

Assisted Living Facility Initial Adverse Incident Report – 1 Day

Confidential



Refer to sections 429.23(2) and (3), Florida Statutes. The facility must send this report to the agency within 1 business day after the occurrence of an adverse incident by electronic mail, facsimile, online reporting, or United States mail.

Send report to:

Agency for Health Care Administration
Risk Management and Patient Safety Program
2727 Mahan Drive, MS 16
Tallahassee, FL 32308-5403
Phone: (850) 412-3731; Fax (850) 922-2217

AHCA Use Only:

Report #: _____
Incident #: _____
Review Date: _____

Assisted Living Facility Information

Facility Name: _____
License Number of ALF: _____
Street Address: _____
City: _____ County: _____
Phone: (____) _____ FAX: (____) _____
Person reporting: _____
Title: _____

Assisted Living Facility Risk Manager (If Applicable)

Name: _____
Credentials (optional): _____
Phone: (____) _____ FAX:(____) _____

Date of Incident: _____

Resident Information

Resident Name

Last Name: _____
First Name: _____
Medicaid ID # (If Applicable): _____
Age: _____ Sex: _____

Outcome of Incident (please check all that apply):

- Death
- Brain or spinal damage
- Permanent disfigurement
- Fracture or dislocation of bones or joints
- Any condition that required medical attention to which the resident has not given his or her informed consent, including failure to honor advanced directives
- Any condition that required the transfer of the resident from the facility to a unit providing more acute care due to the incident rather than the resident's condition before the incident (i.e. Hospital or Emergency Room/etc.)
- Abuse, neglect or exploitation as defined in Section 415.102, Florida Statutes
- Events reported to law enforcement; or
- Elopement

Do the events causing or resulting in the adverse incident represent a potential risk to other residents? Yes No

If "Yes", please explain: _____

Describe circumstances of the incident and what actions have been taken to implement the investigation – narrative should answer the basic questions to: – who, what, where, when and why. Use additional sheets as necessary for a complete response. (Do not substitute facility documents, i.e. nurses' notes or internal incident reports.)

Signature of Person Preparing Report **E-mail Address** **Date Prepared**

Printed Name of Person Preparing Report **Title**