

Assisted Living Facility Initial Adverse Incident Report – 1 Day

Refer to sections 400.423(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, or United States mail.

Send report to:

Agency for Health Care Administration
Facility Data Analysis Unit
2727 Mahan Drive, MS 47
Tallahassee, FL 32308
Phone: (850) 414-6936; Fax (850) 922-2217

AHCA Use Only:

Date _____ Incident ID: _____

Assisted Living Facility Information

Name: _____

License Number: _____

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

Name: _____

Social Security Number: _____

Medicaid ID #: (if applicable) _____

Age: _____ Sex: _____

Outcome of Incident (please check):

- 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
- Abuse, neglect or exploitation as defined in Section 415.102, Florida Statutes
- Events reported to law enforcement; or
- Elopement

Do you have a risk management and quality assurance program? ___ Yes ___ No

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)

Signature of Person Preparing Report

E-mail Address

Date

Printed Name

Title