



Department of Health, Center for Health Facilities Regulation
Nursing Facility Required Reporting¹
Certified Facilities

Reporting Facility:		Date of Report:
Reported by:	Title:	Contact Number:

• Report any suspicion of a **crime** committed against a resident that results in **serious bodily harm** within two (2) hours to Law Enforcement and to the Department via phone (401) 222-5200. All other suspicions of a crime against a resident that **does not** result in serious bodily harm must be reported to Law Enforcement and the Department within 24 hours (as defined in Section 1150B of the Social Security Act, as established by section 6703(b)(3) of the Patient Protection and Affordable Care Act, 2010).

Abuse, Neglect, Mistreatment & Injuries of Unknown Source: Must be reported as defined below:

<input type="checkbox"/> *Resident to Resident Abuse <input type="checkbox"/> *Staff to Resident(s) Abuse <input type="checkbox"/> *Neglect <input type="checkbox"/> *Misappropriation / Exploitation <input type="checkbox"/> *Injuries of Unknown Source	Report all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property; <u>immediately, but not later than 2 hours</u> after the allegation is made, if the events that cause the allegation <u>involve abuse or result in serious bodily injury</u> , or <u>not later than 24 hours</u> if the events that cause the allegation <u>do not</u> involve abuse and do not result in serious bodily injury (in accordance with 42 CFR §483.12(c)(1))
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Accidents /Incidents/ Death: Must be reported within 24 hours or by the next business day, unless otherwise indicated. Please select the most appropriate:

<input type="checkbox"/> Accident / incident resulting in hospital admission <input type="checkbox"/> Accident / incident resulting in death in the facility <input type="checkbox"/> *Accident or incident resulting in death in the hospital following an accident	<input type="checkbox"/> Death within 24 hours of admission or prior to physical exam <input type="checkbox"/> Elopement: (Only required if police were notified) <input type="checkbox"/> <u>Unscheduled implementation</u> of fire/evacuation/disaster plan. Report immediately via phone (401) 222-5200, then fax this form within three (3) business days.
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***Indicates 5-Day Facility Investigation Report must be faxed to the Department within five (5) business days.**

Resident(s) Information:

Last Name:	First:	DOB	Room #	<input type="checkbox"/> Female <input type="checkbox"/> Male
Last Name:	First:	DOB	Room #	<input type="checkbox"/> Female <input type="checkbox"/> Male

Alleged Perpetrator(s) Information (if applicable):

Last Name:	First:	<input type="checkbox"/> Resident <input type="checkbox"/> Non-resident <input type="checkbox"/> Staff
Last Name:	First:	<input type="checkbox"/> Resident <input type="checkbox"/> Non-resident <input type="checkbox"/> Staff

Has Victim(s) and/or Abuser(s) been involved in previous reportable incidents? If yes, please describe.

Incident Information:

Date of Incident:	Time:	Location of Incident:
Witness(s): <input type="checkbox"/> No <input type="checkbox"/> Yes (Provide names)		

Description of incident and immediate action taken to ensure safety of resident(s). Include any resident(s) injury.

CONTINUE ON ADDITIONAL PAGES AS NEEDED

FAX to: Facilities Regulation: (401) 222-3650 or (401) 222-3999 and RI LTC Ombudsman: (401) 785-3391

¹ Reports may be called in immediately to DOH-222-5200 and the RILTCOO-785-3340 with follow-up faxes of this form by the next business day.