



Healthcare Licensing and Surveys

New Incident Tracking System

HLS has created an updated incident tracking system for the submission of required provider self-reported incidents. Existing active users will receive an email from the system asking them to register/authenticate themselves as a user and to create a new password. For any new user to be added, an access form must be submitted and the user **must have an individual valid email** to create an account. This new system will not work unless the user has their own email address. Also remember to delete users after they leave your employment so that they cannot still access the system. The form can be found at:

<https://health.wyo.gov/aging/hls/healthcare-facility-incident-reporting/>

If you have questions regarding federal or state reporting requirements, technical issues, etc. please contact our office at wdh-ohls@wyo.gov or call 307-777-7123. Never send PHI via email unless you use a secure email service.

Access the application at: <https://ohlsincidents.health.wyo.gov>

New User Registration Process

AFTER we received your access request form, there is a two-step process to complete your registration.

- 1) You will receive a registration email (sample below). Please check your spam. You must complete your registration. Password must be 13 characters long, contact an upper case, lower case, number and symbol.

SAMPLE REGISTRATION EMAIL

From: <noreply@wyo.gov>
Date: Wed, May 1, 2024 at 12:39 PM
Subject: New Account Creation
To: <YOUR EMAIL IS LISTED HERE>

*You have been authorized to complete your registration using the email address 'YOUR EMAIL IS LISTED HERE' and begin use of the Wyoming Department of Health Healthcare Facility Incident Reporting System.
If you already have an account with the Wyoming Identity System you can log in now.
Otherwise, click HERE to complete your registration!*

- 2) After you register you will get a confirmation email (sample below). Again, check your spam. You must complete the confirmation. Please read the message carefully and click the proper link, otherwise you disable your account.

SAMPLE CONFIRMATION EMAIL

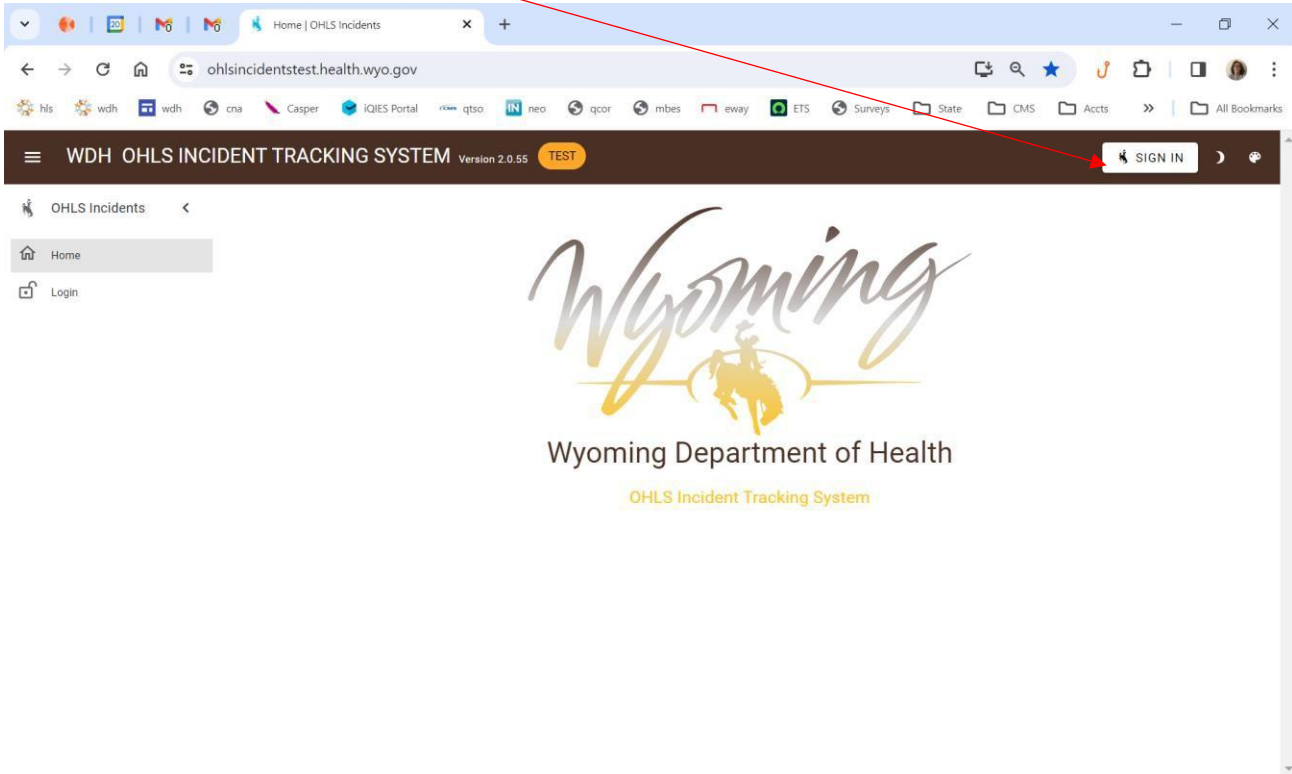
From: WDH OHLS Incidents <ets-shell-project@wyo.gov>
Date: Wed, May 15, 2024 at 9:18 AM
Subject: Confirm Your Email
To: <YOUR EMAIL IS LISTED HERE>

*A user account in WDH OHLS Incidents has been created with this email, **confirm your email by clicking this: link**
If you have received this message in error, please click here
Please be aware this link will not remain active for a long period of time.*

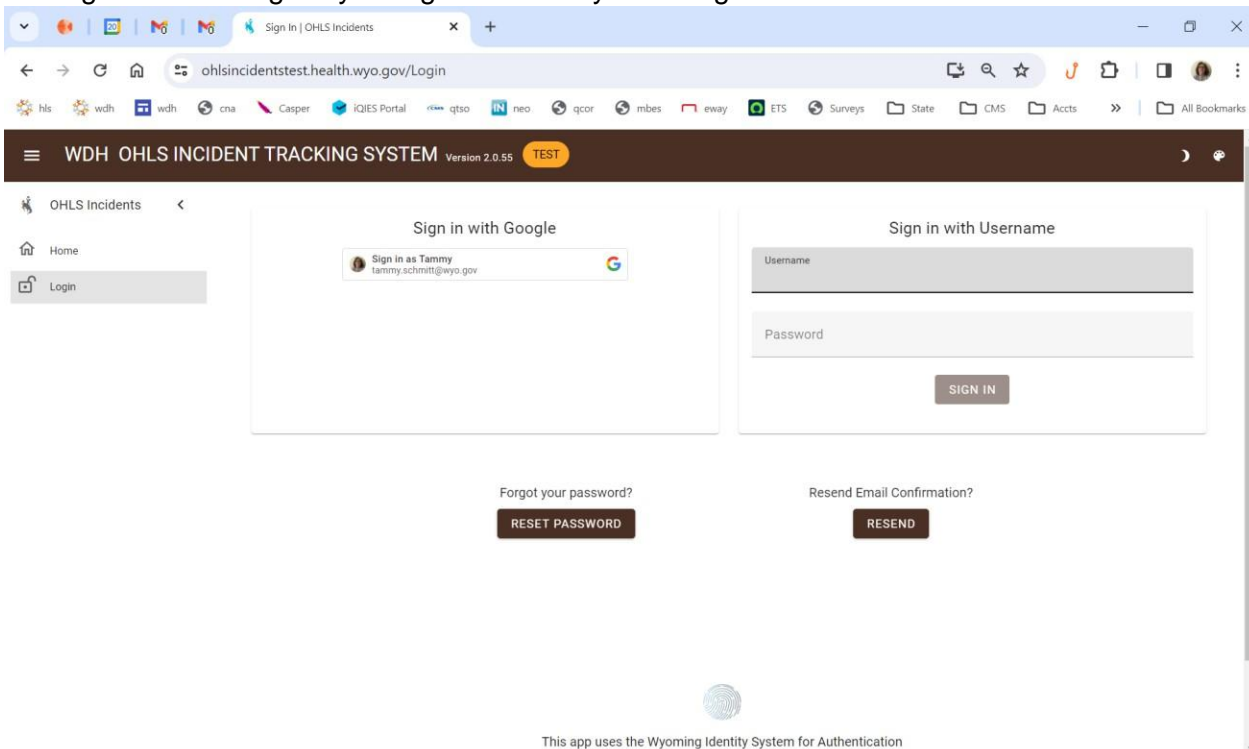
Healthcare Licensing and Surveys New Incident Tracking System User Guide

04/01/2024

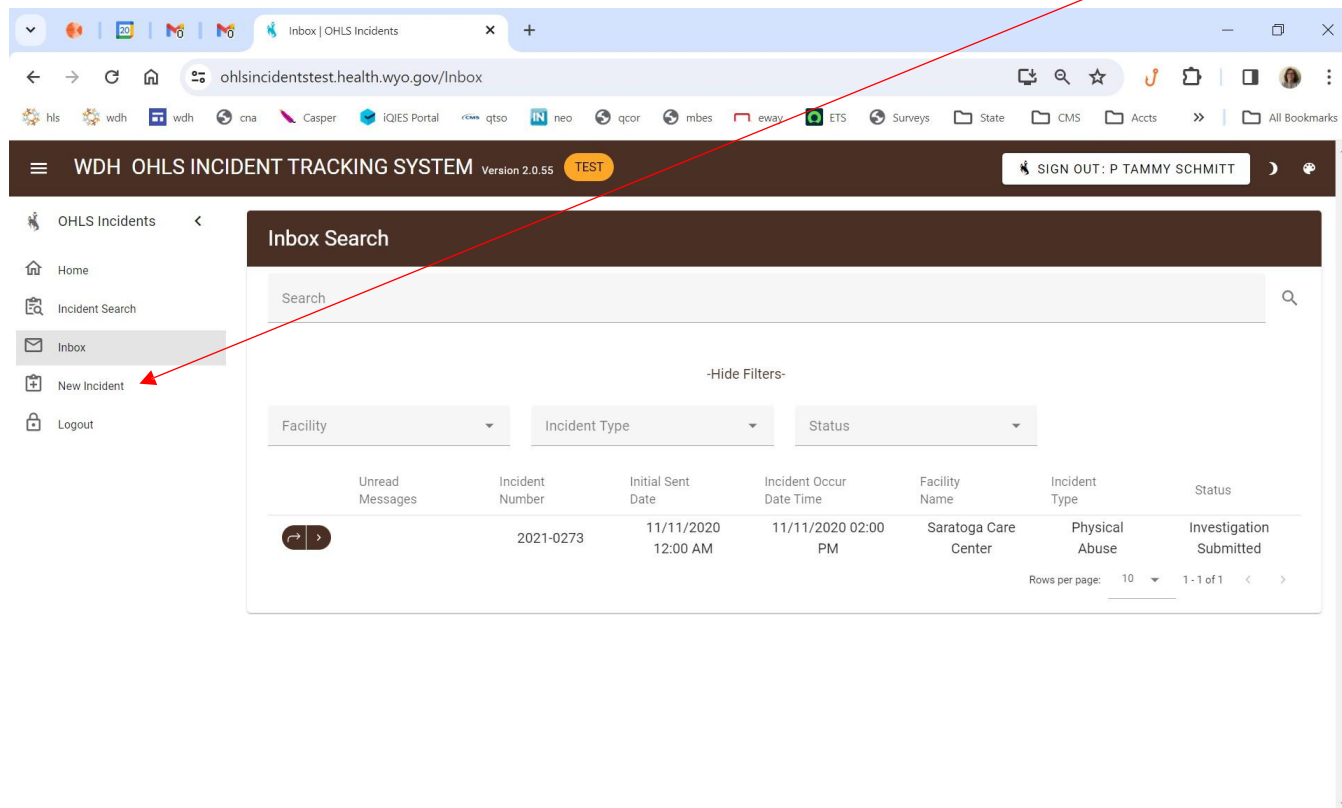
This is what the new incident reporting home page for login will look like.
(Except it won't say TEST at the top.)
Click Sign In in the top right.



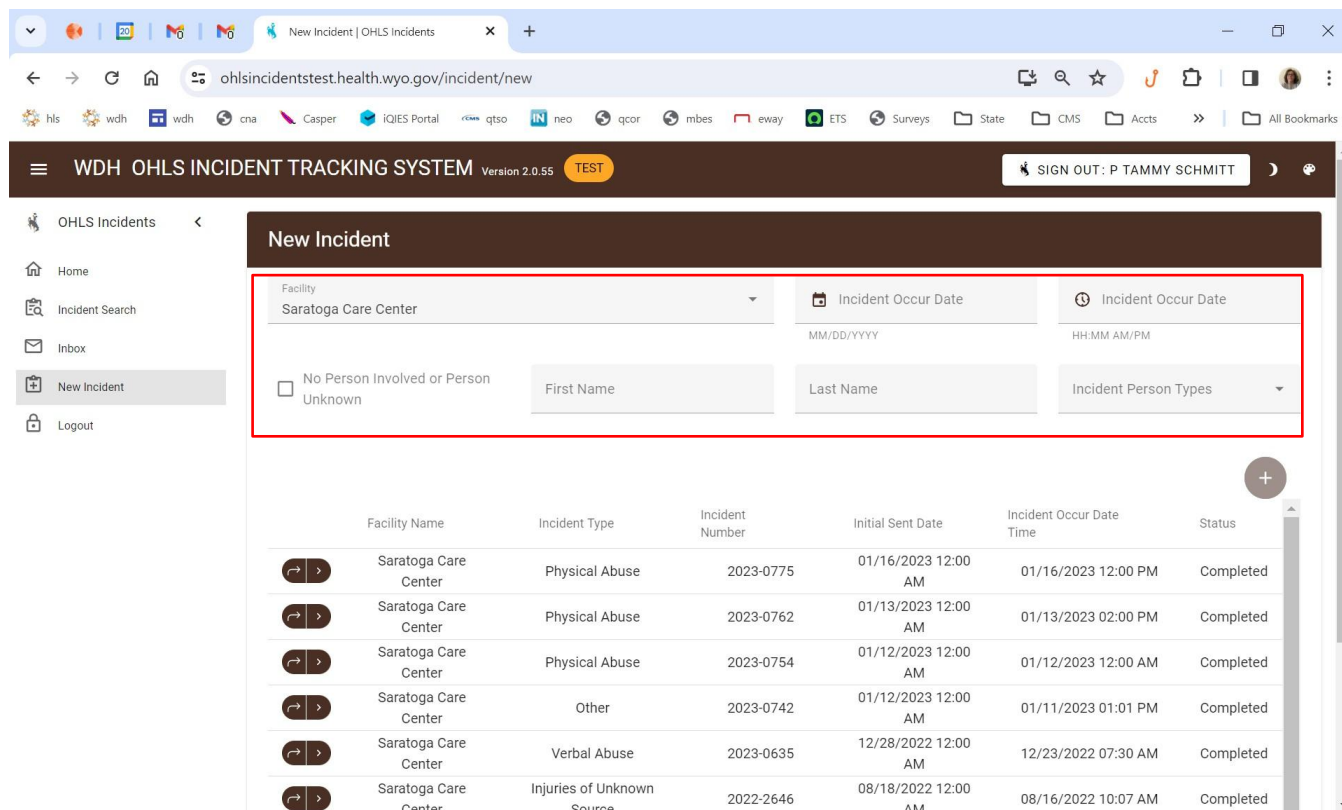
Once you click Sign In this login screen appears. Enter you Username and Password and click Sign In, or you can sign in with Google if you registered with your Google account.



By default, it takes you to your Inbox. You can go to any link on the left. Let's go to New Incident.



Once you click new incident, the basic info screen populates. If you have access for only one facility it will appear in the facility line automatically. If you have more than one, you select your specific provider from the dropdown button. You then must populate the remaining fields at the top.



Fill in all the information at the top. The system will automatically look to see if there is another incident already in the database that is a match to the information you have entered. This is just in case someone else has entered the incident without your knowledge and we don't have duplicate reports. If there was a match it will appear in the list below. You can use the small carrot (>) to the right to get a quick review of any one and determine if you wish to move forward and save the one you created or not.

WDH OHLS INCIDENT TRACKING SYSTEM Version 2.0.55 TEST SIGN OUT: P TAMMY SCHMITT

OHLS Incidents <

Home

Incident Search

Inbox

New Incident

Logout

New Incident

Facility: Saratoga Care Center

Incident Occur Date: 12/05/2023 MM/DD/YYYY

Incident Occur Date: 09:15 AM HH:MM AM/PM

☐ No Person Involved or Person Unknown john doe

Incident Person Types: Patient

Facility Name	Incident Type	Incident Number	Initial Sent Date	Incident Occur Date Time	Status
No matching records found					

Rows per page: 10 0 - 0 of 0

WDH OHLS INCIDENT TRACKING SYSTEM Version 2.0.55 TEST SIGN OUT: P TAMMY SCHMITT

OHLS Incidents <

Home

Incident Search

Inbox

New Incident

Logout

New Incident

Facility: Saratoga Care Center

Incident Occur Date: 12/05/2023 MM/DD/YYYY

Incident Occur Date: 03:00 PM HH:MM AM/PM

☐ No Person Involved or Person Unknown john doe

Incident Person Types: Patient

Facility Name	Incident Type	Incident Number	Initial Sent Date	Incident Occur Date Time	Status
Saratoga Care Center	Verbal Abuse	2024-0001	12/20/2023 07:47 AM	12/05/2023 09:15 AM	Initial Report

Victims: john doe
Perpetrators: Fred Flintstone

Rows per page: 10 1 - 1 of 1

Once the incident is created, the incident number will be in the right of the intake box (2024-0001) you will see a list across the top that, referred to the stepper. The stepper walks you through all the steps in the initial report process. The first step is Incident Information.

The screenshot shows the 'Incident Information' step of the reporting process. At the top, a red box highlights the incident number '2024-0001'. Below it, a red box highlights the stepper, which consists of 12 numbered steps: 1. Incident Information (active), 2. Victims, 3. Perpetrators, 4. Description, 5. Timeline, 6. Reporter, 7. Steps Taken, 8. Location, 9. Serious Injury, 10. Any Injury, 11. Behavior, and 12. Witnesses. The main form area contains a dropdown for 'Incident Type', a section for 'Facility Contact Person' with fields for Name, Title, and Email, and a 'SAVE' button.

Incident Information – The first thing is to select the incident type. The drop down gives you a selection of the types of incidents required to be reported based on your facility type.

This screenshot shows the 'Incident Information' step with the 'Incident Type' dropdown menu open. The menu lists several options: 'State - Fire/Fire Watch', 'State - Infectious Disease Report', 'Federal - Injuries of Unknown Source', 'Federal - Misappropriation of Res Property', 'Federal - Neglect', and 'Federal - Physical Abuse'. The background shows the same form as the previous screenshot, but the stepper is partially obscured by the dropdown menu.

After you select incident type, then you fill in who will be the facility contact person that our office would reach out to if we had additional questions. You can click SAVE and it will take you to the next step OR just click the next item in the stepper.

2024-0001 Saratoga Care Center Current Status: Incomplete

Incident Type: Verbal Abuse Incident Occur Date: 12/05/2023 09:15 AM INCIDENT REPORT

Incident Information

Incident Type: Federal - Verbal Abuse

Facility Contact Person

Name: Barbie Doll Title: DON Email: barbie.doll@facility.com

SAVE

PREVIOUS NEXT

Victims – Select the “+” on the right side to add any victims. The person initial entered when the incident was created will automatically populate in the system as the victim, but more can be added if need be. (The “+” is a common theme through out the form.)

2024-0001 Saratoga Care Center Current Status: Incomplete

Incident Type: Verbal Abuse Incident Occur Date: 12/05/2023 09:15 AM INCIDENT REPORT

Victims

Victim Involvement (Resident, Client, Patient, Staff)

Type	Status	First Name	Last Name
Patient	Victim	john	doe

Rows per page: 10 1 - 1 of 1

PREVIOUS NEXT

Perpetrator – Again select the “+” to add a perpetrator (OR NA). Enter the required information. If the perpetrator is a CNA, you must check the Is CNA box. This will populate two additional sets of information needed and will be required to be entered.

2024-1 | OHLS Incidents

ohlsincidentstest.health.wyo.gov/incident/20169

WDH OHLS INCIDENT TRACKING SYSTEM Version 2.0.55 TEST SIGN OUT: P TAMMY SCHMITT

OHLS Incidents

Home Incident Search Inbox New Incident Logout

2024-0001

Incident Type: Verbal Abuse

Incident Information Victims

Perpetrators

Please list any perpetrator

ADD PERPETRATOR

Add Perpetrator

First Name: Fred Last Name: Flintstone

Title/Relationship: CNA Person Type: Staff

☒ Is Active

☒ Is CNA

Screening Results

0 / 350

Abuse Training Date

MM/DD/YYYY

SAVE CANCEL

Current Status: Incomplete

Incident Report

12 Witnesses 13 Law Enforcement 14 Other Contacts 15 Review & Submit

PREVIOUS NEXT

Timeline – Enter the information as required.

2024-1 | OHLS Incidents

ohlsincidentstest.health.wyo.gov/incident/20169

WDH OHLS INCIDENT TRACKING SYSTEM Version 2.0.55 TEST SIGN OUT: P TAMMY SCHMITT

OHLS Incidents

Home Incident Search Inbox New Incident Logout

2024-0001 Saratoga Care Center

Incident Type: Verbal Abuse Incident Occur Date: 12/05/2023 09:15 AM

INCIDENT REPORT

Incident Information Victims Perpetrators Description Timeline Reporter Steps Taken Location Serious Injury Any Injury Behavior Witnesses Law Enforcement Other Contacts Review & Submit

Incident Timeline

When (date/time) did the alleged incident occur

Incident Occur Date Time: 12/05/2023 09:15 AM

When did staff become aware of the incident (date/time)

Staff Aware: 12/05/2023 10:00 AM

When was the administrator or his/her designated representative made aware of the incident (date/time)

Administrator Aware: 12/05/2023 11:15 AM

PREVIOUS NEXT

Reporter/Reportee – Enter the Reporter (who made the report) and the Reportee (who it was reported to).

The screenshot shows the 'Reporter/Reportee' section of the WDH OHLS Incident Tracking System for incident 2024-0002 at Saratoga Care Center. The current status is 'Incomplete'. The incident type is 'Neglect' and the incident occur date is '12/05/2023 03:00 PM'. A progress bar at the top shows various steps, with 'Reporter/Reportee' being the current step. Below this, there are two sections: 'Reporter' and 'Reportee'. The 'Reporter' section has a table with columns for Type, Status, First Name, and Last Name. The first row shows 'Staff' as the type, 'Reporter' as the status, 'sally' as the first name, and 'jones' as the last name. The 'Reportee' section is currently empty, showing 'No matching records found'.

Steps Taken – Enter the information as required. There will be Question Helper buttons on various steps. If you click the ? in on the right, it will open the box with additional information or guidance. We haven't entered any of this information yet.

The screenshot shows the 'Steps Taken' section of the WDH OHLS Incident Tracking System for incident 2024-0001 at Saratoga Care Center. The current status is 'Incomplete'. The incident type is 'Verbal Abuse' and the incident occur date is '12/05/2023 09:15 AM'. A progress bar at the top shows various steps, with 'Steps Taken' being the current step. Below this, there is a 'Question Helper' button (a yellow question mark icon) and a 'Steps Taken' section. The 'Steps Taken' section has a text area for describing all steps taken immediately to ensure all residents/clients/patients are protected. Below the text area is a 'SAVE' button. At the bottom, there are 'PREVIOUS' and 'NEXT' buttons.

WDH OHLS INCIDENT TRACKING SYSTEM Version 2.0.55 **TEST**

SIGN OUT: P TAMMY SCHMITT

OHLS Incidents <

- Home
- Incident Search
- Inbox
- New Incident
- Logout

2024-0001

Saratoga Care Center

Current Status: Incomplete

Incident Type:	Verbal Abuse	Incident Occur Date:	12/05/2023 09:15 AM	INCIDENT REPORT
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✓ Incident Information
 ✓ Victims
 ✓ Perpetrators
 ✓ Description
 ✓ Timeline
 ✓ Reporter
 ✓ Steps Taken
 ✗ Location
 ✓ Serious Injury
 ✓ Any Injury
 13 Behavior
 17 Witnesses
 18 Law Enforcement
 14 Other Contacts
 18 Review & Submit

Question Helper

Serious Injury

Was there serious bodily injury (an injury involving extreme physical pain; involving substantial risk of death; involving protracted loss or impairment of the function of a bodily member, organ, or mental faculty; requiring medical intervention such as surgery, hospitalization, or physical rehabilitation; or an injury resulting from criminal sexual abuse)?

☐ No or Not Applicable

B I T A

P H1 H2 H3 H4 H5 H6

[List Icon] [Text Icon] [Link Icon] [Image Icon] [Quote Icon]

SAVE

2024-1 | OHLS Incidents

ohlsincidentstest.health.wyo.gov/incident/20169

WDH OHLS INCIDENT TRACKING SYSTEM Version 2.0.55 TEST SIGN OUT: P TAMMY SCHMITT

OHLS Incidents

Home Incident Search Inbox New Incident Logout

2024-0001 Saratoga Care Center Current Status: Incomplete

Incident Type: Verbal Abuse Incident Occur Date: 12/05/2023 09:15 AM INCIDENT REPORT

Incident Information Victims Perpetrators Description Timeline Reporter Steps Taken Location Serious Injury Any Injury Behavior Witnesses Law Enforcement Other Contacts Review & Submit

Question Helper

Any Injury

Any injury (such as bruising, scratches, laceration, puncture wound, fracture, bleeding, redness on the skin, etc.)

☐ No or Not Applicable

B I U L T P H1 H2 H3 H4 H5 H6

1 saved SAVE

Behaviour Changes - Indicate the information as appropriate or select No or NA as appropriate.

WDH OHLS INCIDENT TRACKING SYSTEM Version 2.0.55 TEST SIGN OUT: P TAMMY SCHMITT

OHLS Incidents <

Home
Incident Search
Inbox
New Incident
Logout

2024-0001 Saratoga Care Center Current Status: Incomplete

Incident Type:	Verbal Abuse	Incident Occur Date:	12/05/2023 09:15 AM	INCIDENT REPORT
Incident Information	Victims	Perpetrators	Description	Timeline
	Reporter	Steps Taken	Location	Serious Injury
	Any Injury	Behavior	Witnesses	Law Enforcement
	Other Contacts	Review & Submit		

Question Helper

Behaviour Changes

Have their been changes to resident/client/patient behaviour to indicate something different from their normal baseline such as crying, expressions or displays of fear, cowering, anger, withdrawal, difficulty sleeping, vomiting/diarrhea, somnolence, etc.

☐ No or Not Applicable

Heading 2

B I U T A P H1 H2 H3 H4 H5 H6 [List Icons]

saved SAVE

Witnesses - Indicate the information as appropriate or select No Witness.

WDH OHLS INCIDENT TRACKING SYSTEM Version 2.0.55 TEST SIGN OUT: P TAMMY SCHMITT

2024-0001 Saratoga Care Center Current Status: Incomplete

Incident Type:	Verbal Abuse	Incident Occur Date:	12/05/2023 09:15 AM	INCIDENT REPORT										
Incident Information	Victims	Perpetrators	Description	Timeline	Reporter	Steps Taken	Location	Serious Injury	Any Injury	Behavior	Witnesses	Law Enforcement	Other Contacts	Review & Submit

Witnesses

Please List all witnesses, their title/relationship to the victim, and a contact phone number

ADD WITNESS NO WITNESS

PREVIOUS NEXT

Law Enforcement – Please enter information as needed.

The screenshot shows the 'WDH OHLS INCIDENT TRACKING SYSTEM' interface. The top navigation bar includes a 'SIGN OUT: P TAMMY SCHMITT' button. The left sidebar lists navigation options: Home, Incident Search, Inbox, New Incident, and Logout. The main content area displays incident details for '2024-0001' at 'Saratoga Care Center', with a 'Current Status: Incomplete'. The incident type is 'Verbal Abuse' and the occurrence date is '12/05/2023 09:15 AM'. A progress bar shows steps: Incident Information, Victims, Perpetrators, Description, Timeline, Reporter, Steps Taken, Location (highlighted in red), Serious Injury, Any Injury, Behavior, Witnesses, Law Enforcement, Other Contacts, and Review & Submit. Below the progress bar, the 'Law Enforcement Reports' section is visible, featuring a 'Not Reported' checkbox and input fields for Agency Name, Agency Contact, Reported By Name, Reported By Title, Reported Date Time, and Report Number. A 'SAVE' button is at the bottom.

Other Contacts – You must click the “+” and enter information as required. If it is none, you must still click the “+” to select the none option.

This screenshot shows the same system interface for incident '2024-0002' at 'Saratoga Care Center', with a status of 'Incomplete'. The incident type is 'Neglect' and the date is '12/05/2023 03:00 PM'. The progress bar indicates that the 'Other Contacts' step is the current focus, highlighted in red. An 'Add External Contact' dropdown menu is open, displaying a list of options: Board of Medicine, Board of Nursing, Board of Pharmacy, Department of Family Services, Medicaid Fraud / Abuse Unit, and None. A red circle with a plus sign is visible next to the 'Other Contacts' step in the progress bar, indicating where to click to add or select a contact.

Once the last step is entered, Other Contacts, it will take to to Review & Submit. Any required step that was missed or not completed will appear red. You can not proceed until that step is completed. You can directly click on that step in the stepper that is incomplete to get to it.

Location – So this was a step that was missed in this case. Enter the information and then advance through the stepper (click each step at the top) until you get to the Review & Submit step.

11 | Page

Review & Submit – Now all steps are checked off as complete. Click Initial Submit at the bottom left.

2024-0001 Saratoga Care Center Current Status: Incomplete

Incident Type: Verbal Abuse Incident Occur Date: 12/05/2023 09:15 AM INCIDENT REPORT

Incident Information Victims Perpetrators Description Timeline Reporter Steps Taken Location Serious Injury Any Injury Behavior Witnesses Law Enforcement Other Contacts Review & Submit

Please review the information below before submitting the incident

Incident Information	✓
Victims	✓
Perpetrators	✓
Description	✓
Timeline	✓
Reporter	✓
Steps Taken	✓
Location	✓
Serious Injury	✓
Any Injury	✓
Behavior	✓
Witnesses	✓
Law Enforcement	✓
Other Contacts	✓

INITIAL SUBMIT

PREVIOUS NEXT

Messages Between Provider and HLS 0/0

Initial Submit – Once you have click Initial Submit you will get a prompt with two options. If you are only wanting to report the initial report at this time, select TO INBOX. If you want to continue on with the investigation portion, select CONTINUE TO INVESTIGATION FORM.

2024-0001 Saratoga Care Center Current Status: Incomplete

Incident Type: Verbal Abuse Incident Occur Date: 12/05/2023 09:15 AM INCIDENT REPORT

Incident Information Victims Perpetrators Description Timeline Reporter Steps Taken Location Serious Injury Any Injury Behavior Witnesses Law Enforcement Other Contacts Review & Submit

Please review the information below before submitting the incident

Incident Information	✓
Victims	✓
Perpetrators	✓
Description	✓
Timeline	✓
Reporter	✓
Steps Taken	✓
Location	✓
Serious Injury	✓
Any Injury	✓
Behavior	✓
Witnesses	✓
Law Enforcement	✓
Other Contacts	✓

INITIAL SUBMIT

PREVIOUS NEXT

Messages Between Provider and HLS 0/0

Incident status history created

ads

How do you wish to proceed?

CONTINUE TO INVESTIGATION FORM

TO INBOX

If you select CONTINUE TO INVESTIGATION FORM it will take you to the investigation phase of the stepper. If you go to your InBox and then later are ready to enter the investigation, just find the incident number in your InBox and open it. It will take you to the investigation phase. You can go back and see the initial report info by clicking the button.

2024-4 | OHLS Incidents

ohlsincidentstest.health.wyo.gov/incident/20172

WHD OHLS INCIDENT TRACKING SYSTEM Version 2.0.63 TEST SIGN OUT: P TAMMY SCHMITT

2024-0004 Saratoga Care Center Current Status: Initial Report

Incident Type: Neglect Incident Occur Date: 02/22/2024 09:00 AM

INCIDENT REPORT

Additional Information

Additional/updated information related to the reported incident: Provide a brief description of any additional information and/or updates, if applicable. a. Describe any additional outcomes to the resident/client/patient(s), identifying/describing any physical and/or mental harm.

SAVE

PREVIOUS NEXT

Messages Between Provider and HLS 0/11

Uploads 0

Enter informaton in as appropriate and tab to each stepper across the top.

2024-1 | OHLS Incidents

ohlsincidentstest.health.wyo.gov/incident/20169

WHD OHLS INCIDENT TRACKING SYSTEM Version 2.0.37 TEST SIGN OUT: P TAMMY SCHMITT

2024-0001 Saratoga Care Center Current Status: Initial Report

Incident Type: Verbal Abuse Incident Occur Date: 02/15/2024 09:15 AM

INCIDENT REPORT

Additional Information

Additional/updated information related to the reported incident: Provide a brief description of any additional information and/or updates, if applicable. a. Describe any additional outcomes to the resident/client/patient(s), identifying/describing any physical and/or mental harm.

Enter any added info here: |

SAVE

PREVIOUS NEXT

Messages Between Provider and HLS 0/11

Uploads 0

In each section you select the “+” sign to the left to add an entry. Fill out the sections as appropriate. If you have more than one person in each interview section, select the “+” to keep adding individuals.

The screenshot shows the 'Add Incident Interview Victim or responsible party' modal in the WDH OHLS Incident Tracking System. The modal is open over the 'Victim or responsible party' section of the incident 2024-0004. The modal contains the following fields: 'Select a Incident Person' (a dropdown menu), 'Interviewee Name' (a text input), 'Interviewee Title/Relationship' (a text input), 'Summary' (a text area), and 'Interview Type' (a dropdown menu with 'Victim or responsible party' selected). At the bottom of the modal are 'SAVE' and 'CANCEL' buttons. In the background, the 'Current Status: Initial Report' section is visible, showing a progress bar with steps: Conclusion, Corrective Action(s) Taken, Facility Investigator, and Review & Submit. A red arrow points to a '+' button in the 'Review & Submit' step.

Continue with the same process across the other sections.

The screenshot shows the 'Add Incident Interview Witness' modal in the WDH OHLS Incident Tracking System. The modal is open over the 'Witness' section of the incident 2024-0004. The modal contains the following fields: 'Select a Incident Person' (a dropdown menu), 'Interviewee Name' (a text input), 'Interviewee Title/Relationship' (a text input), 'Summary' (a text area), and 'Interview Type' (a dropdown menu with 'Witness' selected). At the bottom of the modal are 'SAVE' and 'CANCEL' buttons. In the background, the 'Current Status: Initial Report' section is visible, showing a progress bar with steps: Conclusion, Corrective Action(s) Taken, Facility Investigator, and Review & Submit. A red arrow points to a '+' button in the 'Review & Submit' step.

Keep entering data as needed and advancing through stepper.

2024-1 | OHLS Incidents

ohlsincidentstest.health.wyo.gov/incident/20169

WHD OHLS INCIDENT TRACKING SYSTEM Version 2.0.37 TEST SIGN OUT: P. TAMMY SCHMITT

OHLS Incidents

Home Incident Search Inbox New Incident Logout

2024-0001 Saratoga Care Center Current Status: Initial Report

Incident Type: Verbal Abuse Incident Occur Date: 12/05/2023 09:15 AM INCIDENT REPORT

Additional Information Victim(s) Interviews Witness(es) Interviews Reporter/Reportee Interviews Perpetrator(s) Interviews Client/Staff/Patient Interviews Perpetrator(s) is CNA Victim Supervisor(s) Interviews Perpetrator Supervisor(s) Interviews Summary Findings Documents Obtained Conclusion Corrective Action(s) Taken Facility Investigator Review & Submit

f Summary of interview(s) with staff responsible for oversight and supervision

Staff responsible for oversight

Interview Type

Summary

Interview Type: Staff responsible for oversight

SAVE CANCEL

PREVIOUS NEXT

Messages Between Provider and HLS 0/1

Uploads 0

Enter the summary of your findings.

2024-1 | OHLS Incidents

ohlsincidentstest.health.wyo.gov/incident/20169

WHD OHLS INCIDENT TRACKING SYSTEM Version 2.0.37 TEST SIGN OUT: P. TAMMY SCHMITT

OHLS Incidents

Home Incident Search Inbox New Incident Logout

2024-0001 Saratoga Care Center Current Status: Initial Report

Incident Type: Verbal Abuse Incident Occur Date: 12/05/2023 09:15 AM INCIDENT REPORT

Additional Information Victim(s) Interviews Witness(es) Interviews Reporter/Reportee Interviews Perpetrator(s) Interviews Client/Staff/Patient Interviews Perpetrator(s) is CNA Victim Supervisor(s) Interviews Perpetrator Supervisor(s) Interviews Summary Findings Documents Obtained Conclusion Corrective Action(s) Taken Facility Investigator Review & Submit

Question Helper

Summary Findings

Provide summary information from the investigation related to the incident from the resident/client/patient clinical record, such as relevant assessments, care plan, nurses' notes, social services notes, lab reports, x-ray reports, physician or other practitioner reports or reports from other disciplines that are related to the incident. If this was an altercation between two (or more) residents/clients/patients, provide any relevant details that may have caused the alleged behaviour, such as habit, routines, medications, diagnosis, how long he/she may have lived at the building or cognitive status.

B I L P H1 H2 H3 H4 H5 H6

Enter information as appropriate here

SAVE

PREVIOUS NEXT

Messages Between Provider and HLS 0/1

Uploads 0

Enter information as applicable.

2024-1 | OHLS Incidents

ohlsincidentstest.health.wyo.gov/incident/20169

hlswdhwdhcnaCasperiQIES PortalqtsoqcormbesewayETSSurveysStateCMSAcctsAll Bookmarks

WDH OHLS INCIDENT TRACKING SYSTEM Version 2.0.37 TESTSIGN OUT: P. TAMMY SCHMITT

OHLS Incidents

Home

Incident Search

Inbox

New Incident

Logout

2024-0001Saratoga Care CenterCurrent Status: Initial Report

Incident Type: Verbal AbuseIncident Occur Date: 12/05/2023 09:15 AMINCIDENT REPORT

Additional Information

Victim(s) Interviews

Witness(es) Interviews

Reporter/Reportee Interviews

Perpetrator(s) Interviews

Client/Staff/Patient Interviews

Perpetrator(s) Is CNA

Victim Supervisor(s) Interviews

Perpetrator Supervisor(s) Interviews

Summary Findings

Documents Obtained

Conclusion

Corrective Action(s) Taken

Facility Investigator

Review & Submit

Question Helper

Documents Obtained

If available within the required reporting timeline, provide summary information of other documents obtained, such as hospital/medical progress notes/orders and discharge summaries, law enforcement reports, and death reports as applicable.

B I L T U P H1 H2 H3 H4 H5 H6

SAVE

PREVIOUS

Messages Between Provider and HLS 0/1

Uploads

NEXT

Select an appropriate conclusion and enter your summary regarding the conclusion.

2024-1 | OHLS Incidents

ohlsincidentstest.health.wyo.gov/incident/20169

hlswdhwdhcnaCasperiQIES PortalqtsoqcormbesewayETSSurveysStateCMSAcctsAll Bookmarks

WDH OHLS INCIDENT TRACKING SYSTEM Version 2.0.37 TESTSIGN OUT: P. TAMMY SCHMITT

OHLS Incidents

Home

Incident Search

Inbox

New Incident

Logout

2024-0001Saratoga Care CenterCurrent Status: Initial Report

Incident Type: Verbal AbuseIncident Occur Date: 12/05/2023 09:15 AMINCIDENT REPORT

Additional Information

Victim(s) Interviews

Witness(es) Interviews

Reporter/Reportee Interviews

Perpetrator(s) Interviews

Client/Staff/Patient Interviews

Perpetrator(s) Is CNA

Victim Supervisor(s) Interviews

Perpetrator Supervisor(s) Interviews

Summary Findings

Documents Obtained

Conclusion

Corrective Action(s) Taken

Facility Investigator

Review & Submit

Question Helper

Conclusions

Conclusion

Inconclusive

Not Verified

Verified

SAVE

PREVIOUS

Messages Between Provider and HLS 0/1

Uploads

NEXT

16 | Page

Enter the correction action and continue down the page with all the various sections on this page.

2024-1 | OHLS Incidents

ohlsincidentstest.health.wyo.gov/incident/20169

WDH OHLS INCIDENT TRACKING SYSTEM Version 2.0.57 TEST SIGN OUT: P. TAMMY SCHMITT

OHLS Incidents

Home Incident Search Inbox New Incident Logout

2024-0001 Saratoga Care Center Current Status: Initial Report

Incident Type: Verbal Abuse Incident Occur Date: 12/05/2023 09:15 AM INCIDENT REPORT

Additional Information Victim(s) Interview(s) Witness(es) Interview(s) Reporter/Reportee Interview(s) Perpetrator(s) Interview(s) Client/Staff/Patient Interview(s) Perpetrator(s) is CNA Victim Supervisor(s) Interview(s) Perpetrator Supervisor(s) Interview(s) Summary Findings Documents Obtained Conclusion Corrective Action(s) Taken Facility Investigator Review & Submit

Question Helper

Corrective Action

Corrective Action(s) Taken: Provide in detail a summary of all corrective action(s) taken. a. Describe any action(s) taken as a result of the investigation or allegation.

B I T U P H1 H2 H3 H4 H5 H6

SAVE

Question Helper

Oversight

Describe the plan for oversight of implementation of corrective action, if the allegation is verified.

B I T U P H1 H2 H3 H4 H5 H6

Once the last step is entered, Facility Investigator, it will take to to Review & Submit. Any required step that was missed or not completed will appear red. You can not proceed until that step is completed. You can directly click on that step in the stepper that is incomplete to get to it. Upon completion select the Investigation Submit in the bottom right.

2024-1 | OHLS Incidents

ohlsincidentstest.health.wyo.gov/incident/20169

WDH OHLS INCIDENT TRACKING SYSTEM Version 2.0.57 TEST SIGN OUT: P. TAMMY SCHMITT

OHLS Incidents

Home Incident Search Inbox New Incident Logout

2024-0001 Saratoga Care Center Current Status: Initial Report

Incident Type: Verbal Abuse Incident Occur Date: 12/05/2023 09:15 AM INCIDENT REPORT

Additional Information Victim(s) Interview(s) Witness(es) Interview(s) Reporter/Reportee Interview(s) Perpetrator(s) Interview(s) Client/Staff/Patient Interview(s) Perpetrator(s) is CNA Victim Supervisor(s) Interview(s) Perpetrator Supervisor(s) Interview(s) Summary Findings Documents Obtained Conclusion Corrective Action(s) Taken Facility Investigator Review & Submit

Please review the information below before submitting the incident

Additional Information ✓

Victim(s) Interview(s) ✓

Witness(es) Interview(s) ✓

Reporter/Reportee Interview(s) ✓

Perpetrator(s) Interview(s) ✓

Client/Staff/Patient Interview(s) ✓

Perpetrator(s) is CNA ✓

Victim Supervisor(s) Interview(s) ✓

Perpetrator Supervisor(s) Interview(s) ✓

Summary Findings ✓

Documents Obtained ✓

Conclusion ✓

Corrective Action(s) Taken ✓

Facility Investigator ✓

Investigation Submit

Previous

Messages Between Provider and H&LS

Uploads

At any point you can print the various reports, initial or investigation. There is a printer icon in the bottom right corner, just select it. And the print feature opens.

hls

wdh

WDH OH

OHLS Incidents

Home

Incident Search

Inbox

New Incident

Logout

2024-0001

Saratoga Care Center

Current Status:Investigation Submitted

Incident Type: Verbal Abuse

Incident Occur Date: 12/05/2023 09:15 AM

Initial Sent To HLS Date: 12/20/2023 07:47 AM

Staff Aware Date: 12/05/2023 10:00 AM

Administrator Aware: 12/05/2023 11:15 AM

Contact Name: Tammy Schmitt

Contact Title: DON

Contact Email: tammy.schmitt@wyo.gov

Facility Investigator: Susie Que

Investigator Phone: 13077777124

Facility Information

Facility Type: Nursing Home

CCN:

Facility Investigator: Susie Que

Investigator Phone: 13077777124

Facility Address: 207 Holly Ave

Facility City/Town: Saratoga

Facility Telephone: 307-326-8212

Incident Form Questions

Incident Description: Please describe in detail what happened, with whom, what was said, etc.

Steps Taken: What did the facility do to protect residents.

Serious Injury: N/A or No: true

Any Injury: N/A or No: true

Behaviour Changes: N/A or No: true

Location: In residents room during morning cares.

Summary Findings: Enter information as appropriate here

Additional Information: Enter any added info here.

Conclusions: enter here

Corrective Action: do something

Oversight: add something

Systemic Actions: add something

Print

2 sheets of paper

Destination: HP Color Laserjet Pro M

Pages: All

Copies: 1

Layout: Portrait

Color: Color

More settings

Print

Cancel

All Bookmarks

Submitted

Print

If you are in the middle of the investigation report and need to see something that was submitted on the initial report there is a little button just above the stepper on the right that reads “incident report”, if you click that button the print feature opens and a display box opens so you can view the info. If you scroll down there is a print report button if you want a print out.

2024-1 | OHLS Incidents

ohlsincidentstest.health.wyo.gov/incident/20169

WDH OHLS INCIDENT TRACKING SYSTEM Version 2.8.57

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2024-0001 Saratoga Care Center Current Status: Initial Report

Incident Type: Verbal Abuse Incident Occur Date: 12/05/2023 09:15 AM

INCIDENT REPORT

Additional Information Victim(s) Interview(s) Witness(es) Interview(s) Reporter Interview(s) Documents Obtained Conclusion Corrective Action(s) Taken Facility Investigator Review & Submit

Add Incident Interview Witness

Select a Incident Person

Interviewee Name

Interviewee Title/Relationship

Summary

Interview Type: Witness

SAVE CANCEL

PREVIOUS

Messages Between Provider and HLS

Uploads

NEXT

2024-2 | OHLS Incidents

ohlsincidentstest.health.wyo.gov/incident/20170

WDH OHLS INCIDENT TRACKING SYSTEM Version 2.8.57

SIGN OUT: P. TAMMY SCHMITT

2024-0002 Saratoga Care Center Current Status: Incomplete

Incident Type: Neglect Incident Occur Date: 12/05/2023 03:00 PM Contact Name: peter smith

Initial Sent To HLS Date: 12/05/2023 03:30 PM Contact Title: lpn

Staff Aware Date: 12/05/2023 03:30 PM Contact Email: tammy.schmitt@wyo.gov

Administrator Aware: 12/05/2023 04:00 PM Facility Investigator: Investigator Phone:

Facility Information

Facility Type: Nursing Home Facility Address: 207 Holly Ave

CCN: Facility City/Town: Saratoga

Facility Investigator: Facility Telephone: 307-326-8212

Investigator Phone:

Incident Form Questions

Incident Description: tests

Steps Taken: test

Location:

Serious Injury: test

Any Injury: N/A or No: true

Behaviour Changes: N/A or No: true

Incident Persons

First Name: john

Last Name: doe

Incident Person Title:

Incident Person Status: Victim

Incident Person Type: Patient

First Name: No Perpetrator

Last Name:

Incident Person Title:

Incident Person Status: Perpetrator

Incident Person Type:

PREVIOUS

NEXT

At any point you can see messages from HLS to you in the Messages box at the bottom of the pages. We no longer “reject” an incident, but we will come back and ask for additional information, so you need to check messages. Your inbox will tell you if there are unread messages. (Note: As of 03/20/25 emails will be sent letting users know there is a message in the system.)

The screenshot displays the OHLS Incident Tracking System interface. The top section shows the 'Inbox Search' results with a table of incidents. A red arrow points to the 'Unread Messages' column, which shows a red circle with the number '1' next to the incident number 2024-0003. Below the table, the detailed view for incident 2024-0004 at Saratoga Care Center is shown. The 'Current Status' is 'Initial Report'. The 'Incident Occur Date' is 02/22/2024 09:00 AM. The 'Incident Type' is 'Neglect'. The 'Witness' section is visible, showing a table with columns for Interview Type, Interviewee Name, Interviewee Title Relationship, Summary, and Created Date. At the bottom, there are two sections: 'Messages Between Provider and HLS' with a red circle and the number '011', and 'Uploads' with a red circle and the number '0'. A red arrow points to the 'Uploads' section.

Facility	Unread Messages	Incident Number	Initial Sent Date	Incident Occur Date Time	Is Cna Review	Facility Name	Incident Type	Status	Triage Status
Sierra Hills Assisted Living Community	2	2024-0004	04/01/2024 11:21 PM	03/23/2024 03:40 PM		Sierra Hills Assisted Living Community	Incidents affecting the health, welfare or safety of a resident.	Investigation Submitted	
Sierra Hills Assisted Living Community	1	2024-0003	04/01/2024 11:08 PM	03/29/2024 08:00 AM		Sierra Hills Assisted Living Community	Incidents affecting the health, welfare or safety of a resident.	Initial Report	
Sierra Hills Assisted Living Community	1	2024-0002	04/01/2024 10:54 PM	04/01/2024 09:00 AM		Sierra Hills Assisted Living Community	Incidents affecting the health, welfare or safety of a resident.	Initial Report	
Canyons ICF/MR at Wyoming Life Resource Center	2	2024-0002	03/27/2024 09:29 AM	03/26/2024 09:15 AM		Canyons ICF/MR at Wyoming Life Resource Center	Abuse	Investigation Submitted	
Wyoming State Hospital-Licensure Units		2024-0002	03/08/2024 02:45 PM	03/08/2024 12:00 AM		Wyoming State Hospital-Licensure Units	Grievance	Initial Report	H
Aspen Wind Assisted Living Community		2024-0001		03/06/2024 07:00 PM		Aspen Wind Assisted Living Community		Incomplete	
Wyoming State Hospital-Certified Unit B		2024-0001	03/07/2024 03:39 PM	03/01/2024 12:00 PM		Wyoming State Hospital-Certified Unit B	Fire/Fire Watch	Initial Report	H
Saratoga Care Center		2024-0005		02/27/2024 08:00 AM		Saratoga Care Center		Incomplete	
Saratoga Care Center	1	2024-0004	02/25/2024 04:29 PM	02/22/2024 09:00 AM		Saratoga Care Center	Neglect	Initial Report	
Saratoga Care Center		2024-0003		12/20/2023 02:05 PM		Saratoga Care Center	Injuries of Unknown Source	Incomplete	

2024-0004 Saratoga Care Center Current Status: Initial Report

Incident Type: Neglect Incident Occur Date: 02/22/2024 09:00 AM INCIDENT REPORT

Additional Information, Victim(s) Interviews, Witness(es) Interviews, Reporter/Reporter Interviews, Perpetrator(s) Interviews, Client/Staff/Patient Interviews, Perpetrator(s) is CNA, Victim Supervisor(s) Interviews, Perpetrator Supervisor(s) Interviews, Summary Findings, Documents Obtained, Conclusion, Corrective Action(s) Taken, Facility Investigator, Review & Submit

Witness

b. Summary of interview(s) with witness(es), what the individual observed, or their knowledge of the alleged incident or injury

Interview Type	Interviewee Name	Interviewee Title Relationship	Summary	Created Date
No matching records found				

PREVIOUS NEXT

Messages Between Provider and HLS 011

Uploads 0

You can also upload documents as well in this same location.

You can get back to the menu options by clicking the three lines in the upper right corner.

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Inbox Search

Search

-Hide Filters-

Facility Incident Type Status

Unread Messages	Incident Number	Initial Sent Date	Incident Occur Date Time	Facility Name	Incident Type	Status
	2024-0005		02/27/2024 08:00 AM	Saratoga Care Center		Incomplete
	2024-0004	02/25/2024 04:29 PM	02/22/2024 09:00 AM	Saratoga Care Center	Neglect	Initial Report
	2024-0003		12/20/2023 02:00 PM	Saratoga Care Center	Injuries of Unknown Source	Incomplete
	2024-0002		12/05/2023 03:00 PM	Saratoga Care Center	Neglect	Incomplete
	2024-0001	12/20/2023 07:47 AM	12/05/2023 09:15 AM	Saratoga Care Center	Verbal Abuse	Investigation Submitted
	2021-0273	11/11/2020 12:00 AM	11/11/2020 02:00 PM	Saratoga Care Center	Physical Abuse	Investigation Submitted

Rows per page: 10 1 - 6 of 6

WDH OHLS INCIDENT TRACKING SYSTEM Version 2.0.63 TEST SIGN OUT: P TAMMY SCHMITT

- OHLS Incidents
- Home
- Incident Search
- Inbox**
- New Incident
- Logout

Inbox Search

Search

-Hide Filters-

Facility Incident Type Status

Unread Messages	Incident Number	Initial Sent Date	Incident Occur Date Time	Facility Name	Incident Type	Status
	2024-0005		02/27/2024 08:00 AM	Saratoga Care Center		Incomplete
	2024-0004	02/25/2024 04:29 PM	02/22/2024 09:00 AM	Saratoga Care Center	Neglect	Initial Report
	2024-0003		12/20/2023 02:00 PM	Saratoga Care Center	Injuries of Unknown Source	Incomplete
	2024-0002		12/05/2023 03:00 PM	Saratoga Care Center	Neglect	Incomplete
	2024-0001	12/20/2023 07:47 AM	12/05/2023 09:15 AM	Saratoga Care Center	Verbal Abuse	Investigation Submitted
	2021-0273	11/11/2020 12:00 AM	11/11/2020 02:00 PM	Saratoga Care Center	Physical Abuse	Investigation Submitted

Rows per page: 10 1 - 6 of 6

Incident Search – you can search by any of the 4 column headings. You will only see incident reports for the facilities you as a user have access to see. Also, once your search criteria have populated results you can sort by any of the heading fields by clicking the up or down arrow next to the column heading. You can click the full arrow to open the incident or the carrot (>) just to preview the basic info about the incident. \

The screenshot shows the 'Incident Search' interface. A search bar at the top contains the text 'smith'. Below the search bar, there are filter buttons for 'Incident Occur Date', 'Facility', 'Incident Type', and 'Status'. The results table has columns: Facility Name, Incident Type, Incident Number, Initial Sent Date, Incident Occur Date Time, and Status. Three results are shown for Saratoga Care Center.

Facility Name	Incident Type	Incident Number	Initial Sent Date	Incident Occur Date Time	Status
Saratoga Care Center		2024-0005		02/27/2024 08:00 AM	Incomplete
Saratoga Care Center	Neglect	2024-0004	02/25/2024 04:29 PM	02/22/2024 09:00 AM	Initial Report
Saratoga Care Center	Misappropriation of Res Property	2020-0210	10/30/2019 12:00 AM	10/10/2019 12:00 AM	Completed

This screenshot is identical to the one above, but with a red arrow pointing to the 'Incident Number' column header, which has a downward arrow icon next to it, indicating that the results can be sorted by this field.

Facility Name	Incident Type	Incident Number	Initial Sent Date	Incident Occur Date Time	Status
Saratoga Care Center		2024-0005		02/27/2024 08:00 AM	Incomplete
Saratoga Care Center	Neglect	2024-0004	02/25/2024 04:29 PM	02/22/2024 09:00 AM	Initial Report
Saratoga Care Center	Misappropriation of Res Property	2020-0210	10/30/2019 12:00 AM	10/10/2019 12:00 AM	Completed