



REPORTABLE EVENT RECORD/REPORT - Online Supplement

Please answer ALL questions fully and address only one event per report.
Complete Investigations Include: staff, resident, and witness interviews as well as ALL pertinent information.
Please only include any information not entered on the Online Complaint Form.

Was this a significant event?	Yes	No	Was significant event called in?	Yes	No
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Facility Telephone Number	Facility License Number	Provider ID/CCN
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Person Reporting	Title
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Type of Incident (check all that apply):

Elopement	Injury Unknown Origin
Environmental Emergency	Neglect
Financial Exploitation	Resident Care
Injury	Resident-to-Resident
Incident	Abuse Staff-to-Resident
Involuntary Discharge	Abuse Unexpected Death
Other, Specify:	

Who was notified of the occurrence (check all that apply)?

Law Enforcement - Police Dept. Name	Case Number	Officer
Nursing Board	Family/Guardian	Other
APS	Medical Examiner	
Physician	Ombudsman	
Pharmacy Board	Pool Agency (Name and Phone Number)	

Is the event an allegation of abuse, neglect or misappropriation of funds? If yes, complete the Alleged Perpetrator Information Section.	Yes	No
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ALLEGED PERPETRATOR (AP) INFORMATION

Name:	Last	First	MI	Alias

Address:

Street/Box	City	State	Zip

Telephone Number	Date of Hire (mm/dd/yyyy)
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AP Suspended?	Yes	No	Date (mm/dd/yyyy)	AP Terminated?	Yes	No	Date (mm/dd/yyyy)
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CREDENTIALING/LICENSURE INFORMATION	
Certificate or License No.	
Type of Certification (check all that apply)	
Nurse Aid (NA) Registered Nurse (RN) Other (specify type:)	Certified Nurse Aid (CNA) Licensed Practical Nurse (LPN)

Resident Name	Date of Admission (mm/dd/yyyy)	Date of Birth (mm/dd/yyyy)
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Exact Location of Incident

<p>Narrative: 1) Describe the event, including timeframes/risk factors related to the incident/event (relevant resident dx and cognitive status. If resident to resident altercation is this the first time the resident was involved in an altercation?)</p>
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2) Prior to the event, was a plan of care developed that addressed this issue, and were planned interventions in place when the event occurred? For example, a chair alarm or a lap buddy in place.

Yes No Please describe:

3) What interventions were implemented after the incident/event? For example, supervision, resident sent to hospital, CNA suspended. Please describe investigative findings/conclusions:

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Facility Investigation Report for Resident Abuse, Neglect, Misappropriation of Property, And Exploitation
of Residents in Long-Term Care Facilities

Use Separate sheet for each witness/person interviewed

Witness Statement Form		
Date:	Time:	AM PM
Witness Full Name:		
Job Title:	Shift:	
Home Address:	City/Zip	
Home Phone #:	Work Phone #:	
Relation to Resident: (If any)		

State in your own words what you witnessed (be very descriptive) and sign below.

The information provided above is true to the best of my knowledge.

Signature of Witness	Date
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