

Confidential Nursing Home Complete Adverse Incident Report - 15 Day



Refer to section 400.147, Florida Statutes. The facility must send this report to the agency within 15 calendar days after the occurrence of the adverse incident.

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:

Date: _____
Incident ID: _____

I. NURSING HOME INFORMATION

A. Facility Name: _____
License Number: _____
Street Address: _____
City: _____ County: _____
Phone: _(____)_____ FAX: _(____)_____
Person reporting: _____
Title: _____

B. Nursing Home Risk Manager

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

II. RESIDENT INFORMATION

Resident Information

Name: _____
Social Security Number: _____
Medicaid ID # (if applicable): _____
Age: _____ Sex: _____

Resident Representative Information

Name: _____
Relationship to Resident: _____
Address: _____
Phone: _(____)_____

III. INCIDENT INFORMATION

A. Date of Incident: _____
B. Was an Initial Adverse Incident Report (1 Day report) submitted for this incident? Yes No
C. Date Submitted _____ (Attach Copy)

D. Outcome of the Adverse Incident (please check):

- Death*
- Brain or spinal damage
- Permanent disfigurement
- Fracture or dislocation of bones or joints
- A limitation of neurological, physical, or sensory function
- 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, within or outside the facility, to a unit providing a more acute level of care due to the adverse incident, rather than the resident's condition prior to the adverse incident.

Location to which resident was transferred: _____

- Abuse, neglect or exploitation as defined in 415.102 (Vulnerable Adult)
- Abuse, neglect and harm as defined in 39.01 (Child)
- Resident elopement
- Event reported to law enforcement

*Note: If the incident involved a death, was the Medical Examiner notified? Yes No
Was an autopsy performed? Yes No
Name and contact number of the Medical Examiner _____

