

## SERIOUS REPORTABLE INCIDENT QUALITY MANAGEMENT SPECIALIST STATUS REPORT

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

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

\_\_\_ This incident has been re-categorized as a Recordable Incident as indicated on the QMS Initial Response form and is considered **CLOSED**.

QMS Comments: \_\_\_\_\_  
\_\_\_\_\_

QMS received a Follow-Up Report on: \_\_\_\_\_ for incident #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Date

Investigating Provider Agency \_\_\_\_\_

Address \_\_\_\_\_

Provider Representative \_\_\_\_\_ Agency Investigator \_\_\_\_\_

\_\_\_ The incident has been re-classified. (Please change your database to reflect this revised classification). The incident was re-classified as: \_\_\_\_\_

QMS Comments: \_\_\_\_\_  
\_\_\_\_\_

**Check One:**

\_\_\_ The incident is considered **OPEN**. Further follow-up/intervention/clarification is required. A Serious Reportable Incident Follow-Up Report must be submitted by: \_\_\_\_\_

QMS Comments: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_ The incident is considered **CLOSED**. No further action is necessary. Final Classification: \_\_\_\_\_

QMS comments: \_\_\_\_\_  
\_\_\_\_\_

QMS \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Copy sent to: RRDS \_\_\_\_\_ Date: \_\_\_\_\_  
Service Coordinator \_\_\_\_\_ Date: \_\_\_\_\_  
Investigating Provider \_\_\_\_\_ Date: \_\_\_\_\_

<b>FOR QMS USE ONLY:</b>
Form Sent to DOH WMS
Date: ___/___/___