

SERIOUS REPORTABLE INCIDENT 24-HOUR PROVIDER REPORT

HOME AND COMMUNITY BASED SERVICES MEDICAID WAIVER

- Nursing Home Transition and Diversion (NHTD)**
 Traumatic Brain injury (TBI)

Participant First Name:	Last Name	CIN	Region
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Choose an item.
Participant Address			
Participant Address 1 Click or tap here to enter text.			
Participant Address 2 Click or tap here to enter text.			
City Click or tap here to enter text.		Zip Click or tap here to enter text.	
Date incident discovered			
Click or tap to enter a date.		Time incident discovered am / pm Click or tap here to enter text.	
Date incident occurred			
Click or tap to enter a date.		Time incident occurred am / pm Click or tap here to enter text.	
Location and address of incident, if different			
Facility Name Click or tap here to enter text.			
Address Line1 Click or tap here to enter text.			
Address Line2 Click or tap here to enter text.			
City Click or tap here to enter text.		Zip Click or tap here to enter text.	
1. Describe the incident including anyone who may have been involved and any details known to the reporter(include participant)			
Click or tap here to enter text.			
2. If there was an injury, identify the type of injury sustained, any information regarding response to the injury and any immediate corrective action.			
Click or tap here to enter text.			
Classification of the incident: Check the incident category that best applies according to the definitions in the Serious Reportable Incident Policy			
Serious Reportable Incident Type:			

Choose an item.

If allegation of Abuse: (category)
 Choose an item.

Individual(s)/witness(s) with direct knowledge of the incident as reported: *Indicate the discoverer of the incident below.

Name	Agency/relationship to participant	Telephone
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

- 3. Describe any action taken in response to the incident.**
 Click or tap here to enter text.
4. What immediate protective measures have been put in place as a result of the incident.
 Click or tap here to enter text.
5. Provide any information or comments offered by the participant/guardian/informal supports with knowledge of the incident.
 Click or tap here to enter text.

NOTIFICATIONS (Check off those below that have been notified)

Notifications	Person Notified, Title and Agency	Phone	Notified by Whom
<input type="checkbox"/> Guardian	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
<input type="checkbox"/> APS	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
<input type="checkbox"/> Police	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
<input type="checkbox"/> Other	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

Reporter's Notification to Waiver Entities:

Agency Notified	Person Notified, Title and Agency	Phone Number	Date Notified	By Whom

<input type="checkbox"/> RRDC Notified	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap to enter a date.	Click or tap here to enter text.
<input type="checkbox"/> Service Coordinator	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap to enter a date.	Click or tap here to enter text.
Service Coordinator Agency	Click or tap here to enter text.			
Person Completing the Form Signatures				
Person Completing Report Name (electronic signature) or Physical Signature Click or tap here to enter text.			Date of Completing Signature Click or tap to enter a date.	
Provider Agency (Person Completing Form) Click or tap here to enter text.			Telephone Number (Person Completing Report) Click or tap here to enter text.	
Supervisor Signatures				
Supervisor of person completing Report (electronic signature) or Physical Signature Click or tap here to enter text.			Date of Supervisor Signature Click or tap to enter a date.	
Supervisor Provider Agency Click or tap here to enter text.			Telephone Number (Supervisor) Click or tap here to enter text.	
Form Sent to DOH Date:				
Click or tap to enter a date.				