Ohio Administrative Code

Rule 5122-26-13 Incident notification and risk management.

Effective: August 1, 2026

(A) The purpose of this rule is to establish standards to ensure that providers promptly and accurately notify the department of incidents specified in appendix A to this rule. This rule also mandates providers to review and analyze all incidents to identify issues and implement corrective measures designed to prevent reoccurrence and manage risk.

(B) Definitions

As used in this rule:

(1) "Board of residence" means the board of alcohol, drug addiction, and mental health services that is responsible for referring a client to treatment or paying for the client's treatment.

(2) "Incident" means an event that poses a danger to the health and safety of clients or staff of, or visitors to, the provider and is not consistent with the routine care of persons served or routine operation of the provider.

(3) "Reportable incident" means an incident, specified as a reportable incident in appendix A to this rule, that is to be reported to the department by a provider. As referenced in section 5119.36 of the Revised Code, "major unusual incident" has the same meaning as "reportable incident."

(4) "Six month reportable incident" means an incident, specified as a six month reportable incident in appendix A to this rule, that is to be reported electronically through the department's incident reporting system. A six month reportable incident is not the same as a reportable incident.

(5) "Six month incident data report" means a data report that has to be submitted to the department.

(C) Incident reporting system

A provider, regardless of accreditation status, is to develop a policy concerning its reporting of reportable incidents to the department. In addition, the provider is to develop an incident reporting system that includes a mechanism for the provider's review and analysis of reportable incidents and other incidents to ensure that clinical and administrative activities are undertaken to identify, evaluate, and reduce risk to clients, staff, and visitors. In the policy and procedure, the provider is to identify what constitutes an "other incident" as referenced in this paragraph. Under the reporting system, all of the following are the case:

(1) The provider will maintain a log of its reportable incidents and other incidents for department review.

(2) The provider will periodically review and analyze reportable incidents and other incidents. This process is to include a review of incident reports the provider receives from class two and class three residential facilities defined in division (B) of section 5119.34 of the Revised Code regarding individuals served by the provider, as well as any actions taken by the provider.

(3) Provider staff will submit a written incident report to the provider's executive director or designee not later than twenty-four hours after discovery of the reportable incident.

(D) Abuse or neglect reports

(1) A person who has knowledge of any instance of abuse or neglect, or alleged or suspected abuse or neglect, of a child or adolescent is to immediately notify the appropriate public children's services agency or peace officer of that knowledge in accordance with section 2151.421 of the Revised Code.

(2) A person who has knowledge of any instance of abuse or neglect, or alleged or suspected abuse or neglect, of an adult aged sixty or over is to immediately notify the appropriate county department of job and family services of that knowledge in accordance with section 5101.63 of the Revised Code.

(E) Submission of reports to the department

(1) Reportable incident reports

(a) A provider is to submit a report to the department regarding each occurrence of a reportable incident. If more than one category of incident is applicable per occurrence, then all are to be reported in the same report. The report is to include all of the following information:

(i) The provider's name;

(ii) The date of the incident;

(iii) The date of discovery of the incident;

(iv) The date the incident was reported to the department;

(v) The type of incident and the incident report category;

(vi) Information regarding all clients that has been deidentified in accordance with HIPAA regulations (45 C.F.R. 164.514(b)(2)) and, if applicable, regulations in 42 C.F.R. Part 2; and

(vii) Information regarding all staff and, if applicable, visitors involved with the incident.

(b) A provider is to submit a report under this subparagraph to the department and the appropriate board of residence not later than twenty-four hours after discovery of the incident, excluding weekends and holidays. If after submitting a report a provider learns that the incident involves an additional incident report category, the provider, within the aforementioned time frame, is to either amend the report or submit a new incident report including only the new incident category and information.

(2) Six month incident data reports

A provider is to submit a six month incident data report to the department and appropriate board of alcohol, drug addiction, and mental health services through the department's incident reporting system as follows:

(a) For the period beginning January first and ending June thirtieth of each year, the report is to be submitted not later than July thirty-first of the same year.

(b) For the period beginning July first and ending December thirty-first of each year, the report is to be submitted not later than January thirty-first of the immediately following year.

(F) The department may initiate follow-up and further investigation of a reportable incident or six month reportable incident, as the department determines necessary, and may request a follow- up and further investigation by the provider, regulatory or enforcement authority, or the board.