

FACILITY REPORTED INCIDENT (“FRI”) FORM
Follow-up Report

Licensed nursing home providers (“facilities”) are responsible for the reporting of reasonable suspicion of crimes against a resident or individual receiving care from the facility within prescribed timeframes to the appropriate entities, consistent with [Section 1150B\(b\) of the Social Security Act](#) (the Act); and all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property. See Initial FRI Report Form (“initial report”) and the Centers for Medicare & Medicaid Services (CMS) [Exhibit 358](#) for more information.

Additionally, within five (5) business days of an alleged incident, facilities are responsible for submitting sufficient information to the Bureau of Long Term Care Facilities Licensing (“Department”) that describes the results of their investigation and indicates any corrective actions taken if the allegation(s) was/were verified (see the Centers for Medicare & Medicaid Services (CMS) [Exhibit 359](#) for more information). Please use this Follow-up FRI Report Form (“follow-up report”) for the submission of any updates to information provided in the initial report.

FACILITY INFORMATION	
Facility Name:	CMS Certification Number (CCN):
Physical address:	
Phone number:	Email address:
Date of submission of initial report to the Department:	

ADDITIONAL/UPDATED INFORMATION RELATED TO THE REPORTED INCIDENT <i>Please provide a brief description of any additional information and/or updates, if applicable.</i>		
Describe any additional outcomes to the resident(s), identifying/describing any physical and mental harm:		
Was/were the allegation(s) reported to the resident representative (“RR”) ? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please answer the questions in the row below.</i>		
Date reported to RR:	Time reported to RR (AM/PM):	
Was/were the allegation(s) reported to another agency (i.e. nurse aide registry or professional licensing boards if staff to resident abuse)? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please answer the questions in the rows below. and if so, which agency, date/time, and outcome if they conducted an investigation</i>		
Additional agency(ies) reported to:	Date reported to additional agency(ies):	Time reported to additional agency(ies) (AM/PM):
What was the outcome of the agency(ies) investigation(s), if applicable?		

STEPS TAKEN TO INVESTIGATE THE ALLEGATION(S)

Please provide a detailed summary of ALL steps taken to investigate the allegation(s)

Summary of interview(s) with the alleged victim and/or the victim's responsible party, if applicable. Indicate any visual cues from the resident of psychosocial distress and harm and the resident's perspective on incurred psychological harm and distress:

Summary of interview(s) with witness(es), what the individual observed or knowledge of the alleged incident or injury:

Summary of interview(s) with the alleged perpetrator(s) (staff, resident, visitor, contractor, etc.):

Summary of interview(s) with other residents who may have had contact with the alleged perpetrator:

Summary of interview(s) with staff responsible for oversight and supervision of the location where the alleged victim resides:

Summary of interview(s) with staff responsible for oversight and supervision of the alleged perpetrator, if staff or a resident:

Provide summary information from the investigation related to the incident from the resident's clinical record, such as relevant portions of the RAI, the resident's care plan, nurses' notes, social services note, lab reports, x-ray reports, physician or other practitioner reports or reports from other disciplines that are related to the incident. If a resident to resident altercation occurred, provide any relevant details that may have caused the alleged perpetrator's behavior, such as habits, routines, medications, diagnosis, how long he/she may have lived at the building, or BIMS score:

If available within the 5 business day timeframe, provide summary information of other documents obtained, such as hospital/medical progress notes/orders and discharge summaries, law enforcement reports, and death reports as applicable:

CONCLUSION

Please select the applicable conclusion(s) (verified, not verified, inconclusive) and provide a brief description of the conclusion of the investigation.

Note: For incidents reported as injuries of unknown source, indicate if the injury resulted from abuse or neglect, based on evidence from the investigation.

× Verified – The allegation was verified by evidence collected during the investigation. Indicate if the allegation was verified by evidence collected during the investigation.

× Not Verified – The allegation was refuted by evidence collected during the investigation. Indicate and describe why the allegation was unable to be verified during the investigation.

× Inconclusive – The allegation could not be verified or refuted because there was insufficient information to determine whether or not the allegation had occurred. If this was identified as inconclusive, indicate and describe how this was determined.

CORRECTIVE ACTION(S) TAKEN

Please provide a detailed summary of all corrective action(s) taken.

Describe any action(s) taken as a result of the investigation or allegation:

Describe the plan for oversight of implementation of corrective action, if the allegation is verified:

As a result of a verified finding of abuse, such as physical, sexual or mental abuse, identify counseling or other interventions planned and implemented to assist the resident:

If systemic actions (e.g., changes to facility staffing patterns, changes in facility policies, training) were identified that require correction, identify the steps that have been taken to address the systems:

If the allegation was reported to law enforcement or another state agency, where applicable and if available, what is the status or provide conclusions of their investigation:

FACILITY INVESTIGATOR

Please provide the name of the facility individual who had the primary responsibility for conducting the investigation.

Name of person(s) investigating the allegation(s):	Position(s):
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FOLLOW-UP FRI REPORT SUBMISSION

Please include information below for the individual submitting this report to ADHS for follow up.

Name of administrator/designee:	Position:
Phone number:	Email address:
Date of submission:	Time of submission (AM/PM):