



PACE Quality Monitoring & Reporting HPMS Quality Data Selection Values

April 2018

Appendix 1: Appeals

Source

1. Caregiver
2. Family
3. Participant

Appeal Type

1. Decreased Center Attendance
2. Denial of Enrollment
3. Dentures
4. Durable Medical Equipment
5. Glasses
6. Hearing Aid
7. Home Modification(s)
8. Increased Center Attendance
9. Increased Home Care
10. Involuntary Disenrollment
11. Medical Procedure
12. Medical Supplies
13. Nursing Facility Placement - Long Term
14. Nursing Facility Placement - Respite
15. Nursing Facility Placement - Short Term
16. Specialist Consultation or Visit
17. Surgical Procedure
18. Transportation
19. Other

Resolution

1. Approved
2. Denied

Appendix 2: Emergency Room Visits

Admission to Hospital

1. Yes
2. No
3. Observation Stay

Participant Living Situation

1. Assisted Living With Staff on Duty
2. Nursing Facility - Long Term
3. Nursing Facility - Short Term
4. Private Home/Apartment - Alone
5. Private Home/Apartment - With Family/Caregiver
6. Private Home/Apartment - With Roommate
7. Supportive Housing - Alone with Staff on Duty
8. Supportive Housing - With Caregiver
9. Supportive Housing - With Roommate

Participant's Outcome*

1. Change in Plan of Care
2. Discharged to a higher level of care
3. Discharged to Home
4. DME(medical equipment) provided
5. Hospital Admission
6. Medication changes
7. New Diagnosis
8. No new diagnoses or interventions
9. Reassessment by Member(s) of IDT
10. Referral for PCP follow-up
11. Referral for Specialist follow-up

Has this Participant had repeat ER Visits

1. Yes
2. No

Appendix 3: Grievances

Source

1. Caregiver
2. Family
3. Participant

Location

1. Alternative Care Setting
2. Assisted Living Facility
3. Contracted Physician's Office
4. Hospital
5. Inpatient Hospice
6. Nursing Facility
7. PACE Center
8. Participant Home

Grievance Type

1. Activities
2. Communication
3. Contracted Specialist
4. Contracted Facility (Hospital, SNF, etc.)
5. Dietary
6. Disenrollment
7. Enrollment
8. Home Care
9. Marketing
10. Medical Care
11. Medication
12. PACE Services
13. Supplies
14. Transportation
15. Other

Specific Issue

Please note that the Specific Issue selected must agree with the Grievance Type.

Grievance Type	Specific Issue
Activities	Activities are Not Age or Ability Appropriate Dissatisfied with Frequency of Activities Dissatisfied with the Quantity of Activities Dissatisfied with the Variety or Type of Activities Requesting Activities Outside of the Center (Trips) Requesting more Activities for Men Other
Communication	Call(s) Not Returned Communication is Unclear Difficulty Contacting On-call Difficulty Contacting the PACE Center during center hours Not Informed of Appointment(s) in a timely manner Not Informed of Appointment(s) outside of PACE center Not Informed of Changes in the Participant's Condition Not Informed of Changes to Home Care Schedule Not Informed of Changes to Medication Not Informed of Changes to Scheduled Appointment(s) Rude Behavior/Communication Staff is Inattentive Other
Contracted Specialist	Dissatisfied with the Care Provided Dissatisfied with how Toenails were Cut Length of Time to Receive Dentures Length of Time to Receive Glasses Length of Time to Schedule an Appointment Physician Behavior (rude behavior) Records were not Sent to Specialist Prior to Appointment Specialist Appointment was not Made Time in Waiting Room Other
Contracted Facility (Hospital, SNF, etc.)	Availability of Staff to Provide Assistance Cleanliness of the Facility Did not Provide for Participant ADLs Missing Clothes or Personal Items Participant Left in Bed Too Long Quality of Care at the Facility

Report of Abuse
 Staff Behavior (rude behavior)
 Staffing
 Other

Dietary

All Participants at Table are not Served at the Same Time
 Dissatisfied with Alternate Selections
 Dissatisfied with Physician Prescribed Diet
 Dissatisfied with Selection or Variety of Foods (include snacks, ethnic foods, etc.)
 Dissatisfied with Sugar-free Food Items
 Food Temperature is Too Cold
 Food Temperature is Too Hot
 Foreign Object
 Not Allowed to Bring Food from Home
 Not Allowed to Use Salt or Pepper
 Not Enough Assistance from Staff During Meals
 Quality of Food
 Staff Hand Washing/Infection Control
 Wait Time for Food Service is Too Long
 Other

Disenrollment

Dissatisfied with how Care was Coordinated with New Provider(s)
 New Provider did not Receive Medical Records from the PACE Organization
 Other

Enrollment

Dissatisfied with Cost
 Not Aware of the Need to Utilize the PACE Organization's Provider Network
 Unaware of Participant liability
 Other

Home Care

Dissatisfied with Staff Behavior (rude behavior)
 Dissatisfied with Staff Member Assigned to Perform Home Care
 Missed Appointment
 Report of Abuse
 Report of Missing Items
 Requesting a Decrease in Home Care
 Requesting Additional Home Care
 Staff does not have Enough Time to Complete Tasks
 Staff Early for Appointment
 Staff Late for Appointment
 Staff not Aware of Tasks to be Completed
 Staff Unable to Enter the Home/Access Lock Box

Tasks were not Completed
 Unable to Hear or Understand Staff Member
 Other

Marketing	
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PACE Organization Misrepresented Available Services
 PACE Organization's Marketing is Misleading
 Other

Medical Care	
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Activity Interrupted to Complete Clinic Visit
 Activity Interrupted to Complete Therapy
 Disagreement with Diagnosis or Treatment
 Dissatisfied with Frequency of Clinic Visits - Too Few
 Dissatisfied with Wait Time in the Clinic
 Insufficient Privacy in the Clinic
 Insufficient Privacy when Receiving Personal Care
 Insufficient Staff in Clinic
 Insufficient Staff in PT/OT Area
 OT/PT Area is Too Small
 Pain is not Addressed by the Clinical Staff
 Personal Care is Rushed
 Physician does not Listen to Participant Concerns
 Other

Medication	
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Disagreement with Medication Regimen
 Medication Error
 Medication is Missing
 Medication is not Administered in a Private Setting
 Medication is not Available
 Medication was Discontinued
 Medication was not Delivered to Home
 Requested Medication was not Provided
 Other

PACE Services	
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Dissatisfied with Ability to Obtain Routine Dental Care
 Dissatisfied with Ability to Obtain Routine Hearing Services
 Dissatisfied with Ability to Obtain Routine Vision Care
 Dissatisfied with Availability of Specialist Services
 Dissatisfied with Center Attendance - Too Few Days
 Dissatisfied with Center Attendance - Too Many Days
 Dissatisfied with Provider Network - Homecare Providers
 Dissatisfied with Provider Network - Hospitals
 Dissatisfied with Provider Network - Nursing Facilities
 Dissatisfied with Provider Network - Specialists
 Other

Supplies	
	Dissatisfied with Quality of Supplies Insufficient Quantity of Supplies Participant Privacy Issue Supplies were not Delivered to Home Other
Transportation	
	Arrives Too Early Cannot Take Wheelchair on Van Complaint of Discomfort Condition of the Vehicle Dissatisfied with Driver's Speed or Driving Late Pickup Length of Ride Too Long Missed Pick-up Not Aware of Change in Pick-up Time Not Enough Room on Van when Supplies are Being Delivered Other participants Behavior on the Van Participant arrived at Home in Soiled Clothing Temperature on Van is Too Hot/Cold Van Crowded Other
Other	
	Other

Appendix 4: Falls Without Injury

Location of Fall

1. Alternative Care Setting - Activity Area
2. Alternative Care Setting - Bathroom
3. Alternative Care Setting - Dining Room
4. Alternative Care Setting - Hallway
5. Alternative Care Setting - Outside
6. Assisted Living - Outside
7. Assisted Living Facility - Bathroom
8. Assisted Living Facility - Bedroom
9. Assisted Living Facility - Day Room/Activity Area
10. Assisted Living Facility - Dining Room
11. Assisted Living Facility - Hallway
12. Assisted Living Facility - Therapy
13. Caregiver/Family/Friend - Home
14. Community - Indoors
15. Community - Outdoors
16. Participant Home - Basement
17. Participant Home - Bathroom
18. Participant Home - Bedroom
19. Participant Home - Dining Room
20. Participant Home - Hallway
21. Participant Home - Kitchen
22. Participant Home - Living Room
23. Participant Home - Outside
24. Participant Home - Stairs
25. Hospital - Bathroom
26. Hospital - Bedroom
27. Hospital - ER
28. Hospital - Exam Room
29. Hospital - Hallway
30. Hospital - Imaging (CT, MRI, X-ray)
31. Hospital - Therapy
32. Inpatient Hospice
33. Nursing Facility - Activity Area
34. Nursing Facility - Bathroom
35. Nursing Facility - Bedroom

36. Nursing Facility - Dining Room
37. Nursing Facility - Hallway
38. Nursing Facility - Outside
39. Nursing Facility - Therapy
40. PACE Center - Activity Area
41. PACE Center - Bathroom
42. PACE Center - Clinic
43. PACE Center - Dining Room
44. PACE Center - Hallway
45. PACE Center - Outside
46. PACE Center - Therapy
47. PACE Transportation - Fell while Entering or Exiting a Vehicle
48. PACE Transportation - Fell while on the Vehicle
49. Other - Provide Additional Details

Time of Fall

1. AM
2. PM
3. Unknown

Contributing Factors*

1. Dizziness
2. Environment in Disrepair
3. Fainted
4. Found on Floor
5. Hypoglycemia
6. Hypotension
7. Improper Footwear
8. Improper Transfer - Caregiver
9. Improper Transfer - Family Member
10. Improper Transfer - PACE Contractor
11. Improper Transfer - PACE Staff
12. Loss of Balance
13. Lost Balance because Items were not Properly Stored
14. Lost Balance because Legs Gave Out/Buckled
15. Lost Balance Because Location was in Disrepair
16. Muscle Weakness
17. Needed to Use the Restroom

18. Not using DME (Cane or Walker)
19. Participant Attempted to Transfer without Assistance
20. Participant Unbuckled Seatbelt
21. Seatbelt not Buckled
22. Syncope
23. Tripped on Rug
24. Tripped Over Object
25. Uneven Pavement
26. Unknown
27. Other

Actions Taken *

1. Family/Caregiver Education
2. Home Care Assessment
3. Implemented a New Policy
4. Implemented Falls Prevention Programs in Center
5. Increased PT or OT
6. Initiated Contractor Oversight
7. Initiated Quality Improvement Activities
8. Medication Evaluation/Change
9. Modified Assisted Living Facility Environment
10. Modified Hospital Environment
11. Modified Nursing Facility Environment
12. Modified PACE Center environment
13. Modified the Participant's Home Environment
14. OT Assessment
15. Participant Education
16. PCP Assessment
17. PT Assessment
18. Revised Existing Policy
19. Replaced Existing DME
20. RN Assessment
21. Staff Education
22. Supplied the Participant with New DME
23. Other

Appendix 5: Medication Administration Errors

Location of Incident

1. Alternative Care Setting
2. Assisted Living Facility
3. Hospital
4. Inpatient Hospice
5. Nursing Facility
6. PACE Center
7. Participant Home

Type of Medication Error

1. Medication Administered - Incorrect Route
2. Medication Administered - Incorrect Dose
3. Medication Administered - Incorrect Medication
4. Medication Administered - Incorrect Time
5. Medication not Administered - Dispensed to wrong Participant
6. Medication not Administered - Dose Omitted
7. Medication not Administered - Incorrect Dose Dispensed to Participant
8. Medication not Administered - Incorrect Medication Dispensed to Participant
9. Medication not Administered - Medication Incorrectly Labeled

Contributing Factors*

1. Change in Method of Delivery
2. Change in Pharmacy Provider
3. Communication between PACE Inpatient Hospice
4. Communication between PACE Organization and ACS
5. Communication between PACE Organization and Assisted Living Facility
6. Communication between PACE Organization and Hospital
7. Communication between PACE Organization and Nursing Facility
8. Communication between PACE Organization and Pharmacy
9. Medication Administered by staff not Permitted to Administer Medication
10. New Staff Member
11. Order Transcription Error
12. Participant ID Error
13. Pharmacy Error
14. Physician Prescription Error
15. Similar Name
16. Staff Error

17. Other - Provide Additional Details

Actions Taken*

1. Amended Current Policy
2. Change in Contracted Provider
3. Change to Medication Administration Process
4. Change to Participant Identification Process
5. Changes to Medication Prescription Process
6. Changes to Medication Transcription Process
7. Contractor Education
8. Implemented a New Medication Delivery System
9. Implemented a New Policy
10. Implemented Additional Contractor Oversight
11. Implemented Quality Improvement Activities
12. Increase Home Care
13. Increased Center Attendance
14. PCP Assessment
15. Requested a Corrective Action Plan from Contracted Provider
16. RN Assessment
17. Staff Education
18. Other - Provide Additional Details

Appendix 6: Abuse Dropdowns

Location of Incident

4. Alternative Care Setting
5. Assisted Living Facility
6. Caregiver/Family/Friend Home
7. Community
8. Contracted Facility or Provider - Not Listed Above
9. Hospital
10. Inpatient Hospice
11. Nursing Facility
12. PACE Center
13. Participant Home
14. Supported Living Environment - Not Listed Above

Was the Participant Hospitalized

1. No
2. Yes – Admitted
3. Yes – Emergency Room Only
4. Yes – Observation Only

Participant's Current Status

1. Assisted Living Facility - Deteriorating
2. Assisted Living Facility - Improving
3. Assisted Living Facility - Stable
4. Caregiver/Family/Friend - Deteriorating
5. Caregiver/Family/Friend - Improving
6. Caregiver/Family/Friend – Stable
7. Deceased
8. Hospice - Critical
9. Hospice - Deteriorating
10. Hospice - Improving
11. Hospice - Stable
12. Hospitalized - Critical
13. Hospitalized - Deteriorating
14. Hospitalized - Improving
15. Hospitalized - Stable
16. Nursing Facility - Critical
17. Nursing Facility - Deteriorating

18. Nursing Facility - Improving
19. Nursing Facility - Stable
20. Participant Home - Deteriorating
21. Participant Home - Improving
22. Participant Home - Stable
23. Temporary Housing - Deteriorating
24. Temporary Housing - Improving
25. Temporary Housing - Stable

Type of Abuse

3. Abandonment
4. Emotional/Psychological Abuse
5. Financial Abuse
6. Neglect
7. Physical Abuse
8. Verbal Abuse
9. Sexual Abuse

Person Accused of Abuse

1. Caregiver - Family Member other than Spouse
2. Caregiver - Unrelated
3. Employee of Contracted Provider
4. Employee of the PACE Organization
5. Family Member - Not a Caregiver
6. PACE Participant
7. Person with No Relation/Connection to Participant
8. Spouse
9. Unknown

Was Compliance Maintained with Plan of Care

1. Yes
2. No
3. Unknown

Was Compliance Maintained with Participant's Medications

1. Yes
2. No
3. Unknown

Was the Participant Receiving Mental Health or Substance Abuse Service Prior to the Incident

1. Yes
2. No

Was Adult Protective Services Notified

1. Yes
2. No

Appendix 7: Adverse Drug Reaction

Location of Incident

1. Alternative Care Setting
2. Assisted Living Facility
3. Caregiver/Family/Friend Home
4. Community
5. Contracted Facility or Provider - Not Listed Above
6. Hospital
7. Inpatient Hospice
8. Nursing Facility
9. PACE Center
10. Participant Home
11. Supported Living Environment - Not Listed Above

Was the Participant Hospitalized

1. No
2. Yes – Admitted
3. Yes – Emergency Room Only
4. Yes – Observation Only

Participant's Current Status

1. Assisted Living Facility - Deteriorating
2. Assisted Living Facility - Improving
3. Assisted Living Facility - Stable
4. Caregiver/Family/Friend - Deteriorating
5. Caregiver/Family/Friend - Improving
6. Caregiver/Family/Friend – Stable
7. Deceased
8. Hospice - Critical
9. Hospice - Deteriorating
10. Hospice - Improving
11. Hospice - Stable
12. Hospitalized - Critical
13. Hospitalized - Deteriorating
14. Hospitalized - Improving
15. Hospitalized - Stable
16. Nursing Facility - Critical
17. Nursing Facility - Deteriorating

18. Nursing Facility - Improving
19. Nursing Facility - Stable
20. Participant Home - Deteriorating
21. Participant Home - Improving
22. Participant Home - Stable
23. Temporary Housing - Deteriorating
24. Temporary Housing - Improving
25. Temporary Housing – Stable
26. Unknown

Appendix 8: Adverse Outcome

Location of Incident

1. Alternative Care Setting
2. Assisted Living Facility
3. Caregiver/Family/Friend Home
4. Community
5. Contracted Facility or Provider - Not Listed Above
6. Hospital
7. Inpatient Hospice
8. Nursing Facility
9. PACE Center
10. Participant Home
11. Supported Living Environment - Not Listed Above

Was the Participant Hospitalized

1. No
2. Yes – Admitted
3. Yes – Emergency Room Only
4. Yes – Observation Only

Participant's Current Status

1. Assisted Living Facility - Deteriorating
2. Assisted Living Facility - Improving
3. Assisted Living Facility - Stable
4. Caregiver/Family/Friend - Deteriorating
5. Caregiver/Family/Friend - Improving
6. Caregiver/Family/Friend – Stable
7. Deceased
8. Hospice - Critical
9. Hospice - Deteriorating
10. Hospice - Improving
11. Hospice - Stable
12. Hospitalized - Critical
13. Hospitalized - Deteriorating
14. Hospitalized - Improving
15. Hospitalized - Stable
16. Nursing Facility - Critical
17. Nursing Facility - Deteriorating

18. Nursing Facility - Improving
19. Nursing Facility - Stable
20. Participant Home - Deteriorating
21. Participant Home - Improving
22. Participant Home - Stable
23. Temporary Housing - Deteriorating
24. Temporary Housing - Improving
25. Temporary Housing – Stable
26. Unknown

Appendix 9: Burns 2nd Degree or Higher

Location of Incident

1. Alternative Care Setting – Activity Area
2. Alternative Care Setting – Bathroom
3. Alternative Care Setting – Dining Room
4. Alternative Care Setting – Hallway
5. Alternative Care Setting – Outside
6. Assisted Living – Outside
7. Assisted Living Facility – Bathroom
8. Assisted Living Facility – Bedroom
9. Assisted Living Facility – Day Room/Activity Area
10. Assisted Living Facility – Dining Room
11. Assisted Living Facility – Hallway
12. Assisted Living Facility – Therapy
13. Caregiver/Family/Friend – Home
14. Community - Indoors
15. Community – Outdoors
16. Contracted Facility or Provider - Not Listed Above
17. Hospital – Bathroom
18. Hospital – Bedroom
19. Hospital – ER
20. Hospital – Exam Room
21. Hospital – Hallway
22. Hospital – Imaging (CT, MRI, x-ray)
23. Hospital – Therapy
24. Inpatient Hospice
25. Nursing Facility – Activity Area
26. Nursing Facility – Bathroom
27. Nursing Facility – Bedroom
28. Nursing Facility – Dining Room
29. Nursing Facility – Hallway
30. Nursing Facility - Outside
31. Nursing Facility – Therapy
32. PACE Center – Activity Area
33. PACE Center – Bathroom
34. PACE Center – Clinic

35. PACE Center – Dining Room
36. PACE Center – Hallway
37. PACE Center – Outside
38. PACE Center – Therapy
39. Participant Home – Basement
40. Participant Home – Bathroom
41. Participant Home – Bedroom
42. Participant Home – Dining Room
43. Participant Home – Hallway
44. Participant Home – Kitchen
45. Participant Home – Living Room
46. Participant Home - Outside
47. Supported Living Environment - Not Listed Above

Was the Participant Hospitalized

4. No
5. Yes – Admitted
6. Yes – Emergency Room Only
7. Yes – Observation Only

Participant's Current Status

1. Assisted Living Facility - Deteriorating
2. Assisted Living Facility - Improving
3. Assisted Living Facility - Stable
4. Caregiver/Family/Friend - Deteriorating
5. Caregiver/Family/Friend - Improving
6. Caregiver/Family/Friend – Stable
7. Deceased
8. Hospice - Critical
9. Hospice - Deteriorating
10. Hospice - Improving
11. Hospice - Stable
12. Hospitalized - Critical
13. Hospitalized - Deteriorating
14. Hospitalized - Improving
15. Hospitalized - Stable
16. Nursing Facility - Critical
17. Nursing Facility - Deteriorating
18. Nursing Facility - Improving

19. Nursing Facility - Stable
20. Participant Home - Deteriorating
21. Participant Home - Improving
22. Participant Home - Stable
23. Temporary Housing - Deteriorating
24. Temporary Housing - Improving
25. Temporary Housing - Stable

Appendix 10: Unexpected Deaths

Location of Incident

1. Alternative Care Setting
2. Assisted Living Facility
3. Caregiver/Family/Friend Home
4. Community
5. Contracted Facility or Provider - Not Listed Above
6. Hospital
7. Inpatient Hospice
8. Nursing Facility
9. PACE Center
10. Participant Home
11. Supported Living Environment - Not Listed Above

Was the Participant Hospitalized

1. No
2. Yes – Admitted
3. Yes – Emergency Room Only
4. Yes – Observation Only

Participant's Current Status

1. Deceased
2. Medical Examiner-Post-Mortem Exam

Appendix 11: Elopement

Location of Incident

1. Alternative Care Setting
2. Assisted Living Facility
3. Caregiver/Family/Friend Home
4. Community
5. Contracted Facility or Provider - Not Listed Above
6. Hospital
7. Inpatient Hospice
8. Nursing Facility
9. PACE Center
10. Participant Home
11. Supported Living Environment - Not Listed Above

Time of Incident

1. AM
2. PM
3. Unknown

Was the Participant Hospitalized

1. No
2. Yes – Admitted
3. Yes – Emergency Room Only
4. Yes – Observation Only

Participant's Current Status

1. Assisted Living Facility - Deteriorating
2. Assisted Living Facility - Improving
3. Assisted Living Facility - Stable
4. Caregiver/Family/Friend - Deteriorating
5. Caregiver/Family/Friend - Improving
6. Caregiver/Family/Friend – Stable
7. Deceased
8. Hospice - Critical
9. Hospice - Deteriorating
10. Hospice - Improving
11. Hospice - Stable
12. Hospitalized - Critical
13. Hospitalized - Deteriorating

14. Hospitalized - Improving
15. Hospitalized - Stable
16. Nursing Facility - Critical
17. Nursing Facility - Deteriorating
18. Nursing Facility - Improving
19. Nursing Facility - Stable
20. Participant Home - Deteriorating
21. Participant Home - Improving
22. Participant Home – Stable
23. Participant Still Missing
24. Temporary Housing - Deteriorating
25. Temporary Housing - Improving
26. Temporary Housing - Stable

Appendix 12: Equipment-Related Occurrences

Location of Incident

1. Alternative Care Setting
2. Assisted Living Facility
3. Caregiver/Family/Friend Home
4. Community
5. Contracted Facility or Provider - Not Listed Above
6. Hospital
7. Inpatient Hospice
8. Nursing Facility
9. PACE Center
10. Participant Home
11. Supported Living Environment - Not Listed Above

Was the Participant Hospitalized

1. No
2. Yes – Admitted
3. Yes – Emergency Room Only
4. Yes – Observation Only

Participant's Current Status

1. Assisted Living Facility - Deteriorating
2. Assisted Living Facility - Improving
3. Assisted Living Facility - Stable
4. Caregiver/Family/Friend - Deteriorating
5. Caregiver/Family/Friend - Improving
6. Caregiver/Family/Friend – Stable
7. Deceased
8. Hospice - Critical
9. Hospice - Deteriorating
10. Hospice - Improving
11. Hospice - Stable
12. Hospitalized - Critical
13. Hospitalized - Deteriorating
14. Hospitalized - Improving
15. Hospitalized - Stable
16. Nursing Facility - Critical
17. Nursing Facility - Deteriorating

18. Nursing Facility - Improving
19. Nursing Facility - Stable
20. Participant Home - Deteriorating
21. Participant Home - Improving
22. Participant Home - Stable
23. Temporary Housing - Deteriorating
24. Temporary Housing - Improving
25. Temporary Housing - Stable

Appendix 13: Falls With Injury

Location of Incident

1. Alternative Care Setting – Activity Area
2. Alternative Care Setting – Bathroom
3. Alternative Care Setting – Dining Room
4. Alternative Care Setting – Hallway
5. Alternative Care Setting – Outside
6. Alternative Care Setting – Stairs
7. Assisted Living – Outside
8. Assisted Living – Stairs
9. Assisted Living Facility – Bathroom
10. Assisted Living Facility – Bedroom
11. Assisted Living Facility – Day Room/Activity Area
12. Assisted Living Facility – Dining Room
13. Assisted Living Facility – Hallway
14. Assisted Living Facility – Therapy
15. Caregiver/Family/Friend – Home
16. Community - Indoors
17. Community – Outdoors
18. Contracted Facility or Provider - Not Listed Above
19. Hospital – Bathroom
20. Hospital – Bedroom
21. Hospital – ER
22. Hospital – Exam Room
23. Hospital – Hallway
24. Hospital – Imaging (CT, MRI, x-ray)
25. Hospital – Stairs
26. Hospital – Therapy
27. Inpatient Hospice
28. Nursing Facility – Activity Area
29. Nursing Facility – Bathroom
30. Nursing Facility – Bedroom
31. Nursing Facility – Dining Room
32. Nursing Facility – Hallway
33. Nursing Facility - Outside
34. Nursing Facility - Stairs

35. Nursing Facility – Therapy
36. PACE Center – Activity Area
37. PACE Center – Bathroom
38. PACE Center – Clinic
39. PACE Center – Dining Room
40. PACE Center – Hallway
41. PACE Center – Outside
42. PACE Center – Stairs
43. PACE Center – Therapy
44. PACE Transportation – Fell while Entering or Exiting a Vehicle
45. PACE Transportation – Fell while on the Vehicle
46. Participant Home – Basement
47. Participant Home – Bathroom
48. Participant Home – Bedroom
49. Participant Home – Dining Room
50. Participant Home – Hallway
51. Participant Home – Kitchen
52. Participant Home – Living Room
53. Participant Home - Outside
54. Participant Home – Stairs
55. Supported Living Environment - Not Listed Above

Was the Participant Hospitalized

1. No
2. Yes – Admitted
3. Yes – Emergency Room Only
4. Yes – Observation Only

Participant's Current Status

1. Assisted Living Facility - Deteriorating
2. Assisted Living Facility - Improving
3. Assisted Living Facility - Stable
4. Caregiver/Family/Friend - Deteriorating
5. Caregiver/Family/Friend - Improving
6. Caregiver/Family/Friend – Stable
7. Deceased
8. Hospice - Critical
9. Hospice - Deteriorating
10. Hospice - Improving

11. Hospice - Stable
12. Hospitalized - Critical
13. Hospitalized - Deteriorating
14. Hospitalized - Improving
15. Hospitalized - Stable
16. Nursing Facility - Critical
17. Nursing Facility - Deteriorating
18. Nursing Facility - Improving
19. Nursing Facility - Stable
20. Participant Home - Deteriorating
21. Participant Home - Improving
22. Participant Home - Stable
23. Temporary Housing - Deteriorating
24. Temporary Housing - Improving
25. Temporary Housing - Stable

Appendix 14: Fires/Other Disasters

Disaster Type(s)

1. Active Shooter
2. Blizzard
3. Building failure (heat, a/c, electricity) that causes closure
4. Chemical Spill
5. Earthquake
6. Fire
7. Heavy Rain/Flood
8. Hurricane
9. Ice Storm
10. Power Outage
11. Tornado
12. Other

Location of Incident

1. Alternative Care Setting
2. Assisted Living Facility
3. Caregiver/Family/Friend Home
4. Community
5. Contracted Facility or Provider - Not Listed Above
6. Hospital
7. Inpatient Hospice
8. Nursing Facility
9. PACE Center
10. Participant Home
11. Supported Living Environment - Not Listed Above

Was the Participant Hospitalized

1. No
2. Yes – Admitted
3. Yes – Emergency Room Only
4. Yes – Observation Only

Participant's Current Status

1. Assisted Living Facility - Deteriorating
2. Assisted Living Facility - Improving
3. Assisted Living Facility - Stable
4. Caregiver/Family/Friend - Deteriorating

5. Caregiver/Family/Friend - Improving
6. Caregiver/Family/Friend – Stable
7. Deceased
8. Hospice - Critical
9. Hospice - Deteriorating
10. Hospice - Improving
11. Hospice - Stable
12. Hospitalized - Critical
13. Hospitalized - Deteriorating
14. Hospitalized - Improving
15. Hospitalized - Stable
16. Nursing Facility - Critical
17. Nursing Facility - Deteriorating
18. Nursing Facility - Improving
19. Nursing Facility - Stable
20. Participant Home - Deteriorating
21. Participant Home - Improving
22. Participant Home - Stable
23. Temporary Housing - Deteriorating
24. Temporary Housing - Improving
25. Temporary Housing - Stable

Appendix 15: Foodborne Outbreak

Was the Participant Hospitalized

1. No
2. Yes – Admitted
3. Yes – Emergency Room Only
4. Yes – Observation Only

Location of Incident

1. Alternative Care Setting
2. Assisted Living Facility
3. Caregiver/Family/Friend Home
4. Community
5. Contracted Facility or Provider - Not Listed Above
6. Hospital
7. Inpatient Hospice
8. Nursing Facility
9. PACE Center
10. Participant Home
11. Supported Living Environment - Not Listed Above

Participants' Current Status*

1. Assisted Living Facility - Deteriorating
2. Assisted Living Facility - Improving
3. Assisted Living Facility - Stable
4. Caregiver/Family/Friend - Deteriorating
5. Caregiver/Family/Friend - Improving
6. Caregiver/Family/Friend – Stable
7. Deceased
8. Hospice - Critical
9. Hospice - Deteriorating
10. Hospice - Improving
11. Hospice - Stable
12. Hospitalized - Critical
13. Hospitalized - Deteriorating
14. Hospitalized - Improving
15. Hospitalized - Stable
16. Nursing Facility - Critical
17. Nursing Facility - Deteriorating

18. Nursing Facility - Improving
19. Nursing Facility - Stable
20. Participant Home - Deteriorating
21. Participant Home - Improving
22. Participant Home - Stable
23. Temporary Housing - Deteriorating
24. Temporary Housing - Improving
25. Temporary Housing - Stable

Incident Reported To

1. Reported to State and Local Authorities
2. Reported to Local Authorities
3. Reported to State and Local Authorities and CDC
4. Not Reported

Appendix 16: Infectious Disease Outbreak

Was the Participant Hospitalized

1. No
2. Yes – Admitted
3. Yes – Observation Only
4. Yes – Emergency Room Only

Location of Incident*

1. Alternative Care Setting
2. Assisted Living Facility
3. Caregiver/Family/Friend Home
4. Community
5. Contracted Facility or Provider - Not Listed Above
6. Hospital
7. Inpatient Hospice
8. Nursing Facility
9. PACE Center
10. Participant Home
11. Supported Living Environment - Not Listed Above

Participants' Current Status*

1. Assisted Living Facility - Deteriorating
2. Assisted Living Facility - Improving
3. Assisted Living Facility - Stable
4. Caregiver/Family/Friend - Deteriorating
5. Caregiver/Family/Friend - Improving
6. Caregiver/Family/Friend - Stable
7. Hospice - Critical
8. Hospice - Deteriorating
9. Hospice - Improving
10. Hospice - Stable
11. Hospitalized - Critical
12. Hospitalized - Deteriorating
13. Hospitalized - Improving
14. Hospitalized - Stable
15. Nursing Facility - Critical
16. Nursing Facility - Deteriorating
17. Nursing Facility - Improving

18. Nursing Facility - Stable
19. Participant Home - Deteriorating
20. Participant Home - Improving
21. Participant Home - Stable
22. Temporary Housing - Deteriorating
23. Temporary Housing - Improving
24. Temporary Housing - Stable

Incident Reported To

1. Reported to State and Local Authorities
2. Reported to Local authorities
3. Reported to State and Local Authorities and CDC
4. Not Reported

Appendix 17: Media-Related Event

Was the Participant Hospitalized

1. No
2. Yes – Admitted
3. Yes – Emergency Room Only
4. Yes – Observation Only
5. Not applicable

Participants' Current Status*

1. Assisted Living Facility - Deteriorating
2. Assisted Living Facility - Improving
3. Assisted Living Facility - Stable
4. Caregiver/Family/Friend - Deteriorating
5. Caregiver/Family/Friend - Improving
6. Caregiver/Family/Friend – Stable
7. Deceased
8. Hospice - Critical
9. Hospice - Deteriorating
10. Hospice - Improving
11. Hospice - Stable
12. Hospitalized - Critical
13. Hospitalized - Deteriorating
14. Hospitalized - Improving
15. Hospitalized - Stable
16. Nursing Facility - Critical
17. Nursing Facility - Deteriorating
18. Nursing Facility - Improving
19. Nursing Facility - Stable
20. Participant Home - Deteriorating
21. Participant Home - Improving
22. Participant Home - Stable
23. Temporary Housing - Deteriorating
24. Temporary Housing - Improving
25. Temporary Housing – Stable
26. Not applicable

Media Reporting the Event*

1. Book
2. Magazine – Local
3. Magazine – National
4. Movie
5. Newspaper – Local
6. Newspaper – National
7. Radio – Local
8. Radio – National
9. Social Media
10. Television – Local
11. Television – National

12. Website

Appendix 18: Medication-Related Occurrences

Location of Incident

1. Alternative Care Setting
2. Assisted Living Facility
3. Caregiver/Family/Friend Home
4. Community
5. Contracted Facility or Provider - Not Listed Above
6. Hospital
7. Inpatient Hospice
8. Nursing Facility
9. PACE Center
10. Participant Home
11. Supported Living Environment - Not Listed Above

Type of Medication Error

1. Medication Administered - Incorrect Route
2. Medication Administered - Dispensed to Wrong Participant
3. Medication Administered - Incorrect Dose
4. Medication Administered - Incorrect Medication
5. Medication Administered – Incorrect Time
6. Medication Administered - Medication Incorrectly Labeled
7. Medication Not Administered – Dispensed to Wrong Participant
8. Medication Not Administered – Dose Omitted
9. Medication Not Administered – Incorrect Dose Dispensed to Participant
10. Medication Not Administered – Incorrect Medication Dispensed to Participant
11. Medication Not Administered – Medication Incorrectly Labeled

Was the Participant Hospitalized

1. No
2. Yes – Admitted
3. Yes – Emergency Room Only
4. Yes – Observation Only

Participant's Current Status

1. Assisted Living Facility - Deteriorating
2. Assisted Living Facility - Improving
3. Assisted Living Facility - Stable
4. Caregiver/Family/Friend - Deteriorating
5. Caregiver/Family/Friend - Improving
6. Caregiver/Family/Friend – Stable
7. Deceased
8. Hospice - Critical
9. Hospice - Deteriorating
10. Hospice - Improving
11. Hospice - Stable
12. Hospitalized - Critical
13. Hospitalized - Deteriorating

14. Hospitalized - Improving
15. Hospitalized - Stable
16. Nursing Facility - Critical
17. Nursing Facility - Deteriorating
18. Nursing Facility - Improving
19. Nursing Facility - Stable
20. Participant Home - Deteriorating
21. Participant Home - Improving
22. Participant Home - Stable
23. Temporary Housing - Deteriorating
24. Temporary Housing - Improving
25. Temporary Housing - Stable

Appendix 19: Motor Vehicle Accidents

Was the Participant Hospitalized

1. No
2. Yes – Admitted
3. Yes – Emergency Room Only
4. Yes – Observation Only

Participant's Current Status*

1. Assisted Living Facility - Deteriorating
2. Assisted Living Facility - Improving
3. Assisted Living Facility - Stable
4. Caregiver/Family/Friend - Deteriorating
5. Caregiver/Family/Friend - Improving
6. Caregiver/Family/Friend – Stable
7. Deceased
8. Hospice - Critical
9. Hospice - Deteriorating
10. Hospice - Improving
11. Hospice - Stable
12. Hospitalized - Critical
13. Hospitalized - Deteriorating
14. Hospitalized - Improving
15. Hospitalized - Stable
16. Nursing Facility - Critical
17. Nursing Facility - Deteriorating
18. Nursing Facility - Improving
19. Nursing Facility - Stable
20. Participant Home - Deteriorating
21. Participant Home - Improving
22. Participant Home - Stable
23. Temporary Housing - Deteriorating
24. Temporary Housing - Improving
25. Temporary Housing - Stable

Other Vehicles/Parties Involved*

1. Bicycle
2. Building
3. Non-PACE Owned/Contracted vehicle(s)
4. PACE Center
5. PACE Owned/Contracted vehicle(s)
6. Pedestrian(s)
7. Train

Were any non-PACE participants injured

1. No
2. Yes
3. Unknown

Was the PACE driver issued a citation

1. No
2. Yes
3. Unknown

Appendix 20: Pressure Injury

Location of Incident

1. Alternative Care Setting
2. Assisted Living Facility
3. Caregiver/Family/Friend Home
4. Community
5. Contracted Facility or Provider - Not Listed Above
6. Hospital
7. Inpatient Hospice
8. Nursing Facility
9. PACE Center
10. Participant Home
11. Supported Living Environment - Not Listed Above

Pressure Injury

1. Stage III
2. Stage IV
3. Unstageable

Location of Pressure Injury

1. Ankle – Left
2. Ankle – Right
3. Buttocks – Left
4. Buttocks – Medial
5. Buttocks – Right
6. Calf – Left
7. Calf – Right
8. Ear - Left
9. Ear - Right
10. Elbow – Left
11. Elbow – Right
12. Head - Posterior
13. Heel – Left
14. Heel – Right
15. Hip – Left
16. Hip – Right
17. Knee – Left
18. Knee – Right
19. Nose
20. Sacrum
21. Scrotum
22. Shoulder – Left
23. Shoulder – Right
24. Thigh – Left
25. Thigh – Right
26. Toe – Left 2nd Toe
27. Toe – Left 3rd Toe
28. Toe – Left 4th Toe

29. Toe – Left 5th Toe
30. Toe – Left Great Toe
31. Toe – Right 2nd Toe
32. Toe – Right 3rd Toe
33. Toe – Right 4th Toe
34. Toe – Right 5th Toe
35. Toe – Right Great Toe

Was the Participant Hospitalized

1. No
2. Yes – Admitted
3. Yes – Observation Only
4. Yes – Emergency Room Only

Participant's Current Status

1. Assisted Living Facility - Deteriorating
2. Assisted Living Facility - Improving
3. Assisted Living Facility - Stable
4. Caregiver/Family/Friend - Deteriorating
5. Caregiver/Family/Friend - Improving
6. Caregiver/Family/Friend – Stable
7. Deceased
8. Hospice - Critical
9. Hospice - Deteriorating
10. Hospice - Improving
11. Hospice - Stable
12. Hospitalized - Critical
13. Hospitalized - Deteriorating
14. Hospitalized - Improving
15. Hospitalized - Stable
16. Nursing Facility - Critical
17. Nursing Facility - Deteriorating
18. Nursing Facility - Improving
19. Nursing Facility - Stable
20. Participant Home - Deteriorating
21. Participant Home - Improving
22. Participant Home - Stable
23. Temporary Housing - Deteriorating
24. Temporary Housing - Improving
25. Temporary Housing – Stable

Appendix 21: Restraint Use

Location of Incident

1. Alternative Care Setting
2. Assisted Living Facility
3. Caregiver/Family/Friend Home
4. Community
5. Contracted Facility or Provider - Not Listed Above
6. Hospital
7. Inpatient Hospice
8. Nursing Facility
9. PACE Center
10. Participant Home
11. Supported Living Environment - Not Listed Above

Reason for Restraint Use*

1. Actual Harm to Others
2. Actual Harm to Self
3. Increased Agitation
4. New Medical Diagnosis
5. New Psychiatric Diagnosis
6. Preexisting Medical Diagnosis
7. Preexisting Psychiatric Diagnosis
8. Threat of Harm to Others
9. Threat of Harm to Self

Type of Restraint

1. Chemical Restraint – Antipsychotic
2. Chemical Restraint – Benzodiazepine
3. Chemical Restraint – Miscellaneous Anxiolytics, Sedatives and Hypnotics
4. Chemical Restraint - Other
5. Isolation
6. Physical Restrain - Other
7. Physical Restraint - 4 Point Restraints
8. Physical Restraint - Belt
9. Physical Restraint - Geri Chair
10. Physical Restraint - Mittens
11. Physical Restraint - Side Rails
12. Physical Restraint - Vest
13. Physical Restraint - Wrists – Hard Restraints
14. Physical Restraint - Wrists – Soft Restraints

Was the Participant Hospitalized

1. No
2. Yes – Admitted
3. Yes – Emergency Room Only
4. Yes – Observation Only

Participant's Current Status

1. Assisted Living Facility - Deteriorating
2. Assisted Living Facility - Improving
3. Assisted Living Facility - Stable
4. Caregiver/Family/Friend - Deteriorating
5. Caregiver/Family/Friend - Improving
6. Caregiver/Family/Friend – Stable
7. Deceased
8. Hospice - Critical
9. Hospice - Deteriorating
10. Hospice - Improving
11. Hospice - Stable
12. Hospitalized - Critical
13. Hospitalized - Deteriorating
14. Hospitalized - Improving
15. Hospitalized - Stable
16. Nursing Facility - Critical
17. Nursing Facility - Deteriorating
18. Nursing Facility - Improving
19. Nursing Facility - Stable
20. Participant Home - Deteriorating
21. Participant Home - Improving
22. Participant Home - Stable
23. Temporary Housing - Deteriorating
24. Temporary Housing - Improving
25. Temporary Housing – Stable

Appendix 22: Suicide Attempt/Suicide

Location of Incident

1. Alternative Care Setting
2. Assisted Living Facility
3. Caregiver/Family/Friend Home
4. Community
5. Contracted Facility or Provider - Not Listed Above
6. Hospital – Medical Unit
7. Hospital – Psychiatric Unit
8. Inpatient Hospice
9. Nursing Facility
10. PACE Center
11. Participant Home
12. Supported Living Environment - Not Listed Above

Type of Incident

1. Attempted Suicide
2. Suicide

Immediate Action Taken*

1. Assessment - Activities
2. Assessment - Dietary
3. Assessment - Home Care Coordinator
4. Assessment - OT
5. Assessment - PCP
6. Assessment - PT
7. Assessment - RN
8. Assessment - SW
9. Evaluated in Hospital ER
10. Evaluation by a Psychiatrist
11. Evaluation by a Psychologist
12. Hospitalized – Medical Unit
13. Hospitalized – Psychiatric Unit
14. Medication Change
15. Medication Evaluation
16. Outpatient Psychiatric Treatment
17. Outpatient Psychological Treatment
18. Reported to Adult Protective Services
19. Reported to Local Police
20. Other-

Was the Participant Hospitalized

1. No
2. Yes – Admitted
3. Yes – Emergency Room Only
4. Yes – Observation Only

Participant's Current Status

1. Assisted Living Facility - Deteriorating
2. Assisted Living Facility - Improving
3. Assisted Living Facility - Stable
4. Caregiver/Family/Friend - Deteriorating
5. Caregiver/Family/Friend - Improving
6. Caregiver/Family/Friend – Stable
7. Deceased
8. Hospice - Critical
9. Hospice - Deteriorating
10. Hospice - Improving
11. Hospice - Stable
12. Hospitalized - Critical
13. Hospitalized - Deteriorating
14. Hospitalized - Improving
15. Hospitalized – Stable
16. Medical Examiner-Post-Mortem Exam
17. Nursing Facility - Critical
18. Nursing Facility - Deteriorating
19. Nursing Facility - Improving
20. Nursing Facility - Stable
21. Participant Home - Deteriorating
22. Participant Home - Improving
23. Participant Home - Stable
24. Temporary Housing - Deteriorating
25. Temporary Housing - Improving
26. Temporary Housing - Stable

Appendix 23: Root Cause Analysis

Abuse

Contributing Factors*

1. Accused – Diagnosis of Mental Illness
2. Accused – History of Alcohol Abuse
3. Accused - History of Drug Abuse
4. Accused – History of Financial Abuse
5. Accused – History of Physical Abuse
6. Accused – History of Sexual Abuse
7. Caregiver Stress
8. Decrease in Center Attendance
9. Decrease in Home Care
10. Diagnosis of Dementia
11. Financial Stress
12. Lack of Education - Caregiver
13. Lack of Education - Contractor
14. Lack of Education – Participant
15. Lack of Education – Staff
16. No Power of Attorney
17. Non-Compliance with Plan of Care - Caregiver
18. Non-Compliance with Plan of Care - Contractor
19. Non-Compliance with Plan of Care - Participant
20. Non-Compliance with Plan of Care - Staff
21. Non-Compliance with PO Policies
22. Participant - Cognitive Impairment
23. Participant - Illness
24. Participant - Mental Health Issues
25. PO Does Not Have Abuse Policies
26. Unknown
27. Other

Actions Taken*

1. Assessment - Activities
2. Assessment - Dietary
3. Assessment - Home Care Coordinator
4. Assessment - OT
5. Assessment - PCP
6. Assessment - PT
7. Assessment - RN
8. Assessment - SW
9. Education - Family/Caregiver
10. Education - Participant
11. Education - Staff
12. Implemented Abuse Screening
13. Increased Center Attendance
14. Increased Home Care
15. Increased Staff at Contracted Provider/Facility

16. Increased Staff at PACE Center
17. Initiated Contractor Oversight
18. Initiated Psychological Therapy
19. Initiated Quality Improvement Activities
20. Medication Change
21. Medication Evaluation
22. Participant Permanently Relocated
23. Participant Temporarily Relocated
24. Policy - Implemented a New Policy
25. Policy - Revised an Existing Policy
26. Provided Participant with Medical Alert System
27. Revised Participant Plan of Care
28. Specialist Consultation
29. Other

Ongoing Improvements*

1. Education - Family/Caregiver
2. Education - Participant
3. Education - Staff
4. Increased Center Attendance
5. Increased Home Care
6. Increased Staff at Contracted Provider/Facility
7. Increased Staff at PACE Center
8. Medication Change
9. Medication Evaluation
10. Ongoing Abuse Screening
11. Ongoing Contractor Oversight
12. Ongoing Psychological Therapy
13. Ongoing Quality Improvement Activities
14. Ongoing Specialist Consultation
15. Participant Permanently Relocated
16. Policy - Implemented a New Policy
17. Policy - Revised an Existing Policy
18. Other

Adverse Drug Reaction

Contributing Factors*

1. PACE Organization unaware of Drug Allergy
2. Drug Allergy – Documented in Medical Record
3. Drug Allergy – Not Documented in Medical Record
4. Drug Interaction
5. Failure to Communicate Allergy to Contracted Provider
6. Lack of Education - Caregiver
7. Lack of Education - Contractor
8. Lack of Education – Participant
9. Lack of Education – Staff
10. Non-Compliance with Medication(s)
11. Non-Compliance with Plan of Care - Caregiver

12. Non-Compliance with Plan of Care - Contractor
13. Non-Compliance with Plan of Care - Participant
14. Non-Compliance with Plan of Care - Staff
15. Non-Compliance with PO Policies
16. PO Does Not Have Applicable Policies or Procedures
17. Recent Medication Change
18. Use of OTC Medication
20. Use of OTC Supplements
22. Unknown
23. Other

Actions Taken*

1. Assessment - Activities
2. Assessment - Dietary
3. Assessment - Home Care Coordinator
4. Assessment - OT
5. Assessment - PCP
6. Assessment - PT
7. Assessment - RN
8. Assessment - SW
9. Changes to Medical Record System
10. Changes to Medication Prescribing Procedure
11. Education - Contracted Provider/Facility
12. Education - Family/Caregiver
13. Education - Participant
14. Education - Staff
15. Increased Center Attendance
16. Increased Home Care
17. Increased Staff at Contracted Provider/Facility
18. Increased Staff at PACE Center
19. Initiated a Review of All Participant Allergies
20. Initiated Contractor Oversight
21. Initiated Quality Improvement Activities
22. Medication Change
23. Medication Evaluation
24. Policy - Implemented a New Policy
25. Policy - Revised an Existing Policy
26. Provided Participant with Medical Alert System
27. Reported to MedWatch
28. Revised Participant Plan of Care
29. Specialist Consultation
30. Other

Ongoing Improvements*

1. Changes to Medical Record System
2. Changes to Medication Prescribing Procedure
3. Education - Contracted Provider/Facility
4. Education - Family/Caregiver
5. Education - Participant

6. Education - Staff
7. Increased Center Attendance
8. Increased Home Care
9. Increased Staff at Contracted Provider/Facility
10. Increased Staff at PACE Center
11. Medication Change
12. Ongoing Contractor Oversight
13. Ongoing Quality Improvement Activities
14. Ongoing Specialist Consultation
15. Policy - Implemented a New Policy
16. Policy - Revised an Existing Policy
17. Other

Adverse Outcome

Contributing Factors*

1. Caregiver Error
2. Decrease in Center Attendance
3. Decrease in Home Care
4. Lack of Education - Caregiver
5. Lack of Education - Contractor
6. Lack of Education – Participant
7. Lack of Education – Staff
8. Non-Compliance with Medication(s)
9. Non-Compliance with Plan of Care - Caregiver
10. Non-Compliance with Plan of Care - Contractor
11. Non-Compliance with Plan of Care - Participant
12. Non-Compliance with Plan of Care - Staff
13. Non-Compliance with PO Policies
14. Participant - Cognitive Impairment
15. Participant - Illness
16. Participant - Mental Health Issues
17. Participant Error
18. PO Does Not Have Applicable Policies or Procedures
19. Staff Error
20. Unknown
21. Other

Actions Taken*

1. Assessment - Activities
2. Assessment - Dietary
3. Assessment - Home Care Coordinator

4. Assessment - OT
5. Assessment - PCP
6. Assessment - PT
7. Assessment - RN
8. Assessment - SW
9. Education - Contracted Provider/Facility
10. Education - Family/Caregiver
11. Education - Participant
12. Education - Staff
13. Increased Center Attendance
14. Increased Home Care
15. Increased PT or OT
16. Increased Staff at Contracted Provider/Facility
17. Increased Staff at PACE Center
18. Initiated Contractor Oversight
19. Initiated Quality Improvement Activities
20. Medication Change
21. Medication Evaluation
22. Modified Environment - Participant's Home
23. Modified Environment - Assisted Living Facility
24. Modified Environment - Hospital
25. Modified Environment - Nursing Facility
26. Modified Environment - PACE Center
27. Policy - Implemented a New Policy
28. Policy - Revised an Existing Policy
29. Provided Participant with Medical Alert System
30. Provided Participant with New DME
31. Revised Participant Plan of Care
32. Specialist Consultation
33. Other

Ongoing Improvements*

1. Changes to Medical Record System
2. Changes to Medication Prescribing Procedure
3. Education - Contracted Provider/Facility
4. Education - Family/Caregiver
5. Education - Participant
6. Education - Staff

7. Increased Center Attendance
8. Increased Home Care
9. Increased Staff at Contracted Provider/Facility
10. Increased Staff at PACE Center
11. Medication Change
12. Ongoing Contractor Oversight
13. Ongoing PT or OT
14. Ongoing Quality Improvement Activities
15. Ongoing Specialist Consultation
16. Policy - Implemented a New Policy
17. Policy - Revised an Existing Policy
18. Other

Burns 2nd Degree or Higher

Contributing Factors*

1. Adaptive Equipment Not Used
2. Decrease in Center Attendance
3. Decrease in Home Care
4. Delay or Cancellation of Scheduled Home Care
5. Diagnosis of Dementia
6. Equipment Malfunction
7. Fire Extinguisher Malfunction
8. Hot Food
9. Hot Water
10. Improper Food Handling
11. Improper Use of Chemicals
12. Improperly Stored Chemicals
13. Lack of Education - Caregiver
14. Lack of Education - Contractor
15. Lack of Education – Participant
16. Lack of Education – Staff
17. Location in Disrepair
18. No Fire Extinguisher in Home
19. No Smoke Detector in Home
20. Non-Compliance with Medication(s)
21. Non-Compliance with Plan of Care - Caregiver

22. Non-Compliance with Plan of Care - Contractor
23. Non-Compliance with Plan of Care - Participant
24. Non-Compliance with Plan of Care - Staff
25. Non-Compliance with PO Policies
26. Participant - Cognitive Impairment
27. Participant - Cooking
28. Participant - Cooking (instructed not to cook)
29. Participant - Did Not Wait for Assistance
30. Participant - Smoking
31. Participant - Using Curling Iron
32. Participant - Using Iron
33. Participant - Using Lighter or Matches
34. Participant Left Unsupervised
35. PO Does Not Have Applicable Policies
36. Smoke Detector Disabled
37. Smoke Detector Malfunction
38. Sun Exposure
39. Unknown
40. Other

Actions Taken*

1. Assessment - Activities
2. Assessment - Dietary
3. Assessment - Home Care Coordinator
4. Assessment - OT
5. Assessment - PCP
6. Assessment - PT
7. Assessment - RN
8. Assessment - SW
9. Education - Contracted Provider/Facility
10. Education - Family/Caregiver
11. Education - Participant
12. Education - Staff
13. Implemented Fire/Burn Prevention Programs in Center
14. Increased Center Attendance
15. Increased Home Care
16. Increased PT or OT

17. Increased Staff at Contracted Provider/Facility
18. Increased Staff at PACE Center
19. Initiated Contractor Oversight
20. Initiated Quality Improvement Activities
21. Installed Fire Extinguisher in Participant Home
22. Installed Smoke Detectors in Participant Home
23. Medication Change
24. Medication Evaluation
25. Modified Environment - Participant's Home
26. Modified Environment - Assisted Living Facility
27. Modified Environment - Hospital
28. Modified Environment - Nursing Facility
29. Modified Environment - PACE Center
30. Policy - Implemented a New Policy
31. Policy - Revised an Existing Policy
32. Provided Participant with Medical Alert System
33. Provided Participant with New DME
34. Revised Participant Plan of Care
35. Specialist Consultation
36. Other

Ongoing Improvements*

1. Education - Contracted Provider/Facility
2. Education - Family/Caregiver
3. Education - Participant
4. Education - Staff
5. Increased Center Attendance
6. Increased Home Care
7. Increased Staff at Contracted Provider/Facility
8. Increased Staff at PACE Center
9. Medication Change
10. Ongoing Contractor Oversight
11. Ongoing Fire/Burn Prevention Programs in Center
12. Ongoing PT or OT
13. Ongoing Quality Improvement Activities
14. Ongoing Specialist Consultation
15. Policy - Implemented a New Policy

16. Policy - Revised an Existing Policy

17. Other

Unexpected Death

Contributing Factors*

1. Accident (other)
2. Alcohol Use
3. Attempted Ambulate Unassisted
4. Attempted to Stand on Vehicle
5. Attempted to Transfer out of Bed Unassisted
6. Attempted Use of Restroom Unassisted
7. Decrease in Center Attendance
8. Decrease in Home Care
9. Did Not Maintain Home Environment as Recommended by PO
10. Equipment Malfunction
11. Homicide
12. Illegal Drug Use
13. Improper use of Equipment
14. Medication Non-Compliance
15. Misuse of Prescribed Medications
16. Non-Compliance with Medication(s)
17. Non-Compliance with Plan of Care - Caregiver
18. Non-Compliance with Plan of Care - Contractor
19. Non-Compliance with Plan of Care - Participant
20. Non-Compliance with Plan of Care - Staff
21. Non-Compliance with PO Policies
22. Not Attending PACE Center as Recommended by PO
23. Not Attending Therapy as Recommended by PO
24. Not Evaluated by Specialist as Recommended by PO
25. Not Evaluated in Clinic as Recommended by PO
26. Not Using DME (Cane, walker, etc.)
27. Not Wearing Seatbelt
28. Participant - Cognitive Impairment
29. Participant - Illness
30. Participant - Mental Health Issues
31. PO Does Not Have Applicable Policies
32. Prescribed Medications

33. Vehicular Accident
34. Unknown
35. Other

Actions Taken*

1. Education - Contracted Provider/Facility
2. Education - Family/Caregiver
3. Education - Participant
4. Education - Staff
5. Initiated Contractor Oversight
6. Initiated Quality Improvement Activities
7. Modified Environment - Assisted Living Facility
8. Modified Environment - Hospital
9. Modified Environment - Nursing Facility
10. Modified Environment - PACE Center
11. Policy - Implemented a New Policy
12. Policy - Revised an Existing Policy
13. None
14. Other

Ongoing Improvements*

1. Education - Contracted Provider/Facility
2. Education - Family/Caregiver
3. Education - Participant
4. Education - Staff
5. Implemented Safety Awareness Program
6. Ongoing Contractor Oversight
7. Ongoing Quality Improvement Activities
8. Policy - Implemented a New Policy
9. Policy - Revised an Existing Policy
10. None
11. Other

Elopement

Contributing Factors*

1. Decrease in Center Attendance
2. Decrease in Home Care
3. Diagnosis of Dementia

4. Did Not Maintain Home Environment as Recommended by PO
5. Equipment Malfunction
6. Exit Door Not Alarmed
7. Interventions Recommended by IDT Not Implemented
8. Lack of Education - Caregiver
9. Lack of Education - Contractor
10. Lack of Education – Participant
11. Lack of Education – Staff
12. Left Unsupervised - by Caregiver
13. Left Unsupervised - by PO Staff
14. Non-Compliance with Medication(s)
15. Non-Compliance with Plan of Care - Caregiver
16. Non-Compliance with Plan of Care - Contractor
17. Non-Compliance with Plan of Care - Participant
18. Non-Compliance with Plan of Care - Staff
19. Non-Compliance with PO Policies
20. Not Evaluated by Specialist as Recommended by PO
21. Participant - Cognitive Impairment
22. PO Does Not Have Applicable Policies
23. Recent Change in Living situation
24. Recent Change in Medication
25. Risk for Elopement not on Plan of Care
26. Unsupervised Exit
27. Unknown
28. Other

Actions Taken*

1. Assessment - Activities
2. Assessment - Dietary
3. Assessment - Home Care Coordinator
4. Assessment - OT
5. Assessment - PCP
6. Assessment - PT
7. Assessment - RN
8. Assessment - SW
9. Education - Contracted Provider/Facility
10. Education - Family/Caregiver

11. Education - Participant
12. Education - Staff
13. Increased Center Attendance
14. Increased Home Care
15. Increased PT or OT
16. Increased Staff at Contracted Provider/Facility
17. Increased Staff at PACE Center
18. Initiated Contractor Oversight
19. Initiated Quality Improvement Activities
20. Medication Change
21. Medication Evaluation
22. Modified Environment - Participant's Home
23. Modified Environment - Assisted Living Facility
24. Modified Environment - Hospital
25. Modified Environment - Nursing Facility
26. Modified Environment - PACE Center
27. Policy - Implemented a New Policy
28. Policy - Revised an Existing Policy
29. Provided Participant with Medical Alert System
30. Provided Participant with New DME
31. Revised Participant Plan of Care
32. Specialist Consultation
33. Other

Ongoing Improvements*

1. Education - Contracted Provider/Facility
2. Education - Family/Caregiver
3. Education - Participant
4. Education - Staff
5. Increased Center Attendance
6. Increased Home Care
7. Increased Staff at Contracted Provider/Facility
8. Increased Staff at PACE Center
9. Medication Change
10. Ongoing Contractor Oversight
11. Ongoing PT or OT
12. Ongoing Quality Improvement Activities

13. Ongoing Specialist Consultation
14. Policy - Implemented a New Policy
15. Policy - Revised an Existing Policy
16. Other

Equipment Related Occurrences

Contributing Factors*

1. Decrease in Center Attendance
2. Decrease in Home Care
3. Equipment Malfunction
4. Equipment Not Properly Maintained
5. Improper Use of Equipment
6. Improper Use of Equipment - Caregiver
7. Improper Use of Equipment - Participant
8. Improper Use of Equipment - Staff
9. Lack of Education - Caregiver
10. Lack of Education - Contractor
11. Lack of Education – Participant
12. Lack of Education – Staff
13. Non-Compliance with Medication(s)
14. Non-compliance with Plan of Care - Caregiver
15. Non-compliance with Plan of Care - Contractor
16. Non-compliance with Plan of Care - Participant
17. Non-compliance with Plan of Care - Staff
18. Non-Compliance with PO Policies
19. Not Attending PACE Center as Recommended by IDT
20. Not Attending Therapy as Recommended by IDT
21. Participant - Cognitive Impairment
22. PO Does Not Have Applicable Policies
23. Recent Medication Change
24. Unknown
25. Other

Actions Taken*

1. Assessment - Activities
2. Assessment - Dietary

3. Assessment - Home Care Coordinator
4. Assessment - OT
5. Assessment - PCP
6. Assessment - PT
7. Assessment - RN
8. Assessment - SW
9. Education - Contracted Provider/Facility
10. Education - Family/Caregiver
11. Education - Participant
12. Education - Staff
13. Increased Center Attendance
14. Increased Home Care
15. Increased PT or OT
16. Increased Staff at Contracted Provider/Facility
17. Increased Staff at PACE Center
18. Initiated Contractor Oversight
19. Initiated Quality Improvement Activities
20. Medication Change
21. Medication Evaluation
22. Modified Environment - Participant's Home
23. Modified Environment - Assisted Living Facility
24. Modified Environment - Hospital
25. Modified Environment - Nursing Facility
26. Modified Environment - PACE Center
27. Policy - Implemented a New Policy
28. Policy - Revised an Existing Policy
29. Provided Participant with New DME
30. Removed Equipment From Service
31. Repaired Equipment
32. Reported to MedWatch
33. Revised Participant Plan of Care
34. Other

Ongoing Improvements*

1. Education - Contracted Provider/Facility
2. Education - Family/Caregiver
3. Education - Participant

4. Education - Staff
5. Increased Center Attendance
6. Increased Home Care
7. Increased Staff at Contracted Provider/Facility
8. Increased Staff at PACE Center
9. Medication Change
10. Ongoing Contractor Oversight
11. Ongoing PT or OT
12. Ongoing Quality Improvement Activities
13. Policy - Implemented a New Policy
14. Policy - Revised an Existing Policy
15. Repaired Equipment
16. Replaced Equipment
17. Other

Falls with injury

Contributing Factors *

1. Decrease in Center Attendance
2. Decrease in Home Care
3. Did Not Maintain Home Environment as Recommended by IDT
4. Equipment Malfunction
5. Equipment Not Properly Maintained
6. Hypoglycemia
7. Hypotension
8. Improper Footwear
9. Improper Transfer – Caregiver
10. Improper Transfer – Family Member
11. Improper Transfer – PACE Contractor
12. Improper Transfer – PACE Staff
13. Improper Use of Equipment
14. Improper Use of Equipment - Caregiver
15. Improper Use of Equipment - Participant
16. Improper Use of Equipment - Staff
17. Insufficient Staff to Assist Participant
18. Lack of Education - Caregiver
19. Lack of Education - Contractor

20. Lack of Education – Participant
21. Lack of Education – Staff
22. Lack of Training
23. Location in Disrepair
24. Loss of Balance
25. Lost Balance - Items were not Properly Stored
26. Lost Balance - Location was in Disrepair
27. Lost Balance- Legs Gave Out/Buckled
28. Needed to Use the Restroom
29. Non-Compliance with Medication(s)
30. Non-Compliance with Plan of Care - Caregiver
31. Non-Compliance with Plan of Care - Contractor
32. Non-Compliance with Plan of Care - Participant
33. Non-Compliance with Plan of Care - Staff
34. Non-Compliance with PO Policies
35. Not Attending PACE Center as Recommended by IDT
36. Not Attending Therapy as Recommended by IDT
37. Not Evaluated by Specialist as Recommended by IDT
38. Not Evaluated in Clinic as Recommended by IDT
39. Not Using DME (Cane, walker)
40. Participant - Attempted to Ambulate without Assistance
41. Participant - Attempted to Stand on Vehicle
42. Participant - Attempted to Transfer without Assistance
43. Participant - Attempted to Use Restroom Unassisted
44. Participant - Unbuckled Seatbelt
45. Seatbelt not Buckled
46. Syncope
47. Unknown
48. Other

Actions Taken*

1. Assessment - Activities
2. Assessment - Dietary
3. Assessment - Home Care Coordinator
4. Assessment - OT
5. Assessment - PCP
6. Assessment - PT

7. Assessment - RN
8. Assessment - SW
9. Education - Contracted Provider/Facility
10. Education - Family/Caregiver
11. Education - Participant
12. Education - Staff
13. Implemented Falls Prevention Programs in Center
14. Increased Center Attendance
15. Increased Home Care
16. Increased PT or OT
17. Increased Staff at Contracted Provider/Facility
18. Increased Staff at PACE Center
19. Initiated Contractor Oversight
20. Initiated Quality Improvement Activities
21. Medication Change
22. Medication Evaluation
23. Modified Environment - Participant's Home
24. Modified Environment - Assisted Living Facility
25. Modified Environment - Hospital
26. Modified Environment - Nursing Facility
27. Modified Environment - PACE Center
28. Policy - Implemented a New Policy
29. Policy - Revised an Existing Policy
30. Provided Participant with Medical Alert System
31. Provided Participant with New DME
32. Revised Participant Plan of Care
33. Specialist Consultation
34. Other

Ongoing Improvements*

1. Education - Contracted Provider/Facility
2. Education - Family/Caregiver
3. Education - Participant
4. Education - Staff
5. Increased Center Attendance
6. Increased Home Care
7. Increased Staff at Contracted Provider/Facility

8. Increased Staff at PACE Center
9. Medication Change
10. Ongoing Contractor Oversight
11. Ongoing Falls Prevention Programs in Center
12. Ongoing PT or OT

Fires / Other Disasters

Contributing Factors*

1. Adaptive Equipment Not Used
2. Decrease in Center Attendance
3. Decrease in Home Care
4. Delay or Cancellation of Scheduled Home Care
5. Diagnosis of Dementia
6. Did Not Maintain Home Environment as Recommended by IDT
7. Equipment Malfunction
8. Equipment Not Properly Maintained
9. Fire Extinguisher Malfunction
10. Improper Food Handling
11. Improper Use of Equipment
12. Improper Use of Equipment - Caregiver
13. Improper Use of Equipment - Participant
14. Improper Use of Equipment - Staff
15. Improperly Stored Chemicals
16. Lack of Education - Caregiver
17. Lack of Education - Contractor
18. Lack of Education – Participant
19. Lack of Education – Staff
20. Left Unsupervised
21. Location in Disrepair
22. Medication Non-compliance
23. Natural Disaster
24. No Fire Extinguisher in Home
25. No Smoke Detector in Home
26. Non-compliance with Plan of Care - Caregiver
27. Non-compliance with Plan of Care - Contractor
28. Non-compliance with Plan of Care - Participant

29. Non-compliance with Plan of Care - Staff
30. Non-Compliance with PO Policies
31. Not Attending PACE Center as Recommended by IDT
32. Not Attending Therapy as Recommended by IDT
33. Not Evaluated by Specialist as Recommended by IDT
34. Not Evaluated in Clinic as Recommended by IDT
35. Participant - Cognitive Impairment
36. Participant - Cooking
37. Participant - Cooking (instructed not to cook)
38. Participant - Did Not Wait for Assistance
39. Participant - Smoking
40. Participant - Using Lighter
41. Participant(s) not Supervised
42. PO Does Not Have Applicable Policies
43. Smoke Detector Disabled
44. Smoke Detector Malfunction
45. Smoking Policy was not Followed
46. Unknown
47. Other

Actions Taken*

1. Assessment - Activities
2. Assessment - Dietary
3. Assessment - Home Care Coordinator
4. Assessment - OT
5. Assessment - PCP
6. Assessment - PT
7. Assessment - RN
8. Assessment - SW
9. Education - Contracted Provider/Facility
10. Education - Family/Caregiver
11. Education - Participant
12. Education - Staff
13. Implemented Fire/Burn Prevention Programs in Center
14. Increased Center Attendance
15. Increased Home Care
16. Increased PT or OT

17. Increased Staff at Contracted Provider/Facility
18. Increased Staff at PACE Center
19. Initiated Contractor Oversight
20. Initiated Quality Improvement Activities
21. Installed Fire Extinguisher in Participant Home
22. Installed Smoke Detectors in Participant Home
23. Locate alternative housing for participant(s)
24. Medication Change
25. Medication Evaluation
26. Modified Environment - Participant's Home
27. Modified Environment - Assisted Living Facility
28. Modified Environment - Hospital
29. Modified Environment - Nursing Facility
30. Modified Environment - PACE Center
31. Policy - Implemented a New Policy
32. Policy - Revised an Existing Policy
33. Provided Participant with Medical Alert System
34. Provided Participant with New DME
35. Revised Participant Plan of Care
36. Specialist Consultation
37. Other

Ongoing Improvements*

1. Education - Contracted Provider/Facility
2. Education - Family/Caregiver
3. Education - Participant
4. Education - Staff
5. Increased Center Attendance
6. Increased Home Care
7. Increased Staff at Contracted Provider/Facility
8. Increased Staff at PACE Center
9. Medication Change
10. Ongoing Contractor Oversight
11. Ongoing Fire/Burn Prevention Programs in Center
12. Ongoing Fire/Burn Prevention Programs in Center
13. Ongoing PT or OT
14. Ongoing Quality Improvement Activities

15. Ongoing Specialist Consultation
16. Policy - Implemented a New Policy
17. Policy - Revised an Existing Policy
18. Other

Foodborne Outbreak

Contributing Factors*

1. Contaminated at Source
2. Cross-Contamination
3. Dented Can
4. Diagnosis of Dementia
5. Did Not Maintain Home Environment as Recommended by IDT
6. Environmental/Sanitary Issues
7. Food - Not Cooked to Proper Temperature
8. Food - Not Maintained at Proper Temperature
9. Improper Food Handling
10. Improper Food Storage
11. Improper Hand Washing
12. Improper Use of Equipment - Caregiver
13. Improper Use of Equipment - Contractor
14. Improper Use of Equipment - Participant
15. Improper Use of Equipment - Staff
16. Lack of Education - Caregiver
17. Lack of Education - Contractor
18. Lack of Education – Participant
19. Lack of Education – Staff
20. Non-Compliance with Plan of Care - Caregiver
21. Non-Compliance with Plan of Care - Contractor
22. Non-Compliance with Plan of Care - Participant
23. Non-Compliance with Plan of Care - Staff
24. Non-Compliance with PO Policies
25. Not Attending PACE Center as Recommended by IDT
26. Not Evaluated in Clinic as Recommended by IDT
27. Participant - Cognitive Impairment
28. Participant - Cooking
29. Participant - Cooking (instructed not to cook)
30. Pest Control Issues
31. PO Does Not Have Applicable Policies
32. Power Outage
33. Recalled Food Item
34. Unknown

35. Other

Type of Pathogen

1. Campylobacter
2. Cryptosporidium
3. Cyclospora
4. Listeria
5. Salmonella
6. Shigella
7. STEC non-O157
8. STEC O157
9. Vibrio
10. Yersinia
11. Other
12. Unknown

Actions Taken*

1. Assessment - Activities
2. Assessment - Dietary
3. Assessment - Home Care Coordinator
4. Assessment - OT
5. Assessment - PCP
6. Assessment - PT
7. Assessment - RN
8. Assessment - SW
9. Education - Contracted Provider/Facility
10. Education - Family/Caregiver
11. Education - Participant
12. Education - Staff
13. Implemented Foodborne Illness Prevention Programs in Center
14. Increased Center Attendance
15. Increased Home Care
16. Increased PT or OT
17. Increased Staff at Contracted Provider/Facility
18. Increased Staff at PACE Center
19. Initiated Contractor Oversight
20. Initiated Quality Improvement Activities
21. Medication Change

22. Medication Evaluation
23. Modified Environment - Participant's Home
24. Modified Environment - Assisted Living Facility
25. Modified Environment - Hospital
26. Modified Environment - Nursing Facility
27. Modified Environment - PACE Center
28. Policy - Implemented a New Policy
29. Policy - Revised an Existing Policy
30. Revised Participant Plan of Care
31. Specialist Consultation
32. Other

Ongoing Improvements

1. Education - Contracted Provider/Facility
2. Education - Family/Caregiver
3. Education - Participant
4. Education - Staff
5. Increased Center Attendance
6. Increased Home Care
7. Increased Staff at Contracted Provider/Facility
8. Increased Staff at PACE Center
9. Medication Change
10. Ongoing Contractor Oversight
11. Ongoing Foodborne Illness Prevention Programs in Center
12. Ongoing PT or OT
13. Ongoing Quality Improvement Activities
14. Ongoing Specialist Consultation
15. Policy - Implemented a New Policy
16. Policy - Revised an Existing Policy
17. Other

Infectious Disease Outbreak

Contributing Factors*

1. Contact with Infected non-PACE Participants
2. Did Not Receive Vaccination – Not Available
3. Did Not Receive Vaccination – Not Offered
4. Did Not Receive Vaccination – Participants' request

5. Did Not Receive Vaccination – Contraindicated Environmental/Sanitary Issues
6. Exposure to Infected Blood Products
7. Improper Hand Washing
8. Ineffective Infection Control Practices
9. Infected Participants Attending the Center
10. Lack of Education - Caregiver
11. Lack of Education - Contractor
12. Lack of Education – Participant
13. Lack of Education – Staff
14. Non-Compliance with Medication(s)
15. Non-Compliance with Plan of Care - Caregiver
16. Non-Compliance with Plan of Care - Contractor
17. Non-Compliance with Plan of Care - Participant
18. Non-Compliance with Plan of Care - Staff
19. Non-Compliance with PO Policies
20. Not Attending PACE Center as Recommended by IDT
21. Not Evaluated in Clinic as Recommended by IDT
22. Participant - Cognitive Impairment
23. Participants at the Same Nursing Facility
24. Participants Riding the Same Vehicle
25. Pest Control Issues
26. PO Does Not Have Applicable Policies
27. Unknown
28. Other

Type of Pathogen

1. Other
2. Unknown

Actions Taken*

1. Assessment - Activities
2. Assessment - Dietary
3. Assessment - Home Care Coordinator
4. Assessment - OT
5. Assessment - PCP
6. Assessment - PT
7. Assessment - RN

8. Assessment - SW
9. Education - Contracted Provider/Facility
10. Education - Family/Caregiver
11. Education - Participant
12. Education - Staff
13. Implemented New Hand Hygiene Program
14. Implemented New Infection Control Programs in Center
15. Increased Home Care
16. Increased Staff at Contracted Provider/Facility
17. Increased Staff at PACE Center
18. Initiated Contractor Oversight
19. Initiated Quality Improvement Activities
20. Medication Change
21. Medication Evaluation
22. Modified Environment - Participant's Home
23. Modified Environment - Assisted Living Facility
24. Modified Environment - Hospital
25. Modified Environment - Nursing Facility
26. Modified Environment - PACE Center
27. PACE Center Cleaned/Sanitized
28. PACE Center Temporarily Closed
29. PACE Vehicles Cleaned/Sanitized
30. Policy - Implemented a New Policy
31. Policy - Revised an Existing Policy
32. Revised Participant Plan of Care
33. Specialist Consultation
34. Temporarily Decreased Effectuated Participant's Center Attendance
35. Use of Disposable Cups, Plates, Flatware
36. Use of Disposable Equipment
37. Use of Hand Sanitizer
38. Vaccinations Offered to Participants
39. Other

Ongoing Improvements

1. Change in Infection Control/Sanitation Practices - Contractor
2. Change in Infection Control/Sanitation Practices - PACE Center
3. Change in Infection Control/Sanitation Practices - Participant
4. Change in Infection Control/Sanitation Practices - Vehicles

5. Education - Contracted Provider/Facility
6. Education - Family/Caregiver
7. Education - Participant
8. Education - Staff
9. Effectuated Participants Not Attending PACE Center
10. Increased Center Attendance
11. Increased Hand Washing
12. Increased Home Care
13. Increased Staff at Contracted Provider/Facility
14. Increased Staff at PACE Center
15. Medication Change
16. Ongoing Contractor Oversight
17. Ongoing Infection Control Programs in Center
18. Ongoing PT or OT
19. Ongoing Quality Improvement Activities
20. Ongoing Specialist Consultation
21. Ongoing Use of Disposable Cups, Plates, Flatware
22. Ongoing Use of Disposable Equipment
23. Ongoing Use of Hand Sanitizer
24. Policy - Implemented a New Policy
25. Policy - Revised an Existing Policy
26. Vaccinations Offered to Participants
27. Other

Media Related Event

Contributing Factors*

1. Abuse – Alleged
2. Abuse – Substantiated
3. Access to Care
4. Closure of ACS
5. Closure of PACE Center
6. Closure of PACE Organization
7. Criminal Activity - Alleged
8. Criminal Activity - Substantiated
9. Decrease in Center Attendance
10. Decrease in Home Care
11. Disgruntled Employee/Former Employee
12. Dissatisfaction with Contracted Provider
13. Dissatisfaction with PACE Organization's Services
14. Fire
15. Fraud – Alleged

16. Fraud – Substantiated
17. Lack of Education - Caregiver
18. Lack of Education - Contractor
19. Lack of Education – Participant
20. Lack of Education – Staff
21. Lawsuit
22. Motor Vehicle Accident
23. Non-Compliance with Plan of Care - Caregiver
24. Non-Compliance with Plan of Care - Contractor
25. Non-Compliance with Plan of Care - Participant
26. Non-Compliance with Plan of Care - Staff
27. Non-Compliance with PO Policies
28. PACE Center Closing
29. Participant Contacted Media
30. Participant Death
31. Participant Disenrollment - Involuntary
32. Participant Disenrollment - Voluntary
33. Participant Family/Caregiver Contacted Media
34. Participant Injury
35. Participant Unable to Obtain Medications
36. Participant Unsupervised
37. Participant Unable to Access Specialist
38. PO Does Not Have Applicable Policies
39. Unknown
40. Other

Actions Taken*

1. Assessment - Activities
2. Assessment - Dietary
3. Assessment - Home Care Coordinator
4. Assessment - OT
5. Assessment - PCP
6. Assessment - PT
7. Assessment - RN
8. Assessment - SW
9. Contacted Caregiver/Family
10. Contacted Media
11. Contacted Participant(s)
12. Education - Contracted Provider/Facility
13. Education - Family/Caregiver
14. Education - Participant
15. Education - Staff
16. Increased Center Attendance
17. Increased Home Care
18. Increased PT or OT
19. Increased Staff at Contracted Provider/Facility
20. Increased Staff at PACE Center
21. Initiated Contractor Oversight
22. Initiated Quality Improvement Activities

23. Medication Change
24. Medication Evaluation
25. Modified Environment - Participant's Home
26. Modified Environment - Assisted Living Facility
27. Modified Environment - Hospital
28. Modified Environment - Nursing Facility
29. Modified Environment - PACE Center
30. Policy - Implemented a New Policy
31. Policy - Revised an Existing Policy
32. Press Release
33. Provided Participant with New DME
34. Revised Participant Plan of Care
35. Specialist Consultation
36. Other

Ongoing Improvements*

1. Expanded Provider Network
2. Increased Center Attendance
3. Increased Home Care
4. Increased PT or OT
5. Increased Staff at Contracted Provider/Facility
6. Increased Staff at PACE Center
7. Medication Change
8. Medication Evaluation
9. Ongoing Contractor Oversight
10. Ongoing Press Releases
11. Ongoing Quality Improvement Activities
12. Ongoing Specialist Consultation
13. Policy - Implemented a New Policy
14. Policy - Revised an Existing Policy
15. Specialist Consultation
16. Supplied the Participant with New DME
17. Other

Medication Related Occurrence

Contributing Factors*

1. Change in Method of Medication Delivery
2. Change in Pharmacy Provider
3. Communication between PACE Inpatient Hospice
4. Communication between PACE Organization and ACS
5. Communication between PACE Organization and Assisted Living Facility
6. Communication between PACE Organization and Hospital
7. Communication between PACE Organization and Nursing Facility
8. Communication between PACE Organization and Pharmacy
9. Decrease in Center Attendance
10. Decrease in Home Care
11. Delay or Cancellation of Scheduled Home Care
12. Difficulty Reading Label

13. Lack of Education - Caregiver
14. Lack of Education - Contractor
15. Lack of Education – Participant
16. Lack of Education – Staff
17. Medication Administered by Staff not Permitted to Administer Medication
18. New Staff Member
19. Non-Compliance with Medication(s)
20. Non-compliance with Plan of Care - Caregiver
21. Non-compliance with Plan of Care - Contractor
22. Non-compliance with Plan of Care - Participant
23. Non-compliance with Plan of Care - Staff
24. Non-Compliance with PO Policies
25. Not Attending PACE Center as Recommended by IDT
26. Not Evaluated by Specialist as Recommended by IDT
27. Not Evaluated in Clinic as Recommended by IDT
28. Order Transcription Error
29. Participant - Cognitive Impairment
30. Participant - Did Not Wait for Assistance
31. Participant ID Error
32. Participant(s) not Supervised
33. Pharmacy Error
34. Physician Prescription Error
35. PO Does Not Have Applicable Policies
36. Similar Name
37. Staff Error
38. Unknown
39. Other

Actions Taken*

1. Assessment - Activities
2. Assessment - Dietary
3. Assessment - Home Care Coordinator
4. Assessment - OT
5. Assessment - PCP
6. Assessment - PT
7. Assessment - RN
8. Assessment - SW
9. Change in Contracted Provider
10. Change to Medication Administration Process
11. Change to Participant Identification Process
12. Changes to Medication Prescription Process
13. Changes to Medication Transcription Process
14. Education - Contracted Provider/Facility
15. Education - Family/Caregiver
16. Education - Participant
17. Education - Staff
18. Implemented a New Medication Delivery System
19. Increased Center Attendance
20. Increased Home Care

21. Increased Staff at Contracted Provider/Facility
22. Increased Staff at PACE Center
23. Initiated Contractor Oversight
24. Initiated Quality Improvement Activities
25. Medication Change
26. Medication Evaluation
27. Modified Environment - Participant's Home
28. Modified Environment - Assisted Living Facility
29. Modified Environment - Hospital
30. Modified Environment - Nursing Facility
31. Modified Environment - PACE Center
32. Policy - Implemented a New Policy
33. Policy - Revised an Existing Policy
34. Provided Participant with Medical Alert System
35. Provided Participant with New DME
36. Requested a Corrective Action Plan from Contracted Provider
37. Revised Participant Plan of Care
38. Specialist Consultation
39. Other

Ongoing Improvements*

1. Change in Contracted Provider
2. Change In Medication Delivery System
3. Education - Contracted Provider/Facility
4. Education - Family/Caregiver
5. Education - Participant
6. Education - Staff
7. Increased Center Attendance
8. Increased Home Care
9. Increased Staff at Contracted Provider/Facility
10. Increased Staff at PACE Center
11. Medication Change
12. Ongoing Contractor Oversight
13. Ongoing Quality Improvement Activities
14. Ongoing Specialist Consultation
15. Policy - Implemented a New Policy
16. Policy - Revised an Existing Policy
17. Other

Motor Vehicle Accident

Contributing Factors*

1. Equipment Malfunction
2. Equipment Not Properly Maintained
3. Improper Use of Equipment - Participant
4. Improper Use of Equipment - Staff
5. Improper Vehicle Maintenance
6. Insufficient Staff on PACE Vehicle

7. Lack of Education - Contractor
8. Lack of Education – Participant
9. Lack of Education – Staff
10. Lack of Training
11. Needed to Use the Restroom
12. Non-Compliance with Medication(s)
13. Non-Compliance with Plan of Care - Contractor
14. Non-Compliance with Plan of Care - Participant
15. Non-Compliance with Plan of Care - Staff
16. Non-Compliance with PO Policies
17. Not Evaluated by Specialist as Recommended by IDT
18. Not Evaluated in Clinic as Recommended by IDT
19. Other Driver - Excessive Speed
20. Other Driver - Failed to Stop at Stop Sign
21. Other Driver - Failed to Stop at Traffic Signal
22. Other Driver - Failed to Yield
23. Other Driver - Texting
24. Other Driver - Using Cell Phone
25. PACE Driver - Distracted by Participant(s)
26. PACE Driver - Excessive Speed
27. PACE Driver - Failed to Stop at Stop Sign
28. PACE Driver - Failed to Stop at Traffic Signal
29. PACE Driver - Failed to Yield
30. PACE Driver - Texting
31. PACE Driver - Using Cell Phone
32. Participant - Attempted to Ambulate without Assistance
33. Participant - Attempted to Stand on Vehicle
34. Participant - Medical Emergency
35. Participant - Unbuckled Seatbelt
36. Participant(s) Left Unsupervised
37. Participant(s) Not Properly Secured
38. Seatbelt Not Buckled
39. Vehicle Improperly Parked
40. Vehicle Left Unattended
41. Vehicle Moving in Reverse
42. Weather Conditions
43. Unknown
44. Other

Actions Taken*

1. Assessment - Activities
2. Assessment - Dietary
3. Assessment - Home Care Coordinator
4. Assessment - OT
5. Assessment - PCP
6. Assessment - PT
7. Assessment - RN
8. Assessment - SW
9. Education - Contracted Provider/Facility
10. Education - Family/Caregiver

11. Education - PACE Driver(s)
12. Education - Participant
13. Education - Staff
14. Implemented Driver Supervision
15. Implemented Driver Training Program
16. Increased Center Attendance
17. Increased Home Care
18. Increased PT or OT
19. Increased Staff on PACE Vehicles
20. Initiated Contractor Oversight
21. Initiated Quality Improvement Activities
22. Lack of Education - Caregiver
23. Lack of Education - Contractor
24. Lack of Education – Participant
25. Lack of Education – Staff
26. Medication Change
27. Medication Evaluation
28. PACE Driver - Temporarily Suspended
29. PACE Vehicle(s) - Inspected
30. PACE Vehicle(s) - Removed from Service
31. PACE Vehicle(s) - Repaired
32. Policy - Implemented a New Policy
33. Policy - Revised an Existing Policy
34. Provided Participant with New DME
35. Revised Participant Plan of Care
36. Specialist Consultation
37. Other

Ongoing Improvements*

1. Education - Contracted Provider/Facility
2. Education - Participant
3. Education - Staff
4. Implemented Driver Training Program
5. Increased Center Attendance
6. Increased Home Care
7. Increased Staff on PACE Vehicles
8. Initiated Contractor Oversight
9. Medication Change
10. Ongoing Contractor Oversight
11. Ongoing PT or OT
12. Ongoing Quality Improvement Activities
13. Ongoing Specialist Consultation
14. Policy - Implemented a New Policy
15. Policy - Revised an Existing Policy
16. Other

Pressure Ulcers

Contributing Factors*

1. Adaptive Equipment Not Used

2. Changes in Skin Condition Not Reported - Caregiver
3. Changes in Skin Condition Not Reported - Contractor
4. Changes in Skin Condition Not Reported - Participant
5. Changes in Skin Condition Not Reported - Staff
6. Decrease in Center Attendance
7. Decrease in Home Care
8. Delay or Cancellation of Scheduled Home Care
9. Diagnosis of Dementia
10. Dietary Assessment Not Completed
11. Difficulty Swallowing
12. Documentation Not Completed Properly - Contractor
13. Documentation Not Completed Properly - Staff
14. Dressing Change - Delayed
15. Dressing Change - Not Completed
16. Dressing Change - Not Completed as Ordered
17. Equipment Malfunction
18. Incontinent of Bladder
19. Incontinent of Bowel
20. Lack of Education - Caregiver
21. Lack of Education - Contractor
22. Lack of Education – Participant
23. Lack of Education – Staff
24. Non-Compliance with Medication(s)
25. Non-compliance with Plan of Care - Caregiver
26. Non-compliance with Plan of Care - Contractor
27. Non-compliance with Plan of Care - Participant
28. Non-compliance with Plan of Care - Staff
29. Non-Compliance with PO Policies
30. Nutritional Intake - Decreased
31. Nutritional Supplements Not Provided
32. Participant - Bedbound
33. Participant - Cognitive Impairment
34. Participant - Non-Ambulatory
35. Participant - Non-Compliance with Prescribed Diet
36. Participant - Non-Compliance with Skin Care Regimen
37. Participant - Refused Treatment
38. Participant Left Unsupervised
39. PO Does Not Have Applicable Policies
40. Poor Dentition
41. Pressure Relieving Device Not Used Properly – Caregiver
42. Pressure Relieving Device Not Used Properly – Contractor
43. Pressure Relieving Device Not Used Properly – Participant
44. Pressure Relieving Device Not Used Properly – Staff
45. Risk for Skin Breakdown Not on Care Plan
46. Skin Assessment - Delayed
47. Skin Assessment - Not Completed
48. Skin Condition Not Properly Documented
49. Unknown
50. Other

Actions Taken*

1. Assessment - Activities
2. Assessment - Dietary
3. Assessment - Home Care Coordinator
4. Assessment - OT
5. Assessment - PCP
6. Assessment - PT
7. Assessment - RN
8. Assessment - SW
9. Change in Participant Diet
10. Education - Contracted Provider/Facility
11. Education - Family/Caregiver
12. Education - Participant
13. Education - Staff
14. Increased Center Attendance
15. Increased Frequency of Repositioning
16. Increased Frequency of Skin Assessments
17. Increased Frequency of Toileting
18. Increased Home Care
19. Increased PT or OT
20. Increased Staff at Contracted Provider/Facility
21. Increased Staff at PACE Center
22. Initiated Contractor Oversight
23. Initiated Quality Improvement Activities
24. Medication Change
25. Medication Evaluation
26. Modified Environment - Participant's Home
27. Modified Environment - Assisted Living Facility
28. Modified Environment - Hospital
29. Modified Environment - Nursing Facility
30. Modified Environment - PACE Center
31. Policy - Implemented a New Policy
32. Policy - Revised an Existing Policy
33. Provided Dietary Supplements
34. Provided Participant with Medical Alert System
35. Provided Participant with New DME
36. Provided Pressure Reducing DME
37. Revised Participant Plan of Care
38. Specialist Consultation
39. Surgical Interventions
40. Other

Ongoing Improvements*

1. Education - Contracted Provider/Facility
2. Education - Family/Caregiver
3. Education - Participant
4. Education - Staff
5. Increased Center Attendance
6. Increased Frequency of Repositioning
7. Increased Frequency of Skin Assessments
8. Increased Frequency of Toileting

9. Increased Home Care
10. Increased Staff at Contracted Provider/Facility
11. Increased Staff at PACE Center
12. Medication Change
13. Ongoing Contractor Oversight
14. Ongoing Falls Prevention Programs in Center
15. Ongoing PT or OT
16. Ongoing Quality Improvement Activities
17. Ongoing Specialist Consultation
18. Policy - Implemented a New Policy
19. Policy - Revised an Existing Policy
20. Other

Restraint Use

Contributing Factors*

1. Actual Harm to Others
2. Actual Harm to Self
3. Decrease in Center Attendance
4. Decrease in Home Care
5. Delay or Cancellation of Scheduled Home Care
6. Diagnosis of Dementia
7. Increased Agitation
8. Lack of Education - Caregiver
9. Lack of Education - Contractor
10. Lack of Education – Participant
11. Lack of Education – Staff
12. New Medical Diagnosis
13. New Psychiatric Diagnosis
14. Non-Compliance with Medication(s)
15. Non-Compliance with Plan of Care - Contractor
16. Non-Compliance with Plan of Care - Participant
17. Non-Compliance with Plan of Care - Staff
18. Non-Compliance with PO Policies
19. Participant - Cognitive Impairment
20. Participant - Refused Psychiatric or Psychological Treatment
21. PO Does Not Have Applicable Policies
22. Preexisting Medical Diagnosis
23. Preexisting Psychiatric Diagnosis
24. Psychiatric Issues Not on Care Plan
25. Recent Hospital or Nursing Facility Admission
26. Threat of Harm to Others
27. Threat of Harm to Self
28. Unknown
29. Other

Actions Taken*

1. Assessment - Activities
2. Assessment - Dietary

3. Assessment - Home Care Coordinator
4. Assessment - OT
5. Assessment - PCP
6. Assessment - PT
7. Assessment - RN
8. Assessment - SW
9. Education - Contracted Provider/Facility
10. Education - Family/Caregiver
11. Education - Participant
12. Education - Staff
13. Evaluation by a Psychiatrist
14. Evaluation by a Psychologist
15. Increased Center Attendance
16. Increased Home Care
17. Increased PT or OT
18. Increased Staff at Contracted Provider/Facility
19. Increased Staff at PACE Center
20. Initiated Contractor Oversight
21. Initiated Quality Improvement Activities
22. Medication Change
23. Medication Evaluation
24. Modified Environment - Participant's Home
25. Modified Environment - Assisted Living Facility
26. Modified Environment - Hospital
27. Modified Environment - Nursing Facility
28. Modified Environment - PACE Center
29. Policy - Implemented a New Policy
30. Policy - Revised an Existing Policy
31. Reported to Adult Protective Services
32. Revised Participant Plan of Care
33. Specialist Consultation
34. Unknown
35. Other

Ongoing Improvements*

1. Education - Contracted Provider/Facility
2. Education - Family/Caregiver
3. Education - Participant
4. Education - Staff
5. Increased Center Attendance
6. Increased Home Care
7. Increased Staff at Contracted Provider/Facility
8. Increased Staff at PACE Center
9. Medication Change
10. Ongoing Contractor Oversight
11. Ongoing Psychiatric Treatment
12. Ongoing Psychological Treatment
13. Ongoing PT or OT
14. Ongoing Quality Improvement Activities
15. Ongoing Specialist Consultation

16. Policy - Implemented a New Policy
17. Policy - Revised an Existing Policy
18. Other

Suicide and Suicide Attempt

Contributing Factors*

1. Actual Harm to Others
2. Actual Harm to Self
3. Alcohol Abuse
4. Chronic Pain
5. Decrease in Center Attendance
6. Decrease in Home Care
7. Delay or Cancellation of Scheduled Home Care
8. Depression
9. Diagnosis of Dementia
10. Drug Abuse
11. Increased Agitation
12. Increased Isolation
13. Lack of Education - Caregiver
14. Lack of Education - Contractor
15. Lack of Education – Participant
16. Lack of Education – Staff
17. New Medical Diagnosis
18. New Psychiatric Diagnosis
19. Non-Compliance with Medication(s)
20. Non-Compliance with Plan of Care - Contractor
21. Non-Compliance with Plan of Care - Participant
22. Non-Compliance with Plan of Care - Staff
23. Non-Compliance with PO Policies
24. Participant - Cognitive Impairment
25. Participant - Refused Psychiatric or Psychological Treatment
26. Participant Not Attending Center
27. Participant Refused Home Care
28. Physical Illness – Worsening
29. PO Does Not Have Applicable Policies
30. Preexisting Medical Diagnosis
31. Preexisting Psychiatric Diagnosis
32. Previous Suicide Attempt
33. Psychiatric Issues Not on Care Plan
34. Recent Change in Medication
35. Recent Hospital or Nursing Facility Admission
36. Recent Loss (Death, End of Relationship, etc.)
37. Terminal Diagnosis
38. Threat of Harm to Others
39. Threat of Harm to Self
40. Unknown
41. Other

Actions Taken*

1. Assessment - Activities
2. Assessment - Dietary
3. Assessment - Home Care Coordinator
4. Assessment - OT
5. Assessment - PCP
6. Assessment - PT
7. Assessment - RN
8. Assessment – SW
9. Counseling – Family/Staff Members
10. Education - Contracted Provider/Facility
11. Education - Family/Caregiver
12. Education - Participant
13. Education - Staff
14. Evaluated in Hospital ER
15. Evaluation by a Psychiatrist
16. Evaluation by a Psychologist
17. Increased Center Attendance
18. Increased Home Care
19. Increased PT or OT
20. Increased Staff at Contracted Provider/Facility
21. Increased Staff at PACE Center
22. Initiated Contractor Oversight
23. Initiated Quality Improvement Activities
24. Inpatient Medical Treatment
25. Inpatient Psychiatric Treatment
26. Medication Change
27. Medication Evaluation
28. Modified Environment - Participant's Home
29. Modified Environment - Assisted Living Facility
30. Modified Environment - Hospital
31. Modified Environment - Nursing Facility
32. Modified Environment - PACE Center
33. Outpatient Psychiatric Treatment
34. Policy - Implemented a New Policy
35. Policy - Revised an Existing Policy
36. Reported to Adult Protective Services
37. Reported to Adult Protective Services
38. Revised Participant Plan of Care
39. Specialist Consultation
40. Other

Ongoing Improvements*

1. Education - Contracted Provider/Facility
2. Education - Family/Caregiver
3. Education - Participant
4. Education - Staff
5. Increased Center Attendance
6. Increased Home Care

7. Increased Staff at Contracted Provider/Facility
8. Increased Staff at PACE Center
9. Medication Change
10. Ongoing Contractor Oversight
11. Ongoing Psychiatric Treatment – Inpatient
12. Ongoing Psychiatric Treatment – Outpatient
13. Ongoing Psychological Treatment
14. Ongoing PT or OT
15. Ongoing Quality Improvement Activities
16. Ongoing Specialist Consultation
17. Policy - Implemented a New Policy
18. Policy - Revised an Existing Policy
19. Other