

ACBHCS Unusual Occurrences/Sentinel Events/Death Reporting Comparison Chart

Type of program/Facility	Regulatory Citation (Regulations include definitions of types of relevant events.)	Types of Reports	Reporting Agency	Reporting & Timeframe Required	Form
All Behavioral Health Programs (Mental Health and Substance Use)	<a href="#">ACBHCS Sentinel Event Death Report P&amp;P</a>	Unusual Occurrences, Sentinel Events, Death, Neglect and Abuse, Harm to Self, Danger/Harm to Others.	ACBHCS--Quality Assurance Office; (ph) 510/567-8100 (fax) 510/639-1346; 2000 Embarcadero Cove #400, Oakland CA 94606	Fax or Mail Written Report within 7 calendar days.	<a href="#">Sentinel EventDeath Reporting Form</a>
Skilled Nursing Facility (SNF); Intermediate Care Facility (ICF) and Special Treatment Programs (STP)	<a href="#">22CCR72541,</a> <a href="#">22CCR73539</a>	Unusual Occurrences, Sentinel Events, Death, Neglect and Abuse, Harm to Self, Danger/Harm to Others.	Department of Public Health; (ph) 510/620-3900 or 866/247-9100 (fax) 510/620-3926; Licensing and Certification Unit, East Bay District Office, 850 Marina Bay Parkway, Building P, 1st Floor, Richmond, CA 94804	Report by telephone or telegraph within 24 hours and written SOC 341 within 72 hours.	<a href="#">SOC 341:</a> <a href="http://www.dss.cahwnet.gov/Forms/English/SOC341.pdf">http://www.dss.cahwnet.gov/Forms/English/SOC341.pdf</a>
Psychiatric Health Facilities (PHF)	<a href="#">Title 22, Div. 5, Chpt. 9, Article 1, Sects. 77063(a)(1)-(9) &amp; Article 4, Sect 77127 (a)(8) and Section 77137(a)-(f);</a>	Unusual Occurrences, Sentinel Events, Death, Neglect and Abuse, Harm to Self, Danger/Harm to Others.	Department of Health Care Services (email) MHUOR@dhcs.ca.gov	By email (MHUOR@dhcs.ca.gov) or telephone within 24 hours	The written report shall include detailed information specific to the date, time and setting, description of client physical condition, staff response and planned follow-up.

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Mental Health Rehabilitation Centers (MHRC)	<a href="#">Title 9, Div. 1, Chpt. 3.5, Sects. 784.15(a)-@</a>	Unusual Occurrences, Sentinel Events, Death, Neglect and Abuse, Harm to Self, Danger/Harm to Others.	Department of Health Care Services (email) MHUOR@dhcs.ca.gov	By email (MHUOR@dhcs.ca.gov) or telephone within 24 hours	The written report shall include detailed information specific to the date, time and setting, description of client physical condition, staff response and planned follow-up.
Acute Psychiatric Hospitals	<a href="#">22CCR71535</a>	Unusual Occurrences, Sentinel Events, Death, Neglect and Abuse, Harm to Self, Danger/Harm to Others.	Department of Public Health; (ph) 510/620-3900 or 866/247-9100 (fax) 510/620-3926; Licensing and Certification Unit, East Bay District Office, 850 Marina Bay Parkway, Building P, 1st Floor, Richmond, CA 94804	Report by telephone or telegraph within 24 hours and written SOC 341 within 72 hours.	<a href="#">SOC 341:</a> <a href="http://www.dss.cahwnet.gov/Forms/English/SOC341.pdf">http://www.dss.cahwnet.gov/Forms/English/SOC341.pdf</a>
Licensed Board and Care Homes	<a href="#">Title 22, Div. 6, Chpt. 1, Article 6, Sect 80061 (Adult Residential) and Title 22, Division 6, Chpt. 8, Article 4, Sect. 87211 (Elderly Residential).</a>	Unusual Occurrences, Sentinel Events, Neglect and Abuse, Harm to Self, Danger/Harm to Others.	Community Care Licensing Division Offices, Greater Bay Area Adult Care Regional Office, 1515 Clay St., Ste. 310, MS 29-21, Oakland CA 94612; (ph) 510/286-4201 (fax) 510/286-4204	Written Report Form within one (next) working day.	<a href="#">LIC624 for Unusual Incidents</a>
Licensed Board and Care Homes	<a href="#">Title 22, Div. 6, Chpt. 1, Article 6, Sect 80061 (Adult Residential) and Title 22, Division 6, Chpt. 8, Article 4, Sect. 87211 (Elderly Residential).</a>	Death Report	Community Care Licensing Division Offices, Greater Bay Area Adult Care Regional Office, 1515 Clay St., Ste. 310, MS 29-21, Oakland CA 94612; (ph) 510/286-4201 (fax) 510/286-4204	Written Report Form within one (next) working day.	<a href="#">LIC924A for Death Reports</a>

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Residential Alcoholism (or Drug Abuse) Recovery (or Treatment) & Detox Facilities	<a href="#">Title 9, Div. 4, Chpt. 5, Subchpt. 3, Article 1, Sect 10561 and Title 9, Div. 4, Chpt. 4, Subchpt. 3, Article 4, Sect. 10195</a>	Unusual Occurrences, Sentinel Events, Neglect and Abuse, Harm to Self, Danger/Harm to Others.	Department of Health Care Services, Licensing and Certification Branch, MS 2600, POB 997413, Sacramento CA <b>956899</b> (ph) 877/685-8333.	Telephone Report within one (1) working day, Fax Written Report to follow within seven (7) days of the event.	<a href="#">Form DHCS-5079</a>
Residential Alcoholism (or Drug Abuse) Recovery (or Treatment) & Detox Facilities	<a href="#">Title 9, Div. 4, Chpt. 5, Subchpt. 3, Article 1, Sect 10561 and Title 9, Div. 4, Chpt. 4, Subchpt. 3, Article 4, Sect. 10195</a>	Death Report	Department of Health Care Services, Complaints and Counselor Certification Division (fax) 916/445-5084 and (email)DHCSLCBcomp@DHCS.ca.gov. Complaint Intake Coordinator (ph) 877/985-8333	Telephone Report within one (1) working day, Fax Written Report to follow within seven (7) days of the event.	<a href="#">Form DHCS-5079</a>