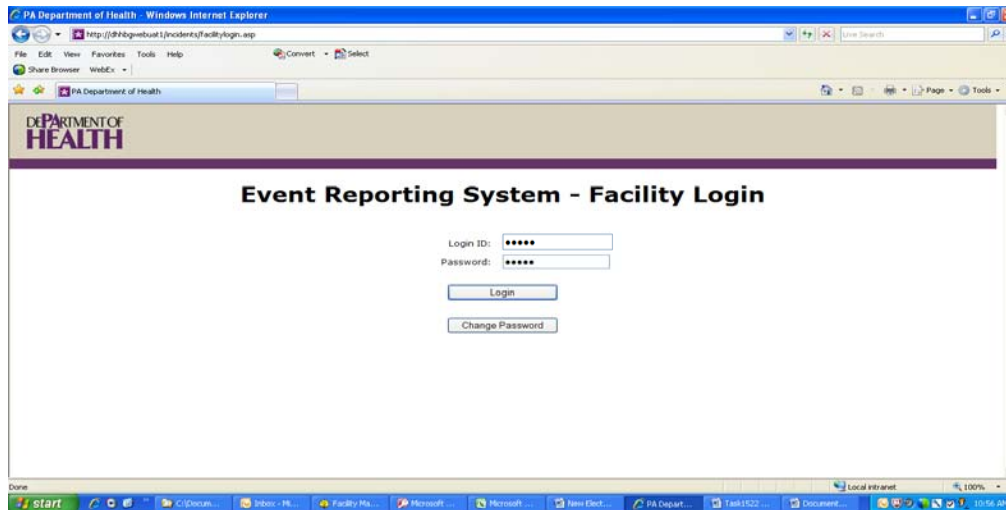


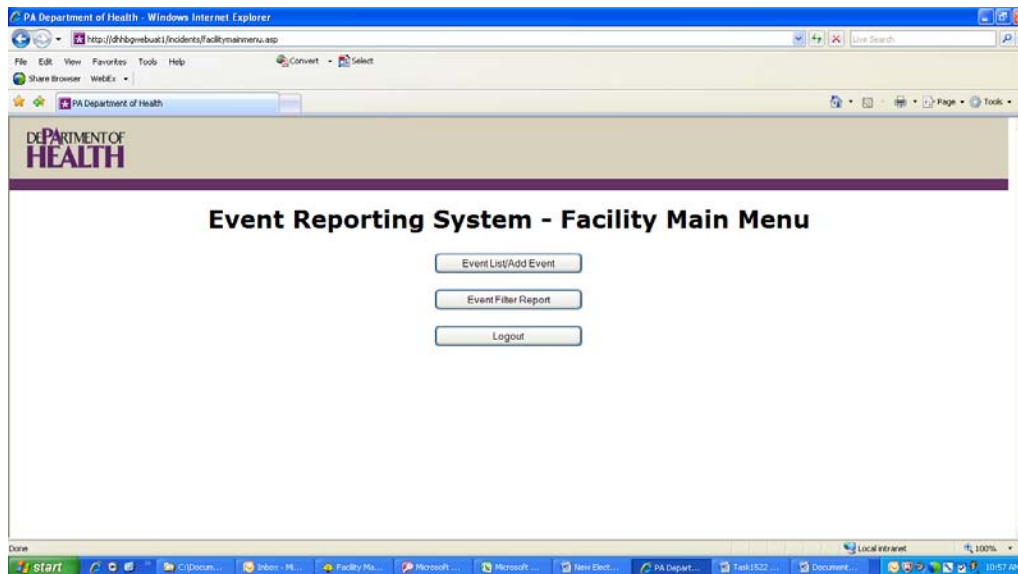


Beginning August 9, 2011, the Event Reporting System will allow the submission of Provider Bulletin 22 (PB-22) forms electronically when the event type is Abuse, Neglect, Rape, or Misappropriation of Property. The figures below illustrate what facility personnel will see on their website. (Please note that all the events and PB-22 entries in these examples are entirely fictitious. Facilities used in these examples were chosen entirely at random as we could not use fictitious facilities in ERS).

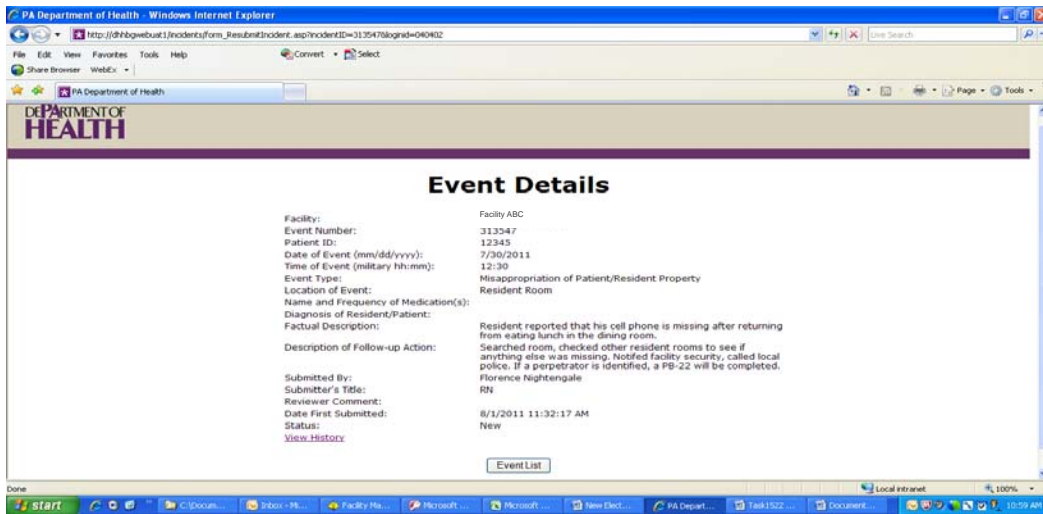
Log into ERS (<https://app2.health.state.pa.us/incidents/facilitylogin.asp>).



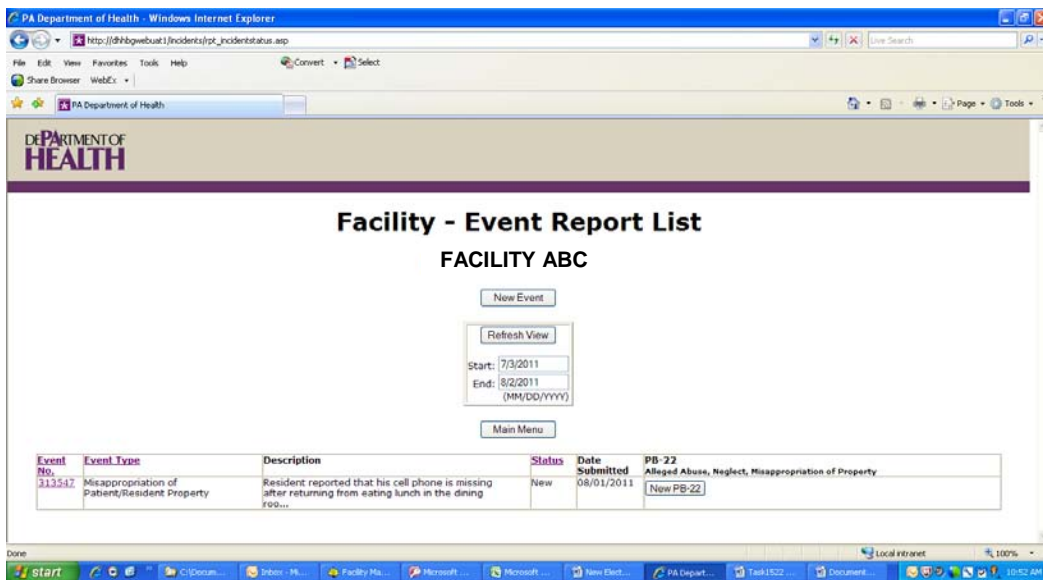
Enter the system and from the main menu select Event List/Add Event button.



Submit a new event that indicates abuse, neglect, rape or misappropriation of resident property.



After successfully submitting the event, the facility event report list will have an additional column on the right side as seen below.



Initially the column to the right will contain only a button that says New PB-22. Click this button to access and complete the electronic PB-22. Below is the PB-22 completed and saved for this example.

## PB-22 Report Form for Investigation of Alleged Abuse, Neglect, Misappropriation of Property

\* Indicates a field required for successful submission. PB-22 Reference ID: 638

**SECTION I - GENERAL INFORMATION**

Facility Type: LONG TERM CARE PROVIDER (NH)	Date of Alleged Incident: 07/30/2011 Time: 12:30 AM PM
Facility Name: FACILITY ABC	Reported to DOH: Johnson Field Office via ERS
Facility Address:	Telephone: 0141249-3125
County:	Date: 08/01/2011 Time: 11:32 AM PM
Telephone:	Date Investigation Initiated: 07/30/2011
	Time Investigation Initiated: 12:30 AM PM
	Date Facility Investigation Completed: 08/02/2011
	Time Facility Investigation Completed: 11:00 AM PM
	Date PB-22 Submitted to Field Office: 08/02/2011

**SECTION II - ALLEGATIONS/INDIVIDUAL INVOLVED**

Name of Individual/Alleged Perpetrator Involved: Fictional Fred	Worker's Category: <input type="checkbox"/> RN <input type="checkbox"/> LPN <input checked="" type="checkbox"/> NA
Address: 123 Any Street	<input type="checkbox"/> Physical Therapy <input type="checkbox"/> Housekeeping <input type="checkbox"/> Dietary
City: Bedford State: PA Zip: 15522	Other Description:
Telephone: 0971654-2210	Date of Hire: 07/05/2005 Shifts: 11pm - 7am
Date of Birth: 01/01/1986 Sex: <input type="radio"/> Male <input type="radio"/> Female	Licensure/Registry #:
Relationship to Victim:	

Relationship to Victim: Caregiver

Nature of Abuse:  physical  sexual  verbal  mental  neglect  misappropriation of property  
 serious bodily injury (substantial risk of death)  suspicious death  serious physical injury (severe pain or impairment)

Name of Resident/Victim Involved: Alexander Bell Resident Date of Birth: 12/12/1912

Resident Address: 136 Donahoe Manor Road Sex:  Male  Female  
City: Bedford State: PA Zip: 15522 Telephone: 0141623-9075

Name of Family Member/Legal Guardian Notified: Alexis Bell  
Address: 456 Any Street Telephone: 0971321-6540  
City: Bedford State: PA Zip: 15522 Relationship: Daughter

**SECTION III - DESCRIPTION OF INCIDENT** Describe what happened. Provide specific details, i.e. exact words/actions, location of occurrence, date and time, type of injury, kind of property, dollar amount, extent of physical injury, if any.

After returning to his room from the dining room, resident discovered that his cell phone was missing. Searched resident room, checked other rooms to see if anything else was missing, notified facility security, called local police.

Save Attach

Who reported it? the resident  
To whom was it reported? Nursing supervisor Date reported: 07/30/2011 Time reported: 12:30 AM PM

Witnesses  
Name: Note  
Address:

Was/is another state agency involved in the investigation?  Yes  No  
Name of agency:  
Telephone number of agency:  
Name of contact person:  
Outcome (if available):

Were local police notified?  Yes  No  
Date: 07/30/2011 Time: 12:30 AM PM

Did police investigation occur?  Yes  No  
Name of contact:  
Telephone:

Investigation Status (i.e. ongoing, concluded):

**SECTION V - FINDINGS OF FACILITY INVESTIGATION** Include description of mitigating circumstances surrounding the allegation/incident, if any (i.e. combine resident, direction among coworkers involved).

Nurse aide stated that he entered the resident's room while the resident was eating lunch in the dining room. He saw the cell phone lying on a table in clear view of anyone walking by. Since he had no key to the resident's secure drawer, he decided to keep the cell phone on his person until the resident. Nurse aide was assigned to a different area of the facility to fill in for another nurse aide who had become ill and gone home. Aide immediately returned cell phone to the resident at first opportunity approximately two hours after the incident occurred.

Save Attach

**SECTION VI - CONCLUSIONS**

Misappropriation was substantiated, although the nurse aide was purportedly acting in the best interests of the resident.

**SECTION VII - ACTIONS TAKEN** Include referrals to licensing or certifying agencies, if any.  
 Nurse aide counseled about proper reporting procedures to avoid even the appearance of misappropriation of resident property.

**SECTION VIII - RELEVANT/SUPPORTIVE DOCUMENTATION ATTACHED**

1. Witness statement (signed, dated): \_\_\_\_\_  
 2. Accused statement (signed, dated): \_\_\_\_\_  
 3. Nurse's notes, physician's notes: \_\_\_\_\_  
 4. Reports (x-ray, etc): \_\_\_\_\_

Are photos available on request?  Yes  No

**ADDITIONAL DEPARTMENT OF AGING REPORTING REQUIREMENTS**

Oral Report to AAA  
 \* Date: [07/30/2011] Time: [01:00]  AM  PM  
 \* Name AAA Contacted: [Oliver Ombudsman]  
 \* Name and Title of Person Initiating Report: [Angela Mercy RN]

Oral Report to PDA (if applicable) 717-265-7887  
 \* Date: [07/30/2011] Time: [01:13]  AM  PM

\* Completed By: [Angela Mercy RN] \* Date: [08/02/2011] \* Time: [12:09]  AM  PM  
 \* Title: [Nursing Supervisor] \* Telephone: [814/923-9079]

\* Submitted By: [Angela Mercy RN]  
 \* Title: [Nursing Supervisor]

[Save] [Submit to Pennsylvania Department of Health] [Print] [Back to Event List]

After saving the PB-22 form and returning to the Event List, the screen will appear as below.

**Facility - Event Report List**  
**FACILITY ABC**

[New Event]  
 [Refresh View]  
 Start: [7/3/2011]  
 End: [8/2/2011] (MM/DD/YYYY)  
 [Main Menu]

Event No.	Event Type	Description	Status	Date Submitted	PB-22 Alleged Abuse, Neglect, Misappropriation of Property
112547	Misappropriation of Patient/Resident Property	Resident reported that his cell phone is missing after returning from eating lunch in the dining room...	New	06/01/2011	Incomplete Fictional Fred Misappropriation of [redacted]

[New PB-22]

Had you submitted the PB-22 form by clicking on "Submit to Pennsylvania Department of Health," the PB-22 status would be Submitted rather than Incomplete.

Icon	Description	Location(s) Used
	Edit PB-22	ERS Facility View
	Remove PB-22	ERS Facility View
	View PB-22	ERS Facility View

There are five different PB-22 form status codes: **Incomplete** (PB-22 has been saved, but not transmitted); **Submitted**; **Rejected**; **Resubmitted**; and **Accepted**. On the screenshot below, the second event listed shows a PB-22 form for each status.

**Facility - Event Report List**  
FACILITY ABC

Buttons: New Event, Refresh View, Start: 07/22/2011, End: 8/3/2011 (MM/DD/YYYY), Main Menu

Event No.	Event Type	Description	Status	Date Submitted	PB-22 Alleged Abuse, Neglect, Misappropriation of Property
313530	Rape	Resident reported a man she had never seen before entered her room, closed and locked the door, and ...	Accepted	07/22/2011	Submitted Im Accused Sexual Submitted Ima Creep Physical,Sexual Submitted Me Too Sexual New PB-22
313525	Misappropriation of Patient/Resident Property	Upon returning from dining room, resident discovered that her IPDD and cell phone had been taken fro...	Accepted	07/22/2011	Accepted Isaw Whatudid Misappropriation of Rejected Itook Urclupho Misappropriation of Incomplete Itook Urupod Misappropriation of Resubmitted Ivant Urclupho Misappropriation of Submitted Ivant Urupod Misappropriation of New PB-22

DOH reviewers may accept both the event and PB-22, reject both the event and PB-22, accept the event but reject the PB-22, or reject the event and accept the PB-22. Below is an example of an accepted event with a rejected PB-22.

**Facility - Event Report List**  
FACILITY ABC

Buttons: New Event, Refresh View, Start: 7/3/2011, End: 8/2/2011 (MM/DD/YYYY), Main Menu

Event No.	Event Type	Description	Status	Date Submitted	PB-22 Alleged Abuse, Neglect, Misappropriation of Property
313546	Complaint of Patient/Resident Abuse, Confirmed or Not	When resident attempted to get out of his wheelchair so that he could reach across the table, a nurs...	Accepted	08/02/2011	Rejected Iva Bigmouth Verbal New PB-22
313517	Misappropriation of Patient/Resident Property	Resident reported that his cell phone is missing after returning from eating lunch in the dining r...	Accepted	08/01/2011	Accepted Fictional Fred Misappropriation of New PB-22

When the facility opens the PB-22 form to review, the reject reason is printed in red type at the left top of the form. The facility should revise the form based upon the reject reason and resubmit the form.

The screenshot shows a web browser window titled "PA Department of Health - Windows Internet Explorer". The address bar shows a URL starting with "http://dohlogrebus11ridents". The main content area displays the "PB-22 Report Form for Investigation of Alleged Abuse, Neglect, Misappropriation of Property". At the top left of the form, there is a red message: "This PB-22 was rejected for the following reasons: Section II - License (Registry number is not included or incorrect)". The form is divided into two sections: "SECTION I - GENERAL INFORMATION" and "SECTION II - ALLEGATIONS/INDIVIDUAL INVOLVED". Section I contains fields for Facility Type, Facility Name, Facility Address, County, Telephone, Date of Alleged Incident, Time, Date Investigation Initiated, Time Investigation Initiated, Date Facility Investigation Completed, and Time Facility Investigation Completed. Section II contains fields for Name of Individual/Alleged Perpetrator Involved and Worker's Category (RN, LPN, NA).

Within the PB-22 column, PB-22 records will be ordered by individuals' names. Users will know an action on their part is required given the Status information as well as the Activity icons at right.

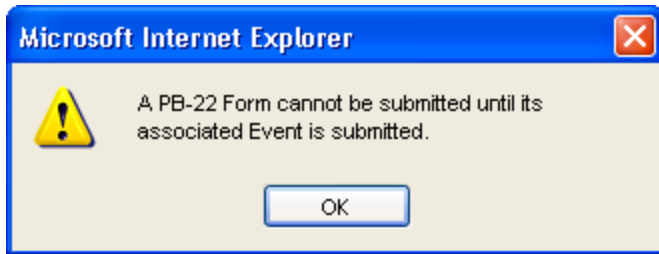
If a Nature of Abuse or other PB-22 information is too wide to fit in the column, it will display truncated, but if a user hovers his mouse over the text, the full text will appear.

Hover Help is provided within the body of the PB-22 on specific fields. If you place the cursor over a field name of an item that has hover help, the field name will immediately be underlined, and a small hand will appear prompting the user to click on the field name. A Hover Help text box will then appear at the bottom of the screen. See below.

When the link is clicked, the hover help text for that field will display at the bottom of the form to include a Close button:

The screenshot shows the bottom of a form with four buttons: "Save", "Submit to Pennsylvania Department of Health", "Print", and "Cancel". Below these buttons is a yellow tooltip box with the text: "To whom was it reported in the Division of Nursing Care Facilities' field office? Via ERS is appropriate response." At the bottom of the tooltip box is a "Close" button.

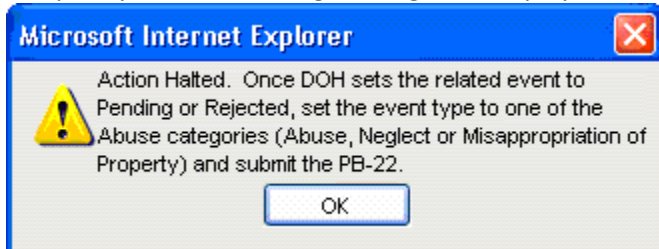
ERS shall not permit a PB-22 to be submitted unless its associated event is also submitted, displaying the following message if a user attempts to do so:



If a facility attempts to resubmit or a DOH user attempts to accept a non-abuse event for which a PB-22 form exists, the following message will display:



If a facility attempts to submit or re-submit a PB-22 form for a non-abuse event that has not been accepted yet, the following message will display when the Submit button is clicked:



#### Helpful Hints:

- (1) The ERS event must be submitted before an electronic PB-22 is available.
- (2) **Hit Save Button at the bottom of the form often, at least every 5 minutes, to avoid losing information that has been entered.**
- (3) If there is an option to add an attachment, text may not be entered into the box IF an attachment is added. It is either text in the field or added attachment.
- (4) If there are numerous documents to be added as an attachment to one field, the documents should be scanned into one document, saved on your computer, and then added as an attachment.
- (5) If an event is accepted with no perpetrator and then later a perpetrator is identified, the event must be resubmitted as a new event so that the PB-22 can be attached.

## PB-22 Instructions for Completion

Note: Required fields for PB-22 completion are designated by red asterisks. Hover help is provided for many fields and is available by clicking on the field name or question. A small Help window will appear at the bottom of the screen. Some fields allow the attachment of documentation. These fields have an empty text box with the words "Browse" and "Attach" beside them. If a document/file is attached, the text box will contain the name of the document or file. Such text boxes can be either for text entry or for the attachment title, but not for both.

### SECTION I – General Information

The facility type, name, address, county and telephone number will be automatically populated with your facility's information.

**\* Date and Time of Alleged Incident:** Be specific, if known. If unknown, explain reason in narrative (Section III – Description of Incident)

**\* Reported to DOH:** To whom was it reported in the Division of Nursing Care Facilities field office? "Via ERS" is an appropriate response.

**\* Date and time** original report was filed with DNCF.

**\* Date and Time Investigation Initiated** by the facility

**\* Date and Time Investigation Completed:** This must reflect the timeframe the facility took to investigate the allegations.

**Date PB-22 submitted to the field office:** This will populate automatically with the date of the PB-22 entry.

### SECTION II – Allegations/Individual Involved

**\* Name of individual/Alleged Perpetrator Involved:** Name of alleged perpetrator. Only one perpetrator may be listed on a PB-22.

**\* Address:** Address of alleged perpetrator

**\* Telephone:** Telephone number of alleged perpetrator

**DOB/Sex:** Date of Birth and sex of alleged perpetrator

**\* Relationship to Victim:** Perpetrator's relationship to the victim (caregiver, family member, etc.)

**\* Worker's Category:** Check appropriate block. If Other, indicate job title if different than those listed (for example, direct care worker, physician, etc.)

**\* Date of Hire:** Date of hire of the perpetrator by the facility. Must be completed even if perpetrator is agency staff. Facility staff must obtain this information from the Agency if necessary.

**\* Shift** – shift at the time of the incident

**License/Registry Number:** # if applicable.

**\* Nature of Abuse:** Abuse type should accurately reflect the nature of the alleged event. Definitions of abuse types are available in Hover Help when clicking on the field name (Nature of Abuse).

**\* Name of Resident/Victim Involved:** Name of resident. Only one resident can be listed on a single PB22.

**\* Resident Address:** Indicate residents' address. Include the facility address if the resident is still at the facility and if the resident has been discharged, list address to contact resident.

**\* Resident date of birth:** enter resident's date of birth

**Sex:** Sex of resident, male or female.

**\* Telephone:** Indicate resident's personal phone number. If no personal phone, list facility number where resident could be contacted.



- \***Family Member/Legal Guardian Notified:** Identify full name of family member/legal guardian notified.
- \***Address:** Address of family member/legal guardian notified.
- \***Telephone:** Telephone number of family member/legal guardian notified.
- \***Relationship:** Relationship of family member/legal guardian if applicable

### SECTION III – Description of Incident

\***Follow the directions as outlined on the form.** Describe what happened. Provide specific details, i.e., exact words/actions, location of occurrence, date and time, type of injury, kind of property, dollar amount, extent of physical injury, if any. Please click hover help for the title of this section for guidance in reporting each type of incident.

### SECTION IV – Investigative Activities – how did the facility become aware of the incident?

**Who reported it?** Provide name and identity role (resident, staff member, visitor, etc)

**To whom was it reported?** Provide name and position (Charge nurse, Supervisor, etc)

**When:** Provide date and time, if known

**Witness Information:** A witness is an individual who has first hand information about the abusive or neglectful event and not the outcome of the event in question. They must have been a direct observer of the alleged incident or surrounding circumstances. Provide information as requested and note each person's willingness to testify. If the witness was interviewed, please attach the interviewer's notes, if available. Additionally if the witness signed a written statement, please attach it. The form has the capability to report information for up to 4 witnesses. Indicate if witness is considered a credible source. If not, provide a reason in the text box or attach an explanation. A file may be attached that contains all required witness information.

**Resident/Accused:** Was the resident (victim) interviewed? If a signed statement was provided by the resident, please attach it. Is resident a credible source. Enter text explaining resident credibility. Indicate resident's ability and willingness to testify. If necessary, attach document explaining credibility. Was the accused interviewed? If so, interview notes should be attached. If a signed statement was provided by the accused, please attach it. Please attach signed statements of other involved individuals.

**Supportive Documentation:** Indicate information available and whether it is attached or retained at the facility. This could include nursing notes, photographs, x-ray reports, etc.

**Medical Treatment:** Indicate if, as a result of the physical or sexual abuse, the resident was seen by a physician and/or hospitalized.

**State Agency Referral:** Indicate all agencies notified/involved such as Protective Services, Department of Aging, Department of State, and law enforcement. If known, indicate status of any investigation.

**Local Police Notification:** Indicate if local police were notified and if so, the date and time they were notified. If police investigation occurred, provide the individual police officer's contact information. Include a summary of referrals made and action taken by the other agency. Note if police investigation is closed or on-going. Please indicate if charges are pending.

### \*SECTION V – Findings of Facility Investigation

Provide narrative that describes all components that the facility determined to be relevant to the investigation. Include evaluations or disciplinary actions of the nurse aide if significant.

### \*SECTION VI – Conclusions

Indicate whether the facility found the allegations to be substantiated or unsubstantiated.

**\*SECTION VII – Actions Taken**

Include referrals to licensing or certifying agencies, if any. This may include discipline, training, education, suspension and/or termination.

**SECTION VIII – Relative/Supportive Documentation Attached**

List relevant/supportive documentation as a check prior to submitting to the Field Office. Nurse's and physician's notes can be attached in this section if not already attached.

**ADDITIONAL DEPARTMENT OF AGING REPORTING REQUIREMENTS**

Indicate name of Area Agency on Aging (AAA Protective Services) contact person and date and time oral report was made in addition to the name and title of the person initiating the report. Act 13 of 1997 requires that employees and/or administrators who have reasonable cause to suspect that a recipient is a victim of any of the types of abuse described in the definitions of Act 13 shall immediately make an oral report to the AAA. Within 48 hours of making all oral reports, the employee or administrator shall make a written report (may use PB-22) to the AAA. Any alleged abuse involving sexual abuse, serious bodily injury, serious physical injury and suspicious death is mandated under Act 13 to be reported to the Pennsylvania Department of Aging (PDA), in addition to the AAA report.

**Completion Section**

This section is for the facility person completing the report. Enter the name, title and phone number of person completing form plus the date and time. Enter the name and title of the person who submitted the form to the Department of Health.