

EXAMPLE THREE (FACILITY NOT RESIDENT SPECIFIC IRS/FRI ENTRY)



Main	Administration	Data Entry	Best Practices	Training	Incident List	Incident Entry Tab
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Current User: Betty Dawes Facility: BHLR Test Facility License: TST999

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Step 1



01/09/2023 12:34

It is important that the provider provide as much information as possible, to the best of its knowledge, at the time of submission of the report.

1. Provider Information

Provider Name: *	Quack Nursing Hon	Provider Type *	Nursing Homes
CMS Certification Number(CCN): *	000000		
State Licensure Number:			
Address: *	00 Quack Lane		
Phone Number: *	16060000000		
Email address: *	betty.dawes@tn.gov		

2. Allegation Type

Select all that apply to the reporting incident. \*

Abuse specify whether:

Physical       Sexual       Mental       Verbal

Deprivation of Goods and Services by Staff       Neglect

Misappropriation of Resident Property/Exploitation

Injury of Unknown Source

Suspected Crime       Disruption of Services

External Disaster       Fire/Life Safety

Other Not Listed

3. Information about when the Facility became aware of the incident

Date/Time/Name of when staff became aware of the incident. *	
Date/Time	Name
01/08/2023 11:00 AM	Donald Duck
Date/Time administrator was notified of the incident and by whom. *	
Date/Time	Name
01/09/2023 11:00 AM	Donalad Duck

4. Alleged Victim(s)

Step 1  
(cont)

**Please be sure to input the current location of alleged victim at time of filling out this form.**

Full Name: *	Date of Birth *
None	11/23/1954
Age	0
Sex	
Pertinent Diagnoses	
BIMS/Cognitive Status	
Medical Record#	
Current location of alleged victim:	

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Step 2

**5. Alleged Perpetrator(s)**

If not a staff member, please insert as much accurate information as possible.

Full Name *	Unknown
Position (if staff)	
Contact information, if known	
Relationship to the alleged victim	
<b>If Alleged Perpetrator is a resident/patient</b>	
Age	0
Sex	
Pertinent Diagnoses	
BIMS/Cognitive Status	
Medical Record#	
Does the alleged perpetrator have a history of prior physical or verbal altercations? If yes give details.	
Not resident specific	
<b>Other Perpetrator(s) information:</b>	

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Step 3



**6. Allegation Details**  
Provide a brief description of the specific allegation, including but not limited to, identifying:

Who made the allegation (unless it was reported anonymously), and their relationship to the alleged victim  
Donald Duck

What was reported and to whom or which agency/entity \*  
Power outage and water pipe

Date and time when the alleged incident occurred \*  
01/08/2023 11:00 AM

Where the alleged incident occurred \*  
Facility

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Step 4



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

Whether serious bodily injury occurred, if known  
No residents were harmed during the power outage and line break.

Describe any type of injury such as a bruise, scratch, laceration, puncture wound, fracture, bleeding, redness on the skin, etc. Include size if applicable, location.  
None. No Residents involved

Describe any changes in the resident's behavior that indicate something different from the resident's normal baseline such as crying, expressions or displays of fear, cowering, anger, withdrawal, difficulty sleeping, etc.  
NA

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Steps



**8. Provide all steps taken immediately to ensure resident(s) are protected.**  
**Such steps could include: \***

- Immediate assessment of the alleged victim and provision of medical treatment as necessary;
- Evaluation of whether the alleged victim feels safe and if he/she does not feel safe, taking immediate steps to protect the resident, such as a room relocation and/or increased supervision;
- Immediate notification to the alleged perpetrator's (if a resident) and/or the alleged victim's physician and the resident representative when there is injury, a significant change in condition or status, and/or a need to alter treatment significantly;
- If the alleged perpetrator is facility staff, removal of the alleged perpetrator's access to the alleged victim and other residents and assurance that ongoing safety and protection is provided for the alleged victim and other residents;
- If the alleged perpetrator is a resident or visitor, removal of the alleged perpetrator's access to the alleged victim and, as appropriate, other residents and assurance that ongoing safety and protection is provided for the alleged victim and other residents;
- Other measures the facility is taking to prevent further potential abuse, neglect, exploitation, and misappropriation of resident property.

No resident injury. Emergency power will be used until repairs were made. Emergency water supply will be used until water restored. All entities notified. All families notified residents were safe and not harmed.

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Step 6



### 9. Witness(es)

Full Name: Road Runner	Position (if staff): Maintenance
Relationship to alleged victim: Staff	Contact information, if known: NA
Other Witnesses information: None	

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Step 7



**10. Notification to Law Enforcement, if applicable**

Was the incident reported to a law enforcement agency?  
(Yes/No)

If yes, name of the law enforcement agency notified and contact person

Name of reporting individual(s) and position(s)

Date and time (including am/pm) the report was made, Police Report Number report number if available:

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Step 8

**11. Notification to Other Agencies**

Were other agencies notified?

If YES, which other agency and who at that agency was notified of the allegation (ex: Adult Protective Services, Ombudsman)  
State Life Safety

Date and Time (include am/pm) the report was made:  
1/9/2023 11:15:00 AM

**12. Submission Report**

Name/title of person submitting report \*  
Daffy Duck Admin

Date/time (am/pm) report was submitted \*  
01/09/2023 11:15 AM

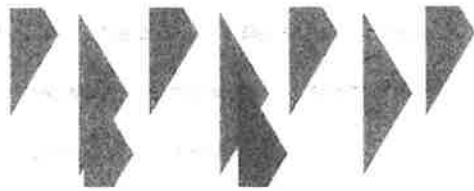
Contact number and E-mail address of person submitting report for follow up. \*  
16060000000 betty.dawes@tn.gov

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Finalize



**Click Finish to Submit your completed Incident Report.**

**No changes can be made after the report is submitted.**

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Finish