

Electronic Filing For Federal Immediate and Five Day Reporting

Bureau of Field Operations
Division of Health Quality Assurance



Reporting Requirements

- CFR 483.13 requires reporting of abuse, neglect, exploitation, injuries of unknown source to the State Agency.
- Required Reports include “immediate” and “five day”.
- Currently, these reports are generally e-mailed or faxed to our Complaint Administration Unit (fedrep@ahca.myflorida.com).

Online System

- As of January 26, 2011, we have a new online option...
- Each provider has been sent notice of their option to register for this new system.
- Each facility will be allowed up to three unique user IDs, all of whom will have individual passwords.
- Multiple users will allow an alternate person to complete the five day report, in case the first person is not available to complete it timely.

Nursing Homes Federal Reporting

User Login

Enter User ID:

Enter Password:

Login

Cancel

[Forgot your password?](#)

[New User?](#)

Create a new user....

Nursing Home Federal Reports User Registration Form

User ID:*

Provider Type:*

Facility Name:*

First Name:*

Last Name:*

Title:*

Phone:*

Email:*

Password Recovery Question 1:*

Security Answer 1:*

Password Recovery Question 2:*

Security Answer 2:*

Password:*

Verify Password:*

Note: After clicking the Submit button, if you registered successfully, you will be direct to the registration results page. You will be required to print out the user agreement form, fill it out, sign it and mail it or fax it in to the address given.

**After submitting the profile
information....**



Better Health Care for All Floridians

Your account has been created but it is not yet activated. In order to activate your account you must follow these steps.

1. Click the button below to print the user agreement.
2. Fill out the required parts and sign it.
3. Mail it or fax it in to the address given in the top.

[Click here to print the user agreement using Adobe](#)

[Click here to print the user agreement in HTML format](#)

NOTE: You will need to have Adobe Reader installed in order to print the agreement in Adobe. If you don't have Adobe Reader please click the Adobe link to download it.





FEDERAL IMMEDIATE AND FIVE DAY
REPORTING SYSTEM USER AGREEMENT

Print Date: 1/4/2011

MAIL TO:

Agency for Health Care Administration
2727 Mahan Dr,
Mail Stop 49
Tallahassee, FL 32308

Facility Name:

My Nursing Home Name

License Nbr:

000000000

User ID:

JOHNDOE

Anyone with access to this website must abide by the following:

- Do not disclose or lend your USER ID AND/OR PASSWORD to anyone. These are for your use only and will serve as your "electronic signature". This means that you may be held responsible for the consequences of unauthorized or illegal transactions.
- Do not browse or use this information for unauthorized or illegal purposes.
- Do not make any disclosure of this data that is not specifically authorized.
- Do not intentionally cause corruption or disruption of data.

If you become aware of any violation of these security requirements or suspect that someone may have used your user ID or password, immediately report that information to the Agency for Health Care Administration's Complaint Administration Unit at 850-412-4504.

By accessing this website, I agree to follow the Agency for Health Care Administration's policies regarding acceptable use and protection of confidential information. By signing this document, I acknowledge reading, understanding and agreeing to its contents. I understand it may take up to ten business days after submission to AHCA for my access to the system to be activated.

User Signature: _____ Date: _____

User Printed Name: _____

Facility Administrator Signature: _____ Date: _____

Administrator Printed Name: _____

PLEASE REMEMBER TO SUBMIT A CURRENT COPY OF THE FACILITY LICENSE WITH YOUR REQUEST!

AHCA USE ONLY

DATE AUTHENTICATED: _____ STAFF SIGNATURE: _____

**AHCA approves the
user...**

Nursing Homes Federal Reporting

User Login

Enter User ID:

Enter Password:

Login

Cancel

[Forgot your password?](#)

[New User?](#)

User logs in...

NURSING HOMES FEDERAL REPORTING

Welcome **johndoe** [[Log Out](#)]

[Start New Immediate Report](#)

[View All Reports](#)

WELCOME TO NURSING HOMES FEDERAL REPORTING

Welcome to AHCA's online reporting system for federal immediate and five day reports! This website is for reporting only those incidents required by federal regulations for nursing homes. Please follow the instructions on the website for completion of your reports. If you have questions regarding submission of your federal reports, please contact AHCA's Complaint Administration Unit at 850-412-4504.

My Nursing Home			Owner Information		
Name of Facility			Facility Owner (corporation, partnership, individual, etc)		
123 Any Street			123 Any Street		
Street Address			Mailing Address		
Any City		30000	Any City		FL 30000
City	State	Zip	City	State	Zip
Any County		(555) 555-5555		(555) 555-5555	
County	Telephone Number 1		Telephone # 2		
	(555) 555-5555	00000000	#####		
Email	Fax	Facility License Number	Facility File Number		

If you find there are errors on this page regarding the licensure data for your facility, please contact AHCA's Long Term Care Unit. That number is 850-412-4303.

The “View All Reports” screen displays all the reports submitted by the facility.

NURSING HOMES FEDERAL REPORTING

Welcome johndoe [[Log Out](#)]

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[View All Reports](#)

View All Reports For:

Immediate Reports

	Report Number	Date of Incident	Time Of Incident	Created By	Created Date	5 Day Report
Manage Report	69	11/30/2010	01:16:00	<input type="text" value="johndoe"/>	12/16/2010 9:06:11 AM	Create Report
Manage Report	78	12/29/2010	16:04:00	<input type="text" value="johndoe"/>	12/21/2010 10:21:43 AM	Create Report
Manage Report	87	11/28/2010	13:05:00	<input type="text" value="johndoe"/>	1/2/2011 1:03:50 PM	Create Report
Manage Report	108	12/28/2010	15:02:00	<input type="text" value="johndoe"/>	1/2/2011 4:51:50 PM	Create Report

5 Day Reports

	Report Number	Date of Incident	Time Of Incident	Created By	Created Date
Manage Report	79	12/06/2010	06:04:00	<input type="text" value="johndoe"/>	12/21/2010 12:37:08 PM
Manage Report	107	11/28/2010	13:05:00	<input type="text" value="johndoe"/>	1/3/2011 1:57:51 PM

Starting a new

“Immediate Report”...

Start New Immediate Report

View All Reports

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[Save report](#)

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Reporting Person Information

First Name

FirstName

Last Name

LastName

Position

Position

E-Mail

Email@email.com

Telephone

(555) 555-5555

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Facility Information

<input type="text" value="My Nursing Home"/>			<input type="text" value="Owner"/>		
Name of Facility			Facility Owner (corporation, partnership, individual, etc)		
<input type="text" value="123 Any Street"/>			<input type="text" value="123 Any Street"/>		
Street Address			Mailing Address		
<input type="text" value="Any City"/>	<input type="text" value="FL"/>	<input type="text" value="30000"/>	<input type="text" value="Any City"/>	<input type="text" value="FL"/>	<input type="text" value="30000"/>
City	State	Zip	City	State	Zip
<input type="text" value="Any County"/>	<input type="text" value="(555) 555-5555"/>		<input type="text" value="(555) 555-5555"/>		
County	Telephone Number 1		Telephone # 2		
	<input type="text" value="(555) 555-5555"/>	<input type="text" value="00000000"/>	<input type="text" value="#####"/>		
Email	Fax	Facility License Number		Facility File Number	

If you find there are errors on this page regarding the licensure data for your facility, please contact AHCA's Long Term Care Unit. That number is 850-412-4303.

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Required Resident Information

[Add Resident](#)

	First Name	MI	Last Name
✘	FirstName1	<input type="text"/>	LastName1
✘	FirstName2	<input type="text"/>	LastName2

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Alleged Perpetrator Information

[Add Perpetrator](#)

	First Name	MI	Last Name	Title/Position	License/Certification
✖	FirstName		LastName	Volunteer	

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[Add Witness](#)

	First Name	MI	Last Name	Title/Position
✘	FirstName1		LastName1	Nurse
✘	FirstName2		FirstName2	Visitor

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Date/Time of Incident

Date of incident (MM/DD/YYYY):

Time of Incident (hour:minute):

Actual Time Time Discovered

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What type of Incident are you reporting?

- Abuse
- Neglect
- Misappropriation of resident property
- Injury of Unknown Source

Please click on an incident below to view the definition

Abuse

Neglect

Misappropriation of resident property

"Misappropriation of resident property" means the deliberate misplacement, exploitation, or wrongful, temporary or permanent use of a resident's belongings or money without the resident's consent.

Injury of Unknown Source

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Who has been notified?

- Abuse Registry
- Law Enforcement
- Resident Representative

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Provide a clear description of incident

Lorem ipsum dolor sit amet, consectetur adipisicing elit, sed do eiusmod tempor incididunt ut labore et dolore magna aliqua. Ut enim ad minim veniam, quis nostrud exercitation ullamco laboris nisi ut aliquip ex ea commodo consequat. Duis aute irure dolor in reprehenderit in voluptate velit esse cillum dolore eu fugiat nulla pariatur. Excepteur sint occaecat cupidatat non proident, sunt in culpa qui officia deserunt mollit anim id est laborum.

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Q:What happens if the phone rings and you can't finish your report?

A:You can save what you have and come back to it later by clicking the “save” button.

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Provide a clear description of incident

Lorem ipsum dolor sit amet, consectetur adipisicing elit, sed do eiusmod tempor incididunt ut labore et dolore magna aliqua. Ut enim ad m laboris nisi irure dolor dolore eu fu cupidatat no mollit anim

Message from webpage

 This does not submit your report. This just saves your unfinished report so you can come back and start it later. Are you sure you wish to save for later?

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Notice the report has been saved and a new button appears

Start New Immediate Report

Continue Unfinished Report

View All Reports

Unfinished Report has been Saved!

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Provide a clear description of incident

Lorem ipsum dolor sit amet, consectetur adipisicing elit, sed do eiusmod tempor incididunt ut labore et dolore magna aliqua. Ut enim ad minim veniam, quis nostrud exercitation ullamco laboris nisi ut aliquip ex ea commodo consequat. Duis aute irure dolor in reprehenderit in voluptate velit esse cillum dolore eu fugiat nulla pariatur. Excepteur sint occaecat cupidatat non proident, sunt in culpa qui officia deserunt mollit anim id est laborum.

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**Visiting the
“Continue Unfinished
Report” page...**

NURSING HOMES FEDERAL REPORTING

Welcome johndoe [[Log Out](#)]

[Start New Immediate Report](#)

[Continue Unfinished Report](#)

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Saved Immediate Reports

My Nursing Home

	Report Number	Created By	Created Date
Delete Continue Report	0	johndoe	1/4/2011 9:55:22 PM

**Choosing to continue
the unfinished report...**

[Start New Immediate Report](#)

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Reporting Person Information

First Name

FirstName

Last Name

LastName

Position

Position

E-Mail

Email@email.com

Telephone

(555) 555-5555

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Facility's immediate response

[Summary](#)

Provide a clear description of the facility's immediate response

Lorem ipsum dolor sit amet, consectetur adipisicing elit, sed do eiusmod tempor incididunt ut labore et dolore magna aliqua. Ut enim ad minim veniam, quis nostrud exercitation ullamco laboris nisi ut aliquip ex ea commodo consequat. Duis aute irure dolor in reprehenderit in voluptate velit esse cillum dolore eu fugiat nulla pariatur. Excepteur sint occaecat cupidatat non proident, sunt in culpa qui officia deserunt mollit anim id est laborum. |

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Summary

Summary Verification Page

Please verify that all of the information is complete and accurately reflects the incident you are reporting.

If you wish to make corrections, then use the menu on the left to navigate the screens.

If the report is complete, then you must press the submit button located at the bottom of this screen.

Thank you.

Reporting Person Information

First Name	Last Name	Position	E-Mail	Telephone
FirstName	LastName	Position	Email@email.com	(555) 555-5555

Facility Information

My Nursing Home		Owner	
Name of Facility		Facility Owner (corporation, partnership, individual, etc)	
123 Any Street		123 Any Street	
Street Address		Mailing Address	
Any City	FL	30000	Any City
City	State	Zip	City
Any County		(555) 555-5555	(555) 555-5555
County	Telephone Number 1	0000000000	Telephone # 2
	(555) 555-5555		#####
Email	Fax	Facility License Number	Facility File Number

If you find there are errors on this page regarding the licensure data for your facility, please contact AHCA's Long Term Care Unit. That number is 850-412-4303.

Resident Information

First Name	Middle Initial	Last Name

ResFirstName1	LastName1
ResFirstName2	LastName2

Alleged Perpetrator Information

First Name	Middle Initial	Last Name	Title/Position	License Number
FirstName		LastName	Volunteer	

Witness Information

First Name	Middle Initial	Last Name	Title/Position
FirstName1		LastName1	Nurse
FirstName2		LastName2	Visitor

Date and Time of Incident

Date of Incident	Time of Incident
12/15/2010	5:00 AM

Reported Event

Neglect

Who has been notified and when

Abuse Registry Notified	12/16/2010
Law Enforcement Notified	12/16/2010

Description of Incident

Lorem ipsum dolor sit amet, consectetur adipisicing elit, sed do eiusmod tempor incididunt ut labore et dolore magna aliqua. Ut enim ad minim veniam, quis nostrud exercitation ullamco laboris nisi ut aliquip ex ea commodo consequat. Duis aute irure dolor in reprehenderit in voluptate velit esse cillum dolore eu fugiat nulla pariatur. Excepteur sint occaecat cupidatat non proident, sunt in culpa qui officia deserunt mollit anim id est laborum.

Immediate Response to Incident

Lorem ipsum dolor sit amet, consectetur adipisicing elit, sed do eiusmod tempor incididunt ut labore et dolore magna aliqua. Ut enim ad minim veniam, quis nostrud exercitation ullamco laboris nisi ut aliquip ex ea commodo consequat. Duis aute irure dolor in reprehenderit in voluptate velit esse cillum dolore eu fugiat nulla pariatur. Excepteur sint occaecat cupidatat non proident, sunt in culpa qui officia deserunt mollit anim id est laborum.

Previous

Finish

**After submitting the report,
you will be brought to a
“PDF” version of the report
so you can save or print.**

[Start New Immediate Report](#)

[View All Reports](#)

You have submitted your Immediate Report. Please take the time to print or save this copy and then submit your followup 5 Day report within the required time frames.



Nursing Homes Federal Reporting

Immediate Report

Reporting Person Information

Report # 115

First Name	<input type="text" value="FirstName"/>
Last Name	<input type="text" value="LastName"/>
Position	<input type="text" value="Position"/>
E-mail	<input type="text" value="Email@email.com"/>
Telephone	<input type="text" value="(555) 555-5555"/>

Facility Information

Facilities Name	<input type="text" value="My Nursing Home"/>
Address	<input type="text" value="123 Any Street"/>
City	<input type="text" value="Any City"/>
Zip	<input type="text" value="30000"/>
Telephone	<input type="text" value="(555) 555-5555"/>
Fax Number	<input type="text" value="(555) 555-5555"/>
License #	<input type="text" value="0000000000"/>

Resident Information

First Name	Middle Initial	Last Name
<input type="text" value="ResFirstName1"/>		<input type="text" value="LastName1"/>
<input type="text" value="ResFirstName2"/>		<input type="text" value="LastName2"/>

Alleged Perpetrator Information

First Name	Middle Initial	Last Name	Capacity	License
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**Visiting the “View
All Reports” page...**

NURSING HOMES FEDERAL REPORTING

Welcome johndoe [[Log Out](#)]

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View All Reports For:

Immediate Reports

	Report Number	Date of Incident	Time Of Incident	Created By	Created Date	5 Day Report
Manage Report	69	11/30/2010	01:16:00	<input type="text" value="johndoe2"/>	12/16/2010 9:06:11 AM	Create Report
Manage Report	78	12/29/2010	16:04:00	<input type="text" value="johndoe2"/>	12/21/2010 10:21:43 AM	Create Report
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Manage Report	115	12/15/2010	05:00:00	<input type="text" value="johndoe"/>	1/4/2011 10:24:31 PM	Create Report

5 Day Reports

	Report Number	Date of Incident	Time Of Incident	Created By	Created Date
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Manage Report	107	11/28/2010	13:05:00	<input type="text" value="johndoe2"/>	1/3/2011 1:57:51 PM
Manage Report	114	12/15/2010	17:00:00	<input type="text" value="johndoe"/>	1/4/2011 10:47:11 PM

**Clicking on “Manage
Report” for the
recently submitted
report...**

Start New Immediate Report

View All Reports

Immediate Report Manager

Quick facts

Report Number:

Facility Name:

Current Status:

114

My Nursing Home

Immediate - Awaiting Review

Report

Comments

Status Log

View Report



1

/ 2



89.7%



Comment

Share



Nursing Homes Federal Reporting

Immediate Report

Reporting Person Information

Report # 114

First Name

Last Name

Position

E-mail

Telephone

Facility Information

Facilities

**Clicking “comments”
tab...**

Start New Immediate Report

View All Reports

Immediate Report Manager

Quick facts

Report Number: Facility Name: Current Status:

114

My Nursing Home

Immediate - Awaiting Review

Report

Comments

Status Log

Comments

There are no comments...

Add Comment

Add a new comment here...

Add Comment

“Status log” tab...

Start New Immediate Report

View All Reports

Immediate Report Manager

Quick facts

Report Number: Facility Name: Current Status:

114

My Nursing Home

Immediate - Awaiting Review

Report

Comments

Status Log

Status Log

StatusType	Comment	CreatedBy	CreateDate
Immediate - Awaiting Review	Initial Submission	johndoe	1/4/2011 10:07:03 PM

To follow up an Immediate Report with a 5-Day, visit the “View All Reports” page and click on “Create Report”.

NURSING HOMES FEDERAL REPORTING

Welcome johndoe [[Log Out](#)]

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5 Day Reports

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Reporting Person Information

First Name

FirstName

Last Name

LastName

Position

Position

E-Mail

Email@email.com

Telephone

(555) 555-5555

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Immediate Report Summary

Reporting Person Information

First Name	Last Name	Position	E-Mail	Telephone
FirstName	FirstName	Position	Email@email.com	(555) 555-5555

Facility Information

My Nursing Home			Owner		
Name of Facility			Facility Owner (corporation, partnership, individual, etc)		
123 Any Street			123 Any Street		
Street Address			Mailing Address		
Any City		FL	30000		
Any City		FL	30000		
City	State	Zip	City	State	Zip
Any County		(555) 555-5555		(555) 555-5555	
County		Telephone Number 1	Telephone # 2		
		(555) 555-5555	0000000000		#####
Email		Fax	Facility License Number		Facility File Number

If you find there are errors on this page regarding the licensure data for your facility, please contact AHCA's Long Term Care Unit. That number is 850-412-4303.

Resident Information

First Name Middle Initial Last Name

ResFirstName1	LastName1
ResFirstName2	LastName2

Alleged Perpetrator Information

First Name Middle Initial Last Name Title/Position License Number

FirstName	LastName	Volunteer
-----------	----------	-----------

Witness Information

First Name	Middle Initial	Last Name	Title/Position
FirstName1		LastName1	Nurse
FirstName2		LastName2	Visitor

Date and Time of Incident

Date of Incident	Time of Incident
12/15/2010	5:00 AM

Reported Event

Neglect

Who has been notified and when

Abuse Registry Notified	12/16/2010
Law Enforcement Notified	12/16/2010

Description of Incident

Lorem ipsum dolor sit amet, consectetur adipisicing elit, sed do eiusmod tempor incididunt ut labore et dolore magna aliqua. Ut enim ad minim veniam, quis nostrud exercitation ullamco laboris nisi ut aliquip ex ea commodo consequat. Duis aute irure dolor in reprehenderit in voluptate velit esse cillum dolore eu fugiat nulla pariatur. Excepteur sint occaecat cupidatat non proident, sunt in culpa qui officia deserunt mollit anim id est laborum.

Immediate Response to Incident

Lorem ipsum dolor sit amet, consectetur adipisicing elit, sed do eiusmod tempor incididunt ut labore et dolore magna aliqua. Ut enim ad minim veniam, quis nostrud exercitation ullamco laboris nisi ut aliquip ex ea commodo consequat. Duis aute irure dolor in reprehenderit in voluptate velit esse cillum dolore eu fugiat nulla pariatur. Excepteur sint occaecat cupidatat non proident, sunt in culpa qui officia deserunt mollit anim id est laborum.

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Please specify what the facility investigative findings were.

Lorem ipsum dolor sit amet, consectetur adipisicing elit, sed do eiusmod tempor incididunt ut labore et dolore magna aliqua. Ut enim ad minim veniam, quis nostrud exercitation ullamco laboris nisi ut aliquip ex ea commodo consequat. Duis aute irure dolor in reprehenderit in voluptate velit esse cillum dolore eu fugiat nulla pariatur. Excepteur sint occaecat cupidatat non proident, sunt in culpa qui officia deserunt mollit anim id est laborum.

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The next screen asks questions based on your response. Here are 2 possible outcomes...

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Was the allegation substantiated?

- Substantiated
 Not Substantiated

If there is a licensing board for the person/s determined to have abused/neglected or exploited a resident, was that board notified?

- No Board
 Yes
 No

Please provide the date the board was notified.

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Was the allegation substantiated?

- Substantiated
- Not Substantiated

If there is a licensing board for the person/s determined to have abused/neglected or exploited a resident, was that board notified?

- No Board
- Yes
- No

Please explain why the board was not notified.

Lorem ipsum dolor sit amet, consectetur adipisicing elit, sed do eiusmod tempor incididunt ut labore et dolore magna aliqua. Ut enim ad minim veniam, quis nostrud exercitation ullamco laboris nisi ut aliquip ex ea commodo consequat. Duis aute irure dolor in reprehenderit in voluptate velit esse cillum dolore eu fugiat nulla pariatur. Excepteur sint occaecat cupidatat non proident, sunt in culpa qui officia deserunt mollit anim id est laborum.

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What measures did facility staff implement as a result of the findings?

Lorem ipsum dolor sit amet, consectetur adipisicing elit, sed do eiusmod tempor incididunt ut labore et dolore magna aliqua. Ut enim ad minim veniam, quis nostrud exercitation ullamco laboris nisi ut aliquip ex ea commodo consequat. Duis aute irure dolor in reprehenderit in voluptate velit esse cillum dolore eu fugiat nulla pariatur. Excepteur sint occaecat cupidatat non proident, sunt in culpa qui officia deserunt mollit anim id est laborum.

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Five Day Summary Verification Page

Please verify that all of the information is complete and accurately reflects the incident you are reporting.

If you wish to make corrections, then use the menu on the left to navigate the screens.

If the report is complete, then you must press the submit button located at the bottom of this screen.

Thank you.

Reporting Person Information

First Name	Last Name	Position	E-Mail	Telephone
FirstName	LastName	Position	Email@email.com	(555) 555-5555

Facility Information

My Nursing Home		Owner	
Name of Facility		Facility Owner (corporation, partnership, individual, etc)	
123 Any Street		123 Any Street	
Street Address		Mailing Address	
Any City	FL	30000	Any City
City	State	Zip	City
Any County	(555) 555-5555	(555) 555-5555	(555) 555-5555
County	Telephone Number 1	Telephone # 2	Facility File Number
	(555) 555-5555	0000000000	#####
Email	Fax	Facility License Number	Facility File Number

If you find there are errors on this page regarding the licensure data for your facility, please contact AHCA's Long Term Care Unit. That number is 850-412-4303.

Resident Information

First Name	Middle Initial	Last Name
ResFirstName1		LastName1
ResFirstName2		LastName2

Alleged Perpetrator Information

First Name	Middle Initial	Last Name	Title/Position	License Number
FirstName		LastName	Volunteer	

Witness Information

First Name	Middle Initial	Last Name	Title/Position
FirstName1		LastName1	Nurse
FirstName2		LastName2	Visitor

Date and Time of Incident

Date of Incident	Time of Incident
12/15/2010	5:00 AM

Reported Event

Neglect

Who has been notified and when

Abuse Registry Notified	12/16/2010
Law Enforcement Notified	12/16/2010

Description of Incident

Lorem ipsum dolor sit amet, consectetur adipisicing elit, sed do eiusmod tempor incididunt ut labore et dolore magna aliqua. Ut enim ad minim veniam, quis nostrud exercitation ullamco laboris nisi ut aliquip ex ea commodo consequat. Duis aute irure dolor in reprehenderit in voluptate velit esse cillum dolore eu fugiat nulla pariatur. Excepteur sint occaecat cupidatat non proident, sunt in culpa qui officia deserunt mollit anim id est laborum.

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Facility Investigative Findings

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Allegation Substantiated? Yes

Was Licensing Board notified? Yes

No

Reason Board was not notified:

Lorem ipsum dolor sit amet, consectetur adipisicing elit, sed do eiusmod tempor incididunt ut labore et dolore magna aliqua. Ut enim ad minim veniam, quis nostrud exercitation ullamco laboris nisi ut aliquip ex ea commodo consequat. Duis aute irure dolor in reprehenderit in voluptate velit esse cillum dolore eu fugiat nulla pariatur. Excepteur sint occaecat cupidatat non proident, sunt in culpa qui officia deserunt mollit anim id est laborum.

Corrective Actions / Actions to be taken

Lorem ipsum dolor sit amet, consectetur adipisicing elit, sed do eiusmod tempor incididunt ut labore et dolore magna aliqua. Ut enim ad minim veniam, quis nostrud exercitation ullamco laboris nisi ut aliquip ex ea commodo consequat. Duis aute irure dolor in reprehenderit in voluptate velit esse cillum dolore eu fugiat nulla pariatur. Excepteur sint occaecat cupidatat non proident, sunt in culpa qui officia deserunt mollit anim id est laborum.

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[Finish](#)

After submitting the 5-Day Report you are brought to a “PDF” version, which you can print or save.

[Start New Immediate Report](#)

[View All Reports](#)

You have submitted your Five Day Report. Please take the time to print or save this copy.



Nursing Homes Federal Reporting

Five Day Report

Reporting Person Information

Report # 114

First Name	<input type="text" value="FirstName"/>
Last Name	<input type="text" value="LastName"/>
Position	<input type="text" value="Position"/>
E-mail	<input type="text" value="Email@email.com"/>
Telephone	<input type="text" value="(555) 555-5555"/>

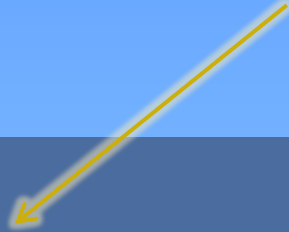
Facility Information

Facilities Name	<input type="text" value="My Nursing Home"/>
Address	<input type="text" value="123 Any Street"/>
City	<input type="text" value="Any City"/>
Zip	<input type="text" value="30000"/>
Telephone	<input type="text" value="(555) 555-5555"/>
Fax Number	<input type="text" value="(555) 555-5555"/>
License #	<input type="text" value="0000000000"/>

Resident Information

Once AHCA reviews the report, the will be an “Awaiting Updated Information” alert if additional information is needed. You will need to update the report before it is closed. So, next time you sign in...

A new menu option appears showing you have reports needing updates.



NURSING HOMES FEDERAL REPORTING

Welcome johndoe [[Log Out](#)]

Start New Immediate Report

View All Reports

Update Required Reports

WELCOME TO NURSING HOMES FEDERAL REPORTING

Welcome to AHCA's online reporting system for federal immediate and five day reports! This website is for reporting only those incidents required by federal regulations for nursing homes. Please follow the instructions on the website for completion of your reports. If you have questions regarding submission of your federal reports, please contact AHCA's Complaint Administration Unit at 850-412-4504.

<input type="text" value="My Nursing Home"/>	<input type="text" value="Owner"/>
<small>Name of Facility</small>	<small>Facility Owner (corporation, partnership, individual, etc)</small>
<input type="text" value="123 Any Street"/>	<input type="text" value="123 Any Street"/>
<small>Street Address</small>	<small>Mailing Address</small>
<input type="text" value="Any City"/> <input type="text" value="FL"/> <input type="text" value="30000"/>	<input type="text" value="Any City"/> <input type="text" value="FL"/> <input type="text" value="30000"/>
<small>City</small> <small>State</small> <small>Zip</small>	<small>City</small> <small>State</small> <small>Zip</small>
<input type="text" value="Any County"/> <input type="text" value="(555) 555-5555"/>	<input type="text" value="(555) 555-5555"/>
<small>County</small> <small>Telephone Number 1</small>	<small>Telephone # 2</small>
<input type="text" value="(555) 555-5555"/> <input type="text" value="0000000000"/>	<input type="text" value="#####"/>
<small>Email</small> <small>Fax</small>	<small>Facility License Number</small> <small>Facility File Number</small>

If you find there are errors on this page regarding the licensure data for your facility, please contact AHCA's Long Term Care Unit. That number is 850-412-4303.

NURSING HOMES FEDERAL REPORTING

Welcome johndoe [[Log Out](#)]

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[Update Required Reports](#)

View All Incomplete Reports For:

Immediate Reports

	Report Number	Date of Incident	Time Of Incident	Created By	Created Date
Manage Report Update	78	12/29/2010	16:04:00	<input type="text" value="johndoe2"/>	12/21/2010 10:21:43 AM

5 Day Reports

	Report Number	Date of Incident	Time Of Incident	Created By	Created Date
Manage Report Update	79	12/06/2010	06:04:00	<input type="text" value="johndoe2"/>	12/21/2010 12:37:08 PM
Manage Report Update	114	12/15/2010	17:00:00	<input type="text" value="johndoe"/>	1/4/2011 10:47:11 PM

**Visiting “Manage
Report” to see why the
report needs to be
updated...**

Start New Immediate Report

View All Reports

Update Required Reports

Five Day Report Manager

Quick facts

Report Number:

Facility Name:

Current Status:

114

My Nursing Home

Five Day - Awaiting Updated Information

Report

Comments

Status Log

Status Log

StatusType	Comment	CreatedBy	CreateDate
Immediate - Awaiting Review	Initial Submission	johndoe	1/4/2011 10:07:03 PM
Five Day - Awaiting Review	Initial Submission	johndoe	1/4/2011 10:47:11 PM
Five Day - Awaiting Updated Information	I dont speak latin!!!	test01	1/4/2011 10:53:06 PM

**Going back to “Update
Required Reports” to
update the report...**

NURSING HOMES FEDERAL REPORTING

Welcome johndoe [[Log Out](#)]

[Start New Immediate Report](#)

[View All Reports](#)

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View All Incomplete Reports For:

Immediate Reports

	Report Number	Date of Incident	Time Of Incident	Created By	Created Date
Manage Report Update	78	12/29/2010	16:04:00	<input type="text" value="johndoe2"/>	12/21/2010 10:21:43 AM

5 Day Reports

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Manage Report Update	114	12/15/2010	17:00:00	<input type="text" value="johndoe"/>	1/4/2011 10:47:11 PM

**Clicking on “Update”
brings the user to the
report screen. It is
pre-populated with
previous values.**

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Five Day Report

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Reporting Person Information

First Name	FirstName
Last Name	LastName
Position	Position
E-Mail	Email@email.com
Telephone	(555) 555-5555

[Next](#)

Thank you!

**We look forward to
working with you on
this new venture!**