



**Nursing Facility
5 - Day Investigation Report**

Results of investigations must be completed & faxed to the Center for Health Facilities Regulation.
FAX: (401) 222-3999 or (401) 222-3650

Reporting Facility:		Date:
Reported by:	Title:	Contact Number:
Date that the incident/allegation occurred:		
Date incident/allegation was initially reported to the Department:		

Allegation of Abuse, Neglect, Mistreatment and/or Death

Please select the most appropriate:

- | | |
|--|--|
| <input type="checkbox"/> Resident to Resident Abuse | <input type="checkbox"/> Injuries of Unknown Source |
| <input type="checkbox"/> Staff to Resident(s) Abuse | <input type="checkbox"/> Death in the hospital following an accident |
| <input type="checkbox"/> Neglect | <input type="checkbox"/> Other |
| <input type="checkbox"/> Misappropriation/Exploitation of property/resources | |

Resident(s) Information:

Last Name:		First:	
Last Name:		First:	

Alleged Perpetrator(s) Information (if applicable):

Last Name:		First:	
Last Name:		First:	

Brief Description of Incident:

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Results of Investigation: *(include current status of any injured resident(s):*

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Facility system changes made to decrease the risk of similar incidents from occurring:

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***Administrator Signature:** _____ **Date:** _____