



Center for Health Facilities Regulation  
**Assisted Living Residence Required Incident Reporting**

Reports may be called immediately to (401) 222-5200 and the RILTCO 785-3340  
 Follow-up faxes by the next business day to: (401) 222-5901 and  
 RI LTC Ombudsman: (401) 785-3391      Reports may also be email to: doh.ofr@health.ri.gov

|                |                             |
|----------------|-----------------------------|
| Facility Name: | Date of Report:             |
| Reported by:   | Title:      Contact Number: |

**Abuse, Neglect, & Mistreatment:** Report within 24 hours, or by the end of the next business day. Select most appropriate:

|   |  |
|---|--|
| <input type="checkbox"/> *Resident to Resident Abuse<br><input type="checkbox"/> *Staff to Resident(s) Abuse<br><input type="checkbox"/> *Neglect<br><input type="checkbox"/> *Misappropriation /Exploitation | <p><b>REMINDER:</b> If reported by a person other than a physician, certified registered nurse practitioner, or physician assistant that a resident has been harmed, then the resident must be examined by a licensed physician, certified registered nurse practitioner, or physician assistant and a preliminary report must be made to the Department within (48) hours after the examination, and a follow-up written report within five (5) days after examination (as defined in Section 23-17.8- 3.1)</p> |
|---|--|

**Accidents /Incidents/ Deaths:** Report within 24 hours or by the next business day, unless otherwise indicated. Please select the most appropriate.

|  |  |
|--|--|
| <input type="checkbox"/> *Accidents, incidents, and medication errors resulting in hospital admission (including suicide attempts)<br><br>Location of incident/accident: Dementia Unit? <input type="checkbox"/> YES<br>Accident/Incident result of a Fall? <input type="checkbox"/> YES | <input type="checkbox"/> *Death: (a report to State Medical Examiner is also required). <ul style="list-style-type: none"> <li>Within 24 hours of admission</li> <li>Sudden or unexpected</li> <li>Suspicious</li> <li>Unnatural</li> <li>Result of trauma</li> <li>Unattended by a physician</li> </ul> |
| <input type="checkbox"/> *Elopement: (required if police were notified and/or if residence's elopement policy was implemented).  | <input type="checkbox"/> *Unscheduled implementation of evacuation/ disaster plan *if assistance is required, then call (401) 222-6911 immediately.  |

**\*Indicates 5-Day Facility Investigation Report must be faxed to the Department within five (5) business days.**

**Resident(s) Information: (List all residents involved.)**

|       |        |             |   |                                 |                               |
|-------|--------|-------------|---|---------------------------------|-------------------------------|
| Last: | First: | Admit Date: | Dementia Unit? <input type="checkbox"/> | <input type="checkbox"/> Female | <input type="checkbox"/> Male |
| Last: | First: | Admit Date: | Dementia Unit? <input type="checkbox"/> | <input type="checkbox"/> Female | <input type="checkbox"/> Male |

**Alleged Perpetrator(s) Information (if applicable):**

|   |        |             |                                   |                                       |                                |
|---|--------|-------------|-----------------------------------|---------------------------------------|--------------------------------|
| Last:   | First: | Admit Date: | <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 here) |       |                       |