- [ ] Emergency Medical Hospitalization
- [ ] In-school suspension
- [ ] School Suspension/Expulsion
- [ ] Client/Individual Arrest/Detention
- [x] Death
- [ ] Other:

21. Summarize in 2-3 sentences the key aspects of the incident for entry into Risk Management database.

[redacted] contacted the on call coordinator on [redacted] at approx [redacted] notifying the coordinator of [redacted] passing.

Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 2

Client/Individual Name: [redacted] **Log #:** [redacted]

SECTION D: INCIDENT DESCRIPTORS (check all that apply)

DEATH (death of client/individual is a Level 4 incident):
( ) Expected Death of Client/Individual
(x) Unexpected Death of Client/Individual

CLIENT/INDIVIDUAL ELOPEMENT/AWOL:
( ) Located at the Time of the Incident Report
( ) Unable to Locate at the Time of the Incident Report
( ) Other:

CARE-TAKER MISCONDUCT:
(Suspected, Alleged or Confirmed)

Caretaker:
[ ] Mentor
[ ] Mentor Family Member
[ ] Staff
[ ] Other Caretaker:

Alleged Misconduct:
[ ] Sexual Boundary/Abuse
[ ] Verbal or Emotional Abuse
[ ] Physical Assault/Abuse
[ ] Corporal/Inappropriate Punishment
[ ] Inappropriate Use of Restraint/Physical Intervention
[ ] Neglect
[ ] Inadequate Supervision
[ ] Criminal Arrest of Caretaker
[ ] Alcohol/Drug Use by Caretaker
[ ] Misuse of Client/Individual's Funds
[ ] Misappropriation/Destruction of Client/Individual Personal Property
[ ] Other:

SUICIDAL CLIENT/INDIVIDUAL:
[ ] Suicidal Threats or Verbalizations
[ ] Suicidal Attempt or Gesture

SEXUAL ASSAULT OR INAPPROPRIATE SEXUAL BEHAVIOR BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ]To Mentor's Family Member
[ ] To Other Third Party

PHYSICAL ASSAULTS BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ]To Mentor's Family Member
[ ] To Other Third Party
[ ]To Animals (animal cruelty)

CLIENT/INDIVIDUAL BEHAVIORAL:
[ ] Self-Injurious Behavior
[ ] Mental Health De-compensation
[x] Oppositional Behaviors
[ ] Inappropriate Sexual Comments/Threats
[ ] Verbal Threats of Violence
[ ] Exhibitionism/Public Masturbation

MEDICATION INCIDENTS:
[ ] Medication Error
[ ] Missing Controlled Substances
[ ] Serious Adverse Reaction to Medication

MEDICAL INCIDENTS:
[ ] Illness Requiring Medical Treatment
[ ] Deterioration in Existing Medical Condition
[ ] Pregnancy
[ ] Seizure Requiring Emergency Treatment
[ ] UTI
[ ] Bowel Impaction
[ ] Pneumonia
[ ] Pressure Sores
[ ] Other:

CLIENT/INDIVIDUAL INJURY BY:
[ ] Physical Assault by Third Party/Other Individual in our car
[ ] Sexual Assault by Third Party/Other Individual in our care
[ ] Theft by Third Party
[ ] Fall
[ ] Choking
[ ] Bathing/Scalding Related Injuries
[ ] Other Burns
[ ] Vehicle
[ ] Swimming/Near Drowning
[ ] Other Accidental Injury:

EXPOSURE CONTROL INCIDENTS:
[ ] Client/Individual Exposed to Blood Borne Pathogens
[ ] Client/Individual Exposed Third Party to Blood Borne Pathogens

PROPERTY DAMAGE BY CLIENT/INDIVIDUAL:
[ ] Property Damage Under $1,000
[ ] Property Damage Over $1,000
[ ] Vehicle Theft
[ ] Fire Setting
[ ] Theft/Shoplifting
[ ] Other:

POSSESSION OF PROHIBITED MATERIALS: (Defined per client/individual/program)

[ ] Possession of Prohibited Materials (i.e., alcohol, lighter, weapon, pornography, illicit drugs, etc.)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 3

SECTION E: PROGRAMMATIC RESPONSE (Check all that apply)

[x] Counseling/Training for Staff/Mentor
[ ] ISP/Supervision/Behavioral Plan Developed with Client/Individual
[x] Internal Investigation Underway
Interventions:
[ ]Physical
[ ]Mechanical
[ ]Seclusions
[ ]Chemical
[x]Law Enforcement

[ ] Reported to Adult/Child Protective Services
Date:
( ) Substantiated ( ) Unsubstantiate
[x] Licensing Notified
Date:

[x] Funding Source Notified
Date:
[x] Family Notified
Date:
[x] Guardian Notified
Date:
[x] Law Enforcement/Probation Notified
Date:

Client/Individual Name: Log #:

22. **SECTION F: CLIENT/INDIVIDUAL HISTORY / DIAGNOSES**

List Client/Individual's current medical and psychiatric diagnoses, behavioral history (e.g. sexually abused, physically aggressive, running, confabulation, etc.), medical history (e.g. seizures, diabetes, etc.) and medications.

Current diagnosis was born premature at 29 weeks. Client has hydrocephalic with a subglaleal shunt. is diagnosed with Grade III IVH respiratory distress syndrome, muscle weakness, abnormal posture and other symptoms involving nervous and musculoskeletal systems Meds – Baclofen, Robintil, Zantac, Miralax, Clonaepam and Albuterol

23. **SECTION G: ANTECEDENT EVENTS**

Briefly describe the Client/Individual's condition and activities prior and leading up to this incident.

Mentor noticed clients breathing became a little worse and administered a neb treatment in hopes of helping lungs. She checked client for a fever because was diagnosed with an ear infection on Mentor reports placing in her other foster child's room (medically complex and confined to a hospital bed) while she fixed dinner. Mentor checked on and noticed that felt hot. She checked temp (104) so she administered Tylenol and noticed breathing had calmed.

24. **SECTION H: INCIDENT NARRATIVE**

Describe IN DETAIL the incident in chronological order. Include who, what, where, when and how. Provide information on alleged injuries, interventions and current status. Report involvement of other parties such as law enforcement, emergency medical services, etc. Include sources of information (e.g. "Mentor reported..." or "Staff observed..."). When using names, include title and/or affiliation (i.e. Joan Smith, DCFS Case Manager.).

Mentor parent finished dinner and ate. When she went in to move she noticed that was not breathing. She immediately grabbed her foster pulse ox and it did not show red. She grabbed the scope to listen. Mentor didn't hear a thing. She took pulse and couldn't get one. She then took G tube out and began administering CPR and called 911. Mentor reports EMS arrived within minutes. EMS took over and found unresponsive to all machines. let EMS crew know she could not make the final call because she was not authorized to. Mentor reports the EMS gentleman saying, "nothing else to do has passed". Mentor then contacted County DSS and notified the doctor Dr . Mentor reports after speaking with her doctor that law enforcement, CSI and the coroner came for reports. was transported to the where an autopsy will be performed. Mentor parent was asked about funeral arrangement and let DSS know that should be buried in wit mother.

Continue on an additional sheet if necessary. DO NOT WRITE ON BACK OF PAGE)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review			Page 4
SECTION I: REVIEWS / SIGNATURES			
Signature of Person Completing Form	Print Name	Title CC	Date
Signature of Manager/Director	Print Name	Title PM	Date
Signature	Print Name	Title	Date
Signature	Print Name	Title	Date
Signature of State Director (Level 3 and 4 only)	Print Name	Title	Date

THE MENTOR NETWORK - INCIDENT REPORT
Attorney/Client Privileged and Confidential: Risk Management/Peer Review **Page 1**

Please PRINT Clearly or Type in Legible Font (10-12) - DO NOT Leave Blanks. Complete All Boxes.

SECTION A: CLIENT/INDIVIDUAL INFORMATION

1. Client/Individual's Name:
2. Level: ( ) 1 ( ) 2 ( ) 3 (x) 4
3. Guardian: ( ) Self (x) State ( ) Parent(s) ( ) Other:
4. Log #:
5. DOB:
6. Age: 3 Years 5 M
7. Gender:
8. Population: ( ) Adult (18+) (x) Child
9. Service Category: *(Check one)*
   - ( ) Behavioral Health
   - ( ) Juvenile Justice
   - (x) Medically Complex
   - ( ) MR/DD
   - ( ) MR/DD Offender
   - ( ) Acquired Brain Injury
   - ( ) Elder Care
   - ( ) Mental Illness
   - ( ) MR/MI
   - ( ) Education
   - ( ) Other:
10. Date of Admission to MENTOR NETWORK:
11. Length of Current Placement/Services:

SECTION B: PROGRAM INFORMATION

12. State:
13. City:
14. **If Acquisition/Partner, specify company name:**
15. Program Name:
16. Service Setting/Model: **(check the ONE that most closely fits)**
   - ( ) ICF/MR (Intermediate Care Facility)
   - ( ) Group or Shared Living (3+ clients/individuals with 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with 24/7)
   - (x) Mentor Home/ Host Home
   - ( ) Group or Shared Living (3+ clients/individuals with less than 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with less than 24/7)
   - ( ) Home Health Agency Services
   - ( ) Family/School/Home Based Supports (periodic services less than 24/7)
   - ( ) Clinical/Outpatient Therapy/Rehab (OT, PT, Speech)
   - ( ) Day Program
   - ( ) Supported Employment/Vocational
   - ( ) School
   - ( ) Brokerage/Case Management (non-residential)

SECTION C: INCIDENT INFORMATION

17. Date & Time of Incident:
18. First Reported to MENTOR NETWORK:
    By: *(Name & Title)*
    Foster Parent
19. Location of Incident: *(check one)*
   - (x) Mentor Home (x) Primary ( ) Respite
     Mentor Name:
     # of Clients/Individuals Living in Home: 1
   - ( ) Client/Individual's Residence (group home, ICF, apt)
   - ( ) Client/Individual's Biological Family/Guardian Home
   - ( ) Day Program
   - ( ) School
   - ( ) Client/Individual's Place of Employment
   - ( ) Vehicle
   - ( ) Program Office
   - ( ) Community
   - ( ) Other:
20. Outcome of Incident: *(check all that apply)*
   - [ ] Remain in Current Placement
   - [ ] Placement Decision Pending
   - [ ] Client/Individual Placed in Respite
   - [ ] Placement Disrupted (i.e. Client/Individual transferred to new home/ program/placement within MENTOR NETWORK)
   - [ ] Discharged from MENTOR NETWORK
   - [ ] Temporarily or Permanently Closed Mentor Home
   - [ ] Emergency Psychiatric Evaluation (no hospitalization)
   - [ ] Emergency Psychiatric Hospitalization
   - [ ] Emergency Medical Hospitalization
   - [ ] In-school suspension
   - [ ] School Suspension/Expulsion
   - [ ] Client/Individual Arrest/Detention
   - [x] Death
   - [ ] Other:
21. **Summarize in 2-3 sentences the key aspects of the incident for entry into Risk Management database.**

** Minor was sleeping and checked on at [redacted] by the respite foster parent. At [redacted] foster parent went to wake the child to provide [redacted] feeding and noticed the child was cold and non-responsive. At that time, foster parent called 911 and ~~the [redacted] Mentor emergency hotline. Paramedics responded and could not revive child. [redacted] County sheriff and [redacted]~~ Police were called, as well as [redacted] County coroner. Coroner pronounced the child dead at [redacted]

Attorney/Client Privileged and Confidential: Risk Management/Peer Review **Page 2**

Client/Individual Name: [redacted] **Log #:** [redacted]

SECTION D: INCIDENT DESCRIPTORS (check all that apply)

DEATH (death of client/individual is a **Level 4** incident):
( ) Expected Death of Client/Individual
(x) Unexpected Death of Client/Individual

CLIENT/INDIVIDUAL ELOPEMENT/AWOL:
( ) Located at the Time of the Incident Report
( ) Unable to Locate at the Time of the Incident Report
( ) Other:

CLIENT/INDIVIDUAL BEHAVIORAL:
[ ] Self-Injurious Behavior
[ ] Mental Health De-compensation
[ ] Oppositional Behaviors
[ ] Inappropriate Sexual Comments/Threats
[ ] Verbal Threats of Violence
[ ] Exhibitionism/Public Masturbation

CARE-TAKER MISCONDUCT:
(Suspected, Alleged or Confirmed)

Caretaker:
[ ] Mentor
[ ] Mentor Family Member
[ ] Staff
[ ] Other Caretaker:

Alleged Misconduct:
[ ] Sexual Boundary/Abuse
[ ] Verbal or Emotional Abuse
[ ] Physical Assault/Abuse
[ ] Corporal/Inappropriate Punishment
[ ] Inappropriate Use of Restraint/Physical Intervention
[ ] Neglect
[ ] Inadequate Supervision
[ ] Criminal Arrest of Caretaker
[ ] Alcohol/Drug Use by Caretaker
[ ] Misuse of Client/Individual's Funds
[ ] Misappropriation/Destruction of Client/Individual Personal Property
[ ] Other:

MEDICATION INCIDENTS:
[ ] Medication Error
[ ] Missing Controlled Substances
[ ] Serious Adverse Reaction to Medication

MEDICAL INCIDENTS:
[ ] Illness Requiring Medical Treatment
[ ] Deterioration in Existing Medical Condition
[ ] Pregnancy
[ ] Seizure Requiring Emergency Treatment
[ ] UTI
[ ] Bowel Impaction
[ ] Pneumonia
[ ] Pressure Sores
[ ] Other:

CLIENT/INDIVIDUAL INJURY BY:
[ ] Physical Assault by Third Party/Other Individual in our car
[ ] Sexual Assault by Third Party/Other Individual in our care
[ ] Theft by Third Party
[ ] Fall
[ ] Choking
[ ] Bathing/Scalding Related Injuries
[ ] Other Burns
[ ] Vehicle
[ ] Swimming/Near Drowning
[ ] Other Accidental Injury:

SUICIDAL CLIENT/INDIVIDUAL:
[ ] Suicidal Threats or Verbalizations
[ ] Suicidal Attempt or Gesture

EXPOSURE CONTROL INCIDENTS:
[ ] Client/Individual Exposed to Blood Borne Pathogens
[ ] Client/Individual Exposed Third Party to Blood Borne Pathogens

SEXUAL ASSAULT OR INAPPROPRIATE SEXUAL BEHAVIOR BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party

PROPERTY DAMAGE BY CLIENT/INDIVIDUAL:
[ ] Property Damage Under $1,000
[ ] Property Damage Over $1,000
[ ] Vehicle Theft
[ ] Fire Setting
[ ] Theft/Shoplifting
[ ] Other:

PHYSICAL ASSAULTS BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party
[ ] To Animals (animal cruelty)

POSSESSION OF PROHIBITED MATERIALS: (Defined per client/individual/program)
[ ] Possession of Prohibited Materials (i.e., alcohol, lighter, weapon, pornography, illicit drugs, etc.)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 3

SECTION E: PROGRAMMATIC RESPONSE (Check all that apply)

[ ] Counseling/Training for Staff/Mentor
[ ] ISP/Supervision/Behavioral Plan Developed with Client/Individual
[ ] Internal Investigation Underway
Interventions:
[ ]Physical
[ ]Mechanical
[ ]Seclusions
[ ]Chemical
[ ]Law Enforcement

[x] Reported to Adult/Child Protective Services
Date:
( ) Substantiated ( ) Unsubstantiate
[ ] Licensing Notified
Date:

[x] Funding Source Notified
Date:
[x] Family Notified
Date:
[x] Guardian Notified
Date:
[x] Law Enforcement/Probation Notified
Date:

Client/Individual Name: Log #:

22. **SECTION F: CLIENT/INDIVIDUAL HISTORY / DIAGNOSES**

List Client/Individual's current medical and psychiatric diagnoses, behavioral history (e.g. sexually abused, physically aggressive, running, confabulation, etc.), medical history (e.g. seizures, diabetes, etc.) and medications.

Shaken baby; cerebral palsy; seizure disorder; GERD; retinal hemorrhaging; severely delayed and retardation. Child[s medications include Robinol Bid; Baclofen; Pulmicort Nebulizer; Flovent Inhaler; and Albuterol PRN. Child had surgery with to thin epiglottis; redo earplugs and revise adenoids. Child had hip surgery in Child last saw primary physician

23. **SECTION G: ANTECEDENT EVENTS**

Briefly describe the Client/Individual's condition and activities prior and leading up to this incident.

Minor was sleeping. Foster parent checked on at and was fine. At foster parent went to wake the child to provide feeding and noticed the child was cold and non-responsive. At that time, foster parent called 911 and the Mentor emergency hotline.

24. **SECTION H: INCIDENT NARRATIVE**

Describe IN DETAIL the incident in chronological order. Include who, what, where, when and how. Provide information on alleged injuries, interventions and current status. Report involvement of other parties such as law enforcement, emergency medical services, etc. Include sources of information (e.g. "Mentor reported..." or "Staff observed..."). When using names, include title and/or affiliation (i.e. Joan Smith, DCFS Case Manager.).

The program manager received a call that (DOB) was unresponsive this morning when the foster parent went to check on at to feed The foster parent reported that she had checked in on the child at and the child was sleeping fine, and when she went back to check at that is when she noticed that the child was cold and non-responsive. The foster parent called 911, and the paramedics responded and could not revive the child. The County sheriff and Detectives were called to the home. The coroner was called to the home, and the child was pronounced dead by the coroner at on A police detective has been assigned to the case since the death occurred at home. The autopsy is scheduled for Mentor program manager contacted the DCFS hotline and provided info at

Continue on an additional sheet if necessary. DO NOT WRITE ON BACK OF PAGE)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review			Page 4
SECTION I: REVIEWS / SIGNATURES			
Signature of Person Completing Form	Print Name	Title PC	Date
Signature of Manager/Director	Print Name	Title Mgr.	Date
Signature	Print Name	Title	Date
Signature	Print Name	Title	Date
Signature of State Director (Level 3 and 4 only)	Print Name	Title Exec. Dir.	Date

THE MENTOR NETWORK - INCIDENT REPORT
Attorney/Client Privileged and Confidential: Risk Management/Peer Review **Page 1**

Please PRINT Clearly or Type in Legible Font (10-12) - DO NOT Leave Blanks. Complete All Boxes.

SECTION A: CLIENT/INDIVIDUAL INFORMATION

1. Client/Individual's Name: [redacted]
2. Level: ( ) 1 ( ) 2 ( ) 3 (x) 4
3. Guardian: ( ) Self (x) State ( ) Parent(s) ( ) Other:
4. Log #: [redacted]
5. DOB: [redacted]
6. Age: **2 Months**
7. Gender: [redacted]
8. Population: ( ) Adult (18+) (x) Child
9. Service Category: ***(Check one)***
   - ( ) Behavioral Health
   - ( ) Juvenile Justice
   - ( ) Medically Complex
   - ( ) MR/DD
   - ( ) MR/DD Offender
   - ( ) Acquired Brain Injury
   - ( ) Elder Care
   - ( ) Mental Illness
   - ( ) MR/MI
   - ( ) Education
   - (x) Other:
10. Date of Admission to MENTOR NETWORK: [redacted]
11. Length of Current Placement/Services: **3 Months**

SECTION B: PROGRAM INFORMATION

12. State: [redacted]
13. City: [redacted]
14. **If Acquisition/Partner, specify company name:**
15. Program Name: [redacted]
16. Service Setting/Model: **(check the ONE that most closely fits)**
   - ( ) ICF/MR (Intermediate Care Facility)
   - ( ) Group or Shared Living (3+ clients/individuals with 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with 24/7)
   - (x) Mentor Home/ Host Home
   - ( ) Group or Shared Living (3+ clients/individuals with less than 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with less than 24/7)
   - ( ) Home Health Agency Services
   - ( ) Family/School/Home Based Supports (periodic services less than 24/7)
   - ( ) Clinical/Outpatient Therapy/Rehab (OT, PT, Speech)
   - ( ) Day Program
   - ( ) Supported Employment/Vocational
   - ( ) School
   - ( ) Brokerage/Case Management (non-residential)

SECTION C: INCIDENT INFORMATION

17. Date & Time of Incident: [redacted]
18. First Reported to MENTOR NETWORK: [redacted]
    By: *(Name & Title)* [redacted] **Foster parent**
19. Location of Incident: ***(check one)***
   - (x) Mentor Home (x) Primary ( ) Respite
   - **Mentor Name:** [redacted]
   - **# of Clients/Individuals Living in Home:** 4
   - ( ) Client/Individual's Residence (group home, ICF, apt)
   - ( ) Client/Individual's Biological Family/Guardian Home
   - ( ) Day Program
   - ( ) School
   - ( ) Client/Individual's Place of Employment
   - ( ) Vehicle
   - ( ) Program Office
   - ( ) Community
   - ( ) Other:
20. Outcome of Incident: ***(check all that apply)***
   - [ ] Remain in Current Placement
   - [ ] Placement Decision Pending
   - [ ] Client/Individual Placed in Respite
   - [ ] Placement Disrupted (i.e. Client/Individual transferred to new home/ program/placement **within** MENTOR NETWORK)
   - [ ] Discharged from MENTOR NETWORK
   - [ ] Temporarily or Permanently Closed Mentor Home
   - [ ] Emergency Psychiatric Evaluation (no hospitalization)
   - [ ] Emergency Psychiatric Hospitalization
   - [ ] Emergency Medical Hospitalization
   - [ ] In-school suspension
   - [ ] School Suspension/Expulsion
   - [ ] Client/Individual Arrest/Detention
   - [x] Death
   - [ ] Other:
21. **Summarize in 2-3 sentences the key aspects of the incident for entry into Risk Management database.**

**On [redacted] at around [redacted] mom [redacted] went in to check on [redacted] in the bedroom and noticed [redacted] was not breathing. She alerted FP and then 911 was called. CPR was started until medical help arrived. Once the ambulance arrived [redacted] was taken to [redacted] Hospital in [redacted] where [redacted] was pronounced dead.

Attorney/Client Privileged and Confidential: Risk Management/Peer Review — Page 2

Client/Individual Name: [redacted] Log #: [redacted]

SECTION D: INCIDENT DESCRIPTORS (check all that apply)

DEATH (death of client/individual is a **Level 4** incident):
( ) Expected Death of Client/Individual
(x) Unexpected Death of Client/Individual

CLIENT/INDIVIDUAL ELOPEMENT/AWOL:
( ) Located at the Time of the Incident Report
( ) Unable to Locate at the Time of the Incident Report
( ) Other:

CLIENT/INDIVIDUAL BEHAVIORAL:
[ ] Self-Injurious Behavior
[ ] Mental Health De-compensation
[ ] Oppositional Behaviors
[ ] Inappropriate Sexual Comments/Threats
[ ] Verbal Threats of Violence
[ ] Exhibitionism/Public Masturbation

CARE-TAKER MISCONDUCT:
(Suspected, Alleged or Confirmed)

Caretaker:
[ ] Mentor
[ ] Mentor Family Member
[ ] Staff
[ ] Other Caretaker:

Alleged Misconduct:
[ ] Sexual Boundary/Abuse
[ ] Verbal or Emotional Abuse
[ ] Physical Assault/Abuse
[ ] Corporal/Inappropriate Punishment
[ ] Inappropriate Use of Restraint/Physical Intervention
[ ] Neglect
[ ] Inadequate Supervision
[ ] Criminal Arrest of Caretaker
[ ] Alcohol/Drug Use by Caretaker
[ ] Misuse of Client/Individual's Funds
[ ] Misappropriation/Destruction of Client/Individual Personal Property
[ ] Other:

MEDICATION INCIDENTS:
[ ] Medication Error
[ ] Missing Controlled Substances
[ ] Serious Adverse Reaction to Medication

MEDICAL INCIDENTS:
[ ] Illness Requiring Medical Treatment
[ ] Deterioration in Existing Medical Condition
[ ] Pregnancy
[ ] Seizure Requiring Emergency Treatment
[ ] UTI
[ ] Bowel Impaction
[ ] Pneumonia
[ ] Pressure Sores
[ ] Other:

CLIENT/INDIVIDUAL INJURY BY:
[ ] Physical Assault by Third Party/Other Individual in our car
[ ] Sexual Assault by Third Party/Other Individual in our care
[ ] Theft by Third Party
[ ] Fall
[ ] Choking
[ ] Bathing/Scalding Related Injuries
[ ] Other Burns
[ ] Vehicle
[ ] Swimming/Near Drowning
[ ] Other Accidental Injury:

SUICIDAL CLIENT/INDIVIDUAL:
[ ] Suicidal Threats or Verbalizations
[ ] Suicidal Attempt or Gesture

EXPOSURE CONTROL INCIDENTS:
[ ] Client/Individual Exposed to Blood Borne Pathogens
[ ] Client/Individual Exposed Third Party to Blood Borne Pathogens

SEXUAL ASSAULT OR INAPPROPRIATE SEXUAL BEHAVIOR BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party

PROPERTY DAMAGE BY CLIENT/INDIVIDUAL:
[ ] Property Damage Under $1,000
[ ] Property Damage Over $1,000
[ ] Vehicle Theft
[ ] Fire Setting
[ ] Theft/Shoplifting
[ ] Other:

PHYSICAL ASSAULTS BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party
[ ] To Animals (animal cruelty)

POSSESSION OF PROHIBITED MATERIALS: (Defined per client/individual/program)
[ ] Possession of Prohibited Materials (i.e., alcohol, lighter, weapon, pornography, illicit drugs, etc.)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review — Page 3

SECTION E: PROGRAMMATIC RESPONSE (Check all that apply)

[x] Counseling/Training for Staff/Mentor
[ ] ISP/Supervision/Behavioral Plan Developed with Client/Individual
[ ] Internal Investigation Underway
Interventions:
[ ]Physical
[ ]Mechanical
[ ]Seclusions
[ ]Chemical
[ ]Law Enforcement

[ ] Reported to Adult/Child Protective Services
Date:
( ) Substantiated ( ) Unsubstantiate
[ ] Licensing Notified
Date:

[x] Funding Source Notified
Date:
[ ] Family Notified
Date:
[x] Guardian Notified
Date:
[ ] Law Enforcement/Probation Notified
Date:

Client/Individual Name: Log #:

22. SECTION F: CLIENT/INDIVIDUAL HISTORY / DIAGNOSES

List Client/Individual's current medical and psychiatric diagnoses, behavioral history (e.g. sexually abused, physically aggressive, running, confabulation, etc.), medical history (e.g. seizures, diabetes, etc.) and medications.

was a old that was in the custody of County DSS. was placed in foster care by DSS with bio mother and 2 siblings and the plan was for mom to regain custody. was not on any medication and has no medical history problems.

23. SECTION G: ANTECEDENT EVENTS

Briefly describe the Client/Individual's condition and activities prior and leading up to this incident.

acted fine all day. Earlier that evening ate and then mom gave a bath. acted as thought felt fine, was not any more fussy than usual and nothing was out of the ordinary.

24. SECTION H: INCIDENT NARRATIVE

Describe IN DETAIL the incident in chronological order. Include who, what, where, when and how. Provide information on alleged injuries, interventions and current status. Report involvement of other parties such as law enforcement, emergency medical services, etc. Include sources of information (e.g. "Mentor reported..." or "Staff observed..."). When using names, include title and/or affiliation (i.e. Joan Smith, DCFS Case Manager.).

On mom put down to sleep. was sleeping on back in the middle of mom's bed by and there were no toys or other items lying on the bed with Mom, FP and other family members that were visiting went to sit on the front porch. They heard crying so bio mom went inside to check on and she returned back outside she said was fine. At around mom went in to the bedroom again to check on sleeping. When mom checked on she noticed that was not breathing and she immediately alerted foster parent Ms . Ms went in with and saw that was not breathing and immediately called 911. 911 operator advised FP to lay on a flat surface and begin CPR. F began to administer CPR o until medical help arrived. Once the help arrived they took over and transported to the Hospital in where was pronounced dead. FP contacted legal guardian, DSS on to make them aware of what was happening. This incident was reported to Mentor on by anther FP

Continue on an additional sheet if necessary. DO NOT WRITE ON BACK OF PAGE)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 4

SECTION I: REVIEWS / SIGNATURES

Signature	Print Name	Title	Date
Signature of Person Completing Form [redacted]	Print Name	Title TFC Coordinator	Date [redacted]
Signature of Manager/Director [redacted]	Print Name	Title PM	Date [redacted]
Signature [redacted]	Print Name	Title TFC Supervisor	Date [redacted]
Signature [redacted]	Print Name	Title QA Dir	Date [redacted]
Signature of State Director (Level 3 and 4 only)	Print Name	Title	Date

THE MENTOR NETWORK - INCIDENT REPORT
Attorney/Client Privileged and Confidential: Risk Management/Peer Review — Page 1

Please PRINT Clearly or Type in Legible Font (10-12) - DO NOT Leave Blanks. Complete All Boxes.

SECTION A: CLIENT/INDIVIDUAL INFORMATION

1. Client/Individual's Name: [redacted]
2. Level: ( ) 1 ( ) 2 ( ) 3 (x) 4
3. Guardian: ( ) Self (x) State ( ) Parent(s) ( ) Other:
4. Log #: [redacted]
5. DOB: [redacted]
6. Age: 19 Years 9 M
7. Gender: [redacted]
8. Population: (x) Adult (18+) ( ) Child
9. Service Category: *(Check one)*
   - ( ) Behavioral Health
   - ( ) Juvenile Justice
   - (x) Medically Complex
   - ( ) MR/DD
   - ( ) MR/DD Offender
   - ( ) Acquired Brain Injury
   - ( ) Elder Care
   - ( ) Mental Illness
   - ( ) MR/MI
   - ( ) Education
   - ( ) Other:
10. Date of Admission to MENTOR NETWORK: [redacted]
11. Length of Current Placement/Services: **4 Years 7 Months**

SECTION B: PROGRAM INFORMATION

12. State: [redacted]
13. City: [redacted]
14. If Acquisition/Partner, specify company name:
15. Program Name: **TFC**
16. Service Setting/Model: **(check the ONE that most closely fits)**
   - ( ) ICF/MR (Intermediate Care Facility)
   - ( ) Group or Shared Living (3+ clients/individuals with 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with 24/7)
   - (x) Mentor Home/ Host Home
   - ( ) Group or Shared Living (3+ clients/individuals with less than 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with less than 24/7)
   - ( ) Home Health Agency Services
   - ( ) Family/School/Home Based Supports (periodic services less than 24/7)
   - ( ) Clinical/Outpatient Therapy/Rehab (OT, PT, Speech)
   - ( ) Day Program
   - ( ) Supported Employment/Vocational
   - ( ) School
   - ( ) Brokerage/Case Management (non-residential)

SECTION C: INCIDENT INFORMATION

17. Date & Time of Incident: [redacted]
18. First Reported to MENTOR NETWORK: [redacted]
    By: *(Name & Title)* [redacted] **Primary Mentor**
19. Location of Incident: *(check one)*
   - (x) Mentor Home (x) Primary ( ) Respite
     Mentor Name: [redacted]
     # of Clients/Individuals Living in Home: 2
   - ( ) Client/Individual's Residence (group home, ICF, apt)
   - ( ) Client/Individual's Biological Family/Guardian Home
   - ( ) Day Program
   - ( ) School
   - ( ) Client/Individual's Place of Employment
   - ( ) Vehicle
   - ( ) Program Office
   - ( ) Community
   - ( ) Other:
20. Outcome of Incident: *(check all that apply)*
   - [ ] Remain in Current Placement
   - [ ] Placement Decision Pending
   - [ ] Client/Individual Placed in Respite
   - [ ] Placement Disrupted (i.e. Client/Individual transferred to new home/ program/placement within MENTOR NETWORK)
   - [ ] Discharged from MENTOR NETWORK
   - [ ] Temporarily or Permanently Closed Mentor Home
   - [ ] Emergency Psychiatric Evaluation (no hospitalization)
   - [ ] Emergency Psychiatric Hospitalization
   - [ ] Emergency Medical Hospitalization
   - [ ] In-school suspension
   - [ ] School Suspension/Expulsion
   - [ ] Client/Individual Arrest/Detention
   - [x] Death
   - [ ] Other:
21. **Summarize in 2-3 sentences the key aspects of the incident for entry into Risk Management database.**

**Client passed away from medical causes after going to bed on [redacted]

Attorney/Client Privileged and Confidential: Risk Management/Peer Review — Page 2

Client/Individual Name: [redacted] Log #: [redacted]

SECTION D: INCIDENT DESCRIPTORS (check all that apply)

DEATH (death of client/individual is a Level 4 incident):
( ) Expected Death of Client/Individual
(x) Unexpected Death of Client/Individual

CLIENT/INDIVIDUAL ELOPEMENT/AWOL:
( ) Located at the Time of the Incident Report
( ) Unable to Locate at the Time of the Incident Report
( ) Other:

CLIENT/INDIVIDUAL BEHAVIORAL:
[ ] Self-Injurious Behavior
[ ] Mental Health De-compensation
[ ] Oppositional Behaviors
[ ] Inappropriate Sexual Comments/Threats
[ ] Verbal Threats of Violence
[ ] Exhibitionism/Public Masturbation

CARE-TAKER MISCONDUCT:
(Suspected, Alleged or Confirmed)

Caretaker:
[ ] Mentor
[ ] Mentor Family Member
[ ] Staff
[ ] Other Caretaker:

Alleged Misconduct:
[ ] Sexual Boundary/Abuse
[ ] Verbal or Emotional Abuse
[ ] Physical Assault/Abuse
[ ] Corporal/Inappropriate Punishment
[ ] Inappropriate Use of Restraint/Physical Intervention
[ ] Neglect
[ ] Inadequate Supervision
[ ] Criminal Arrest of Caretaker
[ ] Alcohol/Drug Use by Caretaker
[ ] Misuse of Client/Individual's Funds
[ ] Misappropriation/Destruction of Client/Individual Personal Property
[ ] Other:

MEDICATION INCIDENTS:
[ ] Medication Error
[ ] Missing Controlled Substances
[ ] Serious Adverse Reaction to Medication

MEDICAL INCIDENTS:
[ ] Illness Requiring Medical Treatment
[ ] Deterioration in Existing Medical Condition
[ ] Pregnancy
[ ] Seizure Requiring Emergency Treatment
[ ] UTI
[ ] Bowel Impaction
[ ] Pneumonia
[ ] Pressure Sores
[ ] Other:

CLIENT/INDIVIDUAL INJURY BY:
[ ] Physical Assault by Third Party/Other Individual in our car
[ ] Sexual Assault by Third Party/Other Individual in our care
[ ] Theft by Third Party
[ ] Fall
[ ] Choking
[ ] Bathing/Scalding Related Injuries
[ ] Other Burns
[ ] Vehicle
[ ] Swimming/Near Drowning
[ ] Other Accidental Injury:

SUICIDAL CLIENT/INDIVIDUAL:
[ ] Suicidal Threats or Verbalizations
[ ] Suicidal Attempt or Gesture

EXPOSURE CONTROL INCIDENTS:
[ ] Client/Individual Exposed to Blood Borne Pathogens
[ ] Client/Individual Exposed Third Party to Blood Borne Pathogens

SEXUAL ASSAULT OR INAPPROPRIATE SEXUAL BEHAVIOR BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party

PROPERTY DAMAGE BY CLIENT/INDIVIDUAL:
[ ] Property Damage Under $1,000
[ ] Property Damage Over $1,000
[ ] Vehicle Theft
[ ] Fire Setting
[ ] Theft/Shoplifting
[ ] Other:

PHYSICAL ASSAULTS BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party
[ ] To Animals (animal cruelty)

POSSESSION OF PROHIBITED MATERIALS: (Defined per client/individual/program)
[ ] Possession of Prohibited Materials (i.e., alcohol, lighter, weapon, pornography, illicit drugs, etc.)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 3

SECTION E: PROGRAMMATIC RESPONSE (Check all that apply)

[ ] Counseling/Training for Staff/Mentor
[ ] ISP/Supervision/Behavioral Plan Developed with Client/Individual
[ ] Internal Investigation Underway
Interventions:
[ ]Physical
[ ]Mechanical
[ ]Seclusions
[ ]Chemical
[ ]Law Enforcement

[ ] Reported to Adult/Child Protective Services
Date:
( ) Substantiated ( ) Unsubstantiate
[ ] Licensing Notified
Date:

[x] Funding Source Notified
Date:
[x] Family Notified
Date:
[x] Guardian Notified
Date:
[ ] Law Enforcement/Probation Notified
Date:

Client/Individual Name: **Log #:**

22. SECTION F: CLIENT/INDIVIDUAL HISTORY / DIAGNOSES

List Client/Individual's current medical and psychiatric diagnoses, behavioral history (e.g. sexually abused, physically aggressive, running, confabulation, etc.), medical history (e.g. seizures, diabetes, etc.) and medications.

Client's current diagnoses are 741.9 Spina Bifida, 742.3 Hydrocephalus w/ shunt and 737.30 Scoliosis. Client is currently taking Nitrofurantoin 50mg, Trileptal 300mg, Nexium 40mg, Septra 480mg, Zyrtec 10mg and Zoloft 100mg. Client has history of seizures, various medical issues and developmental disabilities.

23. SECTION G: ANTECEDENT EVENTS

Briefly describe the Client/Individual's condition and activities prior and leading up to this incident.

Client had recently been diagnosed with sleep apnea and had gotten the C-PAP mask and machine to help with this.

24. SECTION H: INCIDENT NARRATIVE

Describe IN DETAIL the incident in chronological order. Include who, what, where, when and how. Provide information on alleged injuries, interventions and current status. Report involvement of other parties such as law enforcement, emergency medical services, etc. Include sources of information (e.g. "Mentor reported..." or "Staff observed..."). When using names, include title and/or affiliation (i.e. Joan Smith, DCFS Case Manager.).

Client had gone to bed at approximately on The Mentor parent went into room at approximately to check on and found still sitting in wheelchair with CPAP mask correctly placed on nose, but with the oxygen machine not yet turned on. head was leaning back and mouth slightly open. She noticed was bleu and took form the chair and began CPR, also having a family member call EMS. The first responder arrived within four minutes but was unable to bring the client back.

Continue on an additional sheet if necessary. DO NOT WRITE ON BACK OF PAGE)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review			Page 4
SECTION I: REVIEWS / SIGNATURES			
Signature of Person Completing Form	Print Name	Title Program Supervisor	Date
Signature of Manager/Director	Print Name	Title Program Manager	Date
Signature	Print Name	Title	Date
Signature	Print Name	Title	Date
Signature of State Director (Level 3 and 4 only)	Print Name	Title	Date

THE MENTOR NETWORK - INCIDENT REPORT
Attorney/Client Privileged and Confidential: Risk Management/Peer Review **Page 1**

Please PRINT Clearly or Type in Legible Font (10-12) - DO NOT Leave Blanks. Complete All Boxes.

SECTION A: CLIENT/INDIVIDUAL INFORMATION

1. Client/Individual's Name: [redacted]
2. Level: ( ) 1 ( ) 2 ( ) 3 (x) 4
3. Guardian: ( ) Self (x) State ( ) Parent(s) ( ) Other:
4. Log #: [redacted]
5. DOB: [redacted]
6. Age: **1 Months**
7. Gender: [redacted]
8. Population: ( ) Adult (18+) (x) Child
9. Service Category: *(Check one)*
   - (x) Behavioral Health
   - ( ) Juvenile Justice
   - ( ) Medically Complex
   - ( ) MR/DD
   - ( ) MR/DD Offender
   - ( ) Acquired Brain Injury
   - ( ) Elder Care
   - ( ) Mental Illness
   - ( ) MR/MI
   - ( ) Education
   - ( ) Other:
10. Date of Admission to MENTOR NETWORK: [redacted]
11. Length of Current Placement/Services:

SECTION B: PROGRAM INFORMATION

12. State: [redacted]
13. City: [redacted]
14. **If Acquisition/Partner, specify company name:**
15. Program Name: **Child Protective Services**
16. Service Setting/Model: **(check the ONE that most closely fits)**
   - ( ) ICF/MR (Intermediate Care Facility)
   - ( ) Group or Shared Living (3+ clients/individuals with 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with 24/7)
   - (x) Mentor Home/ Host Home
   - ( ) Group or Shared Living (3+ clients/individuals with less than 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with less than 24/7)
   - ( ) Home Health Agency Services
   - ( ) Family/School/Home Based Supports (periodic services less than 24/7)
   - ( ) Clinical/Outpatient Therapy/Rehab (OT, PT, Speech)
   - ( ) Day Program
   - ( ) Supported Employment/Vocational
   - ( ) School
   - ( ) Brokerage/Case Management (non-residential)

SECTION C: INCIDENT INFORMATION

17. Date & Time of Incident: [redacted]
18. First Reported to MENTOR NETWORK: [redacted]
   By: *(Name & Title)* [redacted] **Mentor**
19. Location of Incident: *(check one)*
   - (x) Mentor Home (x) Primary ( ) Respite
     Mentor Name: [redacted]
     # of Clients/Individuals Living In Home: 3
   - ( ) Client/Individual's Residence (group home, ICF, apt)
   - ( ) Client/Individual's Biological Family/Guardian Home
   - ( ) Day Program
   - ( ) School
   - ( ) Client/Individual's Place of Employment
   - ( ) Vehicle
   - ( ) Program Office
   - ( ) Community
   - ( ) Other:
20. Outcome of Incident: *(check all that apply)*
   - [ ] Remain in Current Placement
   - [ ] Placement Decision Pending
   - [ ] Client/Individual Placed in Respite
   - [ ] Placement Disrupted (i.e. Client/Individual transferred to new home/ program/placement within MENTOR NETWORK)
   - [ ] Discharged from MENTOR NETWORK
   - [ ] Temporarily or Permanently Closed Mentor Home
   - [ ] Emergency Psychiatric Evaluation (no hospitalization)
   - [ ] Emergency Psychiatric Hospitalization
   - [ ] Emergency Medical Hospitalization
   - [ ] In-school suspension
   - [ ] School Suspension/Expulsion
   - [ ] Client/Individual Arrest/Detention
   - [x] Death
   - [ ] Other:
21. **Summarize in 2-3 sentences the key aspects of the incident for entry into Risk Management database.**

** Mentor reported she went to get client up for the day at approximately [redacted]. She noted that [redacted] arms were slumped to the side. [redacted] was not breathing. She called 811. [redacted] checked [redacted] mouth and administered CPR. 911 arrived, and [redacted] was transported by ambulance to [redacted] Hospital. Ms. [redacted] reported [redacted] back was cool, but [redacted]
Once investigators arrived, we were no longer able to communicate with [redacted].

Attorney/Client Privileged and Confidential: Risk Management/Peer Review — **Page 2**

Client/Individual Name [redacted] **Log #:** [redacted]

SECTION D: INCIDENT DESCRIPTORS (check all that apply)

DEATH (death of client/individual is a **Level 4** incident):
( ) Expected Death of Client/Individual
(x) Unexpected Death of Client/Individual

CLIENT/INDIVIDUAL ELOPEMENT/AWOL:
( ) Located at the Time of the Incident Report
( ) Unable to Locate at the Time of the Incident Report
( ) Other:

CLIENT/INDIVIDUAL BEHAVIORAL:
[ ] Self-Injurious Behavior
[ ] Mental Health De-compensation
[ ] Oppositional Behaviors
[ ] Inappropriate Sexual Comments/Threats
[ ] Verbal Threats of Violence
[ ] Exhibitionism/Public Masturbation

CARE-TAKER MISCONDUCT:
(Suspected, Alleged or Confirmed)

Caretaker:
[ ] Mentor
[ ] Mentor Family Member
[ ] Staff
[ ] Other Caretaker:

Alleged Misconduct:
[ ] Sexual Boundary/Abuse
[ ] Verbal or Emotional Abuse
[ ] Physical Assault/Abuse
[ ] Corporal/Inappropriate Punishment
[ ] Inappropriate Use of Restraint/Physical Intervention
[ ] Neglect
[ ] Inadequate Supervision
[ ] Criminal Arrest of Caretaker
[ ] Alcohol/Drug Use by Caretaker
[ ] Misuse of Client/Individual's Funds
[ ] Misappropriation/Destruction of Client/Individual Personal Property
[ ] Other:

MEDICATION INCIDENTS:
[ ] Medication Error
[ ] Missing Controlled Substances
[ ] Serious Adverse Reaction to Medication

MEDICAL INCIDENTS:
[ ] Illness Requiring Medical Treatment
[ ] Deterioration in Existing Medical Condition
[ ] Pregnancy
[ ] Seizure Requiring Emergency Treatment
[ ] UTI
[ ] Bowel Impaction
[ ] Pneumonia
[ ] Pressure Sores
[ ] Other:

CLIENT/INDIVIDUAL INJURY BY:
[ ] Physical Assault by Third Party/Other Individual in our car
[ ] Sexual Assault by Third Party/Other Individual in our care
[ ] Theft by Third Party
[ ] Fall
[ ] Choking
[ ] Bathing/Scalding Related Injuries
[ ] Other Burns
[ ] Vehicle
[ ] Swimming/Near Drowning
[ ] Other Accidental Injury:

SUICIDAL CLIENT/INDIVIDUAL:
[ ] Suicidal Threats or Verbalizations
[ ] Suicidal Attempt or Gesture

EXPOSURE CONTROL INCIDENTS:
[ ] Client/Individual Exposed to Blood Borne Pathogens
[ ] Client/Individual Exposed Third Party to Blood Borne Pathogens

SEXUAL ASSAULT OR INAPPROPRIATE SEXUAL BEHAVIOR BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ]To Mentor's Family Member
[ ] To Other Third Party

PROPERTY DAMAGE BY CLIENT/INDIVIDUAL:
[ ] Property Damage Under $1,000
[ ] Property Damage Over $1,000
[ ] Vehicle Theft
[ ] Fire Setting
[ ] Theft/Shoplifting
[ ] Other:

PHYSICAL ASSAULTS BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ]To Mentor's Family Member
[ ] To Other Third Party
[ ]To Animals (animal cruelty)

POSSESSION OF PROHIBITED MATERIALS: (Defined per client/individual/program)
[ ] Possession of Prohibited Materials (i.e., alcohol, lighter, weapon, pornography, illicit drugs, etc.)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 3

SECTION E: PROGRAMMATIC RESPONSE (Check all that apply)

[ ] Counseling/Training for Staff/Mentor
[ ] ISP/Supervision/Behavioral Plan Developed with Client/Individual
[ ] Internal Investigation Underway
Interventions:
[ ]Physical
[ ]Mechanical
[ ]Seclusions
[ ]Chemical
[ ]Law Enforcement

[x] Reported to Adult/Child Protective Services
Date: [redacted]
( ) Substantiated ( ) Unsubstantiate
[ ] Licensing Notified
Date:

[x] Funding Source Notified
Date: [redacted]
[ ] Family Notified
Date:
[ ] Guardian Notified
Date:
[ ] Law Enforcement/Probation Notified
Date:

Client/Individual Name: [redacted] Log #[redacted]

22. SECTION F: CLIENT/INDIVIDUAL HISTORY / DIAGNOSES

List Client/Individual's current medical and psychiatric diagnoses, behavioral history (e.g. sexually abused, physically aggressive, running, confabulation, etc.), medical history (e.g. seizures, diabetes, etc.) and medications.

No diagnosis; child and mother tested positive at birth for cocaine. No medications.

23. SECTION G: ANTECEDENT EVENTS

Briefly describe the Client/Individual's condition and activities prior and leading up to this incident.

Mentor reported she fed [redacted] at approximately [redacted] or [redacted] After burping, changing [redacted] and playing with [redacted] for a short time, [redacted] was placed on [redacted] side to sleep.

24. SECTION H: INCIDENT NARRATIVE

Describe IN DETAIL the incident in chronological order. Include who, what, where, when and how. Provide information on alleged injuries, interventions and current status. Report involvement of other parties such as law enforcement, emergency medical services, etc. Include sources of information (e.g. "Mentor reported..." or "Staff observed..."). When using names, include title and/or affiliation (i.e. Joan Smith, DCFS Case Manager.).

Mentor reported she went to get [redacted] up for the day at approximately [redacted] She noted that [redacted] arms were slumped to the side and [redacted] was not breathing. She called 911. [redacted] checked [redacted] mouth and administered CPR. 911 arrived, and [redacted] was transported by ambulance to [redacted] hospital. [redacted] reported [redacted] back was cool, but [redacted] chest was warm. Once investigators arrived, we were not able to continue to communicate with [redacted]. Later, a police detective informed Mentor staff that [redacted] was declared dead. Mentor staff received no additional information. Mentor staff will cooperate with investigation.

Continue on an additional sheet if necessary. DO NOT WRITE ON BACK OF PAGE)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review			Page 4
SECTION I: REVIEWS / SIGNATURES			
Signature of Person Completing Form [redacted]	**Print Name**	**Title** PM	**Date** [redacted]
Signature of Manager/Director [redacted]	**Print Name**	**Title** PM	**Date** [redacted]
Signature [redacted]	**Print Name**	**Title** DSD	**Date** [redacted]
Signature [redacted]	**Print Name**	**Title** State QA	**Date** [redacted]
Signature of State Director (Level 3 and 4 only) [redacted]	**Print Name**	**Title** SD	**Date** [redacted]

THE MENTOR NETWORK - INCIDENT REPORT
Attorney/Client Privileged and Confidential: Risk Management/Peer Review **Page 1**

Please PRINT Clearly or Type in Legible Font (10-12) - DO NOT Leave Blanks. Complete All Boxes.

SECTION A: CLIENT/INDIVIDUAL INFORMATION

1. Client/Individual's Name: [redacted]
2. Level: ( ) 1 ( ) 2 ( ) 3 (x) 4
3. Guardian: ( ) Self (x) State ( ) Parent(s) ( ) Other:
4. Log #: [redacted]
5. DOB: [redacted]
6. Age: 5 Months
7. Gender: [redacted]
8. Population: ( ) Adult (18+) (x) Child
9. Service Category: ***(Check one)***
   - ( ) Behavioral Health
   - ( ) Juvenile Justice
   - (x) Medically Complex
   - ( ) MR/DD
   - ( ) MR/DD Offender
   - ( ) Acquired Brain Injury
   - ( ) Elder Care
   - ( ) Mental Illness
   - ( ) MR/MI
   - ( ) Education
   - ( ) Other:
10. Date of Admission to MENTOR NETWORK: [redacted]
11. Length of Current Placement/Services:

SECTION B: PROGRAM INFORMATION

12. State: [redacted]
13. City: [redacted]
14. **If Acquisition/Partner, specify company name:**
15. Program Name: [redacted]

16. Service Setting/Model: **(check the ONE that most closely fits)**
   - ( ) ICF/MR (Intermediate Care Facility)
   - ( ) Group or Shared Living (3+ clients/individuals with 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with 24/7)
   - (x) Mentor Home/ Host Home
   - ( ) Group or Shared Living (3+ clients/individuals with less than 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with less than 24/7)
   - ( ) Home Health Agency Services
   - ( ) Family/School/Home Based Supports (periodic services less than 24/7)
   - ( ) Clinical/Outpatient Therapy/Rehab (OT, PT, Speech)
   - ( ) Day Program
   - ( ) Supported Employment/Vocational
   - ( ) School
   - ( ) Brokerage/Case Management (non-residential)

SECTION C: INCIDENT INFORMATION

17. Date & Time of Incident: [redacted]
18. First Reported to MENTOR NETWORK: [redacted]
    By: *(Name & Title)* [redacted]

19. Location of Incident: ***(check one)***
   - (x) Mentor Home (x) Primary ( ) Respite
     Mentor Name: [redacted]
     # of Clients/Individuals Living in Home:
   - ( ) Client/Individual's Residence (group home, ICF, apt)
   - ( ) Client/Individual's Biological Family/Guardian Home
   - ( ) Day Program
   - ( ) School
   - ( ) Client/Individual's Place of Employment
   - ( ) Vehicle
   - ( ) Program Office
   - ( ) Community
   - ( ) Other:

20. Outcome of Incident: ***(check all that apply)***
   - [ ] Remain in Current Placement
   - [ ] Placement Decision Pending
   - [ ] Client/Individual Placed in Respite
   - [ ] Placement Disrupted (i.e. Client/Individual transferred to new home/ program/placement within MENTOR NETWORK)
   - [x] Discharged from MENTOR NETWORK
   - [ ] Temporarily or Permanently Closed Mentor Home
   - [ ] Emergency Psychiatric Evaluation (no hospitalization)
   - [ ] Emergency Psychiatric Hospitalization
   - [ ] Emergency Medical Hospitalization
   - [ ] In-school suspension
   - [ ] School Suspension/Expulsion
   - [ ] Client/Individual Arrest/Detention
   - [x] Death
   - [ ] Other:

21. **Summarize in 2-3 sentences the key aspects of the incident for entry into Risk Management database.**

**Client, aged [redacted] stopped breathing at [redacted] on [redacted] There is a DNR order preventing intervention. Client was declared dead at [redacted]

Attorney/Client Privileged and Confidential: Risk Management/Peer Review — Page 2

Client/Individual Name: [redacted] **Log #:** [redacted]

SECTION D: INCIDENT DESCRIPTORS (check all that apply)

DEATH (death of client/individual is a Level 4 incident):
( ) Expected Death of Client/Individual
(x) Unexpected Death of Client/Individual

CLIENT/INDIVIDUAL ELOPEMENT/AWOL:
( ) Located at the Time of the Incident Report
( ) Unable to Locate at the Time of the Incident Report
( ) Other:

CARE-TAKER MISCONDUCT:
(Suspected, Alleged or Confirmed)

Caretaker:
[ ] Mentor
[ ] Mentor Family Member
[ ] Staff
[ ] Other Caretaker:

Alleged Misconduct:
[ ] Sexual Boundary/Abuse
[ ] Verbal or Emotional Abuse
[ ] Physical Assault/Abuse
[ ] Corporal/Inappropriate Punishment
[ ] Inappropriate Use of Restraint/Physical Intervention
[ ] Neglect
[ ] Inadequate Supervision
[ ] Criminal Arrest of Caretaker
[ ] Alcohol/Drug Use by Caretaker
[ ] Misuse of Client/Individual's Funds
[ ] Misappropriation/Destruction of Client/Individual Personal Property
[ ] Other:

SUICIDAL CLIENT/INDIVIDUAL:
[ ] Suicidal Threats or Verbalizations
[ ] Suicidal Attempt or Gesture

SEXUAL ASSAULT OR INAPPROPRIATE SEXUAL BEHAVIOR BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ]To Mentor's Family Member
[ ] To Other Third Party

PHYSICAL ASSAULTS BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ]To Mentor's Family Member
[ ] To Other Third Party
[ ]To Animals (animal cruelty)

CLIENT/INDIVIDUAL BEHAVIORAL:
[ ] Self-Injurious Behavior
[ ] Mental Health De-compensation
[ ] Oppositional Behaviors
[ ] Inappropriate Sexual Comments/Threats
[ ] Verbal Threats of Violence
[ ] Exhibitionism/Public Masturbation

MEDICATION INCIDENTS:
[ ] Medication Error
[ ] Missing Controlled Substances
[ ] Serious Adverse Reaction to Medication

MEDICAL INCIDENTS:
[ ] Illness Requiring Medical Treatment
[ ] Deterioration in Existing Medical Condition
[ ] Pregnancy
[ ] Seizure Requiring Emergency Treatment
[ ] UTI
[ ] Bowel Impaction
[ ] Pneumonia
[ ] Pressure Sores
[ ] Other:

CLIENT/INDIVIDUAL INJURY BY:
[ ] Physical Assault by Third Party/Other Individual in our car
[ ] Sexual Assault by Third Party/Other Individual in our care
[ ] Theft by Third Party
[ ] Fall
[ ] Choking
[ ] Bathing/Scalding Related Injuries
[ ] Other Burns
[ ] Vehicle
[ ] Swimming/Near Drowning
[ ] Other Accidental Injury:

EXPOSURE CONTROL INCIDENTS:
[ ] Client/Individual Exposed to Blood Borne Pathogens
[ ] Client/Individual Exposed Third Party to Blood Borne Pathogens

PROPERTY DAMAGE BY CLIENT/INDIVIDUAL:
[ ] Property Damage Under $1,000
[ ] Property Damage Over $1,000
[ ] Vehicle Theft
[ ] Fire Setting
[ ] Theft/Shoplifting
[ ] Other:

POSSESSION OF PROHIBITED MATERIALS: (Defined per client/individual/program)
[ ] Possession of Prohibited Materials (i.e., alcohol, lighter, weapon, pornography, illicit drugs, etc.)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 3

SECTION E: PROGRAMMATIC RESPONSE (Check all that apply)

[x] Counseling/Training for Staff/Mentor
[ ] ISP/Supervision/Behavioral Plan Developed with Client/Individual
[ ] Internal Investigation Underway
Interventions:
[ ]Physical
[ ]Mechanical
[ ]Seclusions
[ ]Chemical
[ ]Law Enforcement

[ ] Reported to Adult/Child Protective Services
Date:
( ) Substantiated ( ) Unsubstantiate
[ ] Licensing Notified
Date:

[x] Funding Source Notified
Date:
[x] Family Notified
Date:
[ ] Guardian Notified
Date:
[x] Law Enforcement/Probation Notified
Date:

Client/Individual Name: **Log #:**

22. **SECTION F: CLIENT/INDIVIDUAL HISTORY / DIAGNOSES**

List Client/Individual's current medical and psychiatric diagnoses, behavioral history (e.g. sexually abused, physically aggressive, running, confabulation, etc.), medical history (e.g. seizures, diabetes, etc.) and medications.

Client is diagnosed with Partial Trisomy 14, heart disease, hypothyroidism, Dandy-Walker Malformation, cleft lip and palate. Client has a history of seizures. Client has multiple genetic abnormalities (abnormal chromosome 14). Client has central apnea and obstructive apnea. Medications: Albuterol Inhalation treatments (at 12am, 8am and 4pm), Synthroid 0.05mg at 8am, Poly-vi-Sol (1ml at 8am), Valium 5mg/5ml (at 12am, 8am and 4pm), Diuril 50mg (at 8am and 8pm).

23. **SECTION G: ANTECEDENT EVENTS**

Briefly describe the Client/Individual's condition and activities prior and leading up to this incident.

Client had an ear infection the previous week and had been taking medication. By client was feeling better and smiling and interacting with those around

24. **SECTION H: INCIDENT NARRATIVE**

Describe IN DETAIL the incident in chronological order. Include who, what, where, when and how. Provide information on alleged injuries, interventions and current status. Report involvement of other parties such as law enforcement, emergency medical services, etc. Include sources of information (e.g. "Mentor reported..." or "Staff observed..."). When using names, include title and/or affiliation (i.e. Joan Smith, DCFS Case Manager.).

On the morning of client's nurse gave client, aged 5 months, a bath. Nurse stated that client smiled and she noticed no abnormalities in behavior. Following the bath, nurse put client in a onesie. She set client down and when she went to pick up client again, nurse stated client was "balled up" and turned blue. At nurse picked up, noticed client was not breathing, and immediately told foster mom to call 911. Foster mom called 911 immediately. Foster mother called PC at Foster mother called FCM . When PC arrived at the house at two paramedics were checking . Nurse stated that the paramedics used a heart monitor to determine that client had a heart beat, but it could not be felt with their hands. Client has a DNR order, disallowing any treatment. Paramedics collected their things and left by Foster mother reported that client had some of usual fits of fussiness due to central and obstructive apnea when it becomes difficult for to catch breath. Client has a history of seeming to panic when has challenges with breathing, but by adjusting position, is able to be calmed. Client is on an oxygen monitor that sounds an alert if oxygen level decreases. The breathing monitor never went off indicating that there was a need for further intervention. caseworker and Coroner. Coroner officially declared client dead at FCM stated that the funeral home would be coming to pick up . CASA was contacted via voicemail at Staff from Funeral Home picked client up at FCM stated would contact team members about funeral arrangements.

Attorney/Client Privileged and Confidential: Risk Management/Peer Review			Page 4
SECTION I: REVIEWS / SIGNATURES			
Signature of Person Completing Form	Print Name	Title PC	Date
Signature of Manager/Director	Print Name	Title PM	Date
Signature	Print Name	Title PS	Date
Signature	Print Name	Title DOO	Date
Signature of State Director (Level 3 and 4 only)	Print Name	Title	Date

THE MENTOR NETWORK - INCIDENT REPORT
Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 1

Please PRINT Clearly or Type in Legible Font (10-12) - DO NOT Leave Blanks. Complete All Boxes.

SECTION A: CLIENT/INDIVIDUAL INFORMATION

1. Client/Individual's Name: [redacted]
2. Level: ( ) 1 ( ) 2 ( ) 3 (x) 4
3. Guardian: ( ) Self (x) State ( ) Parent(s) ( ) Other:
4. Log #: [redacted]
5. DOB: [redacted]
6. Age: 7 Years 8 M
7. Gender: [redacted]
8. Population: ( ) Adult (18+) (x) Child
9. Service Category: *(Check one)*
   - ( ) Behavioral Health
   - ( ) Juvenile Justice
   - (x) Medically Complex
   - ( ) MR/DD
   - ( ) MR/DD Offender
   - ( ) Acquired Brain Injury
   - ( ) Elder Care
   - ( ) Mental Illness
   - ( ) MR/MI
   - ( ) Education
   - ( ) Other:
10. Date of Admission to MENTOR NETWORK: [redacted]
11. Length of Current Placement/Services: 35 Months

SECTION B: PROGRAM INFORMATION

12. State: [redacted]
13. City: [redacted]
14. If Acquisition/Partner, specify company name:
15. Program Name: Medically Fragile
16. Service Setting/Model: **(check the ONE that most closely fits)**
   - ( ) ICF/MR (Intermediate Care Facility)
   - ( ) Group or Shared Living (3+ clients/individuals with 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with 24/7)
   - (x) Mentor Home/ Host Home
   - ( ) Group or Shared Living (3+ clients/individuals with less than 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with less than 24/7)
   - ( ) Home Health Agency Services
   - ( ) Family/School/Home Based Supports (periodic services less than 24/7)
   - ( ) Clinical/Outpatient Therapy/Rehab (OT, PT, Speech)
   - ( ) Day Program
   - ( ) Supported Employment/Vocational
   - ( ) School
   - ( ) Brokerage/Case Management (non-residential)

SECTION C: INCIDENT INFORMATION

17. Date & Time of Incident: [redacted]
18. First Reported to MENTOR NETWORK: [redacted]
    By: *(Name & Title)* [redacted] Foster Parent
19. Location of Incident: *(check one)*
   - ( ) Mentor Home (x) Primary ( ) Respite
   - **Mentor Name:**
   - **# of Clients/Individuals Living in Home:**
   - ( ) Client/Individual's Residence (group home, ICF, apt)
   - ( ) Client/Individual's Biological Family/Guardian Home
   - ( ) Day Program
   - ( ) School
   - ( ) Client/Individual's Place of Employment
   - ( ) Vehicle
   - ( ) Program Office
   - ( ) Community
   - ( ) Other:
20. Outcome of Incident: *(check all that apply)*
   - [ ] Remain in Current Placement
   - [ ] Placement Decision Pending
   - [ ] Client/Individual Placed in Respite
   - [ ] Placement Disrupted (i.e. Client/Individual transferred to new home/ program/placement within MENTOR NETWORK)
   - [ ] Discharged from MENTOR NETWORK
   - [ ] Temporarily or Permanently Closed Mentor Home
   - [ ] Emergency Psychiatric Evaluation (no hospitalization)
   - [ ] Emergency Psychiatric Hospitalization
   - [ ] Emergency Medical Hospitalization
   - [ ] In-school suspension
   - [ ] School Suspension/Expulsion
   - [ ] Client/Individual Arrest/Detention
   - [x] Death
   - [ ] Other:

21. **Summarize in 2-3 sentences the key aspects of the incident for entry into Risk Management database.**

** Client passed away on [redacted] [redacted] was in a persistent vegetative state and was ventilator dependent.

Attorney/Client Privileged and Confidential: Risk Management/Peer Review — Page 2

Client/Individual Name: [redacted] Log #: [redacted]

SECTION D: INCIDENT DESCRIPTORS (check all that apply)

DEATH (death of client/individual is a Level 4 incident):
(x) Expected Death of Client/Individual
( ) Unexpected Death of Client/Individual

CLIENT/INDIVIDUAL ELOPEMENT/AWOL:
( ) Located at the Time of the Incident Report
( ) Unable to Locate at the Time of the Incident Report
( ) Other:

CLIENT/INDIVIDUAL BEHAVIORAL:
[ ] Self-Injurious Behavior
[ ] Mental Health De-compensation
[ ] Oppositional Behaviors
[ ] Inappropriate Sexual Comments/Threats
[ ] Verbal Threats of Violence
[ ] Exhibitionism/Public Masturbation

CARE-TAKER MISCONDUCT:
(Suspected, Alleged or Confirmed)

Caretaker:
[ ] Mentor
[ ] Mentor Family Member
[ ] Staff
[ ] Other Caretaker:

Alleged Misconduct:
[ ] Sexual Boundary/Abuse
[ ] Verbal or Emotional Abuse
[ ] Physical Assault/Abuse
[ ] Corporal/Inappropriate Punishment
[ ] Inappropriate Use of Restraint/Physical Intervention
[ ] Neglect
[ ] Inadequate Supervision
[ ] Criminal Arrest of Caretaker
[ ] Alcohol/Drug Use by Caretaker
[ ] Misuse of Client/Individual's Funds
[ ] Misappropriation/Destruction of Client/Individual Personal Property
[ ] Other:

MEDICATION INCIDENTS:
[ ] Medication Error
[ ] Missing Controlled Substances
[ ] Serious Adverse Reaction to Medication

MEDICAL INCIDENTS:
[ ] Illness Requiring Medical Treatment
[ ] Deterioration in Existing Medical Condition
[ ] Pregnancy
[ ] Seizure Requiring Emergency Treatment
[ ] UTI
[ ] Bowel Impaction
[ ] Pneumonia
[ ] Pressure Sores
[ ] Other:

CLIENT/INDIVIDUAL INJURY BY:
[ ] Physical Assault by Third Party/Other Individual in our car
[ ] Sexual Assault by Third Party/Other Individual in our care
[ ] Theft by Third Party
[ ] Fall
[ ] Choking
[ ] Bathing/Scalding Related Injuries
[ ] Other Burns
[ ] Vehicle
[ ] Swimming/Near Drowning
[ ] Other Accidental Injury:

SUICIDAL CLIENT/INDIVIDUAL:
[ ] Suicidal Threats or Verbalizations
[ ] Suicidal Attempt or Gesture

EXPOSURE CONTROL INCIDENTS:
[ ] Client/Individual Exposed to Blood Borne Pathogens
[ ] Client/Individual Exposed Third Party to Blood Borne Pathogens

SEXUAL ASSAULT OR INAPPROPRIATE SEXUAL BEHAVIOR BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party

PROPERTY DAMAGE BY CLIENT/INDIVIDUAL:
[ ] Property Damage Under $1,000
[ ] Property Damage Over $1,000
[ ] Vehicle Theft
[ ] Fire Setting
[ ] Theft/Shoplifting
[ ] Other:

PHYSICAL ASSAULTS BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party
[ ] To Animals (animal cruelty)

POSSESSION OF PROHIBITED MATERIALS: (Defined per client/individual/program)
[ ] Possession of Prohibited Materials (i.e., alcohol, lighter, weapon, pornography, illicit drugs, etc.)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 3

SECTION E: PROGRAMMATIC RESPONSE (Check all that apply)

[x] Counseling/Training for Staff/Mentor
[ ] ISP/Supervision/Behavioral Plan Developed with Client/Individual
[ ] Internal Investigation Underway
Interventions:
[ ]Physical
[ ]Mechanical
[ ]Seclusions
[ ]Chemical
[ ]Law Enforcement

[x] Reported to Adult/Child Protective Services
Date:
( ) Substantiated ( ) Unsubstantiate

[ ] Licensing Notified
Date:

[x] Funding Source Notified
Date:
[ ] Family Notified
Date:
[x] Guardian Notified
Date:
[x] Law Enforcement/Probation Notified
Date:

Client/Individual Name: Log #:

22. **SECTION F: CLIENT/INDIVIDUAL HISTORY / DIAGNOSES**

List Client/Individual's current medical and psychiatric diagnoses, behavioral history (e.g. sexually abused, physically aggressive, running, confabulation, etc.), medical history (e.g. seizures, diabetes, etc.) and medications.

has been diagnosed in a persistent vegetative state; pneumonia; organism, NOS; ostegenesis imperfecta; convulsions; asphyxia; drowning/non-fatal summer; tracheostomy; gastrostomy status; profound blindness both eyes is non-verbal, non-ambulatory. is ventilator dependent.

23. **SECTION G: ANTECEDENT EVENTS**

Briefly describe the Client/Individual's condition and activities prior and leading up to this incident.

was at home with home health nurse and mentors.

24. **SECTION H: INCIDENT NARRATIVE**

Describe IN DETAIL the incident in chronological order. Include who, what, where, when and how. Provide information on alleged injuries, interventions and current status. Report involvement of other parties such as law enforcement, emergency medical services, etc. Include sources of information (e.g. "Mentor reported..." or "Staff observed..."). When using names, include title and/or affiliation (i.e. Joan Smith, DCFS Case Manager.).

On phoned program manager to advise had passed away. advised was at home with home health nurse and mentors at the time of passing. heart rate had lowered. home health nurse increased amount of oxygen at this time, which caused heart rate to stabilize. After a few minutes, heart rate decreased again and did not stabilize, resulting in death. has an out-of-the-hospital Do Not Rescitate order. advised 911 was in route to the hor. CPS hotline was notified on call ID took the call. The call reference number is

Continue on an additional sheet if necessary. DO NOT WRITE ON BACK OF PAGE)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review			Page 4
SECTION I: REVIEWS / SIGNATURES			
Signature of Person Completing Form [redacted]	**Print Name**	**Title** PM	**Date** [redacted]
Signature of Manager/Director [redacted]	**Print Name**	**Title** PM	**Date** [redacted]
Signature [redacted]	**Print Name**	**Title** State QA	**Date** [redacted]
Signature	**Print Name**	**Title**	**Date**
Signature of State Director (Level 3 and 4 only)	**Print Name**	**Title**	**Date**

THE MENTOR NETWORK - INCIDENT REPORT
Attorney/Client Privileged and Confidential: Risk Management/Peer Review — Page 1

Please PRINT Clearly or Type in Legible Font (10-12) - DO NOT Leave Blanks. Complete All Boxes.

SECTION A: CLIENT/INDIVIDUAL INFORMATION

1. Client/Individual's Name: [redacted]
2. Level: ( ) 1 ( ) 2 ( ) 3 (x) 4
3. Guardian: ( ) Self ( ) State ( ) Parent(s) (x) Other:
4. Log #:
5. DOB: [redacted]
6. Age: 16 Years
7. Gender: [redacted]
8. Population: ( ) Adult (18+) (x) Child
9. Service Category: *(Check one)*
   - ( ) Behavioral Health
   - ( ) Juvenile Justice
   - ( ) Medically Complex
   - ( ) MR/DD
   - ( ) MR/DD Offender
   - ( ) Acquired Brain Injury
   - ( ) Elder Care
   - ( ) Mental Illness
   - ( ) MR/MI
   - ( ) Education
   - (x) Other: [redacted]
10. Date of Admission to MENTOR NETWORK: [redacted]
11. Length of Current Placement/Services: 1 Months

SECTION B: PROGRAM INFORMATION

12. State: [redacted]
13. City: [redacted]
14. If Acquisition/Partner, specify company name:
15. Program Name: ED/BD Program
16. Service Setting/Model: (check the ONE that most closely fits)
   - ( ) ICF/MR (Intermediate Care Facility)
   - ( ) Group or Shared Living (3+ clients/individuals with 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with 24/7)
   - (x) Mentor Home/ Host Home
   - ( ) Group or Shared Living (3+ clients/individuals with less than 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with less than 24/7)
   - ( ) Home Health Agency Services
   - ( ) Family/School/Home Based Supports (periodic services less than 24/7)
   - ( ) Clinical/Outpatient Therapy/Rehab (OT, PT, Speech)
   - ( ) Day Program
   - ( ) Supported Employment/Vocational
   - ( ) School
   - ( ) Brokerage/Case Management (non-residential)

SECTION C: INCIDENT INFORMATION

17. Date & Time of Incident: [redacted]
18. First Reported to MENTOR NETWORK: [redacted]
   By: *(Name & Title)* [redacted] Program Director
19. Location of Incident: *(check one)*
   - ( ) Mentor Home ( ) Primary ( ) Respite
   - **Mentor Name:**
   - **# of Clients/Individuals Living in Home:**
   - ( ) Client/Individual's Residence (group home, ICF, apt)
   - ( ) Client/Individual's Biological Family/Guardian Home
   - ( ) Day Program
   - ( ) School
   - ( ) Client/Individual's Place of Employment
   - ( ) Vehicle
   - ( ) Program Office
   - ( ) Community
   - (x) Other: Friend's Home
20. Outcome of Incident: *(check all that apply)*
   - [ ] Remain in Current Placement
   - [ ] Placement Decision Pending
   - [ ] Client/Individual Placed in Respite
   - [ ] Placement Disrupted (i.e. Client/Individual transferred to new home/ program/placement within MENTOR NETWORK)
   - [ ] Discharged from MENTOR NETWORK
   - [ ] Temporarily or Permanently Closed Mentor Home
   - [ ] Emergency Psychiatric Evaluation (no hospitalization)
   - [ ] Emergency Psychiatric Hospitalization
   - [ ] Emergency Medical Hospitalization
   - [ ] In-school suspension
   - [ ] School Suspension/Expulsion
   - [ ] Client/Individual Arrest/Detention
   - [x] Death
   - [ ] Other:
21. Summarize in 2-3 sentences the key aspects of the incident for entry into Risk Management database.

**On [redacted] this program coordinator received a telephone call from [redacted] of [redacted] Police Department. [redacted] informed this coordinator that the client [redacted] committed suicidal via hanging at a friend's house.

Attorney/Client Privileged and Confidential: Risk Management/Peer Review — Page 2

Client/Individual Name: [redacted] Log #: [redacted]

SECTION D: INCIDENT DESCRIPTORS (check all that apply)

DEATH (death of client/individual is a Level 4 incident):
( ) Expected Death of Client/Individual
(x) Unexpected Death of Client/Individual

CLIENT/INDIVIDUAL ELOPEMENT/AWOL:
( ) Located at the Time of the Incident Report
( ) Unable to Locate at the Time of the Incident Report
( ) Other:

CLIENT/INDIVIDUAL BEHAVIORAL:
[ ] Self-Injurious Behavior
[ ] Mental Health De-compensation
[ ] Oppositional Behaviors
[ ] Inappropriate Sexual Comments/Threats
[ ] Verbal Threats of Violence
[ ] Exhibitionism/Public Masturbation

CARE-TAKER MISCONDUCT:
(Suspected, Alleged or Confirmed)

Caretaker:
[ ] Mentor
[ ] Mentor Family Member
[ ] Staff
[ ] Other Caretaker:

Alleged Misconduct:
[ ] Sexual Boundary/Abuse
[ ] Verbal or Emotional Abuse
[ ] Physical Assault/Abuse
[ ] Corporal/Inappropriate Punishment
[ ] Inappropriate Use of Restraint/Physical Intervention
[ ] Neglect
[ ] Inadequate Supervision
[ ] Criminal Arrest of Caretaker
[ ] Alcohol/Drug Use by Caretaker
[ ] Misuse of Client/Individual's Funds
[ ] Misappropriation/Destruction of Client/Individual Personal Property
[ ] Other:

MEDICATION INCIDENTS:
[ ] Medication Error
[ ] Missing Controlled Substances
[ ] Serious Adverse Reaction to Medication

MEDICAL INCIDENTS:
[ ] Illness Requiring Medical Treatment
[ ] Deterioration in Existing Medical Condition
[ ] Pregnancy
[ ] Seizure Requiring Emergency Treatment
[ ] UTI
[ ] Bowel Impaction
[ ] Pneumonia
[ ] Pressure Sores
[ ] Other:

CLIENT/INDIVIDUAL INJURY BY:
[ ] Physical Assault by Third Party/Other Individual in our car
[ ] Sexual Assault by Third Party/Other Individual in our care
[ ] Theft by Third Party
[ ] Fall
[ ] Choking
[ ] Bathing/Scalding Related Injuries
[ ] Other Burns
[ ] Vehicle
[ ] Swimming/Near Drowning
[ ] Other Accidental Injury:

SUICIDAL CLIENT/INDIVIDUAL:
[ ] Suicidal Threats or Verbalizations
[ ] Suicidal Attempt or Gesture

EXPOSURE CONTROL INCIDENTS:
[ ] Client/Individual Exposed to Blood Borne Pathogens
[ ] Client/Individual Exposed Third Party to Blood Borne Pathogens

SEXUAL ASSAULT OR INAPPROPRIATE SEXUAL BEHAVIOR BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party

PROPERTY DAMAGE BY CLIENT/INDIVIDUAL:
[ ] Property Damage Under $1,000
[ ] Property Damage Over $1,000
[ ] Vehicle Theft
[ ] Fire Setting
[ ] Theft/Shoplifting
[ ] Other:

PHYSICAL ASSAULTS BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party
[ ] To Animals (animal cruelty)

POSSESSION OF PROHIBITED MATERIALS: (Defined per client/individual/program)
[ ] Possession of Prohibited Materials (i.e., alcohol, lighter, weapon, pornography, illicit drugs, etc.)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 3

SECTION E: PROGRAMMATIC RESPONSE (Check all that apply)

[ ] Counseling/Training for Staff/Mentor
[ ] ISP/Supervision/Behavioral Plan Developed with Client/Individual
[ ] Internal Investigation Underway
Interventions:
[ ]Physical
[ ]Mechanical
[ ]Seclusions
[ ]Chemical
[ ]Law Enforcement

[ ] Reported to Adult/Child Protective Services
Date:
( ) Substantiated ( ) Unsubstantiate
[ ] Licensing Notified
Date:

[ ] Funding Source Notified
Date:
[x] Family Notified
Date: [redacted]
[x] Guardian Notified
Date: [redacted]
[ ] Law Enforcement/Probation Notified
Date:

Client/Individual Name: [redacted] **Log #:** **Date of Incident:** [redacted]

22. **SECTION F: CLIENT/INDIVIDUAL HISTORY / DIAGNOSES**

List Client/Individual's current medical and psychiatric diagnoses, behavioral history (e.g. sexually abused, physically aggressive, running, confabulation, etc.), medical history (e.g. seizures, diabetes, etc.) and medications.

On [redacted] the client was hospitalized at [redacted] for dangerous and self-injurious behaviors. Client was taking psychotropic medication to address [redacted] diagnosis of Major Depression, BiPolar, ADHD.

23. **SECTION G: ANTECEDENT EVENTS**

Briefly describe the Client/Individual's condition and activities prior and leading up to this incident.

The client appeared to be happy because [redacted] was planning to spend the day with [redacted] step-father and biological brother.

24. **SECTION H: INCIDENT NARRATIVE**

Describe IN DETAIL the incident in chronological order. Include who, what, where, when and how. Provide information on alleged injuries, interventions and current status. Report involvement of other parties such as law enforcement, emergency medical services, etc. Include sources of information (e.g. "Mentor reported..." or "Staff observed..."). When using names, include title and/or affiliation (i.e. Joan Smith, DCFS Case Manager.).

On [redacted] this program coordinator received a telephone call from [redacted] of [redacted] Police Department. [redacted] informed this coordinator that the client [redacted] committed suicidal via hanging at a friend's house. The main report is being completed. Appropriate contacted will be made with all parties concerned.

Continue on an additional sheet if necessary. DO NOT WRITE ON BACK OF PAGE)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review			Page 4
SECTION I: REVIEWS / SIGNATURES			
Signature of Person Completing Form	**Print Name**	**Title** Program Coordinator	**Date**
Signature of Manager/Director	**Print Name**	**Title** Program Supervisor	**Date**
Signature	**Print Name**	**Title**	**Date**
Signature	**Print Name**	**Title**	**Date**
Signature of State Director (Level 3 and 4 only)	**Print Name**	**Title** Director of Operations	**Date**

THE MENTOR NETWORK - INCIDENT REPORT
Attorney/Client Privileged and Confidential: Risk Management/Peer Review — Page 1

Please PRINT Clearly or Type in Legible Font (10-12) - DO NOT Leave Blanks. Complete All Boxes.

SECTION A: CLIENT/INDIVIDUAL INFORMATION

1. Client/Individual's Name: [redacted]
2. Level: ( ) 1 ( ) 2 ( ) 3 (x) 4
3. Guardian: ( ) Self (x) State ( ) Parent(s) ( ) Other:
4. Log #:
5. DOB: [redacted]
6. Age: 3 Years 7 M
7. Gender: [redacted]
8. Population: ( ) Adult (18+) (x) Child
9. Service Category: ***(Check one)***
   - ( ) Behavioral Health
   - ( ) Juvenile Justice
   - (x) Medically Complex
   - ( ) MR/DD
   - ( ) MR/DD Offender
   - ( ) Acquired Brain Injury
   - ( ) Elder Care
   - ( ) Mental Illness
   - ( ) MR/MI
   - ( ) Education
   - ( ) Other:
10. Date of Admission to MENTOR NETWORK: [redacted]
11. Length of Current Placement/Services: 2 Years

SECTION B: PROGRAM INFORMATION

12. State: [redacted]
13. City: [redacted]
14. If Acquisition/Partner, specify company name:
15. Program Name: [redacted]
16. Service Setting/Model: **(check the ONE that most closely fits)**
   - ( ) ICF/MR (Intermediate Care Facility)
   - ( ) Group or Shared Living (3+ clients/individuals with 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with 24/7)
   - (x) Mentor Home/ Host Home
   - ( ) Group or Shared Living (3+ clients/individuals with less than 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with less than 24/7)
   - ( ) Home Health Agency Services
   - ( ) Family/School/Home Based Supports (periodic services less than 24/7)
   - ( ) Clinical/Outpatient Therapy/Rehab (OT, PT, Speech)
   - ( ) Day Program
   - ( ) Supported Employment/Vocational
   - ( ) School
   - ( ) Brokerage/Case Management (non-residential)

SECTION C: INCIDENT INFORMATION

17. Date & Time of Incident: [redacted]
18. First Reported to MENTOR NETWORK: [redacted]
    By: *(Name & Title)* [redacted]
19. Location of Incident: ***(check one)***
   - ( ) Mentor Home ( ) Primary ( ) Respite
   - **Mentor Name:**
   - **# of Clients/Individuals Living in Home:**
   - ( ) Client/Individual's Residence (group home, ICF, apt)
   - ( ) Client/Individual's Biological Family/Guardian Home
   - ( ) Day Program
   - ( ) School
   - ( ) Client/Individual's Place of Employment
   - ( ) Vehicle
   - ( ) Program Office
   - ( ) Community
   - (x) Other: [redacted] **Hospital.**
20. Outcome of Incident: ***(check all that apply)***
   - [ ] Remain in Current Placement
   - [ ] Placement Decision Pending
   - [ ] Client/Individual Placed in Respite
   - [ ] Placement Disrupted (i.e. Client/Individual transferred to new home/ program/placement within MENTOR NETWORK)
   - [ ] Discharged from MENTOR NETWORK
   - [ ] Temporarily or Permanently Closed Mentor Home
   - [ ] Emergency Psychiatric Evaluation (no hospitalization)
   - [ ] Emergency Psychiatric Hospitalization
   - [ ] Emergency Medical Hospitalization
   - [ ] In-school suspension
   - [ ] School Suspension/Expulsion
   - [ ] Client/Individual Arrest/Detention
   - [x] Death
   - [ ] Other:
21. **Summarize in 2-3 sentences the key aspects of the incident for entry into Risk Management database.**

**Foster parent took minor to [REDACTED] hospital ER due to difficulty waking [REDACTED] FP reports minor expired on the way to the hospital. FP reports minor was revived at [REDACTED], then transferred via ambulance to [REDACTED] [REDACTED] Hospital. FP trailed ambulance to [REDACTED] FP repots hospital [REDACTED] had a weak heartbeat and [REDACTED] was hooked to [REDACTED] machine. Per Dr. [REDACTED] at [REDACTED], minor passed away at [REDACTED] Cause of death per Dr. [REDACTED] multiple organ/system failure.

Attorney/Client Privileged and Confidential: Risk Management/Peer Review — **Page 2**

Client/Individual Name: [REDACTED] **Log #:** **Date of Incident:** [REDACTED]

SECTION D: INCIDENT DESCRIPTORS (check all that apply)

DEATH (death of client/individual is a **Level 4** incident):
(x) Expected Death of Client/Individual
( ) Unexpected Death of Client/Individual

CLIENT/INDIVIDUAL ELOPEMENT/AWOL:
( ) Located at the Time of the Incident Report
( ) Unable to Locate at the Time of the Incident Report
( ) Other:

CLIENT/INDIVIDUAL BEHAVIORAL:
[ ] Self-Injurious Behavior
[ ] Mental Health De-compensation
[ ] Oppositional Behaviors
[ ] Inappropriate Sexual Comments/Threats
[ ] Verbal Threats of Violence
[ ] Exhibitionism/Public Masturbation

CARE-TAKER MISCONDUCT:
(Suspected, Alleged or Confirmed)

Caretaker:
[ ] Mentor
[ ] Mentor Family Member
[ ] Staff
[ ] Other Caretaker:

Alleged Misconduct:
[ ] Sexual Boundary/Abuse
[ ] Verbal or Emotional Abuse
[ ] Physical Assault/Abuse
[ ] Corporal/Inappropriate Punishment
[ ] Inappropriate Use of Restraint/Physical Intervention
[ ] Neglect
[ ] Inadequate Supervision
[ ] Criminal Arrest of Caretaker
[ ] Alcohol/Drug Use by Caretaker
[ ] Misuse of Client/Individual's Funds
[ ] Misappropriation/Destruction of Client/Individual Personal Property
[ ] Other:

MEDICATION INCIDENTS:
[ ] Medication Error
[ ] Missing Controlled Substances
[ ] Serious Adverse Reaction to Medication

MEDICAL INCIDENTS:
[ ] Illness Requiring Medical Treatment
[ ] Deterioration in Existing Medical Condition
[ ] Pregnancy
[ ] Seizure Requiring Emergency Treatment
[ ] UTI
[ ] Bowel Impaction
[ ] Pneumonia
[ ] Pressure Sores
[ ] Other:

CLIENT/INDIVIDUAL INJURY BY:
[ ] Physical Assault by Third Party/Other Individual in our car
[ ] Sexual Assault by Third Party/Other Individual in our care
[ ] Theft by Third Party
[ ] Fall
[ ] Choking
[ ] Bathing/Scalding Related Injuries
[ ] Other Burns
[ ] Vehicle
[ ] Swimming/Near Drowning
[ ] Other Accidental Injury:

SUICIDAL CLIENT/INDIVIDUAL:
[ ] Suicidal Threats or Verbalizations
[ ] Suicidal Attempt or Gesture

EXPOSURE CONTROL INCIDENTS:
[ ] Client/Individual Exposed to Blood Borne Pathogens
[ ] Client/Individual Exposed Third Party to Blood Borne Pathogens

SEXUAL ASSAULT OR INAPPROPRIATE SEXUAL BEHAVIOR BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ]To Mentor's Family Member
[ ] To Other Third Party

PROPERTY DAMAGE BY CLIENT/INDIVIDUAL:
[ ] Property Damage Under $1,000
[ ] Property Damage Over $1,000
[ ] Vehicle Theft
[ ] Fire Setting
[ ] Theft/Shoplifting
[ ] Other:

PHYSICAL ASSAULTS BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ]To Mentor's Family Member
[ ] To Other Third Party
[ ]To Animals (animal cruelty)

POSSESSION OF PROHIBITED MATERIALS: (Defined per client/individual/program)

[ ] Possession of Prohibited Materials (i.e., alcohol, lighter, weapon, pornography, illicit drugs, etc.)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 3

SECTION E: PROGRAMMATIC RESPONSE (Check all that apply)

[ ] Counseling/Training for Staff/Mentor
[ ] ISP/Supervision/Behavioral Plan Developed with Client/Individual
[ ] Internal Investigation Underway
Interventions:
[ ]Physical
[ ]Mechanical
[ ]Seclusions
[ ]Chemical
[ ]Law Enforcement

[x] Reported to Adult/Child Protective Services
Date:
( ) Substantiated ( ) Unsubstantiate
[ ] Licensing Notified
Date:

[x] Funding Source Notified
Date:
[x] Family Notified
Date:
[x] Guardian Notified
Date:
[ ] Law Enforcement/Probation Notified
Date:

Client/Individual Name: **Log #:** **Date of Incident:**

22. **SECTION F: CLIENT/INDIVIDUAL HISTORY / DIAGNOSES**

List Client/Individual's current medical and psychiatric diagnoses, behavioral history (e.g. sexually abused, physically aggressive, running, confabulation, etc.), medical history (e.g. seizures, diabetes, etc.) and medications.

Congenital Malformation including lobar holoprosencephaly, choanal astresia, seizure disorder, developmental delay, hypotonia, microcephaly, upper air problems including choanal stenosis and laryngomalacia. Central diabetes insipidas, gastric tube. Meds: Phenobarbital, DDAVP, Prevacid. Equipment: Wheelchair, stander, feeding pump, apnea monitor, pulse oximeter, AFO's, g-tube.

23. **SECTION G: ANTECEDENT EVENTS**

Briefly describe the Client/Individual's condition and activities prior and leading up to this incident.

Foster parent reports she had difficulty waking minor on the morning of Foster parent had several conversations with treating physician at . Medical staffing at on with foster parent, Mentor Supervisor and Nurse Clinician, Minor's GAL, Dr. , his nurse, hospital social worker. Mother arrived late for staffing. Discussion of minor possibly receiving a trach, although it was not a doctor's recommendation. Team also discussed DNR order, Dr. was provided DCFS DNR paperwork to complete.

24. **SECTION H: INCIDENT NARRATIVE**

Describe IN DETAIL the incident in chronological order. Include who, what, where, when and how. Provide information on alleged injuries, interventions and current status. Report involvement of other parties such as law enforcement, emergency medical services, etc. Include sources of information (e.g. "Mentor reported..." or "Staff observed..."). When using names, include title and/or affiliation (i.e. Joan Smith, DCFS Case Manager.).

Foster parent reports she had difficulty waking minor around Foster parent reports she kept shaking and checking on . FP reports she called to inform of minor's condition and they were to call her back. FP indicates she did not want to wait any longer so she took minor to . FP reports that minor expired in her arms on the way to hospital. FP reports minor was revived at , then transferred via ambulance to hospital. FP trailed ambulance to . FP reports hospital said had weak heartbeat and was hooked to breathing machine. FP reports they kept giving her bits and pieces of information. Foster parent reports she was completely stressed out and she couldn't take it anymore so she left. When manger and worker called to inform them that biological mother would be visiting the call was given to Dr. at who reported that minor passed away at

Continue on an additional sheet if necessary. DO NOT WRITE ON BACK OF PAGE)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review			Page 4
SECTION I: REVIEWS / SIGNATURES			
Signature of Person Completing Form	Print Name	Title PC	Date
Signature of Manager/Director	Print Name	Title Manager	Date
Signature	Print Name	Title ED	Date
Signature	Print Name	Title Director of Operations	Date
Signature of State Director (Level 3 and 4 only)	Print Name	Title	Date

THE MENTOR NETWORK - INCIDENT REPORT
Attorney/Client Privileged and Confidential: Risk Management/Peer Review **Page 1**

Please PRINT Clearly or Type in Legible Font (10-12) - DO NOT Leave Blanks. Complete All Boxes.

SECTION A: CLIENT/INDIVIDUAL INFORMATION

1. Client/Individual's Name: [redacted]
2. Level: ( ) 1 ( ) 2 ( ) 3 (x) 4
3. Guardian: ( ) Self (x) State ( ) Parent(s) ( ) Other:
4. Log #: [redacted]
5. DOB: [redacted]
6. Age: 7 Years 3 M
7. Gender: [redacted]
8. Population: (x) Adult (18+) ( ) Child
9. Service Category: *(Check one)*
   - ( ) Behavioral Health
   - ( ) Juvenile Justice
   - (x) Medically Complex
   - ( ) MR/DD
   - ( ) MR/DD Offender
   - ( ) Acquired Brain Injury
   - ( ) Elder Care
   - ( ) Mental Illness
   - ( ) MR/MI
   - ( ) Education
   - ( ) Other:
10. Date of Admission to MENTOR NETWORK: [redacted]
11. Length of Current Placement/Services: **1 Years 3 Months 4 Days**

SECTION B: PROGRAM INFORMATION

12. State: [redacted]
13. City: [redacted]
14. **If Acquisition/Partner, specify company name:**
15. Program Name: **MF Program**
16. Service Setting/Model: **(check the ONE that most closely fits)**
   - ( ) ICF/MR (Intermediate Care Facility)
   - ( ) Group or Shared Living (3+ clients/individuals with 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with 24/7)
   - (x) Mentor Home/ Host Home
   - ( ) Group or Shared Living (3+ clients/individuals with less than 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with less than 24/7)
   - ( ) Home Health Agency Services
   - ( ) Family/School/Home Based Supports (periodic services less than 24/7)
   - ( ) Clinical/Outpatient Therapy/Rehab (OT, PT, Speech)
   - ( ) Day Program
   - ( ) Supported Employment/Vocational
   - ( ) School
   - ( ) Brokerage/Case Management (non-residential)

SECTION C: INCIDENT INFORMATION

17. Date & Time of Incident: [redacted]
18. First Reported to MENTOR NETWORK: [redacted]
    By: *(Name & Title)* [redacted]
19. Location of Incident: *(check one)*
   - ( ) Mentor Home ( ) Primary ( ) Respite
   - **Mentor Name:**
   - **# of Clients/Individuals Living in Home:**
   - ( ) Client/Individual's Residence (group home, ICF, apt)
   - ( ) Client/Individual's Biological Family/Guardian Home
   - ( ) Day Program
   - ( ) School
   - ( ) Client/Individual's Place of Employment
   - ( ) Vehicle
   - ( ) Program Office
   - ( ) Community
   - (x) Other: [redacted] **Hospital**
20. Outcome of Incident: *(check all that apply)*
   - [ ] Remain in Current Placement
   - [ ] Placement Decision Pending
   - [ ] Client/Individual Placed in Respite
   - [ ] Placement Disrupted (i.e. Client/Individual transferred to new home/ program/placement within MENTOR NETWORK)
   - [ ] Discharged from MENTOR NETWORK
   - [ ] Temporarily or Permanently Closed Mentor Home
   - [ ] Emergency Psychiatric Evaluation (no hospitalization)
   - [ ] Emergency Psychiatric Hospitalization
   - [ ] Emergency Medical Hospitalization
   - [ ] In-school suspension
   - [ ] School Suspension/Expulsion
   - [ ] Client/Individual Arrest/Detention
   - [x] Death
   - [ ] Other:
21. **Summarize in 2-3 sentences the key aspects of the incident for entry into Risk Management database.**

    **Client died on [redacted] at [redacted]

Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 2

Client/Individual Name: [redacted] **Log #:** [redacted]

SECTION D: INCIDENT DESCRIPTORS (check all that apply)

DEATH (death of client/individual is a **Level 4** incident):
(x) Expected Death of Client/Individual
( ) Unexpected Death of Client/Individual

CLIENT/INDIVIDUAL ELOPEMENT/AWOL:
( ) Located at the Time of the Incident Report
( ) Unable to Locate at the Time of the Incident Report
( ) Other:

CLIENT/INDIVIDUAL BEHAVIORAL:
[ ] Self-Injurious Behavior
[ ] Mental Health De-compensation
[ ] Oppositional Behaviors
[ ] Inappropriate Sexual Comments/Threats
[ ] Verbal Threats of Violence
[ ] Exhibitionism/Public Masturbation

CARE-TAKER MISCONDUCT:
(Suspected, Alleged or Confirmed)

Caretaker:
[ ] Mentor
[ ] Mentor Family Member
[ ] Staff
[ ] Other Caretaker:

Alleged Misconduct:
[ ] Sexual Boundary/Abuse
[ ] Verbal or Emotional Abuse
[ ] Physical Assault/Abuse
[ ] Corporal/Inappropriate Punishment
[ ] Inappropriate Use of Restraint/Physical Intervention
[ ] Neglect
[ ] Inadequate Supervision
[ ] Criminal Arrest of Caretaker
[ ] Alcohol/Drug Use by Caretaker
[ ] Misuse of Client/Individual's Funds
[ ] Misappropriation/Destruction of Client/Individual Personal Property
[ ] Other:

MEDICATION INCIDENTS:
[ ] Medication Error
[ ] Missing Controlled Substances
[ ] Serious Adverse Reaction to Medication

MEDICAL INCIDENTS:
[ ] Illness Requiring Medical Treatment
[ ] Deterioration in Existing Medical Condition
[ ] Pregnancy
[ ] Seizure Requiring Emergency Treatment
[ ] UTI
[ ] Bowel Impaction
[ ] Pneumonia
[ ] Pressure Sores
[ ] Other:

CLIENT/INDIVIDUAL INJURY BY:
[ ] Physical Assault by Third Party/Other Individual in our car
[ ] Sexual Assault by Third Party/Other Individual in our care
[ ] Theft by Third Party
[ ] Fall
[ ] Choking
[ ] Bathing/Scalding Related Injuries
[ ] Other Burns
[ ] Vehicle
[ ] Swimming/Near Drowning
[ ] Other Accidental Injury:

SUICIDAL CLIENT/INDIVIDUAL:
[ ] Suicidal Threats or Verbalizations
[ ] Suicidal Attempt or Gesture

EXPOSURE CONTROL INCIDENTS:
[ ] Client/Individual Exposed to Blood Borne Pathogens
[ ] Client/Individual Exposed Third Party to Blood Borne Pathogens

SEXUAL ASSAULT OR INAPPROPRIATE SEXUAL BEHAVIOR BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ]To Mentor's Family Member
[ ] To Other Third Party

PROPERTY DAMAGE BY CLIENT/INDIVIDUAL:
[ ] Property Damage Under $1,000
[ ] Property Damage Over $1,000
[ ] Vehicle Theft
[ ] Fire Setting
[ ] Theft/Shoplifting
[ ] Other:

PHYSICAL ASSAULTS BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ]To Mentor's Family Member
[ ] To Other Third Party
[ ]To Animals (animal cruelty)

POSSESSION OF PROHIBITED MATERIALS: (Defined per client/individual/program)
[ ] Possession of Prohibited Materials (i.e., alcohol, lighter, weapon, pornography, illicit drugs, etc.)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 3

SECTION E: PROGRAMMATIC RESPONSE (Check all that apply)

[ ] Counseling/Training for Staff/Mentor
[ ] ISP/Supervision/Behavioral Plan Developed with Client/Individual
[ ] Internal Investigation Underway
Interventions:
[ ]Physical
[ ]Mechanical
[ ]Seclusions
[ ]Chemical
[ ]Law Enforcement

[x] Reported to Adult/Child Protective Services
Date: [redacted]
( ) Substantiated ( ) Unsubstantiate
[ ] Licensing Notified
Date:

[x] Funding Source Notified
Date: [redacted]
[ ] Family Notified
Date:
[x] Guardian Notified
Date: [redacted]
[ ] Law Enforcement/Probation Notified
Date:

Client/Individual Name: [redacted] Log #: [redacted]

22. **SECTION F: CLIENT/INDIVIDUAL HISTORY / DIAGNOSES**

List Client/Individual's current medical and psychiatric diagnoses, behavioral history (e.g. sexually abused, physically aggressive, running, confabulation, etc.), medical history (e.g. seizures, diabetes, etc.) and medications.

Client has the following diagnoses: 35 week preemie, GERD Hypoplastic Lungs/Chronic Lung, previously Trach and Vent dependent, NG tube, Giant Omphalocele s/p repair, let PA stenosis/ hypoplasia, Dextrocardia, MRSA/ MRO, Autism, PICA, ADHD, R/O Mental Retardation, Hperkinesis of Childhood, receptive ad expressive language delay, and global developmental delays.

23. **SECTION G: ANTECEDENT EVENTS**

Briefly describe the Client/Individual's condition and activities prior and leading up to this incident.

Client was airlifted to [redacted] Hospital on [redacted] [redacted] remained in PICU from the time. [redacted] was on ECMO and a ventalator. Dialysis was started on [redacted] A DNR order was requested by the hospital and consented to by DCFS as well as the removal of the ECMO.

24. **SECTION H: INCIDENT NARRATIVE**

Describe IN DETAIL the incident in chronological order. Include who, what, where, when and how. Provide information on alleged injuries, interventions and current status. Report involvement of other parties such as law enforcement, emergency medical services, etc. Include sources of information (e.g. "Mentor reported..." or "Staff observed..."). When using names, include title and/or affiliation (i.e. Joan Smith, DCFS Case Manager.).

Client passed on [redacted] at [redacted] at [redacted] Hospital. [redacted] had multisystem organ failure, parovirus viremia, streptococcus pnemoniate pneumonia, and candida albiean pneumonia.

Continue on an additional sheet if necessary. DO NOT WRITE ON BACK OF PAGE)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review			Page 4
SECTION I: REVIEWS / SIGNATURES			
Signature of Person Completing Form	Print Name	Title Program Coordinator	Date
Signature of Manager/Director	Print Name	Title Manager	Date
Signature	Print Name	Title	Date
Signature	Print Name	Title	Date
Signature of State Director (Level 3 and 4 only)	Print Name	Title Director of Operations	Date

THE MENTOR NETWORK - INCIDENT REPORT
Attorney/Client Privileged and Confidential: Risk Management/Peer Review — Page 1

Please PRINT Clearly or Type in Legible Font (10-12) - DO NOT Leave Blanks. Complete All Boxes.

SECTION A: CLIENT/INDIVIDUAL INFORMATION

1. Client/Individual's Name: [redacted]
2. Level: ( ) 1 ( ) 2 ( ) 3 (x) 4
3. Guardian: ( ) Self (x) State ( ) Parent(s) ( ) Other:
4. Log #: [redacted]
5. DOB: [redacted]
6. Age: 7 Years 3 M
7. Gender: [redacted]
8. Population: ( ) Adult (18+) (x) Child
9. Service Category: *(Check one)*
   - (x) Behavioral Health
   - ( ) Juvenile Justice
   - ( ) Medically Complex
   - ( ) MR/DD
   - ( ) MR/DD Offender
   - ( ) Acquired Brain Injury
   - ( ) Elder Care
   - ( ) Mental Illness
   - ( ) MR/MI
   - ( ) Education
   - ( ) Other:
10. Date of Admission to MENTOR NETWORK: [redacted]
11. Length of Current Placement/Services: **6 Months 1 Days**

SECTION B: PROGRAM INFORMATION

12. State: [redacted]
13. City: [redacted]
14. If Acquisition/Partner, specify company name:
15. Program Name: **Child Protective Services**
16. Service Setting/Model: (check the ONE that most closely fits)
   - ( ) ICF/MR (Intermediate Care Facility)
   - ( ) Group or Shared Living (3+ clients/individuals with 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with 24/7)
   - (x) Mentor Home/ Host Home
   - ( ) Group or Shared Living (3+ clients/individuals with less than 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with less than 24/7)
   - ( ) Home Health Agency Services
   - ( ) Family/School/Home Based Supports (periodic services less than 24/7)
   - ( ) Clinical/Outpatient Therapy/Rehab (OT, PT, Speech)
   - ( ) Day Program
   - ( ) Supported Employment/Vocational
   - ( ) School
   - ( ) Brokerage/Case Management (non-residential)

SECTION C: INCIDENT INFORMATION

17. Date & Time of Incident: [redacted]
18. First Reported to MENTOR NETWORK: [redacted]
    By: *(Name & Title)* [redacted] **Mentor**
19. Location of Incident: *(check one)*
   - ( ) Mentor Home ( ) Primary ( ) Respite
     Mentor Name:
     # of Clients/Individuals Living in Home:
   - ( ) Client/Individual's Residence (group home, ICF, apt)
   - ( ) Client/Individual's Biological Family/Guardian Home
   - ( ) Day Program
   - ( ) School
   - ( ) Client/Individual's Place of Employment
   - ( ) Vehicle
   - ( ) Program Office
   - ( ) Community
   - (x) Other: **Exiting school bus outside home**
20. Outcome of Incident: *(check all that apply)*
   - [ ] Remain in Current Placement
   - [ ] Placement Decision Pending
   - [ ] Client/Individual Placed in Respite
   - [ ] Placement Disrupted (i.e. Client/Individual transferred to new home/ program/placement within MENTOR NETWORK)
   - [ ] Discharged from MENTOR NETWORK
   - [ ] Temporarily or Permanently Closed Mentor Home
   - [ ] Emergency Psychiatric Evaluation (no hospitalization)
   - [ ] Emergency Psychiatric Hospitalization
   - [ ] Emergency Medical Hospitalization
   - [ ] In-school suspension
   - [ ] School Suspension/Expulsion
   - [ ] Client/Individual Arrest/Detention
   - [x] Death
   - [ ] Other:
21. Summarize in 2-3 sentences the key aspects of the incident for entry into Risk Management database.

** Client exited the school bus and was struck by a truck. [redacted] was pronounced dead on the scene.

Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 2

Client/Individual Name: [redacted] **Log #:** [redacted]

SECTION D: INCIDENT DESCRIPTORS (check all that apply)

DEATH (death of client/individual is a **Level 4** incident):
( ) Expected Death of Client/Individual
(x) Unexpected Death of Client/Individual

CLIENT/INDIVIDUAL ELOPEMENT/AWOL:
( ) Located at the Time of the Incident Report
( ) Unable to Locate at the Time of the Incident Report
( ) Other:

CARE-TAKER MISCONDUCT:
(Suspected, Alleged or Confirmed)

Caretaker:
[ ] Mentor
[ ] Mentor Family Member
[ ] Staff
[ ] Other Caretaker:

Alleged Misconduct:
[ ] Sexual Boundary/Abuse
[ ] Verbal or Emotional Abuse
[ ] Physical Assault/Abuse
[ ] Corporal/Inappropriate Punishment
[ ] Inappropriate Use of Restraint/Physical Intervention
[ ] Neglect
[ ] Inadequate Supervision
[ ] Criminal Arrest of Caretaker
[ ] Alcohol/Drug Use by Caretaker
[ ] Misuse of Client/Individual's Funds
[ ] Misappropriation/Destruction of Client/Individual Personal Property
[ ] Other:

SUICIDAL CLIENT/INDIVIDUAL:
[ ] Suicidal Threats or Verbalizations
[ ] Suicidal Attempt or Gesture

SEXUAL ASSAULT OR INAPPROPRIATE SEXUAL BEHAVIOR BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ]To Mentor's Family Member
[ ] To Other Third Party

PHYSICAL ASSAULTS BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ]To Mentor's Family Member
[ ] To Other Third Party
[ ]To Animals (animal cruelty)

CLIENT/INDIVIDUAL BEHAVIORAL:
[ ] Self-Injurious Behavior
[ ] Mental Health De-compensation
[ ] Oppositional Behaviors
[ ] Inappropriate Sexual Comments/Threats
[ ] Verbal Threats of Violence
[ ] Exhibitionism/Public Masturbation

MEDICATION INCIDENTS:
[ ] Medication Error
[ ] Missing Controlled Substances
[ ] Serious Adverse Reaction to Medication

MEDICAL INCIDENTS:
[ ] Illness Requiring Medical Treatment
[ ] Deterioration in Existing Medical Condition
[ ] Pregnancy
[ ] Seizure Requiring Emergency Treatment
[ ] UTI
[ ] Bowel Impaction
[ ] Pneumonia
[ ] Pressure Sores
[ ] Other:

CLIENT/INDIVIDUAL INJURY BY:
[ ] Physical Assault by Third Party/Other Individual in our car
[ ] Sexual Assault by Third Party/Other Individual in our care
[ ] Theft by Third Party
[ ] Fall
[ ] Choking
[ ] Bathing/Scalding Related Injuries
[ ] Other Burns
[ ] Vehicle
[ ] Swimming/Near Drowning
[ ] Other Accidental Injury:

EXPOSURE CONTROL INCIDENTS:
[ ] Client/Individual Exposed to Blood Borne Pathogens
[ ] Client/Individual Exposed Third Party to Blood Borne Pathogens

PROPERTY DAMAGE BY CLIENT/INDIVIDUAL:
[ ] Property Damage Under $1,000
[ ] Property Damage Over $1,000
[ ] Vehicle Theft
[ ] Fire Setting
[ ] Theft/Shoplifting
[ ] Other:

POSSESSION OF PROHIBITED MATERIALS: (Defined per client/individual/program)
[ ] Possession of Prohibited Materials (i.e., alcohol, lighter, weapon, pornography, illicit drugs, etc.)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 3

SECTION E: PROGRAMMATIC RESPONSE (Check all that apply)

[ ] Counseling/Training for Staff/Mentor
[ ] ISP/Supervision/Behavioral Plan Developed with Client/Individual
[ ] Internal Investigation Underway
Interventions:
[ ]Physical
[ ]Mechanical
[ ]Seclusions
[ ]Chemical
[ ]Law Enforcement

[ ] Reported to Adult/Child Protective Services
Date:
( ) Substantiated ( ) Unsubstantiate

[x] Licensing Notified
Date: [redacted]

[x] Funding Source Notified
Date: [redacted]
[x] Family Notified
Date: [redacted]
[x] Guardian Notified
Date: [redacted]
[ ] Law Enforcement/Probation Notified
Date:

Client/Individual Name: [redacted] Log #: [redacted]

22. **SECTION F: CLIENT/INDIVIDUAL HISTORY / DIAGNOSES**

List Client/Individual's current medical and psychiatric diagnoses, behavioral history (e.g. sexually abused, physically aggressive, running, confabulation, etc.), medical history (e.g. seizures, diabetes, etc.) and medications.

[redacted] was not on any medications.

23. **SECTION G: ANTECEDENT EVENTS**

Briefly describe the Client/Individual's condition and activities prior and leading up to this incident.

[redacted] was exiting the school bus.

24. **SECTION H: INCIDENT NARRATIVE**

Describe IN DETAIL the incident in chronological order. Include who, what, where, when and how. Provide information on alleged injuries, interventions and current status. Report involvement of other parties such as law enforcement, emergency medical services, etc. Include sources of information (e.g. "Mentor reported..." or "Staff observed..."). When using names, include title and/or affil[redacted]i.e. Joan Smith, DCFS Case Manager.).

[redacted] was returning from school to the foster home on the school bus. It was reported that a truck hit [redacted] once [redacted] passed in front of the bus to cross the street. A passerby called 911, and once the paramedics arrived, [redacted] eventually stopped breathing. The justice of the peace was contacted, in which [redacted] pronounced [redacted] death. The mentors called the program manager at [redacted] to report the incident. PM arrived on the scene at [redacted] and spoke to the justice of the peace. Area was shut off for approximately three hours. Child was transported to [redacted] Medical Examiner's office [redacted]) for autopsy. All pertinent contacts were made to CPS, licensing, and the hotline. The driver of the vehicle was detained and taken into custody

Continue on an additional sheet if necessary. DO NOT WRITE ON BACK OF PAGE)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review			Page 4
SECTION I: REVIEWS / SIGNATURES			
Signature of Person Completing Form	Print Name	Title PM	Date
Signature of Manager/Director	Print Name	Title PM	Date
Signature	Print Name	Title	Date
Signature	Print Name	Title	Date
Signature of State Director (Level 3 and 4 only)	Print Name	Title State Dir.	Date

THE MENTOR NETWORK - INCIDENT REPORT
Attorney/Client Privileged and Confidential: Risk Management/Peer Review **Page 1**

Please PRINT Clearly or Type in Legible Font (10-12) - DO NOT Leave Blanks. Complete All Boxes.

SECTION A: CLIENT/INDIVIDUAL INFORMATION

1. Client/Individual's Name: [redacted]

2. Level: ( ) 1 ( ) 2 ( ) 3 (x) 4

3. Guardian: ( ) Self (x) State ( ) Parent(s) ( ) Other:

4. Log #: [redacted]

5. DOB:

6. Age:

7. Gender: [redacted]

8. Population: ( ) Adult (18+) (x) Child

9. Service Category: *(Check one)*

(x) Behavioral Health
( ) Juvenile Justice
( ) Medically Complex
( ) MR/DD
( ) MR/DD Offender
( ) Acquired Brain Injury
( ) Elder Care
( ) Mental Illness
( ) MR/MI
( ) Education
( ) Other:

10. Date of Admission to MENTOR NETWORK: [redacted]

11. Length of Current Placement/Services: **15 Months**

SECTION B: PROGRAM INFORMATION

12. State: [redacted]

13. City: [redacted]

14. If Acquisition/Partner, specify company name:

15. Program Name: **Child Protective Services**

16. Service Setting/Model: (check the ONE that most closely fits)

( ) ICF/MR (Intermediate Care Facility)
( ) Group or Shared Living (3+ clients/individuals with 24/7)
( ) Shared or Supported Living (1 or 2 clients/individuals with 24/7)
(x) Mentor Home/ Host Home
( ) Group or Shared Living (3+ clients/individuals with less than 24/7)
( ) Shared or Supported Living (1 or 2 clients/individuals with less than 24/7)
( ) Home Health Agency Services
( ) Family/School/Home Based Supports (periodic services less than 24/7)
( ) Clinical/Outpatient Therapy/Rehab (OT, PT, Speech)
( ) Day Program
( ) Supported Employment/Vocational
( ) School
( ) Brokerage/Case Management (non-residential)

SECTION C: INCIDENT INFORMATION

17. Date & Time of Incident: [redacted]

18. First Reported to MENTOR NETWORK: [redacted]
By: *(Name & Title)* [redacted]

19. Location of Incident: *(check one)*

(x) Mentor Home (x) Primary ( ) Respite
Mentor Name: [redacted]
# of Clients/Individuals Living in Home: 2
( ) Client/Individual's Residence (group home, ICF, apt)
( ) Client/Individual's Biological Family/Guardian Home
( ) Day Program
( ) School
( ) Client/Individual's Place of Employment
( ) Vehicle
( ) Program Office
( ) Community
( ) Other:

20. Outcome of Incident: *(check all that apply)*

[ ] Remain in Current Placement
[ ] Placement Decision Pending
[ ] Client/Individual Placed in Respite
[ ] Placement Disrupted (i.e. Client/Individual transferred to new home/ program/placement within MENTOR NETWORK)
[ ] Discharged from MENTOR NETWORK
[ ] Temporarily or Permanently Closed Mentor Home
[ ] Emergency Psychiatric Evaluation (no hospitalization)
[ ] Emergency Psychiatric Hospitalization
[ ] Emergency Medical Hospitalization
[ ] In-school suspension
[ ] School Suspension/Expulsion
[ ] Client/Individual Arrest/Detention
[x] Death
[ ] Other:

21. **Summarize in 2-3 sentences the key aspects of the incident for entry into Risk Management database.**

** On [redacted] at [redacted] mentor [redacted] called PSC [redacted] to report that client was unresponsive to touch when caregiver went to check on [redacted] while napping.

Attorney/Client Privileged and Confidential: Risk Management/Peer Review **Page 2**

Client/Individual Name: [redacted] **Log #:** [redacted]

SECTION D: INCIDENT DESCRIPTORS (check all that apply)

DEATH (death of client/individual is a Level 4 incident):
( ) Expected Death of Client/Individual
(x) Unexpected Death of Client/Individual

CLIENT/INDIVIDUAL ELOPEMENT/AWOL:
( ) Located at the Time of the Incident Report
( ) Unable to Locate at the Time of the Incident Report
( ) Other:

CARE-TAKER MISCONDUCT:
(Suspected, Alleged or Confirmed)

Caretaker:
[ ] Mentor
[ ] Mentor Family Member
[ ] Staff
[ ] Other Caretaker:

Alleged Misconduct:
[ ] Sexual Boundary/Abuse
[ ] Verbal or Emotional Abuse
[ ] Physical Assault/Abuse
[ ] Corporal/Inappropriate Punishment
[ ] Inappropriate Use of Restraint/Physical Intervention
[ ] Neglect
[ ] Inadequate Supervision
[ ] Criminal Arrest of Caretaker
[ ] Alcohol/Drug Use by Caretaker
[ ] Misuse of Client/Individual's Funds
[ ] Misappropriation/Destruction of Client/Individual Personal Property
[ ] Other:

CLIENT/INDIVIDUAL BEHAVIORAL:
[ ] Self-Injurious Behavior
[ ] Mental Health De-compensation
[ ] Oppositional Behaviors
[ ] Inappropriate Sexual Comments/Threats
[ ] Verbal Threats of Violence
[ ] Exhibitionism/Public Masturbation

MEDICATION INCIDENTS:
[ ] Medication Error
[ ] Missing Controlled Substances
[ ] Serious Adverse Reaction to Medication

MEDICAL INCIDENTS:
[ ] Illness Requiring Medical Treatment
[ ] Deterioration in Existing Medical Condition
[ ] Pregnancy
[ ] Seizure Requiring Emergency Treatment
[ ] UTI
[ ] Bowel Impaction
[ ] Pneumonia
[ ] Pressure Sores
[ ] Other:

CLIENT/INDIVIDUAL INJURY BY:
[ ] Physical Assault by Third Party/Other Individual in our car
[ ] Sexual Assault by Third Party/Other Individual in our care
[ ] Theft by Third Party
[ ] Fall
[ ] Choking
[ ] Bathing/Scalding Related Injuries
[ ] Other Burns
[ ] Vehicle
[ ] Swimming/Near Drowning
[ ] Other Accidental Injury:

SUICIDAL CLIENT/INDIVIDUAL:
[ ] Suicidal Threats or Verbalizations
[ ] Suicidal Attempt or Gesture

EXPOSURE CONTROL INCIDENTS:
[ ] Client/Individual Exposed to Blood Borne Pathogens
[ ] Client/Individual Exposed Third Party to Blood Borne Pathogens

SEXUAL ASSAULT OR INAPPROPRIATE SEXUAL BEHAVIOR BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ]To Mentor's Family Member
[ ] To Other Third Party

PROPERTY DAMAGE BY CLIENT/INDIVIDUAL:
[ ] Property Damage Under $1,000
[ ] Property Damage Over $1,000
[ ] Vehicle Theft
[ ] Fire Setting
[ ] Theft/Shoplifting
[ ] Other:

PHYSICAL ASSAULTS BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ]To Mentor's Family Member
[ ] To Other Third Party
[ ]To Animals (animal cruelty)

POSSESSION OF PROHIBITED MATERIALS: (Defined per client/individual/program)
[ ] Possession of Prohibited Materials (i.e., alcohol, lighter, weapon, pornography, illicit drugs, etc.)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 3

SECTION E: PROGRAMMATIC RESPONSE (Check all that apply)

[ ] Counseling/Training for Staff/Mentor
[ ] ISP/Supervision/Behavioral Plan Developed with Client/Individual
[x] Internal Investigation Underway
Interventions:
[ ]Physical
[ ]Mechanical
[ ]Seclusions
[ ]Chemical
[x]Law Enforcement

[x] Reported to Adult/Child Protective Services
Date:
( ) Substantiated ( ) Unsubstantiate
[x] Licensing Notified
Date:

[ ] Funding Source Notified
Date:
[x] Family Notified
Date:
[ ] Guardian Notified
Date:
[x] Law Enforcement/Probation Notified
Date:

Client/Individual Name: Log #:

22. **SECTION F: CLIENT/INDIVIDUAL HISTORY / DIAGNOSES**

List Client/Individual's current medical and psychiatric diagnoses, behavioral history (e.g. sexually abused, physically aggressive, running, confabulation, etc.), medical history (e.g. seizures, diabetes, etc.) and medications.

No known medical or psychiatric history.

23. **SECTION G: ANTECEDENT EVENTS**

Briefly describe the Client/Individual's condition and activities prior and leading up to this incident.

was put down for a nap at

24. **SECTION H: INCIDENT NARRATIVE**

Describe IN DETAIL the incident in chronological order. Include who, what, where, when and how. Provide information on alleged injuries, interventions and current status. Report involvement of other parties such as law enforcement, emergency medical services, etc. Include sources of information (e.g. "Mentor reported..." or "Staff observed..."). When using names, include title and/or affiliation (i.e. Joan Smith, DCFS Case Manager.).

On mentor's daughter went into bedroom after hearing another foster sibling crying through the room monitor. Upon entering the room, discovered was unresponsive. She immediately began applying CPR and called for , who assisted in CRP. After responded phoned EMS and (at her office). vomitted and was non-responsive again. arrived home prior to EMS and continued applying CPR vomitted again. EMS arrived and continued CPR and applied a trachea and proceeded to take to Hospital. After being in hospital, was pronounced dead. Hospital notified police CPS hotline was phoned at Reference # to , ID #

Continue on an additional sheet if necessary. DO NOT WRITE ON BACK OF PAGE)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review			Page 4
SECTION I: REVIEWS / SIGNATURES			
Signature of Person Completing Form [redacted]	**Print Name**	**Title** PSC Super.	**Date** [redacted]
Signature of Manager/Director [redacted]	**Print Name**	**Title** PM	**Date** [redacted]
Signature	**Print Name**	**Title**	**Date**
Signature	**Print Name**	**Title**	**Date**
Signature of State Director (Level 3 and 4 only) [redacted]	**Print Name**	**Title** Stae Dir.	**Date** [redacted]

THE MENTOR NETWORK - INCIDENT REPORT
Attorney/Client Privileged and Confidential: Risk Management/Peer Review **Page 1**

Please PRINT Clearly or Type in Legible Font (10-12) - DO NOT Leave Blanks. Complete All Boxes.

SECTION A: CLIENT/INDIVIDUAL INFORMATION

1. Client/Individual's Name: [redacted]
2. Level: ( ) 1 ( ) 2 ( ) 3 (x) 4
3. Guardian: ( ) Self (x) State ( ) Parent(s) ( ) Other:
4. Log #: [redacted]
5. DOB: [redacted]
6. Age: 14 Years 8 M
7. Gender: [redacted]
8. Population: ( ) Adult (18+) (x) Child
9. Service Category: *(Check one)*
( ) Behavioral Health
( ) Juvenile Justice
(x) Medically Complex
( ) MR/DD
( ) MR/DD Offender
( ) Acquired Brain Injury
( ) Elder Care
( ) Mental Illness
( ) MR/MI
( ) Education
( ) Other:
10. Date of Admission to MENTOR NETWORK: [redacted]
11. Length of Current Placement/Services: **14 Years**

SECTION B: PROGRAM INFORMATION

12. State: [redacted]
13. City: [redacted]
14. **If Acquisition/Partner, specify company name:**
15. Program Name: TFC

16. Service Setting/Model: **(check the ONE that most closely fits)**
( ) ICF/MR (Intermediate Care Facility)
( ) Group or Shared Living (3+ clients/individuals with 24/7)
( ) Shared or Supported Living (1 or 2 clients/individuals with 24/7)
(x) Mentor Home/ Host Home
( ) Group or Shared Living (3+ clients/individuals with less than 24/7)
( ) Shared or Supported Living (1 or 2 clients/individuals with less than 24/7)
( ) Home Health Agency Services
( ) Family/School/Home Based Supports (periodic services less than 24/7)
( ) Clinical/Outpatient Therapy/Rehab (OT, PT, Speech)
( ) Day Program
( ) Supported Employment/Vocational
( ) School
( ) Brokerage/Case Management (non-residential)

SECTION C: INCIDENT INFORMATION

17. Date & Time of Incident: [redacted]
18. First Reported to MENTOR NETWORK: [redacted]
By: *(Name & Title)* [redacted] **Hospital personnel**

19. Location of Incident: *(check one)*
( ) Mentor Home ( ) Primary ( ) Respite
Mentor Name:
# of Clients/Individuals Living in Home:
( ) Client/Individual's Residence (group home, ICF, apt)
( ) Client/Individual's Biological Family/Guardian Home
( ) Day Program
( ) School
( ) Client/Individual's Place of Employment
( ) Vehicle
( ) Program Office
( ) Community
(x) Other: [redacted] **Hospital.**

20. Outcome of Incident: *(check all that apply)*
[ ] Remain in Current Placement
[ ] Placement Decision Pending
[ ] Client/Individual Placed in Respite
[ ] Placement Disrupted (i.e. Client/Individual transferred to new home/ program/placement within MENTOR NETWORK)
[ ] Discharged from MENTOR NETWORK
[ ] Temporarily or Permanently Closed Mentor Home
[ ] Emergency Psychiatric Evaluation (no hospitalization)
[ ] Emergency Psychiatric Hospitalization
[ ] Emergency Medical Hospitalization
[ ] In-school suspension
[ ] School Suspension/Expulsion
[ ] Client/Individual Arrest/Detention
[x] Death
[ ] Other:

21. **Summarize in 2-3 sentences the key aspects of the incident for entry into Risk Management database.**
+Client had two emergency surgeries on [redacted] On [redacted] client's condition deteriorated and [redacted] died at approximately [redacted]

Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 2

Client/Individual Name: [redacted] **Log #:** [redacted]

SECTION D: INCIDENT DESCRIPTORS (check all that apply)

DEATH (death of client/individual is a Level 4 incident):
( ) Expected Death of Client/Individual
(x) Unexpected Death of Client/Individual

CLIENT/INDIVIDUAL ELOPEMENT/AWOL:
( ) Located at the Time of the Incident Report
( ) Unable to Locate at the Time of the Incident Report
( ) Other:

CARE-TAKER MISCONDUCT:
(Suspected, Alleged or Confirmed)

Caretaker:
[ ] Mentor
[ ] Mentor Family Member
[ ] Staff
[ ] Other Caretaker:

Alleged Misconduct:
[ ] Sexual Boundary/Abuse
[ ] Verbal or Emotional Abuse
[ ] Physical Assault/Abuse
[ ] Corporal/Inappropriate Punishment
[ ] Inappropriate Use of Restraint/Physical Intervention
[ ] Neglect
[ ] Inadequate Supervision
[ ] Criminal Arrest of Caretaker
[ ] Alcohol/Drug Use by Caretaker
[ ] Misuse of Client/Individual's Funds
[ ] Misappropriation/Destruction of Client/Individual Personal Property
[ ] Other:

SUICIDAL CLIENT/INDIVIDUAL:
[ ] Suicidal Threats or Verbalizations
[ ] Suicidal Attempt or Gesture

SEXUAL ASSAULT OR INAPPROPRIATE SEXUAL BEHAVIOR BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party

PHYSICAL ASSAULTS BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party
[ ] To Animals (animal cruelty)

CLIENT/INDIVIDUAL BEHAVIORAL:
[ ] Self-Injurious Behavior
[ ] Mental Health De-compensation
[ ] Oppositional Behaviors
[ ] Inappropriate Sexual Comments/Threats
[ ] Verbal Threats of Violence
[ ] Exhibitionism/Public Masturbation

MEDICATION INCIDENTS:
[ ] Medication Error
[ ] Missing Controlled Substances
[ ] Serious Adverse Reaction to Medication

MEDICAL INCIDENTS:
[ ] Illness Requiring Medical Treatment
[ ] Deterioration in Existing Medical Condition
[ ] Pregnancy
[ ] Seizure Requiring Emergency Treatment
[ ] UTI
[ ] Bowel Impaction
[ ] Pneumonia
[ ] Pressure Sores
[ ] Other:

CLIENT/INDIVIDUAL INJURY BY:
[ ] Physical Assault by Third Party/Other Individual in our car
[ ] Sexual Assault by Third Party/Other Individual in our care
[ ] Theft by Third Party
[ ] Fall
[ ] Choking
[ ] Bathing/Scalding Related Injuries
[ ] Other Burns
[ ] Vehicle
[ ] Swimming/Near Drowning
[ ] Other Accidental Injury:

EXPOSURE CONTROL INCIDENTS:
[ ] Client/Individual Exposed to Blood Borne Pathogens
[ ] Client/Individual Exposed Third Party to Blood Borne Pathogens

PROPERTY DAMAGE BY CLIENT/INDIVIDUAL:
[ ] Property Damage Under $1,000
[ ] Property Damage Over $1,000
[ ] Vehicle Theft
[ ] Fire Setting
[ ] Theft/Shoplifting
[ ] Other:

POSSESSION OF PROHIBITED MATERIALS: (Defined per client/individual/program)
[ ] Possession of Prohibited Materials (i.e., alcohol, lighter, weapon, pornography, illicit drugs, etc.)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 3

SECTION E: PROGRAMMATIC RESPONSE (Check all that apply)

[ ] Counseling/Training for Staff/Mentor
[ ] ISP/Supervision/Behavioral Plan Developed with Client/Individual
[ ] Internal Investigation Underway
Interventions:
[ ]Physical
[ ]Mechanical
[ ]Seclusions
[ ]Chemical
[ ]Law Enforcement

[ ] Reported to Adult/Child Protective Services
Date:
( ) Substantiated ( ) Unsubstantiate
[ ] Licensing Notified
Date:

[x] Funding Source Notified
Date: [redacted]
[x] Family Notified
Date: [redacted]
[x] Guardian Notified
Date: [redacted]
[ ] Law Enforcement/Probation Notified
Date:

Client/Individual Name: [redacted] **Log #:** [redacted]

22. **SECTION F: CLIENT/INDIVIDUAL HISTORY / DIAGNOSES**

List Client/Individual's current medical and psychiatric diagnoses, behavioral history (e.g. sexually abused, physically aggressive, running, confabulation, etc.), medical history (e.g. seizures, diabetes, etc.) and medications.

Client is a 14 year old [redacted] who has been placed in our Medically complex program since 1 month old. [redacted] is diagnosed with seizure d/o; paraplegia; cerebral palsy, and has a feeding tube. Current medications are: Pulmicort (2x/day); Xopenex (2x/day), Zantac daily.

23. **SECTION G: ANTECEDENT EVENTS**

Briefly describe the Client/Individual's condition and activities prior and leading up to this incident.

Client was medically fragile. Before the second surgery doctors prepared the foster parents for the possibility of client not surviving it.

24. **SECTION H: INCIDENT NARRATIVE**

Describe IN DETAIL the incident in chronological order. Include who, what, where, when and how. Provide information on alleged injuries, interventions and current status. Report involvement of other parties such as law enforcement, emergency medical services, etc. Include sources of information (e.g. "Mentor reported..." or "Staff observed..."). When using names, include title and/or affiliation (i.e. Joan Smith, DCFS Case Manager.).

Client received two emergency surgeries on [redacted] due to a suspected bowl obstruction and then necrotic bowel. Following the second surgery, doctors had difficulty keeping client's blood pressure up. Client deteriorated the morning of [redacted] and died at approximately [redacted]

Continue on an additional sheet if necessary. DO NOT WRITE ON BACK OF PAGE)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review			Page 4
SECTION I: REVIEWS / SIGNATURES			
Signature of Person Completing Form	Print Name	Title PM	Date
Signature of Manager/Director	Print Name	Title PM	Date
Signature	Print Name	Title QAA	Date
Signature	Print Name	Title SD	Date
Signature of State Director (Level 3 and 4 only)	Print Name	Title	Date

THE MENTOR NETWORK - INCIDENT REPORT
Attorney/Client Privileged and Confidential: Risk Management/Peer Review **Page 1**

Please PRINT Clearly or Type in Legible Font (10-12) - DO NOT Leave Blanks. Complete All Boxes.

SECTION A: CLIENT/INDIVIDUAL INFORMATION

1. Client/Individual's Name: [redacted]
2. Level: ( ) 1 ( ) 2 ( ) 3 (x) 4
3. Guardian: ( ) Self (x) State ( ) Parent(s) ( ) Other:
4. Log #: [redacted]
5. DOB: [redacted]
6. Age: 17 Years 1
7. Gender: [redacted]
8. Population: (x) Adult (18+) ( ) Child
9. Service Category: *(Check one)*
   - ( ) Behavioral Health
   - (x) Juvenile Justice
   - ( ) Medically Complex
   - ( ) MR/DD
   - ( ) MR/DD Offender
   - ( ) Acquired Brain Injury
   - ( ) Elder Care
   - ( ) Mental Illness
   - ( ) MR/MI
   - ( ) Education
   - ( ) Other:
10. Date of Admission to MENTOR NETWORK: [redacted]
11. Length of Current Placement/Services:

SECTION B: PROGRAM INFORMATION

12. State: [redacted]
13. City: [redacted]
14. If Acquisition/Partner, specify company name:
15. Program Name: Juvenile Justice
16. Service Setting/Model: (check the ONE that most closely fits)
   - ( ) ICF/MR (Intermediate Care Facility)
   - ( ) Group or Shared Living (3+ clients/individuals with 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with 24/7)
   - (x) Mentor Home/ Host Home
   - ( ) Group or Shared Living (3+ clients/individuals with less than 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with less than 24/7)
   - ( ) Home Health Agency Services
   - ( ) Family/School/Home Based Supports (periodic services less than 24/7)
   - ( ) Clinical/Outpatient Therapy/Rehab (OT, PT, Speech)
   - ( ) Day Program
   - ( ) Supported Employment/Vocational
   - ( ) School
   - ( ) Brokerage/Case Management (non-residential)

SECTION C: INCIDENT INFORMATION

17. Date & Time of Incident: [redacted]
18. First Reported to MENTOR NETWORK: [redacted]
    By: *(Name & Title)* [redacted] Mentor
19. Location of Incident: *(check one)*
   - ( ) Mentor Home ( ) Primary ( ) Respite
     Mentor Name:
     # of Clients/Individuals Living in Home:
   - ( ) Client/Individual's Residence (group home, ICF, apt)
   - ( ) Client/Individual's Biological Family/Guardian Home
   - ( ) Day Program
   - ( ) School
   - ( ) Client/Individual's Place of Employment
   - ( ) Vehicle
   - ( ) Program Office
   - ( ) Community
   - (x) Other: [redacted]
20. Outcome of Incident: *(check all that apply)*
   - [ ] Remain in Current Placement
   - [ ] Placement Decision Pending
   - [ ] Client/Individual Placed in Respite
   - [ ] Placement Disrupted (i.e. Client/Individual transferred to new home/ program/placement within MENTOR NETWORK)
   - [ ] Discharged from MENTOR NETWORK
   - [ ] Temporarily or Permanently Closed Mentor Home
   - [ ] Emergency Psychiatric Evaluation (no hospitalization)
   - [ ] Emergency Psychiatric Hospitalization
   - [ ] Emergency Medical Hospitalization
   - [ ] In-school suspension
   - [ ] School Suspension/Expulsion
   - [ ] Client/Individual Arrest/Detention
   - [x] Death
   - [ ] Other:
21. **Summarize in 2-3 sentences the key aspects of the incident for entry into Risk Management database.**

Mentor, took and another child in her care to a local water area near in to go swimming. saw swimming. When went under the water and did not emerge, she called 911. The local police arrived and searched for in the water. Subsequently, the Mentor reported that the authorities had recovered body.

Attorney/Client Privileged and Confidential: Risk Management/Peer Review **Page 2**

Client/Individual Name: **Log #:**

SECTION D: INCIDENT DESCRIPTORS (check all that apply)

DEATH (death of client/individual is a **Level 4** incident):
( ) Expected Death of Client/Individual
(x) Unexpected Death of Client/Individual

CLIENT/INDIVIDUAL ELOPEMENT/AWOL:
( ) Located at the Time of the Incident Report
( ) Unable to Locate at the Time of the Incident Report
( ) Other:

CLIENT/INDIVIDUAL BEHAVIORAL:
[ ] Self-Injurious Behavior
[ ] Mental Health De-compensation
[ ] Oppositional Behaviors
[ ] Inappropriate Sexual Comments/Threats
[ ] Verbal Threats of Violence
[ ] Exhibitionism/Public Masturbation

CARE-TAKER MISCONDUCT:
(Suspected, Alleged or Confirmed)

Caretaker:
[ ] Mentor
[ ] Mentor Family Member
[ ] Staff
[ ] Other Caretaker:

Alleged Misconduct:
[ ] Sexual Boundary/Abuse
[ ] Verbal or Emotional Abuse
[ ] Physical Assault/Abuse
[ ] Corporal/Inappropriate Punishment
[ ] Inappropriate Use of Restraint/Physical Intervention
[ ] Neglect
[ ] Inadequate Supervision
[ ] Criminal Arrest of Caretaker
[ ] Alcohol/Drug Use by Caretaker
[ ] Misuse of Client/Individual's Funds
[ ] Misappropriation/Destruction of Client/Individual Personal Property
[ ] Other:

MEDICATION INCIDENTS:
[ ] Medication Error
[ ] Missing Controlled Substances
[ ] Serious Adverse Reaction to Medication

MEDICAL INCIDENTS:
[ ] Illness Requiring Medical Treatment
[ ] Deterioration in Existing Medical Condition
[ ] Pregnancy
[ ] Seizure Requiring Emergency Treatment
[ ] UTI
[ ] Bowel Impaction
[ ] Pneumonia
[ ] Pressure Sores
[ ] Other:

CLIENT/INDIVIDUAL INJURY BY:
[ ] Physical Assault by Third Party/Other Individual in our car
[ ] Sexual Assault by Third Party/Other Individual in our care
[ ] Theft by Third Party
[ ] Fall
[ ] Choking
[ ] Bathing/Scalding Related Injuries
[ ] Other Burns
[ ] Vehicle
[ ] Swimming/Near Drowning
[ ] Other Accidental Injury:

SUICIDAL CLIENT/INDIVIDUAL:
[ ] Suicidal Threats or Verbalizations
[ ] Suicidal Attempt or Gesture

EXPOSURE CONTROL INCIDENTS:
[ ] Client/Individual Exposed to Blood Borne Pathogens
[ ] Client/Individual Exposed Third Party to Blood Borne Pathogens

SEXUAL ASSAULT OR INAPPROPRIATE SEXUAL BEHAVIOR BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ]To Mentor's Family Member
[ ] To Other Third Party

PROPERTY DAMAGE BY CLIENT/INDIVIDUAL:
[ ] Property Damage Under $1,000
[ ] Property Damage Over $1,000
[ ] Vehicle Theft
[ ] Fire Setting
[ ] Theft/Shoplifting
[ ] Other:

PHYSICAL ASSAULTS BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ]To Mentor's Family Member
[ ] To Other Third Party
[ ]To Animals (animal cruelty)

POSSESSION OF PROHIBITED MATERIALS: (Defined per client/individual/program)
[ ] Possession of Prohibited Materials (i.e., alcohol, lighter, weapon, pornography, illicit drugs, etc.)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 3

SECTION E: PROGRAMMATIC RESPONSE (Check all that apply)

[ ] Counseling/Training for Staff/Mentor
[ ] ISP/Supervision/Behavioral Plan Developed with Client/Individual
[x] Internal Investigation Underway
Interventions:
[ ]Physical
[ ]Mechanical
[ ]Seclusions
[ ]Chemical
[ ]Law Enforcement

[x] Reported to Adult/Child Protective Services
Date: [redacted]
( ) Substantiated ( ) Unsubstantiate

[ ] Licensing Notified
Date:

[x] Funding Source Notified
Date: [redacted]
[x] Family Notified
Date: [redacted]
[x] Guardian Notified
Date: [redacted]
[x] Law Enforcement/Probation Notified
Date: [redacted]

Client/Individual Name: [redacted] Log #: [redacted]

22. **SECTION F: CLIENT/INDIVIDUAL HISTORY / DIAGNOSES**

List Client/Individual's current medical and psychiatric diagnoses, behavioral history (e.g. sexually abused, physically aggressive, running, confabulation, etc.), medical history (e.g. seizures, diabetes, etc.) and medications.

According to [redacted] most recent psychological diagnosis, [redacted] was diagnosed with insomnia and schizoaffective disorder. [redacted] most recent psychological evaluation, [redacted] stated [redacted] was happy and experiencing no behavior problems, hallucinations, or mood swings. [redacted] refilled [redacted] prescription for 25mg of Seroquel.

23. **SECTION G: ANTECEDENT EVENTS**

Briefly describe the Client/Individual's condition and activities prior and leading up to this incident.

Mentor took both youths in her custody to a nearby water area to go swimming.

24. **SECTION H: INCIDENT NARRATIVE**

Describe IN DETAIL the incident in chronological order. Include who, what, where, when and how. Provide information on alleged injuries, interventions and current status. Report involvement of other parties such as law enforcement, emergency medical services, etc. Include sources of information (e.g. "Mentor reported..." or "Staff observed..."). When using names, include title and/or affiliation (i.e. Joan Smith, DCFS Case Manager.).

[redacted] Mentor, took [redacted] and another child in her care to a local water area near [redacted] in [redacted] to go swimming. [redacted] saw [redacted] swimming. When [redacted] went under the water and did not emerge, she called 911. The local police arrived and searched for [redacted] in the water. Subsequently, the Mentor reported that the authorities had recovered [redacted] body.

Continue on an additional sheet if necessary. DO NOT WRITE ON BACK OF PAGE)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review			Page 4
SECTION I: REVIEWS / SIGNATURES			
Signature of Person Completing Form	**Print Name**	**Title** Recruiter	**Date**
Signature of Manager/Director	**Print Name**	**Title** SD	**Date**
Signature	**Print Name**	**Title**	**Date**
Signature	**Print Name**	**Title**	**Date**
Signature of State Director (Level 3 and 4 only)	**Print Name**	**Title**	**Date**

THE MENTOR NETWORK - INCIDENT REPORT
Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 1

Please PRINT Clearly or Type in Legible Font (10-12) - DO NOT Leave Blanks. Complete All Boxes.

SECTION A: CLIENT/INDIVIDUAL INFORMATION

1. Client/Individual's Name: [redacted]
2. Level: ( ) 1 ( ) 2 ( ) 3 (x) 4
3. Guardian: ( ) Self (x) State ( ) Parent(s) ( ) Other:
4. Log #: [redacted]
5. DOB: [redacted]
6. Age: **1 Years 2 M**
7. Gender: [redacted]
8. Population: ( ) Adult (18+) (x) Child
9. Service Category: ***(Check one)***
   - ( ) Behavioral Health
   - ( ) Juvenile Justice
   - (x) Medically Complex
   - ( ) MR/DD
   - ( ) MR/DD Offender
   - ( ) Acquired Brain Injury
   - ( ) Elder Care
   - ( ) Mental Illness
   - ( ) MR/MI
   - ( ) Education
   - ( ) Other:
10. Date of Admission to MENTOR NETWORK: [redacted]
11. Length of Current Placement/Services: **5 Months**

SECTION B: PROGRAM INFORMATION

12. State: [redacted]
13. City: [redacted]
14. **If Acquisition/Partner, specify company name:**
15. Program Name: **Medically Fragile**
16. Service Setting/Model: **(check the ONE that most closely fits)**
   - ( ) ICF/MR (Intermediate Care Facility)
   - ( ) Group or Shared Living (3+ clients/individuals with 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with 24/7)
   - (x) Mentor Home/ Host Home
   - ( ) Group or Shared Living (3+ clients/individuals with less than 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with less than 24/7)
   - ( ) Home Health Agency Services
   - ( ) Family/School/Home Based Supports (periodic services less than 24/7)
   - ( ) Clinical/Outpatient Therapy/Rehab (OT, PT, Speech)
   - ( ) Day Program
   - ( ) Supported Employment/Vocational
   - ( ) School
   - ( ) Brokerage/Case Management (non-residential)

SECTION C: INCIDENT INFORMATION

17. Date & Time of Incident: [redacted]
18. First Reported to MENTOR NETWORK: [redacted]
    By: *(Name & Title)* [redacted] **Mentor**
19. Location of Incident: ***(check one)***
   - (x) Mentor Home (x) Primary ( ) Respite
     Mentor Name: [redacted]
     # of Clients/Individuals Living in Home: 2
   - ( ) Client/Individual's Residence (group home, ICF, apt)
   - ( ) Client/Individual's Biological Family/Guardian Home
   - ( ) Day Program
   - ( ) School
   - ( ) Client/Individual's Place of Employment
   - ( ) Vehicle
   - ( ) Program Office
   - ( ) Community
   - ( ) Other:
20. Outcome of Incident: ***(check all that apply)***
   - [ ] Remain in Current Placement
   - [ ] Placement Decision Pending
   - [ ] Client/Individual Placed in Respite
   - [ ] Placement Disrupted (i.e. Client/Individual transferred to new home/ program/placement within MENTOR NETWORK)
   - [ ] Discharged from MENTOR NETWORK
   - [ ] Temporarily or Permanently Closed Mentor Home
   - [ ] Emergency Psychiatric Evaluation (no hospitalization)
   - [ ] Emergency Psychiatric Hospitalization
   - [ ] Emergency Medical Hospitalization
   - [ ] In-school suspension
   - [ ] School Suspension/Expulsion
   - [ ] Client/Individual Arrest/Detention
   - [x] Death
   - [ ] Other:
21. **Summarize in 2-3 sentences the key aspects of the incident for entry into Risk Management database.**
   + On [redacted] the client passed away as a result of [redacted] medical conditions.

Attorney/Client Privileged and Confidential: Risk Management/Peer Review — Page 2

Client/Individual Name: [redacted] Log #: [redacted]

SECTION D: INCIDENT DESCRIPTORS (check all that apply)

DEATH (death of client/individual is a **Level 4** incident):
(x) Expected Death of Client/Individual
( ) Unexpected Death of Client/Individual

CLIENT/INDIVIDUAL ELOPEMENT/AWOL:
( ) Located at the Time of the Incident Report
( ) Unable to Locate at the Time of the Incident Report
( ) Other:

CARE-TAKER MISCONDUCT:
(Suspected, Alleged or Confirmed)

Caretaker:
[ ] Mentor
[ ] Mentor Family Member
[ ] Staff
[ ] Other Caretaker:

Alleged Misconduct:
[ ] Sexual Boundary/Abuse
[ ] Verbal or Emotional Abuse
[ ] Physical Assault/Abuse
[ ] Corporal/Inappropriate Punishment
[ ] Inappropriate Use of Restraint/Physical Intervention
[ ] Neglect
[ ] Inadequate Supervision
[ ] Criminal Arrest of Caretaker
[ ] Alcohol/Drug Use by Caretaker
[ ] Misuse of Client/Individual's Funds
[ ] Misappropriation/Destruction of Client/Individual Personal Property
[ ] Other:

CLIENT/INDIVIDUAL BEHAVIORAL:
[ ] Self-Injurious Behavior
[ ] Mental Health De-compensation
[ ] Oppositional Behaviors
[ ] Inappropriate Sexual Comments/Threats
[ ] Verbal Threats of Violence
[ ] Exhibitionism/Public Masturbation

MEDICATION INCIDENTS:
[ ] Medication Error
[ ] Missing Controlled Substances
[ ] Serious Adverse Reaction to Medication

MEDICAL INCIDENTS:
[ ] Illness Requiring Medical Treatment
[ ] Deterioration in Existing Medical Condition
[ ] Pregnancy
[ ] Seizure Requiring Emergency Treatment
[ ] UTI
[ ] Bowel Impaction
[ ] Pneumonia
[ ] Pressure Sores
[ ] Other:

CLIENT/INDIVIDUAL INJURY BY:
[ ] Physical Assault by Third Party/Other Individual in our car
[ ] Sexual Assault by Third Party/Other Individual in our care
[ ] Theft by Third Party
[ ] Fall
[ ] Choking
[ ] Bathing/Scalding Related Injuries
[ ] Other Burns
[ ] Vehicle
[ ] Swimming/Near Drowning
[ ] Other Accidental Injury:

SUICIDAL CLIENT/INDIVIDUAL:
[ ] Suicidal Threats or Verbalizations
[ ] Suicidal Attempt or Gesture

EXPOSURE CONTROL INCIDENTS:
[ ] Client/Individual Exposed to Blood Borne Pathogens
[ ] Client/Individual Exposed Third Party to Blood Borne Pathogens

SEXUAL ASSAULT OR INAPPROPRIATE SEXUAL BEHAVIOR BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party

PROPERTY DAMAGE BY CLIENT/INDIVIDUAL:
[ ] Property Damage Under $1,000
[ ] Property Damage Over $1,000
[ ] Vehicle Theft
[ ] Fire Setting
[ ] Theft/Shoplifting
[ ] Other:

PHYSICAL ASSAULTS BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party
[ ] To Animals (animal cruelty)

POSSESSION OF PROHIBITED MATERIALS: (Defined per client/individual/program)
[ ] Possession of Prohibited Materials (i.e., alcohol, lighter, weapon, pornography, illicit drugs, etc.)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 3

SECTION E: PROGRAMMATIC RESPONSE (Check all that apply)

[x] Counseling/Training for Staff/Mentor
[ ] ISP/Supervision/Behavioral Plan Developed with Client/Individual
[ ] Internal Investigation Underway
Interventions:
[ ]Physical
[ ]Mechanical
[ ]Seclusions
[ ]Chemical
[ ]Law Enforcement

[x] Reported to Adult/Child Protective Services
Date: [redacted]
( ) Substantiated ( ) Unsubstantiate

[x] Licensing Notified
Date: [redacted]

[x] Funding Source Notified
Date: [redacted]
[x] Family Notified
Date: [redacted]
[x] Guardian Notified
Date: [redacted]
[x] Law Enforcement/Probation Notified
Date: [redacted]

Client/Individual Name: [redacted] **Log #:** [redacted]

22. **SECTION F: CLIENT/INDIVIDUAL HISTORY / DIAGNOSES**

List Client/Individual's current medical and psychiatric diagnoses, behavioral history (e.g. sexually abused, physically aggressive, running, confabulation, etc.), medical history (e.g. seizures, diabetes, etc.) and medications.

[redacted] was born with a genetic disorder. [redacted] has a G-tube for nutrition purposes. [redacted] has seizures throughout the day. [redacted] is on Keppra; Lorazepam; Miralax; Pulmicort; Nystatin Powder; Zoponex; Ipratropim Bromide; Diazepam; Hycet; Clonazepam; and Phenobarbital. [redacted] does not have a long life expectancy.

23. **SECTION G: ANTECEDENT EVENTS**

Briefly describe the Client/Individual's condition and activities prior and leading up to this incident.

[redacted] was being cared for at the Mentor home.

24. **SECTION H: INCIDENT NARRATIVE**

Describe IN DETAIL the incident in chronological order. Include who, what, where, when and how. Provide information on alleged injuries, interventions and current status. Report involvement of other parties such as law enforcement, emergency medical services, etc. Include sources of information (e.g. "Mentor reported..." or "Staff observed..."). When using names, include title and/or affiliation (i.e. Joan Smith, DCFS Case Manager.).

On [redacted] around [redacted], mentor [redacted] called to give a medical update on the client [redacted]. The mentor reported that within a 30-minute period, the client had stopped breathing twice, and [redacted] heart had stopped beating for a period of time. The mentor expressed that she felt that the client was going to pass soon. It was reported that the client's biological mother was notified of the client's condition, and she arrived at the Mentor home around [redacted] Hospice was also notified of the client's condition, and they arrived to the Mentor home around [redacted] At [redacted] on [redacted] the mentor called to report that the client passed away at [redacted] The state director, [redacted], was notified that the client had passed away. The incident was reported to the CPS hotline, reference # [redacted] A message was left for both CPS caseworker and the CPS supervisor regarding the client's death.

Continue on an additional sheet if necessary. DO NOT WRITE ON BACK OF PAGE)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review			Page 4
SECTION I: REVIEWS / SIGNATURES			
Signature of Person Completing Form	Print Name	Title Admin. Assist.	Date
Signature of Manager/Director	Print Name	Title pm	Date
Signature	Print Name	Title	Date
Signature	Print Name	Title	Date
Signature of State Director (Level 3 and 4 only)	Print Name	Title	Date

THE MENTOR NETWORK - INCIDENT REPORT
Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 1

Please PRINT Clearly or Type in Legible Font (10-12) - DO NOT Leave Blanks. Complete All Boxes.

SECTION A: CLIENT/INDIVIDUAL INFORMATION

1. Client/Individual's Name: [redacted]
2. Level: ( ) 1 ( ) 2 ( ) 3 (x) 4
3. Guardian: ( ) Self (x) State ( ) Parent(s) ( ) Other:
4. Log #:
5. DOB: [redacted]
6. Age: 20 Years 1 M
7. Gender: [redacted]
8. Population: (x) Adult (18+) ( ) Child
9. Service Category: *(Check one)*
   - (x) Behavioral Health
   - ( ) Juvenile Justice
   - ( ) Medically Complex
   - ( ) MR/DD
   - ( ) MR/DD Offender
   - ( ) Acquired Brain Injury
   - ( ) Elder Care
   - ( ) Mental Illness
   - ( ) MR/MI
   - ( ) Education
   - ( ) Other:
10. Date of Admission to MENTOR NETWORK: [redacted]
11. Length of Current Placement/Services: **1 Years 5 Months**

SECTION B: PROGRAM INFORMATION

12. State: [redacted]
13. City: [redacted]
14. **If Acquisition/Partner, specify company name:**
15. Program Name: **Children's Program**
16. Service Setting/Model: **(check the ONE that most closely fits)**
   - ( ) ICF/MR (Intermediate Care Facility)
   - ( ) Group or Shared Living (3+ clients/individuals with 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with 24/7)
   - (x) Mentor Home/ Host Home
   - ( ) Group or Shared Living (3+ clients/individuals with less than 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with less than 24/7)
   - ( ) Home Health Agency Services
   - ( ) Family/School/Home Based Supports (periodic services less than 24/7)
   - ( ) Clinical/Outpatient Therapy/Rehab (OT, PT, Speech)
   - ( ) Day Program
   - ( ) Supported Employment/Vocational
   - ( ) School
   - ( ) Brokerage/Case Management (non-residential)

SECTION C: INCIDENT INFORMATION

17. Date & Time of Incident: [redacted]
18. First Reported to MENTOR NETWORK: [redacted]
    By: *(Name & Title)* [redacted]
19. Location of Incident: *(check one)*
   - ( ) Mentor Home ( ) Primary ( ) Respite
     Mentor Name:
     # of Clients/Individuals Living in Home:
   - ( ) Client/Individual's Residence (group home, ICF, apt)
   - ( ) Client/Individual's Biological Family/Guardian Home
   - ( ) Day Program
   - ( ) School
   - ( ) Client/Individual's Place of Employment
   - ( ) Vehicle
   - ( ) Program Office
   - (x) Community
   - ( ) Other:
20. Outcome of Incident: *(check all that apply)*
   - [ ] Remain in Current Placement
   - [ ] Placement Decision Pending
   - [ ] Client/Individual Placed in Respite
   - [ ] Placement Disrupted (i.e. Client/Individual transferred to new home/ program/placement within MENTOR NETWORK)
   - [ ] Discharged from MENTOR NETWORK
   - [ ] Temporarily or Permanently Closed Mentor Home
   - [ ] Emergency Psychiatric Evaluation (no hospitalization)
   - [ ] Emergency Psychiatric Hospitalization
   - [ ] Emergency Medical Hospitalization
   - [ ] In-school suspension
   - [ ] School Suspension/Expulsion
   - [ ] Client/Individual Arrest/Detention
   - [x] Death
   - [ ] Other:
21. **Summarize in 2-3 sentences the key aspects of the incident for entry into Risk Management database.**

[redacted] committed suicide by hanging at a friend's home on [redacted] [redacted] was found at abou[redacted]

Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 2

Client/Individual Name: [redacted] **Log #:** [redacted]

SECTION D: INCIDENT DESCRIPTORS (check all that apply)

DEATH (death of client/individual is a Level 4 incident):
( ) Expected Death of Client/Individual
(x) Unexpected Death of Client/Individual

CLIENT/INDIVIDUAL ELOPEMENT/AWOL:
( ) Located at the Time of the Incident Report
( ) Unable to Locate at the Time of the Incident Report
( ) Other:

CARE-TAKER MISCONDUCT:
(Suspected, Alleged or Confirmed)

Caretaker:
[ ] Mentor
[ ] Mentor Family Member
[ ] Staff
[ ] Other Caretaker:

Alleged Misconduct:
[ ] Sexual Boundary/Abuse
[ ] Verbal or Emotional Abuse
[ ] Physical Assault/Abuse
[ ] Corporal/Inappropriate Punishment
[ ] Inappropriate Use of Restraint/Physical Intervention
[ ] Neglect
[ ] Inadequate Supervision
[ ] Criminal Arrest of Caretaker
[ ] Alcohol/Drug Use by Caretaker
[ ] Misuse of Client/Individual's Funds
[ ] Misappropriation/Destruction of Client/Individual Personal Property
[ ] Other:

CLIENT/INDIVIDUAL BEHAVIORAL:
[x] Self-Injurious Behavior
[ ] Mental Health De-compensation
[ ] Oppositional Behaviors
[ ] Inappropriate Sexual Comments/Threats
[ ] Verbal Threats of Violence
[ ] Exhibitionism/Public Masturbation

MEDICATION INCIDENTS:
[ ] Medication Error
[ ] Missing Controlled Substances
[ ] Serious Adverse Reaction to Medication

MEDICAL INCIDENTS:
[ ] Illness Requiring Medical Treatment
[ ] Deterioration in Existing Medical Condition
[ ] Pregnancy
[ ] Seizure Requiring Emergency Treatment
[ ] UTI
[ ] Bowel Impaction
[ ] Pneumonia
[ ] Pressure Sores
[ ] Other:

CLIENT/INDIVIDUAL INJURY BY:
[ ] Physical Assault by Third Party/Other Individual in our car
[ ] Sexual Assault by Third Party/Other Individual in our care
[ ] Theft by Third Party
[ ] Fall
[ ] Choking
[ ] Bathing/Scalding Related Injuries
[ ] Other Burns
[ ] Vehicle
[ ] Swimming/Near Drowning
[ ] Other Accidental Injury:

SUICIDAL CLIENT/INDIVIDUAL:
[ ] Suicidal Threats or Verbalizations
[x] Suicidal Attempt or Gesture

EXPOSURE CONTROL INCIDENTS:
[ ] Client/Individual Exposed to Blood Borne Pathogens
[ ] Client/Individual Exposed Third Party to Blood Borne Pathogens

SEXUAL ASSAULT OR INAPPROPRIATE SEXUAL BEHAVIOR BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ]To Mentor's Family Member
[ ] To Other Third Party

PROPERTY DAMAGE BY CLIENT/INDIVIDUAL:
[ ] Property Damage Under $1,000
[ ] Property Damage Over $1,000
[ ] Vehicle Theft
[ ] Fire Setting
[ ] Theft/Shoplifting
[ ] Other:

PHYSICAL ASSAULTS BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ]To Mentor's Family Member
[ ] To Other Third Party
[ ]To Animals (animal cruelty)

POSSESSION OF PROHIBITED MATERIALS: (Defined per client/individual/program)
[ ] Possession of Prohibited Materials (i.e., alcohol, lighter, weapon, pornography, illicit drugs, etc.)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 3

SECTION E: PROGRAMMATIC RESPONSE (Check all that apply)

[ ] Counseling/Training for Staff/Mentor
[ ] ISP/Supervision/Behavioral Plan Developed with Client/Individual
[ ] Internal Investigation Underway
Interventions:
[ ]Physical
[ ]Mechanical
[ ]Seclusions
[ ]Chemical
[ ]Law Enforcement

[ ] Reported to Adult/Child Protective Services
Date:
( ) Substantiated ( ) Unsubstantiate
[ ] Licensing Notified
Date:

[ ] Funding Source Notified
Date:
[x] Family Notified
Date: [redacted]
[x] Guardian Notified
Date: [redacted]
[x] Law Enforcement/Probation Notified
Date: [redacted]

Client/Individual Name: [redacted] **Log #:** [redacted]

22.
SECTION F: CLIENT/INDIVIDUAL HISTORY / DIAGNOSES

List Client/Individual's current medical and psychiatric diagnoses, behavioral history (e.g. sexually abused, physically aggressive, running, confabulation, etc.), medical history (e.g. seizures, diabetes, etc.) and medications.

[redacted] is diagnosed with Bipolar and has a history of sexual abuse and has also been treated for being a sexual perpetrator. [redacted] had been stable and not showing any signs of Bipolar or acting inappropriately.

23.
SECTION G: ANTEGEDENT EVENTS

Briefly describe the Client/Individual's condition and activities prior and leading up to this incident.

There were no unusual behaviors reported during the week leading up to the incident.

24.
SECTION H: INCIDENT NARRATIVE

Describe <u>IN DETAIL</u> the incident in chronological order. Include who, what, where, when and how. Provide information on alleged injuries, interventions and current status. Report involvement of other parties such as law enforcement, emergency medical services, etc. Include sources of information (e.g. "Mentor reported..." or "Staff observed..."). When using names, include title and/or affiliation (i.e. Joan Smith, DCFS Case Manager.).

On-call worker [redacted] was contacted by [redacted], the grandmother of [redacted], at [redacted] to inform worker [redacted] that [redacted] had committed suicide this morning while at a friend's home. Ms. [redacted] reported that [redacted] friend's mother found [redacted] hanging from a tree in their front yard. 911 was called but they were not able to save [redacted] life. Ms. [redacted] reports that no police report is available at this time.

Continue on an additional sheet if necessary. DO NOT WRITE ON BACK OF PAGE)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review			Page 4
SECTION I: REVIEWS / SIGNATURES			
Signature of Person Completing Form	Print Name	Title PC	Date
Signature of Manager/Director	Print Name	Title PM	Date
Signature	Print Name	Title DOO	Date
Signature	Print Name	Title	Date
Signature of State Director (Level 3 and 4 only)	Print Name	Title	Date

THE MENTOR NETWORK - INCIDENT REPORT
Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 1

Please PRINT Clearly or Type in Legible Font (10-12) - DO NOT Leave Blanks. Complete All Boxes.

SECTION A: CLIENT/INDIVIDUAL INFORMATION

1. Client/Individual's Name: [redacted]
2. Level: ( ) 1 ( ) 2 ( ) 3 (x) 4
3. Guardian: ( ) Self (x) State ( ) Parent(s) ( ) Other:
4. Log #:
5. DOB: [redacted]
6. Age: 17 Years 1 M
7. Gender: [redacted]
8. Population: ( ) Adult (18+) (x) Child
9. Service Category: *(Check one)*
   - (x) Behavioral Health
   - ( ) Juvenile Justice
   - ( ) Medically Complex
   - ( ) MR/DD
   - ( ) MR/DD Offender
   - ( ) Acquired Brain Injury
   - ( ) Elder Care
   - ( ) Mental Illness
   - ( ) MR/MI
   - ( ) Education
   - ( ) Other:
10. Date of Admission to MENTOR NETWORK:
11. Length of Current Placement/Services:

SECTION B: PROGRAM INFORMATION

12. State: [redacted]
13. City: [redacted]
14. **If Acquisition/Partner, specify company name:**
15. Program Name: Children's Program
16. Service Setting/Model: **(check the ONE that most closely fits)**
   - ( ) ICF/MR (Intermediate Care Facility)
   - ( ) Group or Shared Living (3+ clients/individuals with 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with 24/7)
   - (x) Mentor Home/ Host Home
   - ( ) Group or Shared Living (3+ clients/individuals with less than 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with less than 24/7)
   - ( ) Home Health Agency Services
   - ( ) Family/School/Home Based Supports (periodic services less than 24/7)
   - ( ) Clinical/Outpatient Therapy/Rehab (OT, PT, Speech)
   - ( ) Day Program
   - ( ) Supported Employment/Vocational
   - ( ) School
   - ( ) Brokerage/Case Management (non-residential)

SECTION C: INCIDENT INFORMATION

17. Date & Time of Incident: [redacted]
18. First Reported to MENTOR NETWORK: [redacted]
    By: *(Name & Title)*
19. Location of Incident: *(check one)*
   - ( ) Mentor Home ( ) Primary ( ) Respite
   - **Mentor Name:**
   - **# of Clients/Individuals Living in Home:**
   - ( ) Client/Individual's Residence (group home, ICF, apt)
   - ( ) Client/Individual's Biological Family/Guardian Home
   - ( ) Day Program
   - ( ) School
   - ( ) Client/Individual's Place of Employment
   - ( ) Vehicle
   - ( ) Program Office
   - ( ) Community
   - (x) Other: on run status - grandmothers hous
20. Outcome of Incident: *(check all that apply)*
   - [ ] Remain in Current Placement
   - [ ] Placement Decision Pending
   - [ ] Client/Individual Placed in Respite
   - [ ] Placement Disrupted (i.e. Client/Individual transferred to new home/ program/placement within MENTOR NETWORK)
   - [ ] Discharged from MENTOR NETWORK
   - [ ] Temporarily or Permanently Closed Mentor Home
   - [ ] Emergency Psychiatric Evaluation (no hospitalization)
   - [ ] Emergency Psychiatric Hospitalization
   - [ ] Emergency Medical Hospitalization
   - [ ] In-school suspension
   - [ ] School Suspension/Expulsion
   - [ ] Client/Individual Arrest/Detention
   - [x] Death
   - [ ] Other:
21. **Summarize in 2-3 sentences the key aspects of the incident for entry into Risk Management database.**

[redacted] committed suicide via hanging.

Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 2

Client/Individual Name: [redacted] **Log #:** **Date of Incident:** [redacted]

SECTION D: INCIDENT DESCRIPTORS (check all that apply)

DEATH (death of client/individual is a Level 4 incident):
( ) Expected Death of Client/Individual
(x) Unexpected Death of Client/Individual

CLIENT/INDIVIDUAL ELOPEMENT/AWOL:
( ) Located at the Time of the Incident Report
( ) Unable to Locate at the Time of the Incident Report
( ) Other:

CLIENT/INDIVIDUAL BEHAVIORAL:
[x] Self-Injurious Behavior
[x] Mental Health De-compensation
[ ] Oppositional Behaviors
[ ] Inappropriate Sexual Comments/Threats
[ ] Verbal Threats of Violence
[ ] Exhibitionism/Public Masturbation

CARE-TAKER MISCONDUCT:
(Suspected, Alleged or Confirmed)

Caretaker:
[ ] Mentor
[ ] Mentor Family Member
[ ] Staff
[ ] Other Caretaker:

Alleged Misconduct:
[ ] Sexual Boundary/Abuse
[ ] Verbal or Emotional Abuse
[ ] Physical Assault/Abuse
[ ] Corporal/Inappropriate Punishment
[ ] Inappropriate Use of Restraint/Physical Intervention
[ ] Neglect
[ ] Inadequate Supervision
[ ] Criminal Arrest of Caretaker
[ ] Alcohol/Drug Use by Caretaker
[ ] Misuse of Client/Individual's Funds
[ ] Misappropriation/Destruction of Client/Individual Personal Property
[ ] Other:

MEDICATION INCIDENTS:
[ ] Medication Error
[ ] Missing Controlled Substances
[ ] Serious Adverse Reaction to Medication

MEDICAL INCIDENTS:
[ ] Illness Requiring Medical Treatment
[ ] Deterioration in Existing Medical Condition
[ ] Pregnancy
[ ] Seizure Requiring Emergency Treatment
[ ] UTI
[ ] Bowel Impaction
[ ] Pneumonia
[ ] Pressure Sores
[ ] Other:

CLIENT/INDIVIDUAL INJURY BY:
[ ] Physical Assault by Third Party/Other Individual in our car
[ ] Sexual Assault by Third Party/Other Individual in our care
[ ] Theft by Third Party
[ ] Fall
[ ] Choking
[ ] Bathing/Scalding Related Injuries
[ ] Other Burns
[ ] Vehicle
[ ] Swimming/Near Drowning
[ ] Other Accidental Injury:

SUICIDAL CLIENT/INDIVIDUAL:
[ ] Suicidal Threats or Verbalizations
[ ] Suicidal Attempt or Gesture

EXPOSURE CONTROL INCIDENTS:
[ ] Client/Individual Exposed to Blood Borne Pathogens
[ ] Client/Individual Exposed Third Party to Blood Borne Pathogens

SEXUAL ASSAULT OR INAPPROPRIATE SEXUAL BEHAVIOR BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ]To Mentor's Family Member
[ ] To Other Third Party

PROPERTY DAMAGE BY CLIENT/INDIVIDUAL:
[ ] Property Damage Under $1,000
[ ] Property Damage Over $1,000
[ ] Vehicle Theft
[ ] Fire Setting
[ ] Theft/Shoplifting
[ ] Other:

PHYSICAL ASSAULTS BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ]To Mentor's Family Member
[ ] To Other Third Party
[ ]To Animals (animal cruelty)

POSSESSION OF PROHIBITED MATERIALS: (Defined per client/individual/program)
[ ] Possession of Prohibited Materials (i.e., alcohol, lighter, weapon, pornography, illicit drugs, etc.)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 3

SECTION E: PROGRAMMATIC RESPONSE (Check all that apply)

[ ] Counseling/Training for Staff/Mentor
[ ] ISP/Supervision/Behavioral Plan Developed with Client/Individual
[ ] Internal Investigation Underway
Interventions:
[ ]Physical
[ ]Mechanical
[ ]Seclusions
[ ]Chemical
[ ]Law Enforcement

[ ] Reported to Adult/Child Protective Services
Date:
( ) Substantiated ( ) Unsubstantiate
[ ] Licensing Notified
Date:

[ ] Funding Source Notified
Date:
[x] Family Notified
Date:
[x] Guardian Notified
Date:
[x] Law Enforcement/Probation Notified
Date:

Client/Individual Name: **Log #:** **Date of Incident:**

22. SECTION F: CLIENT/INDIVIDUAL HISTORY / DIAGNOSES

List Client/Individual's current medical and psychiatric diagnoses, behavioral history (e.g. sexually abused, physically aggressive, running, confabulation, etc.), medical history (e.g. seizures, diabetes, etc.) and medications.

has a history of experiencing neglect and was abandoned by bio parents. had demonstrated multiple behavior problems (stealing, physically aggressive behaviors, breaking and entering etc) that had led to a criminal charge and delinquency. has a significant history of running away behaviors for extended periods of time. While in placement was resistant to mental health services and medication to address trauma history and behavioral problems.

23. SECTION G: ANTECEDENT EVENTS

Briefly describe the Client/Individual's condition and activities prior and leading up to this incident.

has been on the run from foster care placement since was believed to be in with bio mother and family however they would not cooperate in giving the worker an address or returning . received a letter from mother a couple of days prior to that was very negative toward .

24. SECTION H: INCIDENT NARRATIVE

Describe IN DETAIL the incident in chronological order. Include who, what, where, when and how. Provide information on alleged injuries, interventions and current status. Report involvement of other parties such as law enforcement, emergency medical services, etc. Include sources of information (e.g. "Mentor reported..." or "Staff observed..."). When using names, include title and/or affiliation (i.e. Joan Smith, DCFS Case Manager.).

On at approx caseworker received a call from DOB) grandmother who stated that on at she found that had committed suicide by hanging stated that had been doing very well until a few days prior to the incident after received a letter from mother. mother who is incarcerated had written a letter stating that no longer wanted anything to do with Ms stated that she noted that appeared under the influence of substances for a couple days after that. Ms stated that left a suicide note however she was unable to read it due to being too upset and gave it to the police. Caseworker followed up with the police dept in The police confirmed the event and stated that the paperwork would not be available for 5-7 days.

Continue on an additional sheet if necessary. DO NOT WRITE ON BACK OF PAGE)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review			Page 4
SECTION I: REVIEWS / SIGNATURES			
Signature of Person Completing Form	Print Name	Title Children PS	Date
Signature of Manager/Director	Print Name	Title Mgr	Date
Signature	Print Name	Title OD	Date
Signature	Print Name	Title QAM	Date
Signature of State Director (Level 3 and 4 only)	Print Name	Title	Date

THE MENTOR NETWORK - INCIDENT REPORT
Attorney/Client Privileged and Confidential: Risk Management/Peer Review — Page 1

Please PRINT Clearly or Type in Legible Font (10-12) - DO NOT Leave Blanks. Complete All Boxes.

SECTION A: CLIENT/INDIVIDUAL INFORMATION

1. Client/Individual's Name: [redacted]
2. Level: ( ) 1 ( ) 2 ( ) 3 (x) 4
3. Guardian: ( ) Self (x) State ( ) Parent(s) ( ) Other:
4. Log #: [redacted]
5. DOB: [redacted]
6. Age: **18 Years 1**
7. Gender: [redacted]
8. Population: (x) Adult (18+) ( ) Child
9. Service Category: ***(Check one)***
   - (x) Behavioral Health
   - ( ) Juvenile Justice
   - ( ) Medically Complex
   - ( ) MR/DD
   - ( ) MR/DD Offender
   - ( ) Acquired Brain Injury
   - ( ) Elder Care
   - ( ) Mental Illness
   - ( ) MR/MI
   - ( ) Education
   - ( ) Other:
10. Date of Admission to MENTOR NETWORK: [redacted]
11. Length of Current Placement/Services: **9 Months 15 Days**

SECTION B: PROGRAM INFORMATION

12. State: [redacted]
13. City: [redacted]
14. If Acquisition/Partner, specify company name:
15. Program Name: [redacted]
16. Service Setting/Model: **(check the ONE that most closely fits)**
   - ( ) ICF/MR (Intermediate Care Facility)
   - ( ) Group or Shared Living (3+ clients/individuals with 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with 24/7)
   - (x) Mentor Home/ Host Home
   - ( ) Group or Shared Living (3+ clients/individuals with less than 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with less than 24/7)
   - ( ) Home Health Agency Services
   - ( ) Family/School/Home Based Supports (periodic services less than 24/7)
   - ( ) Clinical/Outpatient Therapy/Rehab (OT, PT, Speech)
   - ( ) Day Program
   - ( ) Supported Employment/Vocational
   - ( ) School
   - ( ) Brokerage/Case Management (non-residential)

SECTION C: INCIDENT INFORMATION

17. Date & Time of Incident: [redacted]
18. First Reported to MENTOR NETWORK: [redacted]
   By: *(Name & Title)* [redacted] **Foster Parent**
19. Location of Incident: ***(check one)***
   - ( ) Mentor Home ( ) Primary ( ) Respite
     Mentor Name:
     # of Clients/Individuals Living in Home:
   - ( ) Client/Individual's Residence (group home, ICF, apt)
   - ( ) Client/Individual's Biological Family/Guardian Home
   - ( ) Day Program
   - ( ) School
   - ( ) Client/Individual's Place of Employment
   - ( ) Vehicle
   - ( ) Program Office
   - (x) Community
   - ( ) Other:
20. Outcome of Incident: ***(check all that apply)***
   - [ ] Remain in Current Placement
   - [ ] Placement Decision Pending
   - [ ] Client/Individual Placed in Respite
   - [ ] Placement Disrupted (i.e. Client/Individual transferred to new home/ program/placement within MENTOR NETWORK)
   - [ ] Discharged from MENTOR NETWORK
   - [ ] Temporarily or Permanently Closed Mentor Home
   - [ ] Emergency Psychiatric Evaluation (no hospitalization)
   - [ ] Emergency Psychiatric Hospitalization
   - [ ] Emergency Medical Hospitalization
   - [ ] In-school suspension
   - [ ] School Suspension/Expulsion
   - [ ] Client/Individual Arrest/Detention
   - [x] Death
   - [ ] Other:

21. **Summarize in 2-3 sentences the key aspects of the incident for entry into Risk Management database.**

**Client was on an approved weekend visit with his Uncle [redacted]. Mr. [redacted] called [redacted], Mentor, and shared [redacted] had been shot and killed while in a [redacted] Food Restaurant in the community.

Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 2

Client/Individual Name: [redacted] **Log #:** [redacted]

SECTION D: INCIDENT DESCRIPTORS (check all that apply)

DEATH (death of client/individual is a Level 4 incident):
( ) Expected Death of Client/Individual
(x) Unexpected Death of Client/Individual

CLIENT/INDIVIDUAL ELOPEMENT/AWOL:
( ) Located at the Time of the Incident Report
( ) Unable to Locate at the Time of the Incident Report
( ) Other:

CARE-TAKER MISCONDUCT:
(Suspected, Alleged or Confirmed)

Caretaker:
[ ] Mentor
[ ] Mentor Family Member
[ ] Staff
[ ] Other Caretaker:

Alleged Misconduct:
[ ] Sexual Boundary/Abuse
[ ] Verbal or Emotional Abuse
[ ] Physical Assault/Abuse
[ ] Corporal/Inappropriate Punishment
[ ] Inappropriate Use of Restraint/Physical Intervention
[ ] Neglect
[ ] Inadequate Supervision
[ ] Criminal Arrest of Caretaker
[ ] Alcohol/Drug Use by Caretaker
[ ] Misuse of Client/Individual's Funds
[ ] Misappropriation/Destruction of Client/Individual Personal Property
[ ] Other:

SUICIDAL CLIENT/INDIVIDUAL:
[ ] Suicidal Threats or Verbalizations
[ ] Suicidal Attempt or Gesture

SEXUAL ASSAULT OR INAPPROPRIATE SEXUAL BEHAVIOR BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party

PHYSICAL ASSAULTS BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party
[ ] To Animals (animal cruelty)

CLIENT/INDIVIDUAL BEHAVIORAL:
[ ] Self-Injurious Behavior
[ ] Mental Health De-compensation
[ ] Oppositional Behaviors
[ ] Inappropriate Sexual Comments/Threats
[ ] Verbal Threats of Violence
[ ] Exhibitionism/Public Masturbation

MEDICATION INCIDENTS:
[ ] Medication Error
[ ] Missing Controlled Substances
[ ] Serious Adverse Reaction to Medication

MEDICAL INCIDENTS:
[ ] Illness Requiring Medical Treatment
[ ] Deterioration in Existing Medical Condition
[ ] Pregnancy
[ ] Seizure Requiring Emergency Treatment
[ ] UTI
[ ] Bowel Impaction
[ ] Pneumonia
[ ] Pressure Sores
[ ] Other:

CLIENT/INDIVIDUAL INJURY BY:
[ ] Physical Assault by Third Party/Other Individual in our car
[ ] Sexual Assault by Third Party/Other Individual in our care
[ ] Theft by Third Party
[ ] Fall
[ ] Choking
[ ] Bathing/Scalding Related Injuries
[ ] Other Burns
[ ] Vehicle
[ ] Swimming/Near Drowning
[ ] Other Accidental Injury:

EXPOSURE CONTROL INCIDENTS:
[ ] Client/Individual Exposed to Blood Borne Pathogens
[ ] Client/Individual Exposed Third Party to Blood Borne Pathogens

PROPERTY DAMAGE BY CLIENT/INDIVIDUAL:
[ ] Property Damage Under $1,000
[ ] Property Damage Over $1,000
[ ] Vehicle Theft
[ ] Fire Setting
[ ] Theft/Shoplifting
[ ] Other:

POSSESSION OF PROHIBITED MATERIALS: (Defined per client/individual/program)
[ ] Possession of Prohibited Materials (i.e., alcohol, lighter, weapon, pornography, illicit drugs, etc.)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 3

SECTION E: PROGRAMMATIC RESPONSE (Check all that apply)

[ ] Counseling/Training for Staff/Mentor
[ ] ISP/Supervision/Behavioral Plan Developed with Client/Individual
[ ] Internal Investigation Underway
Interventions:
[ ]Physical
[ ]Mechanical
[ ]Seclusions
[ ]Chemical
[ ]Law Enforcement

[ ] Reported to Adult/Child Protective Services
Date:
( ) Substantiated ( ) Unsubstantiate
[x] Licensing Notified
Date:

[x] Funding Source Notified
Date:
[ ] Family Notified
Date:
[x] Guardian Notified
Date:
[ ] Law Enforcement/Probation Notified
Date:

Client/Individual Name: **Log #:**

22. **SECTION F: CLIENT/INDIVIDUAL HISTORY / DIAGNOSES**

List Client/Individual's current medical and psychiatric diagnoses, behavioral history (e.g. sexually abused, physically aggressive, running, confabulation, etc.), medical history (e.g. seizures, diabetes, etc.) and medications.

Axis I: Conduct Disorder, Cannibus Abuse Axis II: Deferred Axis III: None Axis IV: Primary Support Group Axis V: 65
Client was not taking any prescription medication.

23. **SECTION G: ANTECEDENT EVENTS**

Briefly describe the Client/Individual's condition and activities prior and leading up to this incident.

Client was on an approved weekend home visit with Uncle . Client left uncle's house to go to Food Restaurant in the community.

24. **SECTION H: INCIDENT NARRATIVE**

Describe IN DETAIL the incident in chronological order. Include who, what, where, when and how. Provide information on alleged injuries, interventions and current status. Report involvement of other parties such as law enforcement, emergency medical services, etc. Include sources of information (e.g. "Mentor reported..." or "Staff observed..."). When using names, include title and/or affiliation (i.e. Joan Smith, DCFS Case Manager.).

Client, , went on an approved weekend visit with Uncle in City. night left Uncle's house walking to get food at a Restaurant in the community. At approximately was in the restaurant when someone came in and attempted to rob the establishment attempted to run out of the restaurant and was shot and killed. This information was reported to the Mentor, by Uncle on at approximately , on on-call at City DJS: Assistant Secretary , Area Director , Compliance Office and PO around attempted to contact father and uncle on
This writer attempted to contact father and uncle and was unable to do so on several times.

Continue on an additional sheet if necessary. DO NOT WRITE ON BACK OF PAGE)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review			Page 4
SECTION I: REVIEWS / SIGNATURES			
Signature of Person Completing Form	Print Name	Title Clinical Supervisor	Date
Signature of Manager/Director	Print Name	Title Program Manager	Date
Signature	Print Name	Title	Date
Signature	Print Name	Title	Date
Signature of State Director (Level 3 and 4 only)	Print Name	Title	Date

THE MENTOR NETWORK - INCIDENT REPORT
Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 1

Please PRINT Clearly or Type in Legible Font (10-12) - DO NOT Leave Blanks. Complete All Boxes.

SECTION A: CLIENT/INDIVIDUAL INFORMATION

1. Client/Individual's Name: [redacted]
2. Level: ( ) 1 ( ) 2 ( ) 3 (x) 4
3. Guardian: ( ) Self (x) State ( ) Parent(s) ( ) Other:
4. Log #: [redacted]
5. DOB: [redacted]
6. Age: 2 Months
7. Gender: [redacted]
8. Population: ( ) Adult (18+) (x) Child
9. Service Category: *(Check one)*
(x) Behavioral Health
( ) Juvenile Justice
( ) Medically Complex
( ) MR/DD
( ) MR/DD Offender
( ) Acquired Brain Injury
( ) Elder Care
( ) Mental Illness
( ) MR/MI
( ) Education
( ) Other:
10. Date of Admission to MENTOR NETWORK: [redacted]
11. Length of Current Placement/Services: **7 Days**

SECTION B: PROGRAM INFORMATION

12. State: [redacted]
13. City: [redacted]
14. If Acquisition/Partner, specify company name:
15. Program Name: **Children's Program**

16. Service Setting/Model: (check the ONE that most closely fits)
( ) ICF/MR (Intermediate Care Facility)
( ) Group or Shared Living (3+ clients/individuals with 24/7)
( ) Shared or Supported Living (1 or 2 clients/individuals with 24/7)
(x) Mentor Home/ Host Home
( ) Group or Shared Living (3+ clients/individuals with less than 24/7)
( ) Shared or Supported Living (1 or 2 clients/individuals with less than 24/7)
( ) Home Health Agency Services
( ) Family/School/Home Based Supports (periodic services less than 24/7)
( ) Clinical/Outpatient Therapy/Rehab (OT, PT, Speech)
( ) Day Program
( ) Supported Employment/Vocational
( ) School
( ) Brokerage/Case Management (non-residential)

SECTION C: INCIDENT INFORMATION

17. Date & Time of Incident: [redacted]
18. First Reported to MENTOR NETWORK: [redacted]
By: *(Name & Title)* [redacted] mentor

19. Location of Incident: *(check one)*
(x) Mentor Home (x) Primary ( ) Respite
Mentor Name: [redacted]
# of Clients/Individuals Living in Home:
( ) Client/Individual's Residence (group home, ICF, apt)
( ) Client/Individual's Biological Family/Guardian Home
( ) Day Program
( ) School
( ) Client/Individual's Place of Employment
( ) Vehicle
( ) Program Office
( ) Community
( ) Other:

20. Outcome of Incident: *(check all that apply)*
[ ] Remain in Current Placement
[ ] Placement Decision Pending
[ ] Client/Individual Placed in Respite
[ ] Placement Disrupted (i.e. Client/Individual transferred to new home/ program/placement within MENTOR NETWORK)
[ ] Discharged from MENTOR NETWORK
[ ] Temporarily or Permanently Closed Mentor Home
[ ] Emergency Psychiatric Evaluation (no hospitalization)
[ ] Emergency Psychiatric Hospitalization
[ ] Emergency Medical Hospitalization
[ ] In-school suspension
[ ] School Suspension/Expulsion
[ ] Client/Individual Arrest/Detention
[x] Death
[ ] Other:

21. Summarize in 2-3 sentences the key aspects of the incident for entry into Risk Management database.

**At [redacted] mentor [redacted] notified on call coordinator client [redacted] had stopped breathing. At the time of the phone call 91 had already arrived and [redacted] was being transported to [redacted] Hospital [redacted] was pronounced dead at [redacted]

Attorney/Client Privileged and Confidential: Risk Management/Peer Review **Page 2**

Client/Individual Name: [redacted] **Log #:** [redacted]

SECTION D: INCIDENT DESCRIPTORS (check all that apply)

DEATH (death of client/individual is a Level 4 incident):
( ) Expected Death of Client/Individual
(x) Unexpected Death of Client/Individual

CLIENT/INDIVIDUAL ELOPEMENT/AWOL:
( ) Located at the Time of the Incident Report
( ) Unable to Locate at the Time of the Incident Report
( ) Other:

CLIENT/INDIVIDUAL BEHAVIORAL:
[ ] Self-Injurious Behavior
[ ] Mental Health De-compensation
[ ] Oppositional Behaviors
[ ] Inappropriate Sexual Comments/Threats
[ ] Verbal Threats of Violence
[ ] Exhibitionism/Public Masturbation

CARE-TAKER MISCONDUCT:
(Suspected, Alleged or Confirmed)

Caretaker:
[ ] Mentor
[ ] Mentor Family Member
[ ] Staff
[ ] Other Caretaker:

Alleged Misconduct:
[ ] Sexual Boundary/Abuse
[ ] Verbal or Emotional Abuse
[ ] Physical Assault/Abuse
[ ] Corporal/Inappropriate Punishment
[ ] Inappropriate Use of Restraint/Physical Intervention
[ ] Neglect
[ ] Inadequate Supervision
[ ] Criminal Arrest of Caretaker
[ ] Alcohol/Drug Use by Caretaker
[ ] Misuse of Client/Individual's Funds
[ ] Misappropriation/Destruction of Client/Individual Personal Property
[ ] Other:

MEDICATION INCIDENTS:
[ ] Medication Error
[ ] Missing Controlled Substances
[ ] Serious Adverse Reaction to Medication

MEDICAL INCIDENTS:
[ ] Illness Requiring Medical Treatment
[ ] Deterioration in Existing Medical Condition
[ ] Pregnancy
[ ] Seizure Requiring Emergency Treatment
[ ] UTI
[ ] Bowel Impaction
[ ] Pneumonia
[ ] Pressure Sores
[ ] Other:

CLIENT/INDIVIDUAL INJURY BY:
[ ] Physical Assault by Third Party/Other Individual in our car
[ ] Sexual Assault by Third Party/Other Individual in our care
[ ] Theft by Third Party
[ ] Fall
[ ] Choking
[ ] Bathing/Scalding Related Injuries
[ ] Other Burns
[ ] Vehicle
[ ] Swimming/Near Drowning
[ ] Other Accidental Injury:

SUICIDAL CLIENT/INDIVIDUAL:
[ ] Suicidal Threats or Verbalizations
[ ] Suicidal Attempt or Gesture

EXPOSURE CONTROL INCIDENTS:
[ ] Client/Individual Exposed to Blood Borne Pathogens
[ ] Client/Individual Exposed Third Party to Blood Borne Pathogens

SEXUAL ASSAULT OR INAPPROPRIATE SEXUAL BEHAVIOR BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ]To Mentor's Family Member
[ ] To Other Third Party

PROPERTY DAMAGE BY CLIENT/INDIVIDUAL:
[ ] Property Damage Under $1,000
[ ] Property Damage Over $1,000
[ ] Vehicle Theft
[ ] Fire Setting
[ ] Theft/Shoplifting
[ ] Other:

PHYSICAL ASSAULTS BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ]To Mentor's Family Member
[ ] To Other Third Party
[ ]To Animals (animal cruelty)

POSSESSION OF PROHIBITED MATERIALS: (Defined per client/individual/program)
[ ] Possession of Prohibited Materials (i.e., alcohol, lighter, weapon, pornography, illicit drugs, etc.)

SECTION E: PROGRAMMATIC RESPONSE (Check all that apply)

[ ] Counseling/Training for Staff/Mentor
[ ] ISP/Supervision/Behavioral Plan Developed with Client/Individual
[x] Internal Investigation Underway
Interventions:
[ ]Physical
[ ]Mechanical
[ ]Seclusions
[ ]Chemical
[x]Law Enforcement

[x] Reported to Adult/Child Protective Services
Date: [redacted]
( ) Substantiated ( ) Unsubstantiate
[x] Licensing Notified
Date: [redacted]

[x] Funding Source Notified
Date: [redacted]
[x] Family Notified
Date: [redacted]
[x] Guardian Notified
Date: [redacted]
[x] Law Enforcement/Probation Notified
Date: [redacted]

Client/Individual Name: [redacted] Log #: [redacted]

22. SECTION F: CLIENT/INDIVIDUAL HISTORY / DIAGNOSES

List Client/Individual's current medical and psychiatric diagnoses, behavioral history (e.g. sexually abused, physically aggressive, running, confabulation, etc.), medical history (e.g. seizures, diabetes, etc.) and medications.

Upon intake the only medical need noted were [redacted] umbilical cord had not healed correctly and needed to be seen by a PCP.

23. SECTION G: ANTECEDENT EVENTS

Briefly describe the Client/Individual's condition and activities prior and leading up to this incident.

Mentor [redacted] reported that client [redacted] had been fussy over the past few days but nothing that seemed out of the ordinary. Client [redacted] appeared in normal spirits and was put down for [redacted] morning nap by mentor [redacted].

24. SECTION H: INCIDENT NARRATIVE

Describe <u>IN DETAIL</u> the incident in chronological order. Include who, what, where, when and how. Provide information on alleged injuries, interventions and current status. Report involvement of other parties such as law enforcement, emergency medical services, etc. Include sources of information (e.g. "Mentor reported..." or "Staff observed..."). When using names, include title and/or affiliation (i.e. Joan Smith, DCFS Case Manager.).

On [redacted] this writer on call coordinator [redacted] received a phone call from mentor [redacted] at approx. [redacted] stating that client [redacted] had stopped breathing. At the time of the phone call to this writer mentor [redacted] had already notified 911 and an ambulance team was at her home getting ready to transport [redacted] to [redacted] Hospital. The order of events is as follows; At [redacted] mentor [redacted] got ready for work and arrived to work at [redacted] Mentor [redacted] was at home caring for [redacted] the entire time. [redacted] was working. [redacted] put [redacted] down for a nap at approx. [redacted] and laid [redacted] on [redacted] side. At [redacted] mentor [redacted] left work and arrived home at [redacted] [redacted] then left to go to the pharmacy. At approx. [redacted] checked on [redacted] and reported that [redacted] was sweaty and very hot. [redacted] was on [redacted] stomach and was not breathing. Mentor [redacted] immediately started chest compressions and called 911 at the same time. The ambulance team arrived at [redacted] [redacted] was pronounced dead at [redacted] at [redacted]y Hospital. DCF hotline was notified at [redacted] while this writer was en route to [redacted] Hospital. At that time this writer had not received the news that [redacted] had died. At [redacted] this writer received a phone call from the CS [redacted] [redacted] that client [redacted] had died. This writer informed the DCF hotline [redacted]y[redacted] [redacted] both arrived at [redacted] Hospital to meet with mentor [redacted] CS [redacted] spoke directly top DCF supervisor as well as the State Police investigators. DCF was going to notify client [redacted] bio family of the incident and allow them to see [redacted] at the hospital. A [redacted] was filed by [redacted] Hospital as part of the hospital protocol. DCF's special investigative unit will begin their investigation. An internal investigation is currently underway by the [redacted] Program.

Attorney/Client Privileged and Confidential: Risk Management/Peer Review			Page 4
SECTION I: REVIEWS / SIGNATURES			
Signature of Person Completing Form	Print Name	Title CC	Date
Signature of Manager/Director	Print Name	Title PM	Date
Signature	Print Name	Title CS	Date
Signature	Print Name	Title	Date
Signature of State Director (Level 3 and 4 only)	Print Name	Title	Date

THE MENTOR NETWORK - INCIDENT REPORT
Attorney/Client Privileged and Confidential: Risk Management/Peer Review — **Page 1**

Please PRINT Clearly or Type in Legible Font (10-12) - DO NOT Leave Blanks. Complete All Boxes.

SECTION A: CLIENT/INDIVIDUAL INFORMATION

1. Client/Individual's Name: [redacted]
2. Level: ( ) 1 ( ) 2 ( ) 3 (x) 4
3. Guardian: ( ) Self (x) State ( ) Parent(s) ( ) Other:
4. Log #: [redacted]
5. DOB: [redacted]
6. Age: 18 Years 1 M
7. Gender: [redacted]
8. Population: (x) Adult (18+) ( ) Child
9. Service Category: *(Check one)*
   - ( ) Behavioral Health
   - ( ) Juvenile Justice
   - (x) Medically Complex
   - ( ) MR/DD
   - ( ) MR/DD Offender
   - ( ) Acquired Brain Injury
   - ( ) Elder Care
   - ( ) Mental Illness
   - ( ) MR/MI
   - ( ) Education
   - ( ) Other:
10. Date of Admission to MENTOR NETWORK: [redacted]
11. Length of Current Placement/Services: **3 Months**

SECTION B: PROGRAM INFORMATION

12. State: [redacted]
13. City:
14. If Acquisition/Partner, specify company name:
15. Program Name: [redacted]
16. Service Setting/Model: (check the ONE that most closely fits)
   - ( ) ICF/MR (Intermediate Care Facility)
   - ( ) Group or Shared Living (3+ clients/individuals with 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with 24/7)
   - (x) Mentor Home/ Host Home
   - ( ) Group or Shared Living (3+ clients/individuals with less than 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with less than 24/7)
   - ( ) Home Health Agency Services
   - ( ) Family/School/Home Based Supports (periodic services less than 24/7)
   - ( ) Clinical/Outpatient Therapy/Rehab (OT, PT, Speech)
   - ( ) Day Program
   - ( ) Supported Employment/Vocational
   - ( ) School
   - ( ) Brokerage/Case Management (non-residential)

SECTION C: INCIDENT INFORMATION

17. Date & Time of Incident: [redacted]
18. First Reported to MENTOR NETWORK: [redacted]
    By: *(Name & Title)* [redacted] **Foster parent**
19. Location of Incident: *(check one)*
   - (x) Mentor Home (x) Primary ( ) Respite
     Mentor Name: [redacted]
     # of Clients/Individuals Living in Home: 1
   - ( ) Client/Individual's Residence (group home, ICF, apt)
   - ( ) Client/Individual's Biological Family/Guardian Home
   - ( ) Day Program
   - ( ) School
   - ( ) Client/Individual's Place of Employment
   - ( ) Vehicle
   - ( ) Program Office
   - ( ) Community
   - ( ) Other:
20. Outcome of Incident: *(check all that apply)*
   - [ ] Remain in Current Placement
   - [ ] Placement Decision Pending
   - [ ] Client/Individual Placed in Respite
   - [ ] Placement Disrupted (i.e. Client/Individual transferred to new home/ program/placement within MENTOR NETWORK)
   - [ ] Discharged from MENTOR NETWORK
   - [ ] Temporarily or Permanently Closed Mentor Home
   - [ ] Emergency Psychiatric Evaluation (no hospitalization)
   - [ ] Emergency Psychiatric Hospitalization
   - [ ] Emergency Medical Hospitalization
   - [ ] In-school suspension
   - [ ] School Suspension/Expulsion
   - [ ] Client/Individual Arrest/Detention
   - [x] Death
   - [ ] Other:
21. **Summarize in 2-3 sentences the key aspects of the incident for entry into Risk Management database.**

* is a medically fragile client how began to bleed internally on at 911 was called and was transported to ta local ER who then flew to Hospital. health deteriorated throughout the day and the coded that evening and was put on life support systems. The medical team would not fine the source of bleeding and passed away on

Attorney/Client Privileged and Confidential: Risk Management/Peer Review — Page 2

Client/Individual Name: Log #:

SECTION D: INCIDENT DESCRIPTORS (check all that apply)

DEATH (death of client/individual is a **Level 4** incident):
( ) Expected Death of Client/Individual
(x) Unexpected Death of Client/Individual

CLIENT/INDIVIDUAL ELOPEMENT/AWOL:
( ) Located at the Time of the Incident Report
( ) Unable to Locate at the Time of the Incident Report
( ) Other:

CLIENT/INDIVIDUAL BEHAVIORAL:
[ ] Self-Injurious Behavior
[ ] Mental Health De-compensation
[ ] Oppositional Behaviors
[ ] Inappropriate Sexual Comments/Threats
[ ] Verbal Threats of Violence
[ ] Exhibitionism/Public Masturbation

CARE-TAKER MISCONDUCT:
(Suspected, Alleged or Confirmed)

Caretaker:
[ ] Mentor
[ ] Mentor Family Member
[ ] Staff
[ ] Other Caretaker:

Alleged Misconduct:
[ ] Sexual Boundary/Abuse
[ ] Verbal or Emotional Abuse
[ ] Physical Assault/Abuse
[ ] Corporal/Inappropriate Punishment
[ ] Inappropriate Use of Restraint/Physical Intervention
[ ] Neglect
[ ] Inadequate Supervision
[ ] Criminal Arrest of Caretaker
[ ] Alcohol/Drug Use by Caretaker
[ ] Misuse of Client/Individual's Funds
[ ] Misappropriation/Destruction of Client/Individual Personal Property
[ ] Other:

MEDICATION INCIDENTS:
[ ] Medication Error
[ ] Missing Controlled Substances
[ ] Serious Adverse Reaction to Medication

MEDICAL INCIDENTS:
[ ] Illness Requiring Medical Treatment
[ ] Deterioration in Existing Medical Condition
[ ] Pregnancy
[ ] Seizure Requiring Emergency Treatment
[ ] UTI
[ ] Bowel Impaction
[ ] Pneumonia
[ ] Pressure Sores
[ ] Other:

CLIENT/INDIVIDUAL INJURY BY:
[ ] Physical Assault by Third Party/Other Individual in our car
[ ] Sexual Assault by Third Party/Other Individual in our care
[ ] Theft by Third Party
[ ] Fall
[ ] Choking
[ ] Bathing/Scalding Related Injuries
[ ] Other Burns
[ ] Vehicle
[ ] Swimming/Near Drowning
[ ] Other Accidental Injury:

SUICIDAL CLIENT/INDIVIDUAL:
[ ] Suicidal Threats or Verbalizations
[ ] Suicidal Attempt or Gesture

EXPOSURE CONTROL INCIDENTS:
[ ] Client/Individual Exposed to Blood Borne Pathogens
[ ] Client/Individual Exposed Third Party to Blood Borne Pathogens

SEXUAL ASSAULT OR INAPPROPRIATE SEXUAL BEHAVIOR BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party

PROPERTY DAMAGE BY CLIENT/INDIVIDUAL:
[ ] Property Damage Under $1,000
[ ] Property Damage Over $1,000
[ ] Vehicle Theft
[ ] Fire Setting
[ ] Theft/Shoplifting
[ ] Other:

PHYSICAL ASSAULTS BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party
[ ] To Animals (animal cruelty)

POSSESSION OF PROHIBITED MATERIALS: (Defined per client/individual/program)
[ ] Possession of Prohibited Materials (i.e., alcohol, lighter, weapon, pornography, illicit drugs, etc.)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 3

SECTION E: PROGRAMMATIC RESPONSE (Check all that apply)

[x] Counseling/Training for Staff/Mentor
[ ] ISP/Supervision/Behavioral Plan Developed with Client/Individual
[x] Internal Investigation Underway
Interventions:
[ ]Physical
[ ]Mechanical
[ ]Seclusions
[ ]Chemical
[ ]Law Enforcement

[ ] Reported to Adult/Child Protective Services
Date:
( ) Substantiated ( ) Unsubstantiate

[x] Licensing Notified
Date:

[x] Funding Source Notified
Date:
[x] Family Notified
Date:
[x] Guardian Notified
Date:
[ ] Law Enforcement/Probation Notified
Date:

Client/Individual Name: **Log #:**

22. **SECTION F: CLIENT/INDIVIDUAL HISTORY / DIAGNOSES**

List Client/Individual's current medical and psychiatric diagnoses, behavioral history (e.g. sexually abused, physically aggressive, running, confabulation, etc.), medical history (e.g. seizures, diabetes, etc.) and medications.

is a medically fragile client. diagnoses are CP, Quadriplegia, Seizure DO, hydrocephaly, VP Shunt, Gastric perforation, Hypertension Meds – Baclofen 4.5mg BID, Neurontin 25/5ml TID, Robinal 1mg BID, Depakene syrup 250/5ml BID, Ergocalciferol solution 8000IU/ml.5ml, Flonase 0.05 mg I spray PRN, Prevacid 30mg BID, Miralax 17gm BID, Colace liquid 100mg/10ml BID, Zinc acetate suspension 5mg/5mbid

23. **SECTION G: ANTECEDENT EVENTS**

Briefly describe the Client/Individual's condition and activities prior and leading up to this incident.

Per reports, has been doing very well recovering from recent emergency bowel obstruction surgery on had a positive follow up check on with the surgeon at . was seen at on by the nutrionist rehab doctor and the OT at . On was seen at at the paralysis restoration clinic and occupational therapy for scheduled Botox injection for hand and leg castings. CC made a home visit on and was in seemingly good health.

24. **SECTION H: INCIDENT NARRATIVE**

Describe IN DETAIL the incident in chronological order. Include who, what, where, when and how. Provide information on alleged injuries, interventions and current status. Report involvement of other parties such as law enforcement, emergency medical services, etc. Include sources of information (e.g. "Mentor reported..." or "Staff observed..."). When using names, include title and/or affiliation (i.e. Joan Smith, DCFS Case Manager.).

contacted the on call worker to inform mentor of a medical emergency regarding Mr. stated that he had called 911 after observing blood in stool. Mr. stated that was transported by ambulance to Hospital in Mr. stated that the doctors at Hospital believed that was bleeding internally and needed to be flown to . was transported by helicopter to Hospital in on . While at health continued to be declined and was placed on a ventilator.

Continue on an additional sheet if necessary. DO NOT WRITE ON BACK OF PAGE)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review			Page 4
SECTION I: REVIEWS / SIGNATURES			
Signature of Person Completing Form	Print Name	Title CC	Date
Signature of Manager/Director	Print Name	Title PM	Date
Signature	Print Name	Title	Date
Signature	Print Name	Title	Date
Signature of State Director (Level 3 and 4 only)	Print Name	Title	Date

THE MENTOR NETWORK - INCIDENT REPORT
Attorney/Client Privileged and Confidential: Risk Management/Peer Review — **Page 1**

Please PRINT Clearly or Type in Legible Font (10-12) - DO NOT Leave Blanks. Complete All Boxes.

SECTION A: CLIENT/INDIVIDUAL INFORMATION

1. Client/Individual's Name: [redacted]
2. Level: ( ) 1 ( ) 2 ( ) 3 (x) 4
3. Guardian: ( ) Self (x) State ( ) Parent(s) ( ) Other:
4. Log # [redacted]
5. DOB: [redacted]
6. Age: **10 Years 8 M**
7. Gender: [redacted]
8. Population: ( ) Adult (18+) (x) Child
9. Service Category: ***(Check one)***
   - (x) Behavioral Health
   - ( ) Juvenile Justice
   - ( ) Medically Complex
   - ( ) MR/DD
   - ( ) MR/DD Offender
   - ( ) Acquired Brain Injury
   - ( ) Elder Care
   - ( ) Mental Illness
   - ( ) MR/MI
   - ( ) Education
   - ( ) Other:
10. Date of Admission to MENTOR NETWORK: [redacted]
11. Length of Current Placement/Services: **1 Years 1 Months**

SECTION B: PROGRAM INFORMATION

12. State: [redacted]
13. City: [redacted]
14. If Acquisition/Partner, specify company name:
15. Program Name: [redacted]

16. Service Setting/Model: **(check the ONE that most closely fits)**
- ( ) ICF/MR (Intermediate Care Facility)
- ( ) Group or Shared Living (3+ clients/individuals with 24/7)
- ( ) Shared or Supported Living (1 or 2 clients/individuals with 24/7)
- (x) Mentor Home/ Host Home
- ( ) Group or Shared Living (3+ clients/individuals with less than 24/7)
- ( ) Shared or Supported Living (1 or 2 clients/individuals with less than 24/7)
- ( ) Home Health Agency Services
- ( ) Family/School/Home Based Supports (periodic services less than 24/7)
- ( ) Clinical/Outpatient Therapy/Rehab (OT, PT, Speech)
- ( ) Day Program
- ( ) Supported Employment/Vocational
- ( ) School
- ( ) Brokerage/Case Management (non-residential)

SECTION C: INCIDENT INFORMATION

17. Date & Time of Incident: [redacted]
18. First Reported to MENTOR NETWORK: [redacted]
    By: *(Name & Title)* [redacted] **Foster Parent**

19. Location of Incident: ***(check one)***
- ( ) Mentor Home ( ) Primary ( ) Respite
  Mentor Name:
  # of Clients/Individuals Living in Home:
- ( ) Client/Individual's Residence (group home, ICF, apt)
- ( ) Client/Individual's Biological Family/Guardian Home
- ( ) Day Program
- ( ) School
- ( ) Client/Individual's Place of Employment
- ( ) Vehicle
- ( ) Program Office
- ( ) Community
- (x) Other: **Prospective Adoptive Placement**

20. Outcome of Incident: ***(check all that apply)***
- [ ] Remain in Current Placement
- [ ] Placement Decision Pending
- [ ] Client/Individual Placed in Respite
- [ ] Placement Disrupted (i.e. Client/Individual transferred to new home/ program/placement within MENTOR NETWORK)
- [ ] Discharged from MENTOR NETWORK
- [ ] Temporarily or Permanently Closed Mentor Home
- [ ] Emergency Psychiatric Evaluation (no hospitalization)
- [ ] Emergency Psychiatric Hospitalization
- [ ] Emergency Medical Hospitalization
- [ ] In-school suspension
- [ ] School Suspension/Expulsion
- [ ] Client/Individual Arrest/Detention
- [x] Death
- [ ] Other:

21. **Summarize in 2-3 sentences the key aspects of the incident for entry into Risk Management database.**

[redacted] went missing from a birthday party at the residence of an approved prospective adoptive placement at [redacted] Police were notified and [redacted] body was found about [redacted] by [redacted] dive team a few hours later at the bottom of the retention pond behind the family's home.

Attorney/Client Privileged and Confidential: Risk Management/Peer Review — Page 2

Client/Individual Name: [redacted] Log # [redacted]

SECTION D: INCIDENT DESCRIPTORS (check all that apply)

DEATH (death of client/individual is a Level 4 incident):
( ) Expected Death of Client/Individual
(x) Unexpected Death of Client/Individual

CLIENT/INDIVIDUAL ELOPEMENT/AWOL:
( ) Located at the Time of the Incident Report
( ) Unable to Locate at the Time of the Incident Report
( ) Other:

CLIENT/INDIVIDUAL BEHAVIORAL:
[ ] Self-Injurious Behavior
[ ] Mental Health De-compensation
[ ] Oppositional Behaviors
[ ] Inappropriate Sexual Comments/Threats
[ ] Verbal Threats of Violence
[ ] Exhibitionism/Public Masturbation

CARE-TAKER MISCONDUCT:
(Suspected, Alleged or Confirmed)

Caretaker:
[ ] Mentor
[ ] Mentor Family Member
[ ] Staff
[ ] Other Caretaker:

Alleged Misconduct:
[ ] Sexual Boundary/Abuse
[ ] Verbal or Emotional Abuse
[ ] Physical Assault/Abuse
[ ] Corporal/Inappropriate Punishment
[ ] Inappropriate Use of Restraint/Physical Intervention
[ ] Neglect
[ ] Inadequate Supervision
[ ] Criminal Arrest of Caretaker
[ ] Alcohol/Drug Use by Caretaker
[ ] Misuse of Client/Individual's Funds
[ ] Misappropriation/Destruction of Client/Individual Personal Property
[ ] Other:

MEDICATION INCIDENTS:
[ ] Medication Error
[ ] Missing Controlled Substances
[ ] Serious Adverse Reaction to Medication

MEDICAL INCIDENTS:
[ ] Illness Requiring Medical Treatment
[ ] Deterioration in Existing Medical Condition
[ ] Pregnancy
[ ] Seizure Requiring Emergency Treatment
[ ] UTI
[ ] Bowel Impaction
[ ] Pneumonia
[ ] Pressure Sores
[ ] Other:

CLIENT/INDIVIDUAL INJURY BY:
[ ] Physical Assault by Third Party/Other Individual in our car
[ ] Sexual Assault by Third Party/Other Individual in our care
[ ] Theft by Third Party
[ ] Fall
[ ] Choking
[ ] Bathing/Scalding Related Injuries
[ ] Other Burns
[ ] Vehicle
[ ] Swimming/Near Drowning
[ ] Other Accidental Injury:

SUICIDAL CLIENT/INDIVIDUAL:
[ ] Suicidal Threats or Verbalizations
[ ] Suicidal Attempt or Gesture

EXPOSURE CONTROL INCIDENTS:
[ ] Client/Individual Exposed to Blood Borne Pathogens
[ ] Client/Individual Exposed Third Party to Blood Borne Pathogens

SEXUAL ASSAULT OR INAPPROPRIATE SEXUAL BEHAVIOR BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ]To Mentor's Family Member
[ ] To Other Third Party

PROPERTY DAMAGE BY CLIENT/INDIVIDUAL:
[ ] Property Damage Under $1,000
[ ] Property Damage Over $1,000
[ ] Vehicle Theft
[ ] Fire Setting
[ ] Theft/Shoplifting
[ ] Other:

PHYSICAL ASSAULTS BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ]To Mentor's Family Member
[ ] To Other Third Party
[ ]To Animals (animal cruelty)

POSSESSION OF PROHIBITED MATERIALS: (Defined per client/individual/program)
[ ] Possession of Prohibited Materials (i.e., alcohol, lighter, weapon, pornography, illicit drugs, etc.)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 3

SECTION E: PROGRAMMATIC RESPONSE (Check all that apply)

[x] Counseling/Training for Staff/Mentor
[ ] ISP/Supervision/Behavioral Plan Developed with Client/Individual
[ ] Internal Investigation Underway
Interventions:
[ ]Physical
[ ]Mechanical
[ ]Seclusions
[ ]Chemical
[ ]Law Enforcement

[ ] Reported to Adult/Child Protective Services
Date:
( ) Substantiated ( ) Unsubstantiate
[ ] Licensing Notified
Date:

[ ] Funding Source Notified
Date:
[ ] Family Notified
Date:
[ ] Guardian Notified
Date:
[ ] Law Enforcement/Probation Notified
Date:

Client/Individual Name: **Log #:**

22. **SECTION F: CLIENT/INDIVIDUAL HISTORY / DIAGNOSES**

List Client/Individual's current medical and psychiatric diagnoses, behavioral history (e.g. sexually abused, physically aggressive, running, confabulation, etc.), medical history (e.g. seizures, diabetes, etc.) and medications.

is diagnosed with severe cognitive limitations. medications are Intuniv 4mg and Clonidine .2mg.

23. **SECTION G: ANTECEDENT EVENTS**

Briefly describe the Client/Individual's condition and activities prior and leading up to this incident.

was attending a birthday party at the home of an approved adoptive placement on

24. **SECTION H: INCIDENT NARRATIVE**

Describe IN DETAIL the incident in chronological order. Include who, what, where, when and how. Provide information on alleged injuries, interventions and current status. Report involvement of other parties such as law enforcement, emergency medical services, etc. Include sources of information (e.g. "Mentor reported..." or "Staff observed..."). When using names, include title and/or affiliation (i.e. Joan Smith, DCFS Case Manager.).

Mrs. reports that at about she was cutting birthday cake and was right with her. She states that she cut 3-4 pieces of cake and went to hand one to when she noticed was no longer with her. She and her family began searching for and after about 10-15 minutes later, they contacted police. Mentor foster parent was notified that was missing. Ms. contacted on-call. After extensive search of the area, police divers found body at the bottom of the retention pond in the back of the home. Foster parent reached writer at to report the child had been found moments before. Writer contacted on-call to report the death. Writer received the following info from the officers on the scene: Report # Lead Investigator – Detective , Medical Examiners officers Lead Investigator – . – Dr. performing autopsy, CPI case #

Continue on an additional sheet if necessary. DO NOT WRITE ON BACK OF PAGE)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review			Page 4
SECTION I: REVIEWS / SIGNATURES			
Signature of Person Completing Form [redacted]	Print Name	Title Coordinator	Date [redacted]
Signature of Manager/Director [redacted]	Print Name	Title PM	Date [redacted]
Signature	Print Name	Title	Date
Signature	Print Name	Title	Date
Signature of State Director (Level 3 and 4 only)	Print Name	Title	Date

THE MENTOR NETWORK - INCIDENT REPORT
Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 1

Please PRINT Clearly or Type in Legible Font (10-12) - DO NOT Leave Blanks. Complete All Boxes.

SECTION A: CLIENT/INDIVIDUAL INFORMATION

1. Client/Individual's Name: [redacted]
2. Level: ( ) 1 ( ) 2 ( ) 3 (x) 4
3. Guardian: ( ) Self ( ) State (x) Parent(s) ( ) Other:
4. Log #: [redacted]
5. DOB: [redacted]
6. Age: **16 Years 1 M**
7. Gender: [redacted]
8. Population: ( ) Adult (18+) (x) Child
9. Service Category: ***(Check one)***
   - (x) Behavioral Health
   - ( ) Juvenile Justice
   - ( ) Medically Complex
   - ( ) MR/DD
   - ( ) MR/DD Offender
   - ( ) Acquired Brain Injury
   - ( ) Elder Care
   - ( ) Mental Illness
   - ( ) MR/MI
   - ( ) Education
   - ( ) Other:
10. Date of Admission to MENTOR NETWORK: [redacted]
11. Length of Current Placement/Services: **8 Months**

SECTION B: PROGRAM INFORMATION

12. State: [redacted]
13. City: [redacted]
14. **If Acquisition/Partner, specify company name:**
15. Program Name: [redacted]
16. Service Setting/Model: **(check the ONE that most closely fits)**
   - ( ) ICF/MR (Intermediate Care Facility)
   - ( ) Group or Shared Living (3+ clients/individuals with 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with 24/7)
   - (x) Mentor Home/ Host Home
   - ( ) Group or Shared Living (3+ clients/individuals with less than 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with less than 24/7)
   - ( ) Home Health Agency Services
   - ( ) Family/School/Home Based Supports (periodic services less than 24/7)
   - ( ) Clinical/Outpatient Therapy/Rehab (OT, PT, Speech)
   - ( ) Day Program
   - ( ) Supported Employment/Vocational
   - ( ) School
   - ( ) Brokerage/Case Management (non-residential)

SECTION C: INCIDENT INFORMATION

17. Date & Time of Incident: [redacted]
18. First Reported to MENTOR NETWORK: [redacted]
    By: *(Name & Title)* [redacted] **Sup.**
19. Location of Incident: ***(check one)***
   - ( ) Mentor Home ( ) Primary ( ) Respite
     Mentor Name:
     # of Clients/Individuals Living in Home:
   - ( ) Client/Individual's Residence (group home, ICF, apt)
   - ( ) Client/Individual's Biological Family/Guardian Home
   - ( ) Day Program
   - ( ) School
   - ( ) Client/Individual's Place of Employment
   - ( ) Vehicle
   - ( ) Program Office
   - ( ) Community
   - (x) Other: **Field trip with Summer Program.**
20. Outcome of Incident: ***(check all that apply)***
   - [ ] Remain in Current Placement
   - [ ] Placement Decision Pending
   - [ ] Client/Individual Placed in Respite
   - [ ] Placement Disrupted (i.e. Client/Individual transferred to new home/ program/placement **within** MENTOR NETWORK)
   - [ ] Discharged from MENTOR NETWORK
   - [ ] Temporarily or Permanently Closed Mentor Home
   - [ ] Emergency Psychiatric Evaluation (no hospitalization)
   - [ ] Emergency Psychiatric Hospitalization
   - [ ] Emergency Medical Hospitalization
   - [ ] In-school suspension
   - [ ] School Suspension/Expulsion
   - [ ] Client/Individual Arrest/Detention
   - [x] Death
   - [ ] Other:

21. **Summarize in 2-3 sentences the key aspects of the incident for entry into Risk Management database.**

**On [redacted] our agency received notice that [redacted] Marine Recovery Unit recovered Clients body from the [redacted] River around [redacted]

Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 2

Client/Individual Name: [redacted] **Log #:** [redacted] **Date of Incident:** [redacted]

SECTION D: INCIDENT DESCRIPTORS (check all that apply)

DEATH (death of client/individual is a Level 4 incident):
( ) Expected Death of Client/Individual
(x) Unexpected Death of Client/Individual

CLIENT/INDIVIDUAL ELOPEMENT/AWOL:
( ) Located at the Time of the Incident Report
( ) Unable to Locate at the Time of the Incident Report
( ) Other:

CLIENT/INDIVIDUAL BEHAVIORAL:
[ ] Self-Injurious Behavior
[ ] Mental Health De-compensation
[ ] Oppositional Behaviors
[ ] Inappropriate Sexual Comments/Threats
[ ] Verbal Threats of Violence
[ ] Exhibitionism/Public Masturbation

CARE-TAKER MISCONDUCT:
(Suspected, Alleged or Confirmed)

Caretaker:
[ ] Mentor
[ ] Mentor Family Member
[ ] Staff
[ ] Other Caretaker:

Alleged Misconduct:
[ ] Sexual Boundary/Abuse
[ ] Verbal or Emotional Abuse
[ ] Physical Assault/Abuse
[ ] Corporal/Inappropriate Punishment
[ ] Inappropriate Use of Restraint/Physical Intervention
[ ] Neglect
[ ] Inadequate Supervision
[ ] Criminal Arrest of Caretaker
[ ] Alcohol/Drug Use by Caretaker
[ ] Misuse of Client/Individual's Funds
[ ] Misappropriation/Destruction of Client/Individual Personal Property
[ ] Other:

MEDICATION INCIDENTS:
[ ] Medication Error
[ ] Missing Controlled Substances
[ ] Serious Adverse Reaction to Medication

MEDICAL INCIDENTS:
[ ] Illness Requiring Medical Treatment
[ ] Deterioration in Existing Medical Condition
[ ] Pregnancy
[ ] Seizure Requiring Emergency Treatment
[ ] UTI
[ ] Bowel Impaction
[ ] Pneumonia
[ ] Pressure Sores
[ ] Other:

CLIENT/INDIVIDUAL INJURY BY:
[ ] Physical Assault by Third Party/Other Individual in our car
[ ] Sexual Assault by Third Party/Other Individual in our care
[ ] Theft by Third Party
[ ] Fall
[ ] Choking
[ ] Bathing/Scalding Related Injuries
[ ] Other Burns
[ ] Vehicle
[ ] Swimming/Near Drowning
[ ] Other Accidental Injury:

SUICIDAL CLIENT/INDIVIDUAL:
[ ] Suicidal Threats or Verbalizations
[ ] Suicidal Attempt or Gesture

EXPOSURE CONTROL INCIDENTS:
[ ] Client/Individual Exposed to Blood Borne Pathogens
[ ] Client/Individual Exposed Third Party to Blood Borne Pathogens

SEXUAL ASSAULT OR INAPPROPRIATE SEXUAL BEHAVIOR BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ]To Mentor's Family Member
[ ] To Other Third Party

PROPERTY DAMAGE BY CLIENT/INDIVIDUAL:
[ ] Property Damage Under $1,000
[ ] Property Damage Over $1,000
[ ] Vehicle Theft
[ ] Fire Setting
[ ] Theft/Shoplifting
[ ] Other:

PHYSICAL ASSAULTS BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ]To Mentor's Family Member
[ ] To Other Third Party
[ ]To Animals (animal cruelty)

POSSESSION OF PROHIBITED MATERIALS: (Defined per client/individual/program)
[ ] Possession of Prohibited Materials (i.e., alcohol, lighter, weapon, pornography, illicit drugs, etc.)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 3

SECTION E: PROGRAMMATIC RESPONSE (Check all that apply)

[x] Counseling/Training for Staff/Mentor
[ ] ISP/Supervision/Behavioral Plan Developed with Client/Individual
[x] Internal Investigation Underway
Interventions:
[ ]Physical
[ ]Mechanical
[ ]Seclusions
[ ]Chemical
[x]Law Enforcement

[x] Reported to Adult/Child Protective Services
Date:
( ) Substantiated ( ) Unsubstantiate
[x] Licensing Notified
Date:

[x] Funding Source Notified
Date:
[x] Family Notified
Date:
[x] Guardian Notified
Date:
[x] Law Enforcement/Probation Notified
Date:

Client/Individual Name: Log #:

22. SECTION F: CLIENT/INDIVIDUAL HISTORY / DIAGNOSES

List Client/Individual's current medical and psychiatric diagnoses, behavioral history (e.g. sexually abused, physically aggressive, running, confabulation, etc.), medical history (e.g. seizures, diabetes, etc.) and medications.

AXIS I: Conduct DO; Under-Socialized; R/O Paraphilia DO, NOS AXIS II: Deferred AXIS III: None AXIS IV: Maternal Addiction & Abuse; Multiple Caregivers AXIS V: 60 Medications: None

23. SECTION G: ANTECEDENT EVENTS

Briefly describe the Client/Individual's condition and activities prior and leading up to this incident.

Client went water tubing with the MVP Program staff and other students at the . in

24. SECTION H: INCIDENT NARRATIVE

Describe IN DETAIL the incident in chronological order. Include who, what, where, when and how. Provide information on alleged injuries, interventions and current status. Report involvement of other parties such as law enforcement, emergency medical services, etc. Include sources of information (e.g. "Mentor reported..." or "Staff observed..."). When using names, include title and/or affiliation (i.e. Joan Smith, DCFS Case Manager.).

On search and rescue resume their efforts. At on Regional Director received a telephone call from Supervisor indicating that clients body was located by search and recovery teams along River at Indicated that they would be notifying , Mother. Mentor PM notified, Probation, and Menor Parents, and who indicated tha they were informed via Please Reference IR #

Continue on an additional sheet if necessary. DO NOT WRITE ON BACK OF PAGE)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review			Page 4
SECTION I: REVIEWS / SIGNATURES			
Signature of Person Completing Form	**Print Name**	**Title** Program Manager	**Date**
Signature of Manager/Director	**Print Name**	**Title**	**Date**
Signature	**Print Name**	**Title**	**Date**
Signature	**Print Name**	**Title**	**Date**
Signature of State Director (Level 3 and 4 only)	**Print Name**	**Title**	**Date**

THE MENTOR NETWORK - INCIDENT REPORT
Attorney/Client Privileged and Confidential: Risk Management/Peer Review **Page 1**

Please PRINT Clearly or Type in Legible Font (10-12) - DO NOT Leave Blanks. Complete All Boxes.

SECTION A: CLIENT/INDIVIDUAL INFORMATION

1. Client/Individual's Name: [redacted]
2. Level: ( ) 1 ( ) 2 ( ) 3 (x) 4
3. Guardian: ( ) Self (x) State ( ) Parent(s) ( ) Other:
4. Log #:
5. DOB: [redacted]
6. Age: **10 Months**
7. Gender: [redacted]
8. Population: ( ) Adult (18+) (x) Child
9. Service Category: *(Check one)*
   - (x) Behavioral Health
   - ( ) Juvenile Justice
   - ( ) Medically Complex
   - ( ) MR/DD
   - ( ) MR/DD Offender
   - ( ) Acquired Brain Injury
   - ( ) Elder Care
   - ( ) Mental Illness
   - ( ) MR/MI
   - ( ) Education
   - ( ) Other:
10. Date of Admission to MENTOR NETWORK: [redacted]
11. Length of Current Placement/Services: **4 Months**

SECTION B: PROGRAM INFORMATION

12. State: [redacted]
13. City: [redacted]
14. If Acquisition/Partner, specify company name:
15. Program Name: **Child Protective Services**
16. Service Setting/Model: (check the ONE that most closely fits)
   - ( ) ICF/MR (Intermediate Care Facility)
   - ( ) Group or Shared Living (3+ clients/individuals with 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with 24/7)
   - (x) Mentor Home/ Host Home
   - ( ) Group or Shared Living (3+ clients/individuals with less than 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with less than 24/7)
   - ( ) Home Health Agency Services
   - ( ) Family/School/Home Based Supports (periodic services less than 24/7)
   - ( ) Clinical/Outpatient Therapy/Rehab (OT, PT, Speech)
   - ( ) Day Program
   - ( ) Supported Employment/Vocational
   - ( ) School
   - ( ) Brokerage/Case Management (non-residential)

SECTION C: INCIDENT INFORMATION

17. Date & Time of Incident: [redacted]
18. First Reported to MENTOR NETWORK: By: *(Name & Title)* [redacted]
19. Location of Incident: *(check one)*
   - (x) Mentor Home (x) Primary ( ) Respite
     Mentor Name: [redacted]
     # of Clients/Individuals Living in Home: 3
   - ( ) Client/Individual's Residence (group home, ICF, apt)
   - ( ) Client/Individual's Biological Family/Guardian Home
   - ( ) Day Program
   - ( ) School
   - ( ) Client/Individual's Place of Employment
   - ( ) Vehicle
   - ( ) Program Office
   - ( ) Community
   - ( ) Other:
20. Outcome of Incident: *(check all that apply)*
   - [ ] Remain in Current Placement
   - [ ] Placement Decision Pending
   - [ ] Client/Individual Placed in Respite
   - [ ] Placement Disrupted (i.e. Client/Individual transferred to new home/ program/placement within MENTOR NETWORK)
   - [ ] Discharged from MENTOR NETWORK
   - [ ] Temporarily or Permanently Closed Mentor Home
   - [ ] Emergency Psychiatric Evaluation (no hospitalization)
   - [ ] Emergency Psychiatric Hospitalization
   - [ ] Emergency Medical Hospitalization
   - [ ] In-school suspension
   - [ ] School Suspension/Expulsion
   - [ ] Client/Individual Arrest/Detention
   - [x] Death
   - [ ] Other:
21. **Summarize in 2-3 sentences the key aspects of the incident for entry into Risk Management database.**

   +Client passed away on [redacted]

Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 2

Client/Individual Name: [redacted] **Log #:** **Date of Incident:** [redacted]

SECTION D: INCIDENT DESCRIPTORS (check all that apply)

DEATH (death of client/individual is a Level 4 incident):
( ) Expected Death of Client/Individual
(x) Unexpected Death of Client/Individual

CLIENT/INDIVIDUAL ELOPEMENT/AWOL:
( ) Located at the Time of the Incident Report
( ) Unable to Locate at the Time of the Incident Report
( ) Other:

CARE-TAKER MISCONDUCT:
(Suspected, Alleged or Confirmed)

Caretaker:
[ ] Mentor
[ ] Mentor Family Member
[ ] Staff
[ ] Other Caretaker:

Alleged Misconduct:
[ ] Sexual Boundary/Abuse
[ ] Verbal or Emotional Abuse
[ ] Physical Assault/Abuse
[ ] Corporal/Inappropriate Punishment
[ ] Inappropriate Use of Restraint/Physical Intervention
[ ] Neglect
[ ] Inadequate Supervision
[ ] Criminal Arrest of Caretaker
[ ] Alcohol/Drug Use by Caretaker
[ ] Misuse of Client/Individual's Funds
[ ] Misappropriation/Destruction of Client/Individual Personal Property
[ ] Other:

CLIENT/INDIVIDUAL BEHAVIORAL:
[ ] Self-Injurious Behavior
[ ] Mental Health De-compensation
[ ] Oppositional Behaviors
[ ] Inappropriate Sexual Comments/Threats
[ ] Verbal Threats of Violence
[ ] Exhibitionism/Public Masturbation

MEDICATION INCIDENTS:
[ ] Medication Error
[ ] Missing Controlled Substances
[ ] Serious Adverse Reaction to Medication

MEDICAL INCIDENTS:
[ ] Illness Requiring Medical Treatment
[ ] Deterioration in Existing Medical Condition
[ ] Pregnancy
[ ] Seizure Requiring Emergency Treatment
[ ] UTI
[ ] Bowel Impaction
[ ] Pneumonia
[ ] Pressure Sores
[ ] Other:

CLIENT/INDIVIDUAL INJURY BY:
[ ] Physical Assault by Third Party/Other Individual in our car
[ ] Sexual Assault by Third Party/Other Individual in our care
[ ] Theft by Third Party
[ ] Fall
[ ] Choking
[ ] Bathing/Scalding Related Injuries
[ ] Other Burns
[ ] Vehicle
[ ] Swimming/Near Drowning
[ ] Other Accidental Injury:

SUICIDAL CLIENT/INDIVIDUAL:
[ ] Suicidal Threats or Verbalizations
[ ] Suicidal Attempt or Gesture

EXPOSURE CONTROL INCIDENTS:
[ ] Client/Individual Exposed to Blood Borne Pathogens
[ ] Client/Individual Exposed Third Party to Blood Borne Pathogens

SEXUAL ASSAULT OR INAPPROPRIATE SEXUAL BEHAVIOR BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ]To Mentor's Family Member
[ ] To Other Third Party

PROPERTY DAMAGE BY CLIENT/INDIVIDUAL:
[ ] Property Damage Under $1,000
[ ] Property Damage Over $1,000
[ ] Vehicle Theft
[ ] Fire Setting
[ ] Theft/Shoplifting
[ ] Other:

PHYSICAL ASSAULTS BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ]To Mentor's Family Member
[ ] To Other Third Party
[ ]To Animals (animal cruelty)

POSSESSION OF PROHIBITED MATERIALS: (Defined per client/individual/program)
[ ] Possession of Prohibited Materials (i.e., alcohol, lighter, weapon, pornography, illicit drugs, etc.)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 3

SECTION E: PROGRAMMATIC RESPONSE (Check all that apply)

[ ] Counseling/Training for Staff/Mentor
[ ] ISP/Supervision/Behavioral Plan Developed with Client/Individual
[ ] Internal Investigation Underway
Interventions:
[ ]Physical
[ ]Mechanical
[ ]Seclusions
[ ]Chemical
[ ]Law Enforcement

[ ] Reported to Adult/Child Protective Services
Date:
( ) Substantiated ( ) Unsubstantiate

[x] Licensing Notified
Date:

[x] Funding Source Notified
Date:
[ ] Family Notified
Date:
[ ] Guardian Notified
Date:
[ ] Law Enforcement/Probation Notified
Date:

Client/Individual Name: Log #: **Date of Incident:**

22. SECTION F: CLIENT/INDIVIDUAL HISTORY / DIAGNOSES

List Client/Individual's current medical and psychiatric diagnoses, behavioral history (e.g. sexually abused, physically aggressive, running, confabulation, etc.), medical history (e.g. seizures, diabetes, etc.) and medications.

Client was reported as failure to Thrive prior to admission to Mentor. was released from hospital on and placed into a Mentor home. Client has done well and is no longer considered failure to thrive. Client has had numerous ear infections over the past several months. is not currently on any medications.

23. SECTION G: ANTECEDENT EVENTS

Briefly describe the Client/Individual's condition and activities prior and leading up to this incident.

Client was taking a nap.

24. SECTION H: INCIDENT NARRATIVE

Describe IN DETAIL the incident in chronological order. Include who, what, where, when and how. Provide information on alleged injuries, interventions and current status. Report involvement of other parties such as law enforcement, emergency medical services, etc. Include sources of information (e.g. "Mentor reported..." or "Staff observed..."). When using names, include title and/or affiliation (i.e. Joan Smith, DCFS Case Manager.).

On Mentor spoke with Program Manager and reported client had passed away. Client was taking a nap in crib. Mentor discovered client to be unresponsive. Mentor immediately began to perform CPR on while his wife, Mentor called 911. Client was taken to emergency room in where was pronounced deceased. Program Manager, , contacted the CPS hotline on The call reference is with Call ID number taking the call. Another call was made to the CPS hotline on by Program Manager, advising law enforcement officer and Detective with police department do not suspect foul play in the passing of client. This call reference number is with call ID number taking the call.

Continue on an additional sheet if necessary. DO NOT WRITE ON BACK OF PAGE)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review			Page 4
SECTION I: REVIEWS / SIGNATURES			
Signature of Person Completing Form	**Print Name**	**Title** Program Manager	**Date**
Signature of Manager/Director	**Print Name**	**Title**	**Date**
Signature	**Print Name**	**Title**	**Date**
Signature	**Print Name**	**Title**	**Date**
Signature of State Director (Level 3 and 4 only)	**Print Name**	**Title**	**Date**

THE MENTOR NETWORK - INCIDENT REPORT
Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 1

Please PRINT Clearly or Type in Legible Font (10-12) - DO NOT Leave Blanks. Complete All Boxes.

SECTION A: CLIENT/INDIVIDUAL INFORMATION

1. Client/Individual's Name:

2. Level: ( ) 1 ( ) 2 ( ) 3 (x) 4

3. Guardian: ( ) Self (x) State ( ) Parent(s) ( ) Other:

4. Log #:

5. DOB:

6. Age: 14 Years 3 M

7. Gender:

8. Population: ( ) Adult (18+) (x) Child

9. Service Category: *(Check one)*

- ( ) Behavioral Health
- ( ) Juvenile Justice
- (x) Medically Complex
- ( ) MR/DD
- ( ) MR/DD Offender
- ( ) Acquired Brain Injury
- ( ) Elder Care
- ( ) Mental Illness
- ( ) MR/MI
- ( ) Education
- ( ) Other:

10. Date of Admission to MENTOR NETWORK:

11. Length of Current Placement/Services: 4 Years

SECTION B: PROGRAM INFORMATION

12. State:

13. City:

14. If Acquisition/Partner, specify company name:

15. Program Name:

16. Service Setting/Model: (check the ONE that most closely fits)

- ( ) ICF/MR (Intermediate Care Facility)
- ( ) Group or Shared Living (3+ clients/individuals with 24/7)
- ( ) Shared or Supported Living (1 or 2 clients/individuals with 24/7)
- (x) Mentor Home/ Host Home
- ( ) Group or Shared Living (3+ clients/individuals with less than 24/7)
- ( ) Shared or Supported Living (1 or 2 clients/individuals with less than 24/7)
- ( ) Home Health Agency Services
- ( ) Family/School/Home Based Supports (periodic services less than 24/7)
- ( ) Clinical/Outpatient Therapy/Rehab (OT, PT, Speech)
- ( ) Day Program
- ( ) Supported Employment/Vocational
- ( ) School
- ( ) Brokerage/Case Management (non-residential)

SECTION C: INCIDENT INFORMATION

17. Date & Time of Incident:

18. First Reported to MENTOR NETWORK:
By: *(Name & Title)* FP

19. Location of Incident: *(check one)*

- (x) Mentor Home (x) Primary ( ) Respite
  Mentor Name:
  # of Clients/Individuals Living in Home: 1
- ( ) Client/Individual's Residence (group home, ICF, apt)
- ( ) Client/Individual's Biological Family/Guardian Home
- ( ) Day Program
- ( ) School
- ( ) Client/Individual's Place of Employment
- ( ) Vehicle
- ( ) Program Office
- ( ) Community
- ( ) Other:

20. Outcome of Incident: *(check all that apply)*

- [ ] Remain in Current Placement
- [ ] Placement Decision Pending
- [ ] Client/Individual Placed in Respite
- [ ] Placement Disrupted (i.e. Client/Individual transferred to new home/ program/placement within MENTOR NETWORK)
- [ ] Discharged from MENTOR NETWORK
- [ ] Temporarily or Permanently Closed Mentor Home
- [ ] Emergency Psychiatric Evaluation (no hospitalization)
- [ ] Emergency Psychiatric Hospitalization
- [ ] Emergency Medical Hospitalization
- [ ] In-school suspension
- [ ] School Suspension/Expulsion
- [ ] Client/Individual Arrest/Detention
- [x] Death
- [ ] Other:

21. Summarize in 2-3 sentences the key aspects of the incident for entry into Risk Management database.

+On [redacted] around [redacted] assigned worker [redacted] received a call from the foster parent/MGM, [redacted] who reported that the minor had passed. She reported that she went to wake the minor around [redacted] and found [redacted] ~~unresponsive. She performed CPR and called the paramedics. Paramedics arrived and indicated that the minor possibly~~ had a heart attack in [redacted] sleep and an autopsy will be performed. Program Supervisor, [redacted] was contacted. State Director, Regional Director and Program Manager.

Attorney/Client Privileged and Confidential: Risk Management/Peer Review — Page 2

Client/Individual Name: [redacted] **Log #:** **Date of Incident:** [redacted]

SECTION D: INCIDENT DESCRIPTORS (check all that apply)

DEATH (death of client/individual is a **Level 4** incident):
( ) Expected Death of Client/Individual
(x) Unexpected Death of Client/Individual

CLIENT/INDIVIDUAL ELOPEMENT/AWOL:
( ) Located at the Time of the Incident Report
( ) Unable to Locate at the Time of the Incident Report
( ) Other:

CLIENT/INDIVIDUAL BEHAVIORAL:
[ ] Self-Injurious Behavior
[ ] Mental Health De-compensation
[ ] Oppositional Behaviors
[ ] Inappropriate Sexual Comments/Threats
[ ] Verbal Threats of Violence
[ ] Exhibitionism/Public Masturbation

CARE-TAKER MISCONDUCT:
(Suspected, Alleged or Confirmed)

Caretaker:
[ ] Mentor
[ ] Mentor Family Member
[ ] Staff
[ ] Other Caretaker:

Alleged Misconduct:
[ ] Sexual Boundary/Abuse
[ ] Verbal or Emotional Abuse
[ ] Physical Assault/Abuse
[ ] Corporal/Inappropriate Punishment
[ ] Inappropriate Use of Restraint/Physical Intervention
[ ] Neglect
[ ] Inadequate Supervision
[ ] Criminal Arrest of Caretaker
[ ] Alcohol/Drug Use by Caretaker
[ ] Misuse of Client/Individual's Funds
[ ] Misappropriation/Destruction of Client/Individual Personal Property
[ ] Other:

MEDICATION INCIDENTS:
[ ] Medication Error
[ ] Missing Controlled Substances
[ ] Serious Adverse Reaction to Medication

MEDICAL INCIDENTS:
[ ] Illness Requiring Medical Treatment
[ ] Deterioration in Existing Medical Condition
[ ] Pregnancy
[ ] Seizure Requiring Emergency Treatment
[ ] UTI
[ ] Bowel Impaction
[ ] Pneumonia
[ ] Pressure Sores
[ ] Other:

CLIENT/INDIVIDUAL INJURY BY:
[ ] Physical Assault by Third Party/Other Individual in our car
[ ] Sexual Assault by Third Party/Other Individual in our care
[ ] Theft by Third Party
[ ] Fall
[ ] Choking
[ ] Bathing/Scalding Related Injuries
[ ] Other Burns
[ ] Vehicle
[ ] Swimming/Near Drowning
[ ] Other Accidental Injury:

SUICIDAL CLIENT/INDIVIDUAL:
[ ] Suicidal Threats or Verbalizations
[ ] Suicidal Attempt or Gesture

EXPOSURE CONTROL INCIDENTS:
[ ] Client/Individual Exposed to Blood Borne Pathogens
[ ] Client/Individual Exposed Third Party to Blood Borne Pathogens

SEXUAL ASSAULT OR INAPPROPRIATE SEXUAL BEHAVIOR BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party

PROPERTY DAMAGE BY CLIENT/INDIVIDUAL:
[ ] Property Damage Under $1,000
[ ] Property Damage Over $1,000
[ ] Vehicle Theft
[ ] Fire Setting
[ ] Theft/Shoplifting
[ ] Other:

PHYSICAL ASSAULTS BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party
[ ] To Animals (animal cruelty)

POSSESSION OF PROHIBITED MATERIALS: (Defined per client/individual/program)
[ ] Possession of Prohibited Materials (i.e., alcohol, lighter, weapon, pornography, illicit drugs, etc.)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 3

SECTION E: PROGRAMMATIC RESPONSE (Check all that apply)

[ ] Counseling/Training for Staff/Mentor
[ ] ISP/Supervision/Behavioral Plan Developed with Client/Individual
[ ] Internal Investigation Underway
Interventions:
[ ]Physical
[ ]Mechanical
[ ]Seclusions
[ ]Chemical
[ ]Law Enforcement

[ ] Reported to Adult/Child Protective Services
Date:
( ) Substantiated ( ) Unsubstantiate
[ ] Licensing Notified
Date:

[x] Funding Source Notified
Date:
[x] Family Notified
Date:
[x] Guardian Notified
Date:
[ ] Law Enforcement/Probation Notified
Date:

Client/Individual Name: Log #: Date of Incident:

22. **SECTION F: CLIENT/INDIVIDUAL HISTORY / DIAGNOSES**

List Client/Individual's current medical and psychiatric diagnoses, behavioral history (e.g. sexually abused, physically aggressive, running, confabulation, etc.), medical history (e.g. seizures, diabetes, etc.) and medications.

Client is diagnosed with the following: Double inlet LV (single valve with primary ASD), univentricular physiology of LV, tricuspid stresia/CCTGA and a pace maker. The minor is prescribed the following medications: Aldactone, Lasix, Enalapril, Multi Vitamin with Iron and Aspirin.

23. **SECTION G: ANTECEDENT EVENTS**

Briefly describe the Client/Individual's condition and activities prior and leading up to this incident.

The minor was in the home asleep.

24. **SECTION H: INCIDENT NARRATIVE**

Describe IN DETAIL the incident in chronological order. Include who, what, where, when and how. Provide information on alleged injuries, interventions and current status. Report involvement of other parties such as law enforcement, emergency medical services, etc. Include sources of information (e.g. "Mentor reported..." or "Staff observed..."). When using names, include title and/or affiliation (i.e. Joan Smith, DCFS Case Manager.).

On around assigned worker, received a call from the foster parent/MGM, who reported that the minor had passed. She reported that she went to wake the minor around and found unresponsive. She performed CPR and called the paramedics. Paramedics arrived and indicated that the minor possibly had a heart attack in sleep and an autopsy will be performed. Program Supervisor was contacted. State Director, Regional Director, and Program Manager and Nurse Clinician were notified around . At Program Supervisor who was at the foster home along with assigned worker, reported that the Police Department along with the medical examiner had arrived. At the body was removed and being taken to the medical examiner's office. After the medical examiner's office the body will be taken to Hospital as the doctors want to do an investigation on the pace maker which can determine the sequence of what happened.

Continue on an additional sheet if necessary. DO NOT WRITE ON BACK OF PAGE)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review			Page 4
SECTION I: REVIEWS / SIGNATURES			
Signature of Person Completing Form	**Print Name**	**Title** Program Coordinator	**Date**
Signature of Manager/Director	**Print Name**	**Title**	**Date**
Signature	**Print Name**	**Title**	**Date**
Signature	**Print Name**	**Title**	**Date**
Signature of State Director (Level 3 and 4 only)	**Print Name**	**Title**	**Date**

THE MENTOR NETWORK - INCIDENT REPORT
Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 1

Please PRINT Clearly or Type in Legible Font (10-12) - DO NOT Leave Blanks. Complete All Boxes.

SECTION A: CLIENT/INDIVIDUAL INFORMATION

1. Client/Individual's Name: [redacted]
2. Level: ( ) 1 ( ) 2 ( ) 3 (x) 4
3. Guardian: ( ) Self ( ) State (x) Parent(s) ( ) Other:
4. Log # [redacted]
5. DOB: [redacted]
6. Age: **18 Years 6 M**
7. Gender: [redacted]
8. Population: (x) Adult (18+) ( ) Child
9. Service Category: *(Check one)*
   - (x) Behavioral Health
   - ( ) Juvenile Justice
   - ( ) Medically Complex
   - ( ) MR/DD
   - ( ) MR/DD Offender
   - ( ) Acquired Brain Injury
   - ( ) Elder Care
   - ( ) Mental Illness
   - ( ) MR/MI
   - ( ) Education
   - ( ) Other:
10. Date of Admission to MENTOR NETWORK: [redacted]
11. Length of Current Placement/Services: **7 Years 3 Months**

SECTION B: PROGRAM INFORMATION

12. State: [redacted]
13. City: [redacted]
14. If Acquisition/Partner, specify company name:
15. Program Name: **TFC**
16. Service Setting/Model: (check the ONE that most closely fits)
   - ( ) ICF/MR (Intermediate Care Facility)
   - ( ) Group or Shared Living (3+ clients/individuals with 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with 24/7)
   - (x) Mentor Home/ Host Home
   - ( ) Group or Shared Living (3+ clients/individuals with less than 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with less than 24/7)
   - ( ) Home Health Agency Services
   - ( ) Family/School/Home Based Supports (periodic services less than 24/7)
   - ( ) Clinical/Outpatient Therapy/Rehab (OT, PT, Speech)
   - ( ) Day Program
   - ( ) Supported Employment/Vocational
   - ( ) School
   - ( ) Brokerage/Case Management (non-residential)

SECTION C: INCIDENT INFORMATION

17. Date & Time of Incident: [redacted]
18. First Reported to MENTOR NETWORK: [redacted]
    By: *(Name & Title)* [redacted] **Foster Parent**
19. Location of Incident: *(check one)*
   - (x) Mentor Home (x) Primary ( ) Respite
     Mentor Name: [redacted]
     # of Clients/Individuals Living in Home: 2
   - ( ) Client/Individual's Residence (group home, ICF, apt)
   - ( ) Client/Individual's Biological Family/Guardian Home
   - ( ) Day Program
   - ( ) School
   - ( ) Client/Individual's Place of Employment
   - ( ) Vehicle
   - ( ) Program Office
   - ( ) Community
   - ( ) Other:
20. Outcome of Incident: *(check all that apply)*
   - [ ] Remain in Current Placement
   - [ ] Placement Decision Pending
   - [ ] Client/Individual Placed in Respite
   - [ ] Placement Disrupted (i.e. Client/Individual transferred to new home/ program/placement within MENTOR NETWORK)
   - [ ] Discharged from MENTOR NETWORK
   - [ ] Temporarily or Permanently Closed Mentor Home
   - [ ] Emergency Psychiatric Evaluation (no hospitalization)
   - [ ] Emergency Psychiatric Hospitalization
   - [ ] Emergency Medical Hospitalization
   - [ ] In-school suspension
   - [ ] School Suspension/Expulsion
   - [ ] Client/Individual Arrest/Detention
   - [x] Death
   - [ ] Other:
21. **Summarize in 2-3 sentences the key aspects of the incident for entry into Risk Management database.**

+ The Mentor parent called on-call to report that [redacted] was unresponsive when trying to wake [redacted] up. The CO2 detector and smoke alarms were going off but there was no fire in the home. Mentor called 911 and paramedics arrived at the home. The client was declared dead at the home.

Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 2

Client/Individual Name: [redacted] **Log #:** [redacted] **Date of Incident:** [redacted]

SECTION D: INCIDENT DESCRIPTORS (check all that apply)

DEATH (death of client/individual is a Level 4 incident):
( ) Expected Death of Client/Individual
(x) Unexpected Death of Client/Individual

CLIENT/INDIVIDUAL ELOPEMENT/AWOL:
( ) Located at the Time of the Incident Report
( ) Unable to Locate at the Time of the Incident Report
( ) Other:

CLIENT/INDIVIDUAL BEHAVIORAL:
[ ] Self-Injurious Behavior
[ ] Mental Health De-compensation
[ ] Oppositional Behaviors
[ ] Inappropriate Sexual Comments/Threats
[ ] Verbal Threats of Violence
[ ] Exhibitionism/Public Masturbation

CARE-TAKER MISCONDUCT:
(Suspected, Alleged or Confirmed)

Caretaker:
[ ] Mentor
[ ] Mentor Family Member
[ ] Staff
[ ] Other Caretaker:

Alleged Misconduct:
[ ] Sexual Boundary/Abuse
[ ] Verbal or Emotional Abuse
[ ] Physical Assault/Abuse
[ ] Corporal/Inappropriate Punishment
[ ] Inappropriate Use of Restraint/Physical Intervention
[ ] Neglect
[ ] Inadequate Supervision
[ ] Criminal Arrest of Caretaker
[ ] Alcohol/Drug Use by Caretaker
[ ] Misuse of Client/Individual's Funds
[ ] Misappropriation/Destruction of Client/Individual Personal Property
[ ] Other:

MEDICATION INCIDENTS:
[ ] Medication Error
[ ] Missing Controlled Substances
[ ] Serious Adverse Reaction to Medication

MEDICAL INCIDENTS:
[ ] Illness Requiring Medical Treatment
[ ] Deterioration in Existing Medical Condition
[ ] Pregnancy
[ ] Seizure Requiring Emergency Treatment
[ ] UTI
[ ] Bowel Impaction
[ ] Pneumonia
[ ] Pressure Sores
[ ] Other:

CLIENT/INDIVIDUAL INJURY BY:
[ ] Physical Assault by Third Party/Other Individual in our car
[ ] Sexual Assault by Third Party/Other Individual in our care
[ ] Theft by Third Party
[ ] Fall
[ ] Choking
[ ] Bathing/Scalding Related Injuries
[ ] Other Burns
[ ] Vehicle
[ ] Swimming/Near Drowning
[ ] Other Accidental Injury:

SUICIDAL CLIENT/INDIVIDUAL:
[ ] Suicidal Threats or Verbalizations
[ ] Suicidal Attempt or Gesture

EXPOSURE CONTROL INCIDENTS:
[ ] Client/Individual Exposed to Blood Borne Pathogens
[ ] Client/Individual Exposed Third Party to Blood Borne Pathogens

SEXUAL ASSAULT OR INAPPROPRIATE SEXUAL BEHAVIOR BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party

PROPERTY DAMAGE BY CLIENT/INDIVIDUAL:
[ ] Property Damage Under $1,000
[ ] Property Damage Over $1,000
[ ] Vehicle Theft
[ ] Fire Setting
[ ] Theft/Shoplifting
[ ] Other:

PHYSICAL ASSAULTS BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party
[ ] To Animals (animal cruelty)

POSSESSION OF PROHIBITED MATERIALS: (Defined per client/individual/program)
[ ] Possession of Prohibited Materials (i.e., alcohol, lighter, weapon, pornography, illicit drugs, etc.)

SECTION E: PROGRAMMATIC RESPONSE (Check all that apply)

[x] Counseling/Training for Staff/Mentor
[ ] ISP/Supervision/Behavioral Plan Developed with Client/Individual
[x] Internal Investigation Underway
Interventions:
[ ]Physical
[ ]Mechanical
[ ]Seclusions
[ ]Chemical
[ ]Law Enforcement

[ ] Reported to Adult/Child Protective Services
Date:
( ) Substantiated ( ) Unsubstantiate
[ ] Licensing Notified
Date:

[x] Funding Source Notified
Date:
[x] Family Notified
Date:
[x] Guardian Notified
Date:
[ ] Law Enforcement/Probation Notified
Date:

Client/Individual Name: **Log #:**

22. SECTION F: CLIENT/INDIVIDUAL HISTORY / DIAGNOSES

List Client/Individual's current medical and psychiatric diagnoses, behavioral history (e.g. sexually abused, physically aggressive, running, confabulation, etc.), medical history (e.g. seizures, diabetes, etc.) and medications.

Client has been diagnosed with Fetal Alcohol Syndrome, Benign External Hydrocephalus, Eye Disorder NOS, Cerebral Palsy NOS. History of hospitalization for cellulitis on legs. Client currently urinates and defecates on at times, along with a history of inappropriate sexual touching.

23. SECTION G: ANTECEDENT EVENTS

Briefly describe the Client/Individual's condition and activities prior and leading up to this incident.

The Mentor had a new heating system installed in her home on had a typical day on went to bed before

24. SECTION H: INCIDENT NARRATIVE

Describe IN DETAIL the incident in chronological order. Include who, what, where, when and how. Provide information on alleged injuries, interventions and current status. Report involvement of other parties such as law enforcement, emergency medical services, etc. Include sources of information (e.g. "Mentor reported..." or "Staff observed..."). When using names, include title and/or affiliation (i.e. Joan Smith, DCFS Case Manager.).

Mentor , contacted the on-call worker, and informed him that as they woke this morning, CO2 detector and smoke alarms were going off. was unresponsive when Ms. tried to wake She called 911, paramedics came out to the home and was pronounced dead. On-call worker contacted and the remaining chain of command were notified. contacted biological mother , and assigned worker . picked up from her place of employment, where also arrived and together they transported to the medical Examiner's Office where they also met the Mentor and her adult son, . Subsequently the Mentor and biological mother came to the Mentor office where they spent the majority of the day, receiving support. Approximately and transported to her daughter's home. Notifications have been made to the family, DHS and Child Advocate. Another client, who is also placed in the home, was not present in the home at the time of the incident as she had spent the night on at her sister's house and was taking college placement testing As of the Mentor had been able to reach after her testing, and informed her. PG&W is [illegible] the heating system and determining if the family can re-enter the home safely. The Mentor, will be spending the night at a hotel, and will be spending the night at her sister's home again. DHS staff were also notified of the arrangements for to stay at her sister's home another night. Agency staff are continuing to support the biological mother and Mentor family. Funeral arrangements are pending. An autopsy is to be completed to determine the cause of death.

Attorney/Client Privileged and Confidential: Risk Management/Peer Review — Page 4

SECTION I: REVIEWS / SIGNATURES

Signature	Print Name	Title	Date
Signature of Person Completing Form [redacted]	Print Name	Title AD	Date [redacted]
Signature of Manager/Director	Print Name	Title	Date
Signature	Print Name	Title	Date
Signature	Print Name	Title	Date
Signature of State Director (Level 3 and 4 only)	Print Name	Title	Date

THE MENTOR NETWORK - INCIDENT REPORT
Attorney/Client Privileged and Confidential: Risk Management/Peer Review — Page 1

Please PRINT Clearly or Type in Legible Font (10-12) - DO NOT Leave Blanks. Complete All Boxes.

SECTION A: CLIENT/INDIVIDUAL INFORMATION

1. Client/Individual's Name: [redacted]
2. Level: ( ) 1 ( ) 2 ( ) 3 (x) 4
3. Guardian: ( ) Self (x) State ( ) Parent(s) ( ) Other:
4. Log #: [redacted]
5. DOB: [redacted]
6. Age: 9 Years 11 M
7. Gender: [redacted]
8. Population: ( ) Adult (18+) (x) Child
9. Service Category: *(Check one)*
   - ( ) Behavioral Health
   - ( ) Juvenile Justice
   - (x) Medically Complex
   - ( ) MR/DD
   - ( ) MR/DD Offender
   - ( ) Acquired Brain Injury
   - ( ) Elder Care
   - ( ) Mental Illness
   - ( ) MR/MI
   - ( ) Education
   - ( ) Other:
10. Date of Admission to MENTOR NETWORK: [redacted]
11. Length of Current Placement/Services: **5 Months**

SECTION B: PROGRAM INFORMATION

12. State: [redacted]
13. City: [redacted]
14. If Acquisition/Partner, specify company name:
15. Program Name: [redacted]
16. Service Setting/Model: (check the ONE that most closely fits)
   - ( ) ICF/MR (Intermediate Care Facility)
   - ( ) Group or Shared Living (3+ clients/individuals with 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with 24/7)
   - (x) Mentor Home/ Host Home
   - ( ) Group or Shared Living (3+ clients/individuals with less than 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with less than 24/7)
   - ( ) Home Health Agency Services
   - ( ) Family/School/Home Based Supports (periodic services less than 24/7)
   - ( ) Clinical/Outpatient Therapy/Rehab (OT, PT, Speech)
   - ( ) Day Program
   - ( ) Supported Employment/Vocational
   - ( ) School
   - ( ) Brokerage/Case Management (non-residential)

SECTION C: INCIDENT INFORMATION

17. Date & Time of Incident: [redacted]
18. First Reported to MENTOR NETWORK: [redacted]
   By: *(Name & Title)* [redacted] **Foster Mother**
19. Location of Incident: *(check one)*
   - (x) Mentor Home (x) Primary ( ) Respite
     Mentor Name: [redacted]
     # of Clients/Individuals Living in Home: 5
   - ( ) Client/Individual's Residence (group home, ICF, apt)
   - ( ) Client/Individual's Biological Family/Guardian Home
   - ( ) Day Program
   - ( ) School
   - ( ) Client/Individual's Place of Employment
   - ( ) Vehicle
   - ( ) Program Office
   - ( ) Community
   - ( ) Other:
20. Outcome of Incident: *(check all that apply)*
   - [ ] Remain in Current Placement
   - [ ] Placement Decision Pending
   - [ ] Client/Individual Placed in Respite
   - [ ] Placement Disrupted (i.e. Client/Individual transferred to new home/ program/placement within MENTOR NETWORK)
   - [ ] Discharged from MENTOR NETWORK
   - [ ] Temporarily or Permanently Closed Mentor Home
   - [ ] Emergency Psychiatric Evaluation (no hospitalization)
   - [ ] Emergency Psychiatric Hospitalization
   - [ ] Emergency Medical Hospitalization
   - [ ] In-school suspension
   - [ ] School Suspension/Expulsion
   - [ ] Client/Individual Arrest/Detention
   - [x] Death
   - [ ] Other:
21. **Summarize in 2-3 sentences the key aspects of the incident for entry into Risk Management database.**

+The foster family went to check on the client for [redacted] morning feeding. The client had no signs of life and was pronounced dead at [redacted] Hospital.

Attorney/Client Privileged and Confidential: Risk Management/Peer Review — Page 2

Client/Individual Name: [redacted] Log #: [redacted] Date of Incident: [redacted]

SECTION D: INCIDENT DESCRIPTORS (check all that apply)

DEATH (death of client/individual is a **Level 4** incident):
( ) Expected Death of Client/Individual
(x) Unexpected Death of Client/Individual

CLIENT/INDIVIDUAL ELOPEMENT/AWOL:
( ) Located at the Time of the Incident Report
( ) Unable to Locate at the Time of the Incident Report
( ) Other:

CARE-TAKER MISCONDUCT:
(Suspected, Alleged or Confirmed)

Caretaker:
[ ] Mentor
[ ] Mentor Family Member
[ ] Staff
[ ] Other Caretaker:

Alleged Misconduct:
[ ] Sexual Boundary/Abuse
[ ] Verbal or Emotional Abuse
[ ] Physical Assault/Abuse
[ ] Corporal/Inappropriate Punishment
[ ] Inappropriate Use of Restraint/Physical Intervention
[ ] Neglect
[ ] Inadequate Supervision
[ ] Criminal Arrest of Caretaker
[ ] Alcohol/Drug Use by Caretaker
[ ] Misuse of Client/Individual's Funds
[ ] Misappropriation/Destruction of Client/Individual Personal Property
[ ] Other:

SUICIDAL CLIENT/INDIVIDUAL:
[ ] Suicidal Threats or Verbalizations
[ ] Suicidal Attempt or Gesture

SEXUAL ASSAULT OR INAPPROPRIATE SEXUAL BEHAVIOR BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ]To Mentor's Family Member
[ ] To Other Third Party

PHYSICAL ASSAULTS BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ]To Mentor's Family Member
[ ] To Other Third Party
[ ]To Animals (animal cruelty)

CLIENT/INDIVIDUAL BEHAVIORAL:
[ ] Self-Injurious Behavior
[ ] Mental Health De-compensation
[ ] Oppositional Behaviors
[ ] Inappropriate Sexual Comments/Threats
[ ] Verbal Threats of Violence
[ ] Exhibitionism/Public Masturbation

MEDICATION INCIDENTS:
[ ] Medication Error
[ ] Missing Controlled Substances
[ ] Serious Adverse Reaction to Medication

MEDICAL INCIDENTS:
[ ] Illness Requiring Medical Treatment
[ ] Deterioration in Existing Medical Condition
[ ] Pregnancy
[ ] Seizure Requiring Emergency Treatment
[ ] UTI
[ ] Bowel Impaction
[ ] Pneumonia
[ ] Pressure Sores
[ ] Other:

CLIENT/INDIVIDUAL INJURY BY:
[ ] Physical Assault by Third Party/Other Individual in our car
[ ] Sexual Assault by Third Party/Other Individual in our care
[ ] Theft by Third Party
[ ] Fall
[ ] Choking
[ ] Bathing/Scalding Related Injuries
[ ] Other Burns
[ ] Vehicle
[ ] Swimming/Near Drowning
[ ] Other Accidental Injury:

EXPOSURE CONTROL INCIDENTS:
[ ] Client/Individual Exposed to Blood Borne Pathogens
[ ] Client/Individual Exposed Third Party to Blood Borne Pathogens

PROPERTY DAMAGE BY CLIENT/INDIVIDUAL:
[ ] Property Damage Under $1,000
[ ] Property Damage Over $1,000
[ ] Vehicle Theft
[ ] Fire Setting
[ ] Theft/Shoplifting
[ ] Other:

POSSESSION OF PROHIBITED MATERIALS: (Defined per client/individual/program)
[ ] Possession of Prohibited Materials (i.e., alcohol, lighter, weapon, pornography, illicit drugs, etc.)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 3

SECTION E: PROGRAMMATIC RESPONSE (Check all that apply)

[x] Counseling/Training for Staff/Mentor
[ ] ISP/Supervision/Behavioral Plan Developed with Client/Individual
[x] Internal Investigation Underway
Interventions:
[ ]Physical
[ ]Mechanical
[ ]Seclusions
[ ]Chemical
[ ]Law Enforcement

[x] Reported to Adult/Child Protective Services
Date: [redacted]
( ) Substantiated (x) Unsubstantiate
[x] Licensing Notified
Date: [redacted]

[x] Funding Source Notified
Date: [redacted]
[ ] Family Notified
Date:
[ ] Guardian Notified
Date:
[ ] Law Enforcement/Probation Notified
Date:

Client/Individual Name: [redacted] Log #: [redacted]

22. **SECTION F: CLIENT/INDIVIDUAL HISTORY / DIAGNOSES**

List Client/Individual's current medical and psychiatric diagnoses, behavioral history (e.g. sexually abused, physically aggressive, running, confabulation, etc.), medical history (e.g. seizures, diabetes, etc.) and medications.

Client was born at 24 weeks with a grade 4 Brain bleed. Client is diagnosed with suspected Bi-polar, Autism, Cerbral Palsy, Seizure Disorder. Client has a feeding tube. Client is prescribed Naltrexone, Seroquel, Kepray, Trileptol, Multivitamin, Sema Syrup, Mirlax, Zyprexa, Diastat, Diazapam, Tylenol, Motrin, Pulmacort, albuterol.

23. **SECTION G: ANTECEDENT EVENTS**

Briefly describe the Client/Individual's condition and activities prior and leading up to this incident.

Client spent Friday evening playing with toys in the living room. [redacted] nursing care left at [redacted] and gave a standard report to the foster mother. Foster mother reported checking on the client at approximately [redacted] and [redacted] before going to bed for the evening.

24. **SECTION H: INCIDENT NARRATIVE**

Describe IN DETAIL the incident in chronological order. Include who, what, where, when and how. Provide information on alleged injuries, interventions and current status. Report involvement of other parties such as law enforcement, emergency medical services, etc. Include sources of information (e.g. "Mentor reported..." or "Staff observed..."). When using names, include title and/or affiliation (i.e. Joan Smith, DCFS Case Manager.).

Foster father went to check on the client before [redacted] feeding. Mentor reported that client was cold and did not appear to be breathing. Mentor alerted foster mother, [redacted]. Mentor checked client for a pulse in both [redacted] groin and [redacted] carotid and felt for a heartbeat. She did not feel any signs of life and called 911. Mentor stated she attempted CPR, even though Client was cold and [redacted] body had begun to atrophy. Mentor called on call coordinator, [redacted] at [redacted] to inform him of the incident. Mr. [redacted] called [redacted], Team Supervisor. Ms [redacted] called Quality Assurance Specialist, [redacted]. Ms. [redacted] and Mr. [redacted] arrived to the [redacted] home at [redacted] Mrs. [redacted] advised Ms. [redacted] that client had been taken in an ambulance to [redacted] Hospital, but that [redacted] left the home still without any pulse. Ms. [redacted] called the DCS hotline to report the incident at [redacted] Ms. [redacted] called the hospital at [redacted] and received confirmation that client had been pronounced dead at arrival.

Continue on an additional sheet if necessary. DO NOT WRITE ON BACK OF PAGE)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review			Page 4
SECTION I: REVIEWS / SIGNATURES			
Signature of Person Completing Form [redacted]	**Print Name**	**Title** Team Supervisor	**Date** [redacted]
Signature of Manager/Director [redacted]	**Print Name**	**Title** QA	**Date** [redacted]
Signature	**Print Name**	**Title**	**Date**
Signature	**Print Name**	**Title**	**Date**
Signature of State Director (Level 3 and 4 only)	**Print Name**	**Title**	**Date**

THE MENTOR NETWORK - INCIDENT REPORT
Attorney/Client Privileged and Confidential: Risk Management/Peer Review — **Page 1**

Please PRINT Clearly or Type in Legible Font (10-12) - DO NOT Leave Blanks. Complete All Boxes.

SECTION A: CLIENT/INDIVIDUAL INFORMATION

1. Client/Individual's Name: [redacted]
2. Level: ( ) 1 ( ) 2 ( ) 3 (x) 4
3. Guardian: ( ) Self (x) State ( ) Parent(s) ( ) Other:
4. Log #: [redacted]
5. DOB: [redacted]
6. Age: 4 Years
7. Gender: [redacted]
8. Population: ( ) Adult (18+) (x) Child
9. Service Category: *(Check one)*
   - ( ) Behavioral Health
   - ( ) Juvenile Justice
   - (x) Medically Complex
   - ( ) MR/DD
   - ( ) MR/DD Offender
   - ( ) Acquired Brain Injury
   - ( ) Elder Care
   - ( ) Mental Illness
   - ( ) MR/MI
   - ( ) Education
   - ( ) Other:
10. Date of Admission to MENTOR NETWORK: [redacted]
11. Length of Current Placement/Services:

SECTION B: PROGRAM INFORMATION

12. State: [redacted]
13. City: [redacted]
14. If Acquisition/Partner, specify company name:
15. Program Name: **Children's Program**
16. Service Setting/Model: (check the ONE that most closely fits)
   - ( ) ICF/MR (Intermediate Care Facility)
   - ( ) Group or Shared Living (3+ clients/individuals with 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with 24/7)
   - (x) Mentor Home/ Host Home
   - ( ) Group or Shared Living (3+ clients/individuals with less than 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with less than 24/7)
   - ( ) Home Health Agency Services
   - ( ) Family/School/Home Based Supports (periodic services less than 24/7)
   - ( ) Clinical/Outpatient Therapy/Rehab (OT, PT, Speech)
   - ( ) Day Program
   - ( ) Supported Employment/Vocational
   - ( ) School
   - ( ) Brokerage/Case Management (non-residential)

SECTION C: INCIDENT INFORMATION

17. Date & Time of Incident: [redacted]
18. First Reported to MENTOR NETWORK: [redacted]
   By: *(Name & Title)* [redacted] Foster Parent
19. Location of Incident: *(check one)*
   - (x) Mentor Home (x) Primary ( ) Respite
     Mentor Name: [redacted]
     # of Clients/Individuals Living in Home: 2
   - ( ) Client/Individual's Residence (group home, ICF, apt)
   - ( ) Client/Individual's Biological Family/Guardian Home
   - ( ) Day Program
   - ( ) School
   - ( ) Client/Individual's Place of Employment
   - ( ) Vehicle
   - ( ) Program Office
   - ( ) Community
   - ( ) Other:
20. Outcome of Incident: *(check all that apply)*
   - [ ] Remain in Current Placement
   - [ ] Placement Decision Pending
   - [ ] Client/Individual Placed in Respite
   - [ ] Placement Disrupted (i.e. Client/Individual transferred to new home/ program/placement within MENTOR NETWORK)
   - [ ] Discharged from MENTOR NETWORK
   - [ ] Temporarily or Permanently Closed Mentor Home
   - [ ] Emergency Psychiatric Evaluation (no hospitalization)
   - [ ] Emergency Psychiatric Hospitalization
   - [ ] Emergency Medical Hospitalization
   - [ ] In-school suspension
   - [ ] School Suspension/Expulsion
   - [ ] Client/Individual Arrest/Detention
   - [x] Death
   - [ ] Other:
21. **Summarize in 2-3 sentences the key aspects of the incident for entry into Risk Management database.**

   +Client passed away.

Attorney/Client Privileged and Confidential: Risk Management/Peer Review — Page 2

Client/Individual Name: [redacted] Log #: [redacted]

SECTION D: INCIDENT DESCRIPTORS (check all that apply)

DEATH (death of client/individual is a **Level 4** incident):
( ) Expected Death of Client/Individual
(x) Unexpected Death of Client/Individual

CLIENT/INDIVIDUAL ELOPEMENT/AWOL:
( ) Located at the Time of the Incident Report
( ) Unable to Locate at the Time of the Incident Report
( ) Other:

CARE-TAKER MISCONDUCT:
(Suspected, Alleged or Confirmed)

Caretaker:
[ ] Mentor
[ ] Mentor Family Member
[ ] Staff
[ ] Other Caretaker:

Alleged Misconduct:
[ ] Sexual Boundary/Abuse
[ ] Verbal or Emotional Abuse
[ ] Physical Assault/Abuse
[ ] Corporal/Inappropriate Punishment
[ ] Inappropriate Use of Restraint/Physical Intervention
[ ] Neglect
[ ] Inadequate Supervision
[ ] Criminal Arrest of Caretaker
[ ] Alcohol/Drug Use by Caretaker
[ ] Misuse of Client/Individual's Funds
[ ] Misappropriation/Destruction of Client/Individual Personal Property
[ ] Other:

CLIENT/INDIVIDUAL BEHAVIORAL:
[ ] Self-Injurious Behavior
[ ] Mental Health De-compensation
[ ] Oppositional Behaviors
[ ] Inappropriate Sexual Comments/Threats
[ ] Verbal Threats of Violence
[ ] Exhibitionism/Public Masturbation

MEDICATION INCIDENTS:
[ ] Medication Error
[ ] Missing Controlled Substances
[ ] Serious Adverse Reaction to Medication

MEDICAL INCIDENTS:
[ ] Illness Requiring Medical Treatment
[ ] Deterioration in Existing Medical Condition
[ ] Pregnancy
[ ] Seizure Requiring Emergency Treatment
[ ] UTI
[ ] Bowel Impaction
[ ] Pneumonia
[ ] Pressure Sores
[ ] Other:

CLIENT/INDIVIDUAL INJURY BY:
[ ] Physical Assault by Third Party/Other Individual in our car
[ ] Sexual Assault by Third Party/Other Individual in our care
[ ] Theft by Third Party
[ ] Fall
[ ] Choking
[ ] Bathing/Scalding Related Injuries
[ ] Other Burns
[ ] Vehicle
[ ] Swimming/Near Drowning
[ ] Other Accidental Injury:

SUICIDAL CLIENT/INDIVIDUAL:
[ ] Suicidal Threats or Verbalizations
[ ] Suicidal Attempt or Gesture

EXPOSURE CONTROL INCIDENTS:
[ ] Client/Individual Exposed to Blood Borne Pathogens
[ ] Client/Individual Exposed Third Party to Blood Borne Pathogens

SEXUAL ASSAULT OR INAPPROPRIATE SEXUAL BEHAVIOR BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ]To Mentor's Family Member
[ ] To Other Third Party

PROPERTY DAMAGE BY CLIENT/INDIVIDUAL:
[ ] Property Damage Under $1,000
[ ] Property Damage Over $1,000
[ ] Vehicle Theft
[ ] Fire Setting
[ ] Theft/Shoplifting
[ ] Other:

PHYSICAL ASSAULTS BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ]To Mentor's Family Member
[ ] To Other Third Party
[ ]To Animals (animal cruelty)

POSSESSION OF PROHIBITED MATERIALS: (Defined per client/individual/program)
[ ] Possession of Prohibited Materials (i.e., alcohol, lighter, weapon, pornography, illicit drugs, etc.)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 3

SECTION E: PROGRAMMATIC RESPONSE (Check all that apply)

[ ] Counseling/Training for Staff/Mentor
[ ] ISP/Supervision/Behavioral Plan Developed with Client/Individual
[ ] Internal Investigation Underway
Interventions:
[ ]Physical
[ ]Mechanical
[ ]Seclusions
[ ]Chemical
[ ]Law Enforcement

[ ] Reported to Adult/Child Protective Services
Date:
( ) Substantiated ( ) Unsubstantiate
[ ] Licensing Notified
Date:

[ ] Funding Source Notified
Date:
[x] Family Notified
Date: [redacted]
[x] Guardian Notified
Date: [redacted]
[ ] Law Enforcement/Probation Notified
Date:

Client/Individual Name: [redacted] Log #: [redacted]

22. **SECTION F: CLIENT/INDIVIDUAL HISTORY / DIAGNOSES**

List Client/Individual's current medical and psychiatric diagnoses, behavioral history (e.g. sexually abused, physically aggressive, running, confabulation, etc.), medical history (e.g. seizures, diabetes, etc.) and medications.

CP; MR; seizure D/O; GERD; G-tube; developmental delays.

23. **SECTION G: ANTECEDENT EVENTS**

Briefly describe the Client/Individual's condition and activities prior and leading up to this incident.

Client was not having any unusual health concerns or issues outside of [redacted] diagnoses prior to [redacted] passing. [redacted] was sleeping in the Mentors home.

24. **SECTION H: INCIDENT NARRATIVE**

Describe IN DETAIL the incident in chronological order. Include who, what, where, when and how. Provide information on alleged injuries, interventions and current status. Report involvement of other parties such as law enforcement, emergency medical services, etc. Include sources of information (e.g. "Mentor reported..." or "Staff observed..."). When using names, include title and/or affiliation (i.e. Joan Smith, DCFS Case Manager.).

This worker received a call from the on call service center around [redacted] on [redacted] stating that foster parent was needing a call back due to the passing of her foster child is a medically complexed child with the following diagnoses: cerebral palsy, seizure disorder, g-tube, brain calcifications, scoliosis, hip dysplasia, nissen, GERD, visual impairments, and developmental delays. [redacted] has been placed with the Mentor Network in the specialised foster home of [redacted] since [redacted] This was a pre-adoptive placement and the adoption subsidy was nearing completion. This worker called Ms [redacted] back around [redacted] Ms [redacted] reported that client had woken up around [redacted] was having a fit and [redacted] had [redacted] CPAP mask moved off of [redacted] face which is not unusual as [redacted] does not like the CPAP mask. Foster parent repositioned the mask, calmed client down, and [redacted] went back to sleep. [redacted] remained connected to all of [redacted] monitoring devices. Ms [redacted] then stated that she then fell back to sleep. Ms [redacted] reported that she was woken up by an alarm on clients monitoring devices at [redacted] She found that client was not breathing and was turning blue. She immediately called 911 and began CPR on client. When the paramedicas arrived Ms [redacted] was still performing CPR but client had already passed. The Coroner pronounced [redacted] at [redacted] in [redacted] foster home prior to this passing and this is an unexpected death. [redacted] had recently had a tonillectomy on [redacted] and recovered well from this procedure. Client had attended all follow up appointments related to the surgey and was current with all of [redacted] other medical specialists. Per the coroner, [redacted] [redacted] was not going to complet and autopsy due to Clients severe medical issues and no concerns about other factors contributing to [redacted] death. The coroner determined Clients death to be of natural causes. [redacted] Mentor will seek direction from DCFS and legal related to autopsy. Clients parents no longer have parental rights and [redacted] does not have any contact with family members. A diligent search will be conducted to locate and inform biological parents.

Attorney/Client Privileged and Confidential: Risk Management/Peer Review			Page 4
SECTION I: REVIEWS / SIGNATURES			
Signature of Person Completing Form	**Print Name**	**Title** Child Welfare Specialist	**Date**
Signature of Manager/Director	**Print Name**	**Title** Program Manager	**Date**
Signature	**Print Name**	**Title** Supervisor	**Date**
Signature	**Print Name**	**Title**	**Date**
Signature of State Director (Level 3 and 4 only)	**Print Name**	**Title**	**Date**

THE MENTOR NETWORK - INCIDENT REPORT
Attorney/Client Privileged and Confidential: Risk Management/Peer Review **Page 1**

Please PRINT Clearly or Type in Legible Font (10-12) - DO NOT Leave Blanks. Complete All Boxes.

SECTION A: CLIENT/INDIVIDUAL INFORMATION

1. Client/Individual's Name: [redacted]

2. Level: ( ) 1 ( ) 2 ( ) 3 (x) 4

3. Guardian: ( ) Self (x) State ( ) Parent(s) ( ) Other:

4. Log # [redacted]

5. DOB: [redacted]

6. Age: **5 Months**

7. Gender: [redacted]

8. Population: ( ) Adult (18+) (x) Child

9. Service Category: ***(Check one)***

- ( ) Behavioral Health
- ( ) Juvenile Justice
- (x) Medically Complex
- ( ) MR/DD
- ( ) MR/DD Offender
- ( ) Acquired Brain Injury
- ( ) Elder Care
- ( ) Mental Illness
- ( ) MR/MI
- ( ) Education
- ( ) Other:

10. Date of Admission to MENTOR NETWORK: [redacted]

11. Length of Current Placement/Services: **4 Months**

SECTION B: PROGRAM INFORMATION

12. State: [redacted]

13. City: [redacted]

14. If Acquisition/Partner, specify company name:

15. Program Name: **Medically Complex**

16. Service Setting/Model: **(check the ONE that most closely fits)**

- ( ) ICF/MR (Intermediate Care Facility)
- ( ) Group or Shared Living (3+ clients/individuals with 24/7)
- ( ) Shared or Supported Living (1 or 2 clients/individuals with 24/7)
- (x) Mentor Home/ Host Home
- ( ) Group or Shared Living (3+ clients/individuals with less than 24/7)
- ( ) Shared or Supported Living (1 or 2 clients/individuals with less than 24/7)
- ( ) Home Health Agency Services
- ( ) Family/School/Home Based Supports (periodic services less than 24/7)
- ( ) Clinical/Outpatient Therapy/Rehab (OT, PT, Speech)
- ( ) Day Program
- ( ) Supported Employment/Vocational
- ( ) School
- ( ) Brokerage/Case Management (non-residential)

SECTION C: INCIDENT INFORMATION

17. Date & Time of Incident: [redacted]

18. First Reported to MENTOR NETWORK: [redacted]
By: *(Name & Title)* [redacted] **Foster Parent**

19. Location of Incident: ***(check one)***

- ( ) Mentor Home ( ) Primary ( ) Respite
Mentor Name:
# of Clients/Individuals Living in Home:
- ( ) Client/Individual's Residence (group home, ICF, apt)
- ( ) Client/Individual's Biological Family/Guardian Home
- ( ) Day Program
- ( ) School
- ( ) Client/Individual's Place of Employment
- ( ) Vehicle
- ( ) Program Office
- ( ) Community
- (x) Other: [redacted] **Medical Ce**

20. Outcome of Incident: ***(check all that apply)***

- [ ] Remain in Current Placement
- [ ] Placement Decision Pending
- [ ] Client/Individual Placed in Respite
- [ ] Placement Disrupted (i.e. Client/Individual transferred to new home/ program/placement within MENTOR NETWORK)
- [ ] Discharged from MENTOR NETWORK
- [ ] Temporarily or Permanently Closed Mentor Home
- [ ] Emergency Psychiatric Evaluation (no hospitalization)
- [ ] Emergency Psychiatric Hospitalization
- [ ] Emergency Medical Hospitalization
- [ ] In-school suspension
- [ ] School Suspension/Expulsion
- [ ] Client/Individual Arrest/Detention
- [x] Death
- [ ] Other:

21. **Summarize in 2-3 sentences the key aspects of the incident for entry into Risk Management database.**

+Client passed away at [redacted] Medical center around [redacted]

Attorney/Client Privileged and Confidential: Risk Management/Peer Review — **Page 2**

Client/Individual Name: [redacted] **Log #** [redacted]

SECTION D: INCIDENT DESCRIPTORS (check all that apply)

DEATH (death of client/individual is a Level 4 incident):
(x) Expected Death of Client/Individual
( ) Unexpected Death of Client/Individual

CLIENT/INDIVIDUAL ELOPEMENT/AWOL:
( ) Located at the Time of the Incident Report
( ) Unable to Locate at the Time of the Incident Report
( ) Other:

CLIENT/INDIVIDUAL BEHAVIORAL:
[ ] Self-Injurious Behavior
[ ] Mental Health De-compensation
[ ] Oppositional Behaviors
[ ] Inappropriate Sexual Comments/Threats
[ ] Verbal Threats of Violence
[ ] Exhibitionism/Public Masturbation

CARE-TAKER MISCONDUCT:
(Suspected, Alleged or Confirmed)

Caretaker:
[ ] Mentor
[ ] Mentor Family Member
[ ] Staff
[ ] Other Caretaker:

Alleged Misconduct:
[ ] Sexual Boundary/Abuse
[ ] Verbal or Emotional Abuse
[ ] Physical Assault/Abuse
[ ] Corporal/Inappropriate Punishment
[ ] Inappropriate Use of Restraint/Physical Intervention
[ ] Neglect
[ ] Inadequate Supervision
[ ] Criminal Arrest of Caretaker
[ ] Alcohol/Drug Use by Caretaker
[ ] Misuse of Client/Individual's Funds
[ ] Misappropriation/Destruction of Client/Individual Personal Property
[ ] Other:

MEDICATION INCIDENTS:
[ ] Medication Error
[ ] Missing Controlled Substances
[ ] Serious Adverse Reaction to Medication

MEDICAL INCIDENTS:
[ ] Illness Requiring Medical Treatment
[ ] Deterioration in Existing Medical Condition
[ ] Pregnancy
[ ] Seizure Requiring Emergency Treatment
[ ] UTI
[ ] Bowel Impaction
[ ] Pneumonia
[ ] Pressure Sores
[ ] Other:

CLIENT/INDIVIDUAL INJURY BY:
[ ] Physical Assault by Third Party/Other Individual in our car
[ ] Sexual Assault by Third Party/Other Individual in our care
[ ] Theft by Third Party
[ ] Fall
[ ] Choking
[ ] Bathing/Scalding Related Injuries
[ ] Other Burns
[ ] Vehicle
[ ] Swimming/Near Drowning
[ ] Other Accidental Injury:

SUICIDAL CLIENT/INDIVIDUAL:
[ ] Suicidal Threats or Verbalizations
[ ] Suicidal Attempt or Gesture

EXPOSURE CONTROL INCIDENTS:
[ ] Client/Individual Exposed to Blood Borne Pathogens
[ ] Client/Individual Exposed Third Party to Blood Borne Pathogens

SEXUAL ASSAULT OR INAPPROPRIATE SEXUAL BEHAVIOR BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ]To Mentor's Family Member
[ ] To Other Third Party

PROPERTY DAMAGE BY CLIENT/INDIVIDUAL:
[ ] Property Damage Under $1,000
[ ] Property Damage Over $1,000
[ ] Vehicle Theft
[ ] Fire Setting
[ ] Theft/Shoplifting
[ ] Other:

PHYSICAL ASSAULTS BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ]To Mentor's Family Member
[ ] To Other Third Party
[ ]To Animals (animal cruelty)

POSSESSION OF PROHIBITED MATERIALS: (Defined per client/individual/program)

[ ] Possession of Prohibited Materials (i.e., alcohol, lighter, weapon, pornography, illicit drugs, etc.)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review — Page 3

SECTION E: PROGRAMMATIC RESPONSE (Check all that apply)

[ ] Counseling/Training for Staff/Mentor
[ ] ISP/Supervision/Behavioral Plan Developed with Client/Individual
[ ] Internal Investigation Underway
Interventions:
[ ]Physical
[ ]Mechanical
[ ]Seclusions
[ ]Chemical
[ ]Law Enforcement

[ ] Reported to Adult/Child Protective Services
Date:
( ) Substantiated ( ) Unsubstantiate
[x] Licensing Notified
Date:

[x] Funding Source Notified
Date:
[x] Family Notified
Date:
[x] Guardian Notified
Date:
[ ] Law Enforcement/Probation Notified
Date:

Client/Individual Name: Log #:

22. **SECTION F: CLIENT/INDIVIDUAL HISTORY / DIAGNOSES**

List Client/Individual's current medical and psychiatric diagnoses, behavioral history (e.g. sexually abused, physically aggressive, running, confabulation, etc.), medical history (e.g. seizures, diabetes, etc.) and medications.

Terminally ill with hydranencephaly (fluid replacing brain matter), seizures, hypertonia, and temperature instability. is oxygen and g-tube dependent. is on several medications and requires temperature checks several times a day. receives hospice services but does not yet have a DNR (Do Not Resuscitate) order.

23. **SECTION G: ANTECEDENT EVENTS**

Briefly describe the Client/Individual's condition and activities prior and leading up to this incident.

Client was admitted into the hospital on due to pneumonia. was released on back to the foster parents. The foster parent reported that was breathing fast after being released from the hospital but saturation levels were fine. During the late evening of the foster parent was continuously monitoring client's oxygen saturation levels. saturation level dropped to the 60's which prompted the foster parent to call the paramedics and begin CPR.

24. **SECTION H: INCIDENT NARRATIVE**

Describe IN DETAIL the incident in chronological order. Include who, what, where, when and how. Provide information on alleged injuries, interventions and current status. Report involvement of other parties such as law enforcement, emergency medical services, etc. Include sources of information (e.g. "Mentor reported..." or "Staff observed..."). When using names, include title and/or affiliation (i.e. Joan Smith, DCFS Case Manager.).

On at this writer received a call from client's foster parent, , stating that client was being transported via ambulance to Medical Center to descreased oxygen saturdation levels. This writer received a call from on at stating that client had passed away shortly after arriving to Medical Center. This writer notified program manager on at City DSS on-call worker on at via voicemail at on at , DSS worker via voicemail on at Supervisor via voicemail on at Clinical Coordinator on at and Nurse Specialist on at Also notified of the incident were the DSS attorny, the Hospice worker, and the parents' pastor. On at DSs Supervisor called program Manager to say she and the DSS worker were headed out to the parents' home to speak with them about client's death.

Continue on an additional sheet if necessary. DO NOT WRITE ON BACK OF PAGE)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review			Page 4
SECTION I: REVIEWS / SIGNATURES			
Signature of Person Completing Form	**Print Name**	**Title** Clinical Coordinator	**Date**
Signature of Manager/Director	**Print Name**	**Title**	**Date**
Signature	**Print Name**	**Title**	**Date**
Signature	**Print Name**	**Title**	**Date**
Signature of State Director (Level 3 and 4 only)	**Print Name**	**Title**	**Date**

THE MENTOR NETWORK - INCIDENT REPORT
Attorney/Client Privileged and Confidential; Risk Management/Peer Review **Page 1**

Please PRINT Clearly or Type in Legible Font (10-12) - DO NOT Leave Blanks. Complete All Boxes.

SECTION A: CLIENT/INDIVIDUAL INFORMATION

1. Client/Individual's Name: [redacted]
2. Level: ( ) 1 ( ) 2 (x) 3 ( ) 4
3. Guardian: ( ) Self (x) State ( ) Parent(s) ( ) Other:
4. Log #: [redacted]
5. DOB: [redacted]
6. Age: **2 Years 8 M**
7. Gender: [redacted]
8. Population: ( ) Adult (18+) (x) Child
9. Service Category: *(Check one)*
   - (x) Behavioral Health
   - ( ) Juvenile Justice
   - ( ) Medically Complex
   - ( ) MR/DD
   - ( ) MR/DD Offender
   - ( ) Acquired Brain Injury
   - ( ) Elder Care
   - ( ) Mental Illness
   - ( ) MR/MI
   - ( ) Education
   - ( ) Other:
10. Date of Admission to MENTOR NETWORK: [redacted]
11. Length of Current Placement/Services: **6 Months**

SECTION B: PROGRAM INFORMATION

12. State: [redacted]
13. City: [redacted]
14. If Acquisition/Partner, specify company name:
15. Program Name: **Child Protective Services**
16. Service Setting/Model: (check the ONE that most closely fits)
   - ( ) ICF/MR (Intermediate Care Facility)
   - ( ) Group or Shared Living (3+ clients/individuals with 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with 24/7)
   - (x) Mentor Home/ Host Home
   - ( ) Group or Shared Living (3+ clients/individuals with less than 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with less than 24/7)
   - ( ) Home Health Agency Services
   - ( ) Family/School/Home Based Supports (periodic services less than 24/7)
   - ( ) Clinical/Outpatient Therapy/Rehab (OT, PT, Speech)
   - ( ) Day Program
   - ( ) Supported Employment/Vocational
   - ( ) School
   - ( ) Brokerage/Case Management (non-residential)

SECTION C: INCIDENT INFORMATION

17. Date & Time of Incident: [redacted]
18. First Reported to MENTOR NETWORK: [redacted]
    By: *(Name & Title)* [redacted] **Mentor**
19. Location of Incident: *(check one)*
   - ( ) Mentor Home (x) Primary ( ) Respite
   - **Mentor Name:**
   - **# of Clients/Individuals Living in Home:**
   - ( ) Client/Individual's Residence (group home, ICF, apt)
   - ( ) Client/Individual's Biological Family/Guardian Home
   - ( ) Day Program
   - ( ) School
   - ( ) Client/Individual's Place of Employment
   - ( ) Vehicle
   - ( ) Program Office
   - ( ) Community
   - ( ) Other:
20. Outcome of Incident: *(check all that apply)*
   - [ ] Remain in Current Placement
   - [ ] Placement Decision Pending
   - [ ] Client/Individual Placed in Respite
   - [ ] Placement Disrupted (i.e. Client/Individual transferred to new home/ program/placement within MENTOR NETWORK)
   - [ ] Discharged from MENTOR NETWORK
   - [ ] Temporarily or Permanently Closed Mentor Home
   - [ ] Emergency Psychiatric Evaluation (no hospitalization)
   - [ ] Emergency Psychiatric Hospitalization
   - [x] Emergency Medical Hospitalization
   - [ ] In-school suspension
   - [ ] School Suspension/Expulsion
   - [ ] Client/Individual Arrest/Detention
   - [ ] Death
   - [ ] Other:
21. **Summarize in 2-3 sentences the key aspects of the incident for entry into Risk Management database.**

+ It was reported by foster parent [redacted] that [redacted] fell in the home and hit [redacted] head which led to [redacted] becoming unconscious. EMS was contacted. EMS transported [redacted] to the local hospital in [redacted]

Attorney/Client Privileged and Confidential: Risk Management/Peer Review — Page 2

Client/Individual Name: [redacted] Log #: [redacted]

SECTION D: INCIDENT DESCRIPTORS (check all that apply)

DEATH (death of client/individual is a Level 4 incident):
( ) Expected Death of Client/Individual
( ) Unexpected Death of Client/Individual

CLIENT/INDIVIDUAL ELOPEMENT/AWOL:
( ) Located at the Time of the Incident Report
( ) Unable to Locate at the Time of the Incident Report
( ) Other:

CARE-TAKER MISCONDUCT:
(Suspected, Alleged or Confirmed)

Caretaker:
[x] Mentor
[ ] Mentor Family Member
[ ] Staff
[ ] Other Caretaker:

Alleged Misconduct:
[ ] Sexual Boundary/Abuse
[ ] Verbal or Emotional Abuse
[x] Physical Assault/Abuse
[ ] Corporal/Inappropriate Punishment
[ ] Inappropriate Use of Restraint/Physical Intervention
[ ] Neglect
[ ] Inadequate Supervision
[ ] Criminal Arrest of Caretaker
[ ] Alcohol/Drug Use by Caretaker
[ ] Misuse of Client/Individual's Funds
[ ] Misappropriation/Destruction of Client/Individual Personal Property
[ ] Other:

CLIENT/INDIVIDUAL BEHAVIORAL:
[ ] Self-Injurious Behavior
[ ] Mental Health De-compensation
[ ] Oppositional Behaviors
[ ] Inappropriate Sexual Comments/Threats
[ ] Verbal Threats of Violence
[ ] Exhibitionism/Public Masturbation

MEDICATION INCIDENTS:
[ ] Medication Error
[ ] Missing Controlled Substances
[ ] Serious Adverse Reaction to Medication

MEDICAL INCIDENTS:
[x] Illness Requiring Medical Treatment
[ ] Deterioration in Existing Medical Condition
[ ] Pregnancy
[ ] Seizure Requiring Emergency Treatment
[ ] UTI
[ ] Bowel Impaction
[ ] Pneumonia
[ ] Pressure Sores
[x] Other: **emergency hospitalization**

CLIENT/INDIVIDUAL INJURY BY:
[ ] Physical Assault by Third Party/Other Individual in our car
[ ] Sexual Assault by Third Party/Other Individual in our care
[ ] Theft by Third Party
[ ] Fall
[ ] Choking
[ ] Bathing/Scalding Related Injuries
[ ] Other Burns
[ ] Vehicle
[ ] Swimming/Near Drowning
[ ] Other Accidental Injury:

SUICIDAL CLIENT/INDIVIDUAL:
[ ] Suicidal Threats or Verbalizations
[ ] Suicidal Attempt or Gesture

EXPOSURE CONTROL INCIDENTS:
[ ] Client/Individual Exposed to Blood Borne Pathogens
[ ] Client/Individual Exposed Third Party to Blood Borne Pathogens

SEXUAL ASSAULT OR INAPPROPRIATE SEXUAL BEHAVIOR BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party

PROPERTY DAMAGE BY CLIENT/INDIVIDUAL:
[ ] Property Damage Under $1,000
[ ] Property Damage Over $1,000
[ ] Vehicle Theft
[ ] Fire Setting
[ ] Theft/Shoplifting
[ ] Other:

PHYSICAL ASSAULTS BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party
[ ] To Animals (animal cruelty)

POSSESSION OF PROHIBITED MATERIALS: (Defined per client/individual/program)
[ ] Possession of Prohibited Materials (i.e., alcohol, lighter, weapon, pornography, illicit drugs, etc.)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 3

SECTION E: PROGRAMMATIC RESPONSE (Check all that apply)

[x] Counseling/Training for Staff/Mentor
[ ] ISP/Supervision/Behavioral Plan Developed with Client/Individual
[ ] Internal Investigation Underway
Interventions:
[ ]Physical
[ ]Mechanical
[ ]Seclusions
[ ]Chemical
[ ]Law Enforcement

[x] Reported to Adult/Child Protective Services
Date:
( ) Substantiated ( ) Unsubstantiate
[ ] Licensing Notified
Date:

[x] Funding Source Notified
Date:
[ ] Family Notified
Date:
[ ] Guardian Notified
Date:
[ ] Law Enforcement/Probation Notified
Date:

Client/Individual Name: **Log #:**

22. **SECTION F: CLIENT/INDIVIDUAL HISTORY / DIAGNOSES**

List Client/Individual's current medical and psychiatric diagnoses, behavioral history (e.g. sexually abused, physically aggressive, running, confabulation, etc.), medical history (e.g. seizures, diabetes, etc.) and medications.

No medical diagnosis.

23. **SECTION G: ANTECEDENT EVENTS**

Briefly describe the Client/Individual's condition and activities prior and leading up to this incident.

was at the foster home with foster mother.

24. **SECTION H: INCIDENT NARRATIVE**

Describe IN DETAIL the incident in chronological order. Include who, what, where, when and how. Provide information on alleged injuries, interventions and current status. Report involvement of other parties such as law enforcement, emergency medical services, etc. Include sources of information (e.g. "Mentor reported..." or "Staff observed..."). When using names, include title and/or affiliation (i.e. Joan Smith, DCFS Case Manager.).

At in the evening of on call Mentor team member contact PD to report Mentor called the on call phone to report that had fallen in the home, hitting head, causing to be unconscious. Mentor contacted EMS. EMS arrived at the residence and transported to the local hospital. was air flighted to Hospital in where remains in PICU at this time. PD contacted the CPS hotline on PD also made contact with CPS caseworker and supervisor to advise them of the situation involving . Law enforcement is investigating the cause of the injuries.

Continue on an additional sheet if necessary. DO NOT WRITE ON BACK OF PAGE)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review			Page 4
SECTION I: REVIEWS / SIGNATURES			
Signature of Person Completing Form	**Print Name**	**Title** PD	**Date**
Signature of Manager/Director	**Print Name**	**Title** AD	**Date**
Signature	**Print Name**	**Title**	**Date**
Signature	**Print Name**	**Title**	**Date**
Signature of State Director (Level 3 and 4 only)	**Print Name**	**Title**	**Date**