



Guidelines for Completing the Assisted Living Facility Adverse Incident Forms

Introduction The initial adverse incident report (1-day) must be completed and sent to AHCA within 1 business day of the incident. The complete adverse incident report (15-day) must be completed and sent to AHCA within 15 calendar days of the incident. Please read these instructions carefully. The processing of these forms may be delayed if information is missing, incomplete, illegible or submitted to the incorrect location. Reports may be faxed to 850-922-2217, submitted on-line at www.fdhc.state.fl.us/reporting/index.shtml, or mailed to the Central Systems Management Unit at the address indicated on the forms.

Required Information About the ALF (both 1-day and 15-day)	
Name	The name of the assisted living facility as it appears on the license issued by AHCA.
License Number	The license number that appears on the license issued by AHCA
Street Address	The assisted living facility's street address.
City	The city in which the assisted living facility is located.
Phone & Fax	The telephone and fax numbers, including the area code of the assisted living facility.
Person Reporting	The full name of the individual who is filling out this report.
Title of Person Reporting	The position/credentials of the person who is filling out the report.
Required Information about the Resident (both 1-day and 15-day)	
Name	The first and last name of the resident who is the subject of the incident being reported.
Social Security #	If the resident involved in the incident has a SS#, include it in the report.
Medicaid #	If the resident involved in the incident has a Medicaid number, include it.
Sex	Check whether the resident is male or female.
Age	The age, not the date of birth, of the resident involved in the incident.

Risk Manager Information is Needed Only if You Have a Risk Management Program (both 1-day and 15-day)	
Name	The full name of the officially designated risk manager for the facility.
Credentials	List the credentials held by the individual officially serving as the facility's risk manager.
Phone	The risk manager's phone number. Write "same" if it is the same as the facility.
Required Information About the Incident (both 1-day and 15-day)	
Date of Incident	The month, day and year the incident occurred.
Outcomes	There are 9 outcomes listed in this section and there will often be more than one outcome involved in the incident. Each relevant outcome should be checked as applicable.
Circumstances	<p>Describe circumstances of the incident and what actions have been taken to implement the investigation – narrative should answer basic questions – who, what, where, when and why. While you may not have all the answers at the time of the submission of the 1-day report, you need to include as much information as is available using additional sheets as necessary to complete your narrative of the incident.</p> <p>In instances of alleged abuse, neglect or exploitation, the immediate action taken with the person directly involved (staff, family member, visitor, resident, etc.) must be stated as well as whether the Department of Children and Families and/or law enforcement was notified.</p> <p>Attachments such as nurse's notes or police reports are not an acceptable substitute for completing this section.</p>
Additional Required Information About the Resident (15-day only)	
Resident Representative	The first and last name of the person legally designated by the resident or the court that is responsible for acting in the resident's behalf or is to be notified in the event of an emergency.
Relationship to Resident	The representative's relationship to the resident.
Address	The complete address of the resident's representative including the street, city, state, zip code and telephone number.
Additional Required Information About the Incident (15-day only)	
Outcomes	<p>Please note that the outcome "Any condition that required the transfer of the resident from the facility to a unit providing a more acute care due to the incident rather than the resident's condition before the incident" is followed by "Location to which resident was transferred:" and a blank line. The name of the facility to which a resident was transferred is to be entered on this line.</p> <p>If the incident involved a death, was the Medical Examiner called? This section should always be checked "yes" or "no".</p>

Additional Required Information About the Incident (15-day only)	
Names and Numbers of Personnel	Provide the name of each individual who was directly involved in the incident, i.e., the person who saw/heard/participated in the incident or who found the resident. Include the license number and/or the social security number of each individual listed and the capacity the individual was acting in at the time of the incident, i.e., charge nurse, nursing assistant assigned to resident (only licensed staff should be listed). Do not list every employee on duty during the shift during which the incident occurred unless every employee was actually directly involved.
Witnesses	Provide the name of each individual who witnessed the incident as it occurred. Include the license number and/or social security number of each witness. Include the capacity the witness was acting in at the time the incident was witnessed. Staff listed as witnesses should be able to provide pertinent, explicit information concerning the incident.
Analysis	Provide a clear and complete explanation of the cause(s) of the incident based on findings from interviews, the facility investigation and any other investigation conducted on the incident. If the findings are not conclusive on what caused the incident but there are opinions on how this may have occurred, those comments should also be included in this section. This section should not simply repeat verbatim what has already appeared in another section of the report.
Corrective Action	Provide those actions that the facility has taken to prevent this type or a similar type of incident from re-occurring to this resident. These should also include actions that will be or have been taken to help prevent this type of incident from happening to other residents in the facility. Corrective action is not what was done for the resident after the incident occurred (i.e. resident was taken to surgery to repair a broken hip). Please note: This section does not need to be completed if you determine the incident does not meet the criteria of an adverse incident.
Not Adverse Incident	This block should only be checked if, after a thorough investigation and review of the circumstances surrounding the incident has been completed, it is determined that the incident does not meet the criteria of an adverse incident.
Required signatures (both 1-day and 15-day)	
Signature of Person Reporting	The individual who completes the report should sign his/her name on the signature line, with the date it is signed, and the e-mail address if one is available.
Printed Name	The name and title to be printed on this line is that of the person who signed above as preparing the report.

Where to Get Help

If you have problems and need assistance, call (850) 412-3731.