

## SERIOUS REPORTABLE INCIDENT INITIAL REPORT

### HOME AND COMMUNITY BASED SERVICES MEDICAID WAIVER Nursing Home Transition and Diversion (NHTD)

RRDC Region: \_\_\_\_\_

Participant Name: \_\_\_\_\_ CIN: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Discovery Date and Time: \_\_\_ / \_\_\_ / \_\_\_ am/pm Name of person discovering alleged incident: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_:

Date and Time alleged incident occurred: \_\_\_ / \_\_\_ / \_\_\_ am/pm

Preliminary category of alleged incident:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> 1. Abuse/Neglect  | <input type="checkbox"/> 4. Death of Participant  | <input type="checkbox"/> 7. Sensitive Situation                            |
| <input type="checkbox"/> 2. Missing Person | <input type="checkbox"/> 5. Hospitalization       | <input type="checkbox"/> 8. Medication Error/Refusal                       |
| <input type="checkbox"/> 3. Restraint      | <input type="checkbox"/> 6. Possible Criminal Act | <input type="checkbox"/> 9. Medical Treatment Due to<br>Accident or Injury |

Describe the alleged incident (include the location where it occurred, any person(s) present at the time, and the circumstances). Include only known facts.

Describe waiver participant's current condition/status and current location:

List any person(s) alleged to be involved in incident:

Describe any actions taken to assist the waiver participant:

Name of Waiver Staff first notified, if not discoverer: \_\_\_\_\_ Title: \_\_\_\_\_

Report completed by: \_\_\_\_\_ Title: \_\_\_\_\_

Reporting Agency: \_\_\_\_\_ Telephone: \_\_\_\_\_

Date and Time reported to QMS: \_\_\_ / \_\_\_ / \_\_\_ am/pm Name of QMS: \_\_\_\_\_

Date and Time Initial Provider Report faxed to QMS: \_\_\_ / \_\_\_ / \_\_\_ am/pm

Date and Time copy of report sent to RRDS: \_\_\_ / \_\_\_ / \_\_\_ am/pm Name of RRDS: \_\_\_\_\_

Date and Time copy of report sent to SC: \_\_\_ / \_\_\_ / \_\_\_ am/pm Name of SC: \_\_\_\_\_

**FOR QMS USE ONLY:**

Form Sent to DOH WMS

Date: \_\_\_ / \_\_\_ / \_\_\_