

Nursing Facility Reported Incident (FRI) Form



Purpose of form: The facility must **immediately** report per §483.12(c) the following events in these timeframes to Oregon's state survey agency (*Safety, Oversight and Quality Unit, Nursing Facility Complaint Intake*):

No later than **2 HOURS** after the allegation: All **alleged violations** that involve **abuse, neglect, exploitation, mistreatment, injuries of unknown source, or misappropriation of resident property** or any event resulting in **serious bodily injury**.

No later than **24 HOURS** after the allegation: All **alleged violations** that do not involve abuse or do not result in **serious bodily injury**.

Today's date: _____ Time: _____ a.m. p.m.
Complete Facility name: _____ Address: _____
City: _____ ZIP code: _____ Phone number: _____
Name of person reporting this incident for the facility: _____
Title: _____ Email: _____

Description of incident

Incident date: _____ Time: _____ a.m. p.m. Incident date unknown
Incident location: _____
Name of person who reported incident to facility administration: _____
Staff title or relationship to resident: _____ Date reported: _____

List all residents involved in the incident:

Resident 1: Name: _____ Gender: _____ Date of birth: _____
Medicaid? Yes No Medicaid number: _____
Relevant diagnosis: _____

Resident 2: Name: _____ Gender: _____ Date of birth: _____
Medicaid? Yes No Medicaid number: _____
Relevant diagnosis: _____

Describe the incident and any injury or adverse effect to the resident(s):

Is the situation ongoing? Yes No Yes (Describe):

Did anyone witness the incident? Yes (Complete below) No

Name: Phone:

Staff title or relationship to resident:

Name: Phone:

Staff title or relationship to resident:

Reported perpetrators

(Any resident involved must be listed above. Do not list a resident as a reported perpetrator on this form.)

Reported Perpetrator 1: Name: Phone:

Staff title or relationship to resident:

License or certificate number:

Is the above reported perpetrator on administrative leave? Yes No

Reported Perpetrator 2: Name: Phone:

Staff title or relationship to resident:

License or certificate number:

Is the above reported perpetrator on administrative leave? Yes No

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What immediate measures were taken to protect the resident(s)?

Is the resident still at the facility? Yes No

If not, where is the resident? Yes No

Has this happened before to the same resident(s) or others? Yes No

Are you also reporting a crime? Who else was it reported to

What date and time did you report the crime?

List anyone else contacted about this incident:

Specify:

Name and title of person completing this report:

Signature

Title

Date

Please note: The facility should save this form before sending. Click on the submit button below to send the completed form to: ØÜQncidents@dhsosha.state.or.us

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Abuse

“Abuse” is defined at §483.5 as “the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish. Abuse also includes the deprivation by an individual, including a caretaker, of goods or services that are necessary to attain or maintain physical, mental, and psychosocial well-being. Instances of abuse of all residents, irrespective of any mental or physical condition, cause physical harm, pain or mental anguish. It includes verbal abuse, sexual abuse, physical abuse, and mental abuse including abuse facilitated or enabled through the use of technology.”

Í5 ``Y[YX'j]c`U]cbÍ is a situation or occurrence that is observed or reported by staff, resident, relative, visitor or others but has not yet been investigated and, if verified, could be noncompliance with the Federal requirements related to mistreatment, exploitation, neglect, or abuse, including injuries of unknown source, and misappropriation of resident property.

Crime

Examples of situations that would likely be considered a crime in all subdivisions would include, but are not limited to:

- Murder;
- Manslaughter;
- Rape;
- Assault and battery;
- Sexual abuse;
- Theft/Robbery;
- Drug diversion for personal use or gain;
- Identity theft; and
- Fraud and forgery.

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number of injuries observed at one particular point in time or the incidence of injuries over time.

“Misappropriation of resident property,” as defined at §483.5, means “the deliberate misplacement, exploitation, or wrongful, temporary, or permanent use of a resident’s belongings or money without the resident’s consent.”

“Mistreatment,” as defined at §483.5, is “inappropriate treatment or exploitation of a resident.”

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Serious bodily injury

“Serious bodily injury” means an injury involving extreme physical pain; involving substantial risk of death; involving protracted loss or impairment of the function of a bodily member, organ, or mental faculty; requiring medical intervention such as surgery, hospitalization, or physical rehabilitation; or an injury resulting from criminal sexual abuse (See section 2011(19)(A) of the Act).

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Willful

“Willful,” as defined at §483.5 and as used in the definition of “abuse,” “means the individual must have acted deliberately, not that the individual must have intended to inflict injury or harm.”