

**Health Facility and Licensing:  
Program Operations Bureau**

**Incident Management Guide**

For

**All Licensed Health Care Facilities**



**State Fiscal Year  
2025-2026**

**HEALTH CARE AUTHORITY  
Division of Health Improvement**

**Health Facility and Licensing  
Program Operations Bureau**



**HEALTH CARE  
AUTHORITY**

*"Our mission is to promote health and wellness, improve health outcomes, and assure safety net services for all people in New Mexico."*

## INTRODUCTION

The purpose of this Incident Management Guide is to remind all licensed Health Care Facilities of the current ANE Reporting regulation and the potential consequences associated with Non-Reporting. State regulation 8.370.9 NMAC was enacted in February 2006 and updated in July 2024. The regulation requires the reporting of allegations of abuse, neglect, misappropriation of property and injuries of unknown origin.

- All staff must be trained in the Incident Management System to assure appropriate and timely response when incidents occur.
- The 2019-2020 Incident Report (IR) form must be used to report and document incident alleging abuse, neglect, exploitation and other reportable incidents.
- The staff person with the most direct knowledge of the incident is the individual who reports the incident.
- The IR form must be faxed to DHI at 1-888-576-0012 or emailed to [incident.management@hca.nm.gov](mailto:incident.management@hca.nm.gov) within 24-hours of knowledge of the incident and or the following business day in the event of a weekend or holiday. The reports should be typed so they are legible.
- Complete all required fields on Incident Reports.
- All entries must be legible. If not typed, please write clearly. *If not legible, this may result in rejection of the Incident report.*
- Include all actions taken by the facility i.e. care plans, preventative measures etc.

### **Regulatory Highlights** **For Licensed Health Care Facilities**

#### **8.370.9.8 INCIDENT MANAGEMENT SYSTEM REPORTING REQUIREMENTS FOR LICENSED HEALTH CARE FACILITIES:**

##### **A. Duty to report:**

(1) All licensed health care facilities shall immediately report abuse, neglect or exploitation to the adult protective services division.

(2) All licensed health care facilities shall report abuse, neglect, exploitation, and injuries of unknown origin or other reportable incidents to the bureau within a twenty-four (24) hour period, or the next business day when the incident occurs on a weekend or holiday.

(3) All licensed health care facilities shall ensure that the reporter with direct knowledge of an incident has immediate access to the HFL&C Incident Report form to allow the reporter to respond to, report, and document incidents in a timely and accurate manner.

The required reporting time period is prescribed in the regulation is found at 8.370.9.10 (C) **NMAC ACCESS AND COOPERATION TO FACILITATE DEPARTMENT INCIDENT INVESTIGATIONS:**

**All licensed health care facilities shall conduct a complete investigation and report the actions taken and conclusions reached by the facility within five (5) business days of the initial Incident Report.**

NMAC section 8.370.9.11 CONSEQUENCES OF LICENSED HEALTH CARE FACILITIES OR COMMUNITY BASED SERVICE PROVIDER NONCOMPLIANCE provides the department with the authority to *“sanction a licensed health care facility or community-based service provider for non-compliance . . . up to five thousand dollars (\$5000) per instance.”*

**Note: If the 5-day follow-up is late, this may trigger an on-site survey by the department.**

#### **8.370.9 NMAC Incident Reporting, Intake, Processing and Training Requirements**

- Reportable Incident means possible abuse, neglect, exploitation, injuries of unknown origin and other events including but not limited to falls which cause injury, unexpected death, elopement, medication error which causes or is likely to cause harm, failure to follow a doctor’s order or an ISP, or any other incident which may evidence abuse, neglect, or exploitation.
- Establishes standards for licensed health care facilities to institute and maintain an incident management system and employee training program for reporting abuse, neglect, and exploitation
- Requires the reporting within 24 hours (or next business day if a weekend or holiday) following knowledge of incidents or allegations of abuse, neglect, or exploitation to the Department of Health, Division of Health Improvement, Program Operations Bureau (DHI/POB).
- Requires a quality improvement process related to the incident management system.
- Requires training of all employees on the incident management system within 30 days of employment, annual refresher training not to exceed 12 months’ a written training curriculum describing the facility or agency incident management system and specific requirements for the content of the training curriculum.
- Requires that the facility or agency provide an Orientation Packet containing the incident reporting process to the consumer and post in a prominent location, posters provided by DHI, which details the DHI incident management reporting procedures.

## **For Licensed Health Care Facilities**

### **8.370.5 NMAC Caregivers Criminal History Screening Requirements:**

- Requires all applicants, caregivers (including hospital caregivers) to consent to a nationwide and statewide criminal history screening via fingerprint no later than 20 calendar days from the first day of employment or contractual relationship.
- Once the fingerprints and screening packet are submitted conditional supervised employment may begin pending written notice of screening completion – with either clearance of the caregiver or notice of a disqualifying conviction of criminal background check.
- Individuals with disqualifying felony convictions identified in the rule are prohibited from employment or contractual services as a caregiver, unless clearance is granted via an appeal (administrative reconsideration).

### **8.370.8 NMAC Employee Abuse Registry:**

- The HCA will establish and maintain an electronic registry of all persons, who while employed, were determined to have engaged in substantiated incident of abuse, neglect or exploitation of a person receiving care or services from a licensed health care facility or a community-based service provider or agency.
- Prior to employing or contracting with an individual the facility or agency must check to determine if the person is on the registry. Persons on the registry are ineligible for employment or contracting.
- Registry does not apply to a New Mexico licensed health care professional practicing within the scope of the professional's license or a certified nurse aide practicing as a certified nurse aid.

### **8.370.9 NMAC Incident Reporting, Intake, Processing and Training Requirements:**

- Reportable Incident means possible abuse, neglect, exploitation, injuries of unknown origin and other events including but not limited to falls which cause injury, unexpected death, elopement, medication error which causes or is likely to cause harm, failure to follow a doctor's order or an ISP, or any other incident which may evidence abuse, neglect, or exploitation.
- Establishes standards for licensed health care facilities to institute and maintain an incident management system and employee training program for reporting abuse, neglect, and exploitation

- Requires the reporting within 24 hours (or next business day if a weekend or holiday) following knowledge of incidents or allegations of abuse, neglect, or exploitation to the Health Care Authority, Division of Health Improvement, Program Operations Bureau (DHI/POB).
- Requires a quality improvement process related to the incident management system.
- Requires training of all employees on the incident management system within 30 days of employment, annual refresher training not to exceed 12 months' a written training curriculum describing the facility or agency incident management system and specific requirements for the content of the training curriculum.
- Requires that the facility or agency provide an **Orientation Packet** containing the incident reporting process to the consumer and post in a prominent location, posters provided by DHI, which details the DHI incident management reporting procedures.  
<https://www.hca.nm.gov/report-abuse-neglect-exploitation/>

***FOR ALL ALLEGATIONS OF ABUSE, NEGLECT, EXPLOITATION AND INJURIES OF UNKNOWN ORIGIN:***

The incident Report form may be emailed to HCA/DHI within the same time frame at the following email address: [incident.management@hca.nm.gov](mailto:incident.management@hca.nm.gov)

- Fax the IR to DHI at 1-888-576-0012
- or complete online at: <https://ironline.hca.nm.gov/>

**NOTE:** If submitting online you must answer all required (**in red**) questions on the IR form. If submitting via fax the reports must be typed so they are legible. If your facility does not have the capability of typing the incident report, it must be in print, clear and easy to read or it will not be accepted.

**ALL AGENCIES AND FACILITIES ARE REQUIRED TO CONDUCT TIMELY AND EFFECTIVE INTERNAL INVESTIGATIONS AND TAKE REASONABLE STEPS TO PREVENT FURTHER INCIDENTS AS SOON AS AN INCIDENT OCCURS.**

Components of an Effective Incident Management System:

- Facility Management commitment
- Policies and Procedures
- Staff training and awareness
- Reporting of incidents
- Protection of the consumer's health and safety
- Investigation(s)
- Corrective and/or preventative action
- Analysis and identification of trends and patterns and a Conclusion

Elements of an Effective Investigative Report:

- Answer the 5 W's and the H (who, what, where, when, why and how)
- Draw a clear conclusion of findings
- What corrective or preventive action was taken

The follow-up investigative reports are due to the department within (5) working days from the date of incident or knowledge of the incident. Make sure your investigations are documented either on your provider's letterhead or on the DOH complaint follow up narrative form.

### **Quality Improvement System**

- All licensed health care facilities must have a Quality Improvement System for reviewing alleged complaints and incidents, including written documentation of corrective action(s) taken.
- All licensed health care facilities must establish and maintain an incident management system, which emphasizes the principles of prevention and staff involvement.
- Incident Management System Policy and Procedures must require all employees to be competently trained to respond to, report and document incidents in a timely and accurate manner.
- All licensed health care facilities must provide **all** employees and volunteers with a written training curriculum on incident management policies and procedures.
- All licensed health care facilities **must document** their employees' training on incident management.
- All licensed health care facilities must provide an Orientation Packet describing their incident management process to residents, family members and Powers of Attorney.

- All licensed health care facilities must display at least 2 DHI reporting posters. Providers operating with 60 or more beds must post 3 DHI reporting posters in a conspicuous public location.

## **INCIDENT MANAGEMENT PRINCIPLES**

- Individuals should have a quality of life that is free of abuse, neglect, and exploitation.
- Staff must be competent and trained to respond to, report, and document incidents in a timely and accurate manner.
- Consumers and guardians must be made aware of and have available accessible incident reporting processes.
- Any individual who, without false intent, reports an incident or makes an allegation of abuse, neglect or exploitation will be free of any form of retaliation.
- A provider's incident management system must emphasize prevention and staff involvement to provide safe environments for the individuals they serve.

## **How to Respond to Sexual Assault**

1. Ensure victim is safe, call law enforcement and/or the Sexual Assault Nurse Examiners (SANE) Unit.
2. Obtain emergency medical attention, including testing for pregnancy and treatment for sexually transmitted diseases. Staff should never remove any object placed in any orifice unless it presents an immediate threat.
3. The SANE exam will include, an evidence and rape kit.
4. Do not allow the consumer (victim) to bath/shower or otherwise cleanup (i.e. brush teeth, urinate, alter physical self, engage in other activity that may contaminate or destroy valuable evidence such as semen, saliva, hairs, etc.)
5. Ensure that clothing worn during and immediately after the assault is collected and taken to the SANE Unit.
6. Evidence may still be present up to 72 hours after the event. If the patient has not bathed or changed clothes, the 72 hours may be extended until all exams have been completed. Physical trauma may be present after the 72-hour time frame.

NOTE: Evidence collection can be a time-consuming process. Be prepared for waits of 2-8 hours while law enforcement is conducting their investigation.

## New Mexico Sexual Assault Nurse Examiners (SANE) Units

Alamogordo			
Southern NM Wellness Alliance	<b>Otero County</b> PO Box 2626 Alamogordo, NM 88310	Phone: 575.488.7233	<a href="mailto:sane.alamogordo@gmail.com">sane.alamogordo@gmail.com</a> or <a href="mailto:sanealamo.clinical@gmail.com">sanealamo.clinical@gmail.com</a>

Albuquerque			
<b>ABQ SANE Collaborative</b>	<b>Bernalillo County</b> <u>Mail:</u> PO Box 37139 Albuquerque NM 87176 <u>Physical:</u> 625 Silver SW Suite 2206 Albuquerque, NM 87102	Phone: 505.883.8720  Dispatch 1.884.7263	Suzanne.green@abqsane.org
<b>Statewide SANE Coordinator</b>	<b>All Counties <u>Physical:</u></b> 3909 Juan Tabo Blvd. NE, Suite 6 Albuquerque, NM 87111	Phone: 505.883.8020 Fax: 505.883.7530	<a href="mailto:ShantihB@NMCSAP.org">ShantihB@NMCSAP.org</a>
<b>Para Los Niños Program</b>	<b>Bernalillo County</b> <u>Physical:</u> 625 Silver Ave SW 2 <sup>nd</sup> Floor Albuquerque, NM 87102	Phone: 505.272.6849  SANE Dispatch 505.884.7263	<a href="mailto:miqlopez@salud.unm.edu">miqlopez@salud.unm.edu</a>

## New Mexico Sexual Assault Nurse Examiners (SANE) Units

Crownpoint			
<b>Crownpoint Healthcare Facility</b>	<b>McKinley County</b> <u>Mail:</u> PO Box 358 Crownpoint, NM 87313 <u>Physical:</u> June Hwy 371 Rt 9 Crownpoint, NM 87313	Phone: 505.786.6295  SANE dispatch: 505.786.5291	<a href="mailto:stacy.jervis@ihs.gov">stacy.jervis@ihs.gov</a>



<b>Farmington</b>			
<b>Sexual Assault Services of Northwest NM</b>	<b>San Juan County</b> <u>Physical:</u> 622 West Maple Suite H Farmington, NM 87401	Phone:505.325.2805 Fax: 505.326.2557  SANE dispatch: 505.326.4700  Emergency: 1.866.908.4700	<a href="mailto:eleenab@sasnwnm.org">eleenab@sasnwnm.org</a> or <a href="mailto:dixier@sasnwnm.org">dixier@sasnwnm.org</a>
<b>Gallup</b>			
<b>Gallup Indian Medical Center</b>	McKinley County <u>Physical:</u> 516 E Nizhoni Blvd Gallup, NM 87301 <i>Adults and Adolescents</i>	Phone:505.722.1171  SANE dispatch 505.722.1165	<a href="mailto:debra.hicks@ihs.gov">debra.hicks@ihs.gov</a>

<b>Las Cruces</b>			
<b>Las Cruces La Piñon SANE Project</b>	<b>Doña Ana County</b> <u>Mail:</u> La Piñon SANE Project 525 S. Melendres Las Cruces, NM 88005 <u>Physical:</u> Memorial Medical Center 2450 South Telshor Las Cruces, NM 88011	Office: 575.521.5549  SANE dispatch 1.888.595.7273 La Piñon 575.526.3437	<a href="mailto:stacey@lapinon.org">stacey@lapinon.org</a>

## New Mexico Sexual Assault Nurse Examiners (SANE) Units

<b>Portales</b>			
<b>Arise Sexual Assault Services</b>	<b>Roosevelt County</b> <u>Mail:</u> Roosevelt General Hospital PO Drawer 868 Portales, NM 88130	Phone:575.226.7263 Fax:575.226.4664  SANE dispatch: 575.226.7263	<a href="mailto:leigh@arisenm.org">leigh@arisenm.org</a> or <a href="mailto:tawnya@arisenm.org">tawnya@arisenm.org</a> or <a href="mailto:gretchen@arisenm.org">gretchen@arisenm.org</a>

<b>Roswell</b>			
<b>I Can Survive Roswell Refuge SANE Project</b>	<b>Chaves County</b> <u>Mail:</u> Roswell Refuge 1215 N. Garden Roswell, NM 88201	Phone: 575.627.8361  Admin Intervention: 575.624.3222  Fax: 575.627.5359	N/A

<b>Santa Fe</b>			
<b>Christus St. Vincent Regional Medical Center SANE Program</b>	<b>Santa Fe County</b> <u>Mail:</u> 455 St. Michael Drive Santa Fe, NM 87505 <u>Physical:</u> 6601 Valentine Way Santa Fe, NM 87507	Phone:505.989.5952 Fax:505.982.4917  SANE dispatch: 505.989.5952	<a href="mailto:colleen.dearmin@stvin.org">colleen.dearmin@stvin.org</a>

<b>Silver City</b>			
<b>Silver Regional Sexual Assault Support Services and SANE</b>	<b>Grant County</b> <u>Mail:</u> 905 N. Hudson Silver City, NM 88061 <u>Physical:</u> La Clinica 3201 N Ridge Loop Drive Silver City, NM 88061	Phone: 575.313.6203 Fax:575.388.1690  Emergency 866.750.6474	<a href="mailto:sassexecutivedirector@gmail.com">sassexecutivedirector@gmail.com</a>

## New Mexico Sexual Assault Nurse Examiners (SANE) Units

<b>Taos</b>			
<b>Taos/Holy Cross Hospital SANE Program</b>	<u>Physical:</u> 1329 Gusdorf Road Taos, NM 87571	Phone: 575-751-8990  SANE dispatch: 575-758-8883	<a href="mailto:pattyhannigan@gmail.com">pattyhannigan@gmail.com</a>

# **Reporting Requirements for Sexual Assault**

## **DUTY TO REPORT:**

- First and foremost, always ensure the safety of the person, including separating the victim from the alleged perpetrator, providing needed first aid, or obtaining medical care.
- The licensed health care facility shall report incidents of Abuse, neglect, exploitation, and injuries of unknown origin utilizing the **DHI Incident Report form only**, consistent with requirements of the DHI/POB, within 24 hours or the next business day if the incident occurs on a weekend or a holiday. And then send DHI/POB a copy of the findings of their internal investigation and corrective actions taken by the facility within 5 business days of the incident.
- All licensed health care facilities shall ensure that the reporter with direct knowledge of an incident has immediate access to the DHI Incident Report (IR) form to allow the reporter to respond to, report and document incidents in a timely and accurate manner.

\*\*\* If the incident involves a criminal act also contact your local Law Enforcement Agency. The IR form must be faxed or submitted electronically to DHI within 24 hours of knowledge of the incident. (Next business day in the event of a weekend or holiday).

## **DEFINITIONS – Licensed Health Care Facilities**

1. **“Abuse”** means knowingly, **intentionally**, and without justifiable cause inflicting physical pain, injury or mental anguish; the intentional deprivation by a caretaker or other person of services necessary to maintain the mental and physical health of a person; sexual abuse, including criminal sexual contact, incest and criminal sexual penetration; or verbal abuse, including profane, threatening, derogatory, or demeaning language, spoken or conveyed with the intent to cause mental anguish.
2. **“Neglect”** means the failure to provide goods and services necessary to avoid physical harm, mental anguish or mental illness.
3. **“Exploitation”** means an unjust or improper use of a person’s money or property for another person’s profit or advantage, financial or otherwise.
4. **“Mental Anguish”** means a relatively high degree of mental pain and distress that is more than mere disappointment, anger, resentment or embarrassment, although it may include these, and is objectively manifested by the recipient of care or services by significant behavioral or emotional changes or physical symptoms.

5. **“Immediate Jeopardy”** means a provider’s noncompliance with one (1) or more requirements of Medicaid or Medicare participation, which causes or is likely to cause, serious injury, harm, impairment or death to a consumer.
6. **“Bureau”** means the Health Care Authority, Division of Health Improvement, Program Operations Bureau (POB), formerly the Health Facility Licensing and Certification Bureau.
7. **“Consumer”** means any person who engages the professional services of a medical or other health professional on an inpatient or outpatient, or person requesting services from a hospital or licensed health facility.
8. **“Injuries of Unknown Origin”** mean injuries for which there is no known explanation for their cause or origin.
9. **“ISP”** means a consumer’s “individual service plan”.
10. **“Reportable incident”** means possible abuse, neglect, exploitation, injuries of unknown origin and other events which may evidence abuse, neglect or exploitation. The list includes but is not limited to falls resulting in fractures or serious injury, unexpected death, elopement, medication error which causes or is likely to cause harm, failure to follow a doctor’s order or an ISP which causes or is likely to cause harm or any other incident which may evidence abuse, neglect, or exploitation.
11. **“Substantiated”** means the verification of a complaint based upon a preponderance of a reliable evidence obtained from an appropriate investigation of a complaint of abuse, neglect, or exploitation.
12. **“Unsubstantiated”** means that the complaint could not be verified based upon a preponderance of reliable evidence obtained from an appropriate investigation of a complaint of abuse, neglect, or exploitation.

*For updates and more information, including reports and regulations please visit the following Division of Health Improvement web site: <https://www.hca.nm.gov/division-of-health-improvement/>*

*Any questions about reporting or if you are having any problems with the website and reporting please contact the Complaints Department Unit secretary at (505) 476-9096.*



Michelle Lujan Grisham, Governor  
Kari Armijo, Secretary  
Alex Castillo Smith, Deputy Secretary  
Kathy Slater Huff, Deputy Secretary  
Kyra Ochoa, Deputy Secretary  
Dana Flannery, Medicaid Director

**Name of Facility:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Phone #** \_\_\_\_\_ **License#** \_\_\_\_\_  
**Administrator Name:** \_\_\_\_\_

**COMPLAINT NARRATIVE INVESTIGATION FOLLOW-UP REPORT (5 day)**

**Resident Name:** \_\_\_\_\_ **Date of incident:** \_\_\_\_\_

**Brief Summary of incident:** (use additional pages in needed)

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**Facility Action after the incident:** (use additional pages in needed)

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**Future Preventative/Corrective Action for resident(s) health and safety:** (use additional pages in needed)

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**Conclusion:** \_\_\_\_\_

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**If allegations of abuse/neglect/exploitation: Substantiated or Unsubstantiated**

**Report completed by:**

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