PA Department of Health (PA-DOH) Event Reporting System Instructions Effective April 18, 2016 Updated March, 14, 2018

Purpose: To streamline the notification process used by the AAA network when informing DOH that a RON has been received by the AAA regarding an older adult residing in a licensed setting or receiving services from a DOH licensed entity. This system will allow for consistent data, submission and the ability to confirm notification was completed.

Regulatory Reference:

Under the Older Adults Protective Services Act (OAPSA), 35 P.S. §§10225.101 *et seq.*, and Protective Services for Older Adults regulation at Section 15.45 (b), 6 Pa Code §15.45(b), it is required that Area Agencies on Aging (AAAs) make notification to the appropriate licensing agency under procedures developed by the Department, in consultation with the licensing agency, for all reports involving an individual residing in a state licensed facility.

Web Site Address: The web site address for the Event Reporting System (ERS) is:

https://sais.health.pa.gov/Incidents/facilitylogin.asp

Login: When first entering the site, AAAs will be required to login. This is accomplished by entering the the Login ID and the Password. (NOTE: Whenever you type in the password field, $a \bullet$ is shown instead of what is typed – this helps to keep passwords confidential). Once the login id and password are entered, click the Login button:

Event Reporting System - Facility Login

I	Login ID:		
Pa	assword:		
	Lo	ogin	
	Change	Password	
			_
[Passwo	ord Reset	7

Created September 2003 UPDATED March 2018 EventReportingSystemManualAAA_NCF_October 2014.doc UPDATED March 2018

Page 1 of 23

Event Reporting System - Facility Login

l Pa	Login ID: assword:		
ļ	La	ogin	
	Change	Password	
	Passwo	ord Reset	

A password change should NOT be done unless the appropriate authorized personnel communicate that a password change is in order and are, in turn, properly notified of a successful password change. To change your password first enter your Login ID and current Password on the login page and then: (1) click the Change Password button on the login page, and on the next page that opens, (2) enter the AAA ID, (3) the current password, (4) the new password, (5) re-type the new password, and finally (6) click the Change Password button.

Immediately after selecting the Change Password button, you will receive a message telling you that the "Password Changed Successfully."

Note: If you have a password problem, please contact the Division of Nursing Care Facilities at 717-787-1816.

🖉 PA Department of Health - Windows Internet Explorer						- 7 🛛
C thtp://dhhbgwebuat1/incidents/FacilityChangePassword.asp				v fy 2	× P Live Search	ب و
File Edit View Favorites Tools Help						
X Share Browser WebEX •						
X O McAfee'						
👷 Favorites 🛛 🍰 Free Hotmail 🙋 IntelliMark 🙋 Microsoft Support 🙋 QI reports 🙋 Web S	lice Gallery 🔻					
RA Department of Health				🟠 ·	• 🔝 - 🖃 🌐 • Pag	e 🕶 Safety 🕶 Tools 🕶 🔞 🕶 🂙
X PA Department of Heath. In Pursuit of Good Heath						A
Event Re	port - C	hange	Pas	sword		
	Login ID:					
	Old Password:					
	New Password:					
Ret	ype New Password:					
	Change F	assword				
	Return t	o Login				
					62	v
	Lon In	. Ca.			Scal intranet	
Start B /2 0 1≥ ≤ 10 In 4 5 ≤ D0 ♦ F.	a 🛛 🔂 TER 🗌 🎑 C	:) 🔮 Ev	(C PA			🕑 🤍 🧶 🚬 😰 💆 11:38 AM

The final button on the Event Reporting System – Facility Login page is used to generate a temporary password.

Event Reporting System - Facility Login

Login ID: Password:	
L	ogin
Change	Password
Passwe	ord Reset

To generate a temporary password, enter the facility Login ID and email. Next click the Request Passcode button.

Event Report - Password Reset

Login ID:	
Email Address:	
	RequestPasscode
	Return to Login

Enter the temporary password on the Change Password screen accessed from the facility login screen. The temporary password is entered in the Current Password field. This allows the user to reset the AAA ERS password when otherwise unable to do so. Temporary passwords are valid for 24 hours after the Request Passcode button is clicked. After 24 hours, a new temporary password must be generated using the same Password Reset process.

Site Entry – **Confidentiality Notice**: Upon successful login, the first page is a welcome to the site, as well as a reminder that all information entered into the site and displayed by the site is to be handled and regarded in a confidential manner as described by law. Information is also given on the requirements for a successful event entry. To proceed into the ERS, click the Enter System button:

tçı/dhhogwebuetL/incidents/FacilityLogin.asp 🖓 🛨 🔠 PA Department of Health 🗙	
Favorites Tools Help	
👼 🕶 Page * Safety * Tools * 🚯 * 🗸 🗓	
Event Reporting System - Facility Login	
28 PA Code - 51.3 Notification Confidential Information	
Velcome to the Department of Health, Division of Nursing Care Facility Site for electronic submission of the Event Reporting Form.	
he information submitted by your facility will be used to conduct a facility investigation and will become part of an electronic repository of event information. This repository will provide easier access to rends by regions, facilities, event categories, date ranges, and other criteria. All information is considered confidential and will not be released without either consent of the facility or a court order as o	event information and enable the Department to evaluate event utlined in 28 PA Code §51.3(i).
Il facilities are required to submit notification of events. Department of Health regulations identifying the circumstances in which an event must be reported are at 28 PA Code §51.3; 28 PA Code §211. Code. The Electronic Event Reporting System is the mechanism facilities are to use to meet this regulatory requirement.	t(a)(b)(c), 201.14(c)(d)(e)(f), and Chapter 27 of the Administrative
Ater facility submission of an event, Department of Health professional staff will review each submitted event and either advnowledge receipt of or reject the submitted event. When a submitted event and resubmit the event information or to withdraw the original submission. It is expected that only a small number of events will be withdrawn. For example, a facility would withdraw an event if upplicate submission in error.	is rejected, the facilities have three (3) calendar days to either the event was already submitted and the facility made a
ul allegations of abuse must be reported <u>initially</u> through the Electronic Event Reporting System. In addition, in many cases the facility will be required to file a PB-22 (Facility Report Form for Investigat Jurse Aide or Other Facility Employee). In this orcumstance, the facility must complete a PB-22, which will be available in the Event Reporting System when the appropriate event category is chosen. Fo he field office.	ion of alleged Abuse, Neglect, Misappropriation of Property by r additional information on PB-22 abuse reporting please contact
n the Resident ID field the resident's Medicare number should be entered exactly as it appears on the resident's documents. Only if the resident does not have a Medicare number, a Rainoad Retireme ontain both letters and numbers. If the resident does not have a Medicare number or a RRB, please enter the last four digits of the social security number and include the resident's name in the text o emis patient and resident are used interchangeably.	nt Board (RRB) number may be substituted. These RRB numbers f the Factual Description. Please note that in this system, the
Click here for detailed instructions on the use of the ERS system	
or a submitted event to be acceptable it must:	
. Contain appropriate information in all fields of the online form. For example, enter the event time in military time and provide sufficient description of the event so that the event category is justified a lame and Frequency of Medication(s) field and the Diagnosis of Resident/Patient field are not mandatory for all events. All other fields on the Event Report are mandatory fields.	nd an approval determination can be made. Please note that the
. Be submitted by an individual authorized by the facility.	
f a submitted event does not contain adequate information to assess its category selection or severity, the event will be rejected for re-submission with complete information. An event may also be rej ot met and a report is not needed. The facility may rescind the submission or provide additional information to support the determination that a reportable event has occurred.	ected based on a determination that the criteria for an event is
EITHER ACKNOWLEDGEMENT OF RECEIPT NOR CONFIMRATION OF A REPORTED EVENT CONSTITUTES APPROVAL OF THE FACILITY'S CHARACTERIZATION OF THE EVENT OR THE MANNER IN WHICH IT HAS HARACTERIZATION OF THE EVENT AND PROPER CATEGORIZATION REMAINS AT ALL TIMES WITH THE FACILITY.	BEEN CATEGORIZED. RESPONSIBILITY FOR ACCURATE
lote: An event will not be considered submitted until you receive a confirmation that includes an event number.	
Enter System	

Main Menu – After entering the system the first page is a menu of the possible options: Event List/Add Event, Event Filter Report, or Logout. To add a new event, click on the Event List/Add Event button.

🖉 PA Department of Health - Windows Internet Explorer				
🚱 😔 💌 Ittp://dhhbgwebuat1/incidents/facilitymainmenu.asp			🖌 🛃 🗶 🖓 Live Search	• ٩
File Edit View Favorites Tools Help				
X Share Browser WebEx -				
X O McAfee /				
🖕 Favorites 🛛 🚖 🔊 Free Hotmail 🖉 IntelliMark 🖉 Microsoft Support 🖉 QI reports 🖉 Web Slice Ga	illery •			
PA Department of Health			🟠 🔹 🗟 🗹 🖷 🖷 🖛	'age • Safety • Tools • 🔞 • 🎽
pennsylvania DEPARTMENT OF HEALTH				
Event Reporting	System - F	acility	y Main Menu	
	Logout			
] Done			Second Intranet	√a • € 100% • .:
🛃 start 🛛 🙆 🖉 🕞 🖼 👘 In 🔺 5 🔛 DO 👙 Fa	👔 ER 🏠 C:\ 📓 Ev	🌈 PA 🚺		😡 🕲 🔍 😒 🦉 🐬 11:41 AM

Event List/Add Event – Clicking the Event List/Add Event button on the Main Menu brings up the AAA – Event Report List page. This page displays the status of all submissions entered by the AAA for the past <u>30</u> calendar days (Approved, Rejected, or New – a new event is one that has not yet been reviewed by the PA-DOH). The view of the information on this page can be changed several ways. To see all events, not just those within the last 30 days, click the View All button. A date range pop up box will now appear so you may limit the result set to speed retrieval. To sort events by event number, event type, status, or by date submitted, click the appropriate column heading.

PA Departme	ent of Health - Internet Explore	er					_ & ×
- 0	https://sais.health.pa.gov/Inci	idents/rpt_incider 🔎 🚽 🐓 👓 Virtual Contact Center 🛛 💇	ESS Home - In	tegrated Enter	A Department of Health	× 🤌 PA Department of Health	■ ☆☆ ∅
File Edit Vie	ew Favorites Tools Help						
🖕 偧 Positic	on Description 🛅 Suggested	Sites 🔻 🕖 Web Slice Gallery 👻 🖉 Free Hotmail			6	🔹 🔝 👻 🖃 🖶 👻 Page 👻 Safety	• Tools • 🔞 • »
pennsy DEPARTMENT	Ivania COF HEALTH						^
		Facility - Eve	nt R	eport	List		
		ΑΑΑ	- ERI	E			
		New	Event				
		Start: 127 End: 2/11 (M	h View 30/2015 3/2016 M/DD/YYYY) Menu				
Event No	Event Type	Description	<u>Status</u>	Date Submitted	PB-22 Alloged Abuse Neglect Micani	progriation of Bronorty	
445357	AAA RON	Resident=Theodore Fitch. Per reporter the consumer told an aide that "someone punched" the consumer	Accepted	02/08/2016	million Abuse, negreci, Misap	propriation of Property	
444283	AAA RON	Resident is Sherry Donnell. Per reporter the consumer stated that the AP walked into consumers ro	Accepted	01/25/2016			
442972	AAA RON	Resident stated that one staff person was mean to him. Staff put her knees into his back and that s	Accepted	01/07/2016			
441834	AAA RON	Consumer=Florence A. MoczulskiPer reporter the consumer has received on her Labia is bruised con	Accepted	01/04/2016			~
442634	AAA RON	Consumer=Sandra MversReporter stated	Accepted	01/04/2016			A 1259 -

Add Event - To add a new event, click the New Event button on the AAA – Event Report List page. This will open the Event Report page. All fields on this page are required fields except for the Diagnosis field and the Medication field. It is mandatory that information be entered into the required fields. You can navigate from one field to the next by tabbing or by clicking in each field. Complete all the fields which have a red asterisk and when finished, click the Submit button at the bottom of the page. When entering information, a **brief** description of detail should be included.

Resident ID: The resident's last four digits of the social security number or their Medicare number should be entered here.

NOTE: The resident's name will be included in the Factual Description section.

Date of Event: Date of incident

Time of Event: Time of incident

	To see the full event type description <u>Click Here</u>	<u>e</u>
*Event Type:	AAA RON	
*Event Sub-type	Over 60	

Event Type - The event type is entered by selecting: AAA RON. Simply click your cursor in the event type field (or click the arrow to the right of the field), scroll to the AAA RON event category and highlight it.

Event Subtype – When AAA RON is chosen, the Event Subtype will open. Choose Over 60.

File Edit View Favorites Tools Helo		
A v SI v II → v Pane v Safetv v Tank v A N		
lan manan and and and the first the first the state of th	Еуепі керогі	
	· · · · · · · · · · · · · · · · · · ·	
	Cancel	
	Eidde proceeded with 1%1 pro required	
	rielus preceded with are required.	
*Resident ID:		
Date of Event (mm/dd/yyyy):		
*Time of Event		
(mmcary rumm):	To see the full event type description Click Here	
*Event Type:	AAA RON	V
*Event Sub-type	Over 60	
*Location of Event:		
Name and Frequency of Medication(s):		
(maximum 600 characters)	^	
	v	
Diagnosis of Resident/Patient: (maximum 250 characters)	A	
	×	
"Factual Description:		
(maximum 3500 characters)	^	
	v	
*Description of Follow up Artion:		
(maximum 3500 characters)	^	
	ľ – Í – Í – Í – Í – Í – Í – Í – Í – Í –	
"Submitted By:		
*Submitter's Title:		

Location of Event: Name of Facility

↓ • • → • ③ ④ 씁 ◎ ⊛	🤋 🧭 🛃 🗐 🖻	10 - 8 ×
*Resident ID:		
*Date of Event (mm/dd/yyyy):		
*Time of Event (military hhmm):	To see the full event type description Click Hare	
*Event Type:		
*Location of Event:		
Name and Frequency of Medication(s): (maximum 300 characters)	×	
Diagnosis of Resident/Patient: (maximum 250 characters)	×	
*Factual Description: (maximum 3500 characters)	×	
*Description of Follow-up Action: (maximum 3500 characters)	×	
*Submitted By: *Submitter's Title:		

* A red asterisk will appear in front of each field where data entry is required. A brief description of detail should be included. AAAs are not required to enter diagnoses and medications.

Factual Description: Provide a description of the allegation. The name of resident must be entered here.

NOTE: If the allegation(s) reported does not involve the facility, this information should be provided here.

Description of Follow-Up Action: Provide a brief description of the follow-up that has occurred since the incident (Alleged perpetrator suspended or terminated, police called, etc.).

Submitted By: Enter your name

Submitter's Title: Enter your position

Created September 2003 UPDATED March 2018 EventReportingSystemManualAAA_NCF_October 2014.doc UPDATED March 2018

Page 9 of 23

Event Report (confirmation) – after the Submit button is clicked a confirmation page is displayed. One important process performed by the confirmation page is to provide an event number. The event number confirms that the event was successfully entered into the event database. **The confirmation number is to be provided in the Notes section of Question 4.B.5 on the RON**. To add another event, click the "Add Another Event" button (a blank Event Report page will open and data may be entered for another event as described above). To return to the event list click the Event List button.

NOTE: An event is not submitted to the Department of Health until a confirmation with an event number has been received.

File Edit View Favorites Tools	Help ggested Sites 👻 🧑 Web Slice Gallery	👻 餐 Free Hotmail		å • ⊠ - ≅ ⊜ •	Page ▼ Safety ▼ Tools ▼
Position Description C Suge	ggested Sites 👻 💋 Web Slice Gallery	▼ 🥖 Free Hotmail] 🏠 ▾ 🖾 ་ 🖾 🖷 ་	Page ▼ Safety ▼ Tools ▼
DEPARTMENT OF HEALTH					
		Eve	ent Report		
Event Submi Event Numb	itted Successfully per: 444528				
Event D)etails:				
Resident ID: Date of Even Time of Even Event Type: Event Sub T; Location of f Name and f; Diagnosis of Factual Desc Description Submitted B Submitter's Date First Su	: nt (mm/dd/yyyy): nt (military hhmm): : 'ype: Event: Frequency of Medication(s): f Fasident/Patient: cription: of Follow-up Action: 3y: Title: uubmitted:	1223543 2/16/2016 0800 AAA RON Over 60 dining room test test testing testing 2/17/2016 9:02:	44 AM Event List Add Another Event		

Once you have received the confirmation, your event has been submitted. The event will be reviewed by DOH staff.

NOTE: You will now see the name, field office and phone number of the DOH staff who approved/rejected/pended the event.



If the field office rejects the event, you will be provided with a reason for the rejection.



Created September 2003 UPDATED March 2018 EventReportingSystemManualAAA_NCF_October 2014.doc UPDATED March 2018

Page 11 of 23

mttps://sais.neaitn.beta.pa.gov/Incidents/form_Resubr	PA Department of Health ×		
Edit View Favorites Tools Help			
Position Description Suggested Sites •	Gallery 🔻 🍘 Free Hotmail		🐴 🕶 🖾 👻 🖃 👘 🕶 Page 🔹 Safety 👻 Tools 👻 🔞
ennsylvania MARTHOR OF HEALTH			
	Eve	ent Details	
	Fadility Swith Number: Palisient ID: Date of Event (millidityyyy): Time of Event (millidityyyy): Event Sub Tyse: Location of Eventsys of Medication(s) Diagnosis of Resident/Patient: Factual Description:	A A - MONTGOMERY - NORRISTOWN 4.4928 9145 9145 9150 15:59 AAR RON Over 60 Norr 40 Consr reported that on 1/3/16 AP went into his/her room and opened the window. Cons complianed of the cold and got up the fact two when hights turner of the source of the norr 40 substantiation of the source of the	
	Description of Follow-up Action: Submitted By: Submitter's Title: Reviewed by: Field Office: Phone:	PS to investigate Meino James PSCM JEANNE CASAR NCF - NORRISTOWN (610)270-3475	
	Date First Submitted: Status;	President and identity residents in all future event reporting Reject Reasons: Other. 1/7/2016 8:48:00 AM Rejected	
	Reject Reasons: <u>View History</u>	Other	
		EventList	
	Undate Be	nort and Basubmit Withdraw	

Please review the rejection reason and withdraw the event, if indicated. Two buttons will appear on the bottom of the event "Update Report and Resubmit" or "Withdraw".

🖉 PA Departm	ent of Health - Wind	ows Internet Explor	er																	PX
OO • E	k http://dhhbgwebuat1/i	ncidents/form_ResubmitI	ncident.asp?ir	ncidentID=34	I56248Joginid=1	81302							~	* 7 ×	P Live	Search				P -
File Edit View	v Favorites Tools H	Help																		
🗴 🌍 Share Bri	owser WebEx +																			
× O McAfe	e 🔏 -																			
🔶 Favorites	🚖 🙋 Free Hotmail 🥫] IntelliMark 🙋 Microsof	t Support	🥖 QI report	s 🥫 Web Slice	e Gallery 🔻														
🔠 👻 🔀 PA De	partment of Health	🙀 PA Department of H	iealth 🗙											· 🟠 •	1		Page 🕶	Safety 🕶 1	rools 🕶 (∂ •
			Date o	of Event (n	nm/dd/yyyy)	:	5/5/20	12												^
			Time o	of Event (n	nilitary hh:m	m):	12:00													
			Event	Type:			Death Medica	Due to a l ation	Medication	Error or 4	Adverse	Reaction	to							
			Locati	on of Ever	nt:		testing)												
			Name	and Frequ	lency of Med	lication(s):	testing)												
			Diagno	osis of Res	sident/Patier	nt:	testing	9												
			Factua	al Descript	ion:		Reside	nt name -	John Doe											
			Descri	ption of Fo	ollow-up Acti	ion:	testing)												
			Submi	tted By:			testing)												
			Submi	tter's Title	•		testing]												
			Review	vea by:			SUSAN	WILLIAM	SON											
			Field C	mice:			NCF - (CENTRAL (DEFICE											
			Priorie	ii war Camm	opti		(/1/)/ Reject	8/-1810 Reasonal	Roport do	on pot co	ntain ala	omonto de	aling							
			Review	ver comm	enc.		with h	ow the fac nt.	cility will co	rrect this	issue as	s it relates	s to the							
			Date F	irst Subm	itted:		6/14/2	012 12:04	4:10 PM											
			Status				Reject	ed												
			Reject				Report	does not	contain el	ements d	lealing w	ith how t	he facilit	y						
			Reaso	ns:			will co	rrect this i	ssue as it	relates to	the resi	ident								
			View H	listory																
			\sim	_			_													
							Ev	ent List												
						Undate Re	nort and l	Resubmit		ithdraw										
						opulationto	pontana	1000001111C		andran										
							_			_	_						_			~
Done															Not 🕑	al intranet		<u>-</u>	a 100%	6 •
🚜 start	@ 6 0 6 🖂	🕞 I		🖂 D	🔷 F	🕸 E 🛛	🔄 C	🗐 E	<i>(</i> P	🔁 E	6	86(S 🖸 🛙				6	0 0 🔊 🖌	2 🛃 12	:38 PM

Created September 2003 UPDATED March 2018 EventReportingSystemManualAAA_NCF_October 2014.doc UPDATED March 2018

Page 12 of 23

Event Details – The Event Report List provides an overview of events. The details of any event may be displayed by clicking on the event number for that event in the event listing page.

ylvania							
NT OF HEALTH							
			Event Filter	Report			
			Report Home	-			
			Report tome				
			03/01/2015 to 03/	17/2015			
Event No.	Facility Name	Facility ID	03/01/2015 to 03/	17/2015 Event Date	Status	Submitted By	Date Submitted
Event No. 420666	Facility Name A A A - GREATER ERIE COMMUNITY ACTION COMMITTEE	Facility ID A0010201	03/01/2015 to 03/ Event Type AAA RON	17/2015 Event Date 02/28/2015	Status Accepted	Submitted By Roxanne Perales	Date Submitted 03/03/2015
Event No. 420666 420674	Facility Name A A A - GREATER ERIE COMMUNITY ACTION A A A - GREATER ERIE COMMUNITY ACTION COMMUNEE	Facility 1D A0010201 A0010201	03/01/2015 to 03/ Event Type AAA RON AAA RON	17/2015 Event Date 02/28/2015 03/01/2015	Status Accepted Accepted	Submitted By Roxanne Perales Roxanne Perales	Date Submitted 03/03/2015 03/03/2015

Withdraw – To withdraw an event, click the Withdraw button on the Event Details window. Enter a reason for withdrawing the event and click the Withdraw button. An Event Review window will appear confirming what has been entered. Click the Event List button to return to the Event list.

Notes: The system will allow only events that are in a <u>rejected</u> status to be <u>withdrawn</u>. If you find that you have submitted an event in error, please contact your local Department of Health field office at:

HARRISBURG FIELD OFFICE	LEHIGH VALLEY FIELD OFFICE	PITTSBURGH FIELD OFFICE
Telephone: (717) 783-3790	Telephone: (610) 861-2117	Telephone: (412) 565-2836
JACKSON CENTER FIELD OFFICE	LIONVILLE FIELD OFFICE	SCRANTON FIELD OFFICE
Telephone: (724) 662-6050	Telephone: (610) 594-8041	Telephone: (570) 963-4331
JOHNSTOWN FIELD OFFICE	NORRISTOWN FIELD OFFICE	WILLIAMSPORT FIELD OFFICE
Telephone: (814) 248-3125	Telephone: (610) 270-3475	Telephone: (570) 651-1040

Ask them to reject the event. An example of when an AAA would withdraw an event would be if they made a duplicate submission of the same event in error or the event is not within the purview of the DOH.

Event History – As explained above, when an event number is clicked from the Event List page, an Event Detail window is displayed (an image of the Event Detail window is shown in the Resubmit/Withdraw section above). This window contains a View History link.



Clicking on the "View History" link brings up the Event History Report, which displays the submission history for that event (if the event was rejected and then resubmitted, and rejected and resubmitted again, and so on). Clicking on the event number provides the Event Details window for that particular submission.

PA Department	ent of Health ania	- Internet Explorer			_	
Submission	Event	t History		port	Data	
No.	Event Type	Description	Status	Date Submitted	Reviewed	
<u>0</u>	AAA RON	Cons reported that on 1/3/16 AP went into his/her room and opened the window. Cons complained of the	New	1/7/2016	N/A	
<u>0</u>	AAA RON	Cons reported that on 1/3/16 AP went into his/her room and opened the window. Cons complained of the	Rejected	1/7/2016	1/11/2016	
		·				~

Event Filter Report – AAAs also have the opportunity to view additional information on their previous submissions through the Event Filter Report. Clicking the Event Filter Report button on the Main Menu page opens the Event Filter Report screen.



This report can provide the AAA with a list of events by the event type that should always be AAA RON or by a specific status (or all statuses) for a given date range (or all events entered if no date range is provided). Event types and subtypes can be selected by clicking on the dropdown arrow to the right of each of the fields, then highlighting the appropriate choice. The report information can also be saved into an excel spreadsheet (and imported into Access, etc.). To save the report into a file, check the write output to file box (bottom left). To generate the desired report, click the Generate Report button.

3	PA Department of Health - Internet Explorer			_ & ×
1	🕒 🗢 🖉 https://sais.health.beta.pa.gov/Incidents/rpt,	IncidentFilter. 🔎 🚽 🛃 🐓 🏈 PA Depart	ment of Health X	$\hat{\Omega} \Leftrightarrow$
	File Edit View Favorites Tools Help			
	👍 🖉 Position Description 📴 Suggested Sites 🕶 🖉 V	Veb Slice Gallery 🔻 🙋 Free Hotmail		🐴 🕶 🔝 🖃 📾 🖷 💌 Page 💌 Safety 💌 Tools 💌 🔞 💌 🎇
	1			^
	pennsylvania			
1	DEPARTMENT OF HEALTH			
			Event Filter Report	
			Main Menu	
l	Event Type:	All	×	
	Event Status:	All		
	Location: Date Range	A A A - MONTGOMERY - NORRISTOWN		
	From (mm/dd/yyyy):			
	To (mm/dd/yyyy):			
l	Event Number			
l	Write output to file:	~		
			Consists Papart	
			Generate Report	
3				
2				
5				
1				
1				~
Į.				a 100% 🗸 🖉

Write Output to File – The generate report button opens the Event Filter Report window. If the "write output to file box" is checked then that window will include this line: Right Click Here to Download Report.

NOTE: More fields stored in the database have been added to the write output to file option.

→ Control Number	health.beta.pa.gov/Incidents/rpt_Incidentfilte	na 🔎 🛨 🚰 🏀 PA Depar	tment of Health X					<u></u>
Edit View Favorite	is Tools Help							
Position Descriptio	n 🔁 Suggested Sites 🕶 🖉 Web Slice Gal	llery 🔻 🧉 Free Hotmail				🏠 🕶 🖾 🗠 🗆	🗄 📻 💌 Page 💌 Safety	🔹 Tools 👻 🔞
Insylvania RTMENT OF HEALTH								
		`	Event Filter I	Report				
Event No.	Eacility Name	EXCUSE	Event Type	Event Date	Status	Submitted By	Date Submitted	_
437236	A A A - MONTGOMERY - NORRISTOWN	A0050201	AAA RON	10/19/2015	Accepted	Deborah Griffin	10/19/2015	-
437939	A A A - MONTGOMERY - NORRISTOWN	A0050201	AAA RON	10/28/2015	Accepted	Jill Payne	10/29/2015	_
436775	A A A - MONTGOMERY - NORRISTOWN	A0050201	AAA RON	10/13/2015	Withdrawn	Deborah	10/13/2015	
438485	A A A - MONTGOMERY -	A0050201	AAA RON	11/05/2015	Accepted	Sandra	11/05/2015	
439257	A A A - MONTGOMERY - NORRISTOWN	A0050201	AAA RON	11/14/2015	Accepted	Deborah	11/16/2015	
439256	A A A - MONTGOMERY -	A0050201	AAA RON	11/16/2015	Accepted	Deborah	11/16/2015	_
434923	A A A - MONTGOMERY -	A0050201	AAA RON	09/17/2015	Accepted	jill Rayne	09/18/2015	
432756	A A A - MONTGOMERY -	A0050201	AAA RON	07/13/2015	Accepted	Deborah	08/19/2015	
432678	A A A - MONTGOMERY -	A0050201	AAA RON	08/18/2015	Accepted	Deborah	08/18/2015	_
438950	A A A - MONTGOMERY -	A0050201	AAA RON	11/12/2015	Accepted	Colin	11/12/2015	-
	A A A - MONTGOMERY -	A0050201	AAA RON	11/24/2015	Accepted	Deborah	11/24/2015	-
439884	nonautonin	A0050201	AAA RON	08/13/2015	Accepted	Beth	08/20/2015	-
4 <u>39884</u> 4 <u>32778</u>	A A A - MONTGOMERY -					Beth	08/13/2015	-
439884 432778 432297	A A A - MONTGOMERY - NORRISTOWN A A A - MONTGOMERY - NORRISTOWN	A0050201	AAA RON	08/07/2015	Accepted	Silfion		
439884 432778 432297 433777	A A - MONTGOMERY - NORRISTOWN A A - MONTGOMERY - NORRISTOWN A A - MONTGOMERY - NORRISTOWN	A0050201 A0050201	AAA RON AAA RON	08/07/2015	Accepted	Sifies Brittany Cantele	09/03/2015	
439884 432778 432297 433777 436940	A A A - MONTGOMERY - NORRISTOWN A A A - MONTGOMERY - NORRISTOWN A A A - MONTGOMERY - NORRISTOWN A A A - MONTGOMERY - MORRISTOWN	A0050201 A0050201 A0050201	AAA RON AAA RON AAA RON	08/07/2015 09/02/2015 10/14/2015	Accepted Accepted Accepted	Silfies Brittany Cantele Elliott	09/03/2015 10/15/2015	
439884 432778 432297 433777 436940 431509	A A A - MONTGOMERY - MORRISTOWN NORRISTOWN A A A - MONTGOMERY - NORRISTOWN A A A - MONTGOMERY - NORRISTOWN A A A - MONTGOMERY - NORRISTOWN A A A - MONTGOMERY - NORRISTOWN	A0050201 A0050201 A0050201 A0050201	AAA RON AAA RON AAA RON AAA RON	08/07/2015 09/02/2015 10/14/2015 08/01/2015	Accepted Accepted Accepted Accepted	Sifies Brittany Cantele Elliott Smith Deborah	09/03/2015 10/15/2015 08/03/2015	
439884 432778 432297 433777 436940 431509 431982	A A A - MONTGOMERY - NORRISTOWN A A A + MONTGOMERY - NORRISTOWN A A A - MONTGOMERY - NORRISTOWN A A - MONTGOMERY - NORRISTOWN A A - MONTGOMERY - NORRISTOWN A A A - MONTGOMERY -	A0050201 A0050201 A0050201 A0050201 A0050201	AAA RON AAA RON AAA RON AAA RON AAA RON	08/07/2015 09/02/2015 10/14/2015 08/01/2015 08/10/2015	Accepted Accepted Accepted Accepted Accepted	Silfies Brittany Cantele Elliott Smith Deborah Griffin Deborah	09/03/2015 10/15/2015 08/03/2015 08/10/2015	
439884 432778 432297 433777 436940 431509 431592 431992	A A A - MONTGOMERY- A A - MONTGOMERY- NORRISTOWN A A - MONTGOMERY- A A - MONTGOMERY- A A - MONTGOMERY- NORRISTOWN A A - MONTGOMERY- NORRISTOWN A A - MONTGOMERY- MORDISTOWN	A0050201 A0050201 A0050201 A0050201 A0050201 A0050201	AAA RON AAA RON AAA RON AAA RON AAA RON	08/07/2015 09/02/2015 10/14/2015 08/01/2015 08/10/2015 07/17/2015	Accepted Accepted Accepted Accepted Accepted Accepted	Silies Brittany Cantele Elliott Smith Deborah Griffin Deborah Griffin Beth Bath	09/03/2015 10/15/2015 08/03/2015 08/10/2015 07/22/2015	
439884 432778 432297 433777 436940 431509 431982 430644 432231	A A MONTOWER'- A. A MONTOWER'- MORESTOWN A. A MONTOWER'- MORESTOWN A. A MONTOWER'- MORESTOWN A. A MONTOWER'- A. A MONTOWER'- MORESTOWN A. A MONTOWER'- MORESTOWN A. A MONTOWER'-	A0050201 A0050201 A0050201 A0050201 A0050201 A0050201 A0050201	AAA RON AAA RON AAA RON AAA RON AAA RON AAA RON	08/07/2015 09/02/2015 10/14/2015 08/01/2015 08/10/2015 07/17/2015 08/02/2015	Accepted Accepted Accepted Accepted Accepted Accepted Accepted	Sifies Brittany Cantele Elliott Smith Deborah Griffin Beth Sifies Deborah	09/03/2015 10/15/2015 08/03/2015 08/10/2015 07/22/2015 08/12/2015	
439884 432778 432297 433777 436940 431509 431982 430644 432231 428826	A A. # MONTONERF - A A. # MONTONERF - MORESTOW A A. # MONTONERF - MORESTOW A A. # MONTONERF - A A. # MONTONERF - A A. # MONTONERF - MONESTOW	A0050201 A0050201 A0050201 A0050201 A0050201 A0050201 A0050201	AAA RON AAA RON AAA RON AAA RON AAA RON AAA RON AAA RON AAA RON	08/07/2015 09/02/2015 10/14/2015 08/01/2015 07/17/2015 07/17/2015 08/02/2015 06/26/2015	Accepted Accepted Accepted Accepted Accepted Accepted Accepted Accepted	Siffes Brittany Cantele Elliott Smith Deborah Griffin Beth Siffes Deborah Griffin Deborah Deborah	09/03/2015 10/15/2015 08/03/2015 08/10/2015 07/22/2015 08/12/2015 06/26/2015	

Right click the Click Here to Download Report link at the top of the page, choose Save Target As.

Event Filter Report

Main Menu

			Right Click Here to	o Download Report			
Event No.	Eacility Namo	Facility ID	Event Type	Open	Statuc	Submitted By	Data Submitted
37236	A A A - MONTGOMERY - NORRISTOWN	A0050201	AAA RON	Open in new tab	Accepted	Deborah	10/19/2015
37939	A A A - MONTGOMERY - NORRISTOWN	A0050201	AAA RON	Open in new window	Accepted	Jill Pavne	10/29/2015
<u>36775</u>	A A A - MONTGOMERY - NORRISTOWN	A0050201	AAA RON	Print target	Withdrawn	Deborah Griffin	10/13/2015
38485	A A A - MONTGOMERY - NORRISTOWN	A0050201	AAA RON		Accepted	Sandra Hurtado	11/05/2015
<u>39257</u>	A A A - MONTGOMERY - NORRISTOWN	A0050201	AAA RON	Cut	Accepted	Deborah Griffin	11/16/2015
39256	A A A - MONTGOMERY - NORRISTOWN	A0050201	AAA RON	Copy	Accepted	Deborah Griffin	11/16/2015
34923	A A A - MONTGOMERY - NORRISTOWN	A0050201	AAA RON	Paste	Accepted	Jill Payne	09/18/2015
32756	A A A - MONTGOMERY - NORRISTOWN	A0050201	AAA RON	- i usite	Accepted	Deborah Griffin	08/19/2015
32678	A A A - MONTGOMERY - NORRISTOWN	A0050201	AAA RON	E-mail with Windows Live	Accepted	Deborah Griffin	08/18/2015
<u>38950</u>	A A A - MONTGOMERY - NORRISTOWN	A0050201	AAA RON	Translate with Bing	Accepted	Colin Houck	11/12/2015
39884	A A A - MONTGOMERY - NORRISTOWN	A0050201	AAA RON	All Accelerators	Accepted	Deborah Griffin	11/24/2015
<u>32778</u>	A A A - MONTGOMERY - NORRISTOWN	A0050201	AAA RON	Inspect element	Accepted	Beth Silfies	08/20/2015
<u>32297</u>	A A A - MONTGOMERY - NORRISTOWN	A0050201	AAA RON	Add to favorites	Accepted	Beth Silfies	08/13/2015
<u>33777</u>	A A A - MONTGOMERY - NORRISTOWN	A0050201	AAA RON		Accepted	Brittany Cantele	09/03/2015
36940	A A A - MONTGOMERY - NORRISTOWN	A0050201	AAA RON	Send to OneNote	Accepted	Elliott Smith	10/15/2015
31509	A A A - MONTGOMERY - NORRISTOWN	A0050201	AAA RON	Properties	Accepted	Deborah Griffin	08/03/2015
31982	A A A - MONTGOMERY - NORRISTOWN	A0050201	AAA RON	08/10/2015	Accepted	Deborah Griffin	08/10/2015
30644	A A A - MONTGOMERY - NORRISTOWN	A0050201	AAA RON	07/17/2015	Accepted	Beth Silfies	07/22/2015
32231	A A A - MONTGOMERY - NORRISTOWN	A0050201	AAA RON	08/02/2015	Accepted	Deborah Griffin	08/12/2015

In the window that opens (1) browse to a location on your own computer where you wish to store this report, (2) rename the file to something meaningful regarding the report, (3) check to insure the file is saved as type Microsoft Excel Comma Separated Values file, and (4) choose Open in the window that opens after the file is saved.

Save As	Contraction of the local division of the loc	STATISTICS IN CONTRACTOR			<u>? ×</u>
Save jn:	🔁 DC Data		-	🗢 🗈 💣 📰•	
History Desktop My Computer	ac education app CDInfo copernic db utilities eProcurement FAM DB Harrisburg L st MBR networkboot			PDP - Faculty pictures POIS CD Quicken Backup resume Search Results for snagit techops VPN web design	asp pages and r
My Network C	1				•
	File <u>n</u> ame:	event_filter_7_8_2002	csv	•	<u>S</u> ave
	Save as type:	Microsoft Excel Comma	a Separated Va	alues File 💌	Cancel

Note: To insure you always view the current report when you right click the link on the page, your browser settings must seek the current page. In Internet Explorer this is done by choosing Tools (top menu bar), Internet Options, General (tab), Settings (under Temporary Internet files), and for Check for Newer versions of stored pages select Every visit to the page.

Logout – To logout of the ERS, return to the Main Menu by clicking the "Main Menu" button and click the Logout button. The Event Reporting System – Facility Login page opens.

C PA Department of Health - Windows Internet Explorer			X
🚱 🕞 🔻 🔣 http://dhhbgwebuat1/incidents/facilitymainmenu.asp		🖌 🛃 🔀 Live Search	
File Edit View Favorites Tools Help			
X G Share Browser WebEx •			
X O McAfee -			
🚖 Favorites 🛛 🚖 🙋 Free Hotmail 🙋 IntelliMark 🖉 Microsoft Suppport 🖉 QI reports 🖉 Web Slice Ga	illery -		
🔐 🔻 🔀 PA Department of Health 😧 PA Department of Health 🗙		🟠 • 🗟 · 🖻 🖶 •	Page 🔹 Safety 🕶 Tools 🕶 🔞 🕶 🂙
pennsylvania DEPARTMENT OF HEALTH			
Event Reporting	System - Fa	cility Main Menu	
	Event List/Add Event		
	Event Filter Report		
	Logout		
			· · · · ·
		Local intranet	🖓 • 🔍 100% • 🦽
🛃 start 🛛 🕲 🖉 🖸 🐼 🖾 🧖 🚱 L. 🔺 S 🖾 D 👙 F 📦 E	🔄 C 🔄 E 💋 P 📜 E.		😡 🐨 🧐 🕲 💆 🦻 12:46 PM

General Information

Recommendations on Electronic Filing: If you have a significant amount of information to enter into the Electronic Event Reporting System, it is highly recommended that you first type the information in a word processing program and then "copy and paste" it into the appropriate fields in the Event Program. It is also recommended that when you type your information you do not use symbols or special characters such as bullets, pound signs and ampersands. These symbols and special characters do not "travel" well over the Internet and may be lost or changed during transmission.

Information may be typed directly into event fields; however, there is **NO** spell check and for security reasons there is a time limit for you to enter information directly into the field. If you go over this time limit, you will be sent back to the Login screen when you click on submit and your typing will be lost.

Please verify the accuracy of your information prior to submission. Once you submit an Event, the record will be "locked" and you will be unable to make any additional changes until the submission is reviewed by the Department of Health.

Reports of need for nursing care facilities should be submitted by the County AAA where the facility is located, regardless of where the resident previously resided. Reports of need for Home Health Agencies should be submitted by the County AAA where the resident resides.

The ERS can be used for facilities/agencies that fall under the purview of Department of Health (DOH), Office of Quality Assurance (i.e., Nursing Care Facilities, Hospitals, Home Health Agencies, Intermediate Care Facilities). Facilities/agencies that do not fall under DOH purview should not be reported via ERS (i.e. Personal Care Homes, Assisted Living Facilities, private residences).

If you are having a problem filing an Event electronically, please review the appropriate section of this manual. If the problem appears to be a submission problem, please logout of your web browser and then log back on and try again.

If you still need assistance, contact your local Department of Health field office. If they are unable to resolve your problem, please contact the Division of Nursing Care Facilities at 717-787-1816 and ask for assistance with Electronic Event filing.