



## EXAMPLE ONE (DETAILED INSTRUCTIONS FRI INITIAL INTAKE/REPORT FORM)

### Step 1:

#### Question #1:

##### Facility Information:

Facility Name: Include entire name of the facility

Drop down box for type of facility: EX: Nursing home, Assisted Living, ASC

CMS Certification Number (CCN): 44 #

State Licensure Number:

Address:

Email address: We need this in case we need to email you back at any time

#### Question #2:

##### Allegation Type:

Remember in this section you can choose more than 1 allegation type. Examples: fire/life safety and disruption of services or physical and verbal abuse, etc.

You must choose from:

Abuse: physical, sexual, mental, or verbal

Neglect

Deprivation of Goods and Services by Staff

Misappropriation of Resident Property/Exploitation

Injury of Unknown Source

Suspected Crime

External Disaster

Disruption of Services

Fire/Life Safety

Other



### Question #3:

#### Information about when the Facility became aware of the incident:

Date/time/name of when staff became aware of the incident:

You have a drop-down box for the Date - Have to use drop down box.

Name of person who the incident was first reported to.

Date/time administrator was notified of the incident and by whom:

**AGAIN**, drop down box for date and time (which must be used) and name of person who notified the Administrator.

### Question #4:

#### Alleged Victim(s):

Full name:

Age:

Sex:

Pertinent Diagnoses:

BIMS/Cognitive Status:

Medical Record Number:

Current Location of alleged victim: **Very important so that we are aware the resident/victim is safe.**

**This is help us to know if the resident/victim is protected. You have the ability to add more than one if needed.**

## Step 2

### Question #5:

#### Alleged Perpetrator(s):

Full name:

Position (if staff):

Contact information, if known:

Relationship to the alleged victim: example: caregiver, CNA, LPN

If alleged perpetrator is a resident/patient list age, sex, pertinent diagnosis, BIMs/cognitive status, medical record number, etc

Does the alleged perpetrator have a history of prior physical or verbal altercations and if yes, give details? **Very important to let us know if any history exists.**

**Look for the SAVE button before hitting next.**



### Step 3

#### Question #6:

##### **Allegation Details:**

Who made the allegation (unless anonymous) and their relationship to the alleged victim?

What was reported and to whom? Abuse (verbal) and reported to charge nurse Mary Smith, LPN

Date and time when it occurred (drop down box needs to be used).

Where did the alleged incident occur? Dining room, resident room 101, activity room

**Look for the SAVE button before hitting next.**

### Step 4

#### Question #7:

##### **Provide details of any physical harm, pain, or mental anguish to the alleged victim(s), including but not limited to:**

First question is asking whether any serious bodily injury occurred, if known – any type of injuries or none.

Second question is if any injuries then describe: scratch, bruises, no bleeding noted or NONE

Third question is if any changes to the resident's behavior was noted from the normal baseline such as returned to baseline after residents separated and returned to their rooms or NONE.

**Look for the SAVE button before hitting next.**

### Step 5

#### Question #8

##### **Provide all steps taken immediately to ensure resident(s) are protected:**

Here you have a large box that you need to tell us what happened. What immediate interventions were put into place to prevent this from happening again? Did we do lab work? UTI suspected? Medication review? Psych intervention? Moved residents? 1:1 supervision???

**Look for the SAVE button before hitting next.**

### Step 6

#### Question #9:

##### **Witnesses:**

Please include the full name, position (if staff), relationship (if relative or staff member), and contact information. Please be as detailed as possible and if no witnesses then add NONE.

**Look for the SAVE button before hitting next.**



## Step 7

### Question #10:

**Notification to Law Enforcement, if applicable** If you did not notify law enforcement, then put No; but if so, put something in each box

**Look for the SAVE button before hitting next.**

## Step 8

### Question #11:

#### **Notification to Other Agencies:**

Did you notify APS, Ombudsman, VA, or anyone else? If not, then say NONE.

**Look for the SAVE button before hitting next.**

## Finalization Step

### Question #12:

#### **Submission Report: Finalization**

Add your name, title, date/time of the report and contact number and email address of the person submitting the report just in case we need to follow up.

**AGAIN, EVERY BOX HAS TO BE FILLED OUT WITH EITHER SOMETHING OR A N/A, NONE, UNKNOWN, ETC. USE THE DROP-DOWN BOXES FOR EACH DATE/TIME. HIT SAVE WHEN IT ASKS YOU SO THAT YOU DO NOT LOSE ANY INFORMATION.**

**Hit the SAVE button then hit FINALIZE**