



Nursing Facility
5 - Day Investigation Report

Results of investigations are to be completed and faxed to the Office of 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 (as defined in 23-17.8-1, Regs. 16.0, and 42 CFR §483.13(c)(4))

Please select the most appropriate:

- Resident to Resident Abuse
Staff to Resident(s) Abuse
Neglect
Misappropriation/Exploitation of property/resources
Injuries of Unknown Source (Certified facilities Only)
Death in the hospital following an accident
Other

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:

[Empty box for incident description]

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

[Empty box for investigation results]

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

[Empty box for facility system changes]

*Administrator Signature: Date: