

Nursing Facility Reported Incident (FRI) Form



Purpose of form: A nursing facility must ensure all **alleged violations** are reported **immediately** to the administrator of the facility and to other officials, including the State Survey Agency (SSA), in accordance with §483.12(c)(1). A nursing facility should use this form to report FRIs that meet §483.12(c)(1) to Oregon's SSA, Safety, Oversight and Quality (SOQ), Nursing Facility (NF) Complaint Intake Unit.

Reporting time frames: **Immediately** but no later than **2 HOURS** after the allegation is made - If the **alleged violation** involves **abuse** (refer to Federal abuse definitions) or results in **serious bodily injury** (refer to Federal definition).

No later than **24 HOURS** after the allegation is made - If the **alleged violation** **does not** involve **abuse** and **does not** result in **serious bodily injury**.

Please complete all sections of this form.

What **Alleged Violation** are You Reporting: (*Choose all that apply*)

- [Mistreatment](#)
- [Exploitation](#)
- [Neglect](#)
- [Abuse](#)
- [Injuries of Unknown Source](#)
- [Misappropriation of Resident Property](#)

Has the **alleged violation** resulted in **serious bodily injury**: Yes No

Facility Information:

Today's date: _____ Time: _____ a.m. p.m.

Facility's complete (full) name: _____

Facility's **CCN** Number: _____

Address: _____

City: _____ State: _____ ZIP code: _____ Phone number: _____

Name of person reporting this incident to the NF Complaint Intake Unit for the facility:

Last: _____ First: _____ Title: _____ Email: _____

Incident Details:

Incident date: _____ Time: _____ a.m. p.m. Incident date unknown: _____

Incident time unknown: _____ Incident location (*be as specific as possible*): _____

Date and time staff first aware of incident: Date: _____ Time: _____ a.m. p.m.

Incident Reporting:

Name of person who reported incident Last:

First:

Staff title or relationship to resident:

Date reported:

Date and time Administrator notified of incident: Date:

Time:

a.m.

p.m.

Description of Incident - This section must be completed.**Describe the incident:**

Describe what immediate measures were put in place to prevent this incident from recurring to the resident or other resident(s):

Witnesses:Did anyone witness the incident: Yes No *If yes, list witnesses:*

Witness Name: Last:

First:

Phone:

Staff title or relationship to resident:

Witness Name: Last:

First:

Phone:

Staff title or relationship to resident:

Are there additional Witnesses: Yes No *If yes, list name(s):*

List All Residents Involved in the Incident:

Resident 1

Name: Last: _____ First: _____ Gender: _____ Date of birth: _____

Medicaid: Yes No Medicaid number (if applicable): _____

Relevant diagnosis: _____

What was the outcome to Resident 1: (*identify any physical, psychosocial, or behavioral, adverse effect or injury to the resident.*)

Has Resident 1 been involved in a similar allegation or incident before: Yes No

Is Resident 1 still in the facility: Yes No If no, where is Resident 1 now: _____

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Resident 2

Name: Last: _____ First: _____ Gender: _____ Date of birth: _____

Medicaid: Yes No Medicaid number (if applicable): _____

Relevant diagnosis: _____

What was the outcome to Resident 2: (*identify any physical, psychosocial, or behavioral, adverse effect or injury to the resident.*)

Has Resident 2 been involved in a similar allegation or incident before: Yes No

Is Resident 2 still in the facility: Yes No If no, where is Resident 2 now: _____

Reported Perpetrators (RP) (*Do not list a resident as a reported perpetrator on this form.*)

Reported Perpetrator 1 (RP1) Name: Last: _____ First: _____ Phone: _____

Staff title or relationship to resident: _____

License or certificate number: _____

If RP1 is a staff person, are they on administrative leave: Yes No

If RP1 is **not** a staff person, do they have access to the resident or other residents at the facility: Yes No

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Reported Perpetrator 2 (RP2) Name: Last: _____ First: _____ Phone: _____

Staff title or relationship to resident: _____

License or certificate number: _____

If RP2 is a staff person, are they on administrative leave: Yes No

Is RP2 is **not** a staff person, do they have access to the resident or other residents at the facility: Yes No

If more than two RPs are involved, please list them here: _____

Glossary
(As defined at CFR §483.12(a-c))

Abuse: “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.”

Alleged Violation: “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.”

CCN: Centers for Medicare & Medicaid Services (CMS) Certification Number (CCN), formerly the Medicare Provider Number, is used to verify Medicare/Medicaid certification for survey and certification, assessment-related activities and communications.

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.”

Exploitation: “Taking advantage of a resident for personal gain, through the use of manipulation, intimidation, threats or coercion.”

Immediately: “As soon as possible, in the absence of a shorter State time frame requirement, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury.”

Injuries of unknown source: “An injury should be classified as an “injury of unknown source” when **both** of the following criteria are met:

- The source of the injury was not observed by any person or the source of the injury could not be explained by the resident; **and**
- The injury is suspicious because of the extent of the injury or the location of the injury (e.g., the injury is located in an area not generally vulnerable to trauma) or the number of injuries observed at one particular point in time or the incidence of injuries over time.”

Misappropriation of resident property: “The deliberate misplacement, exploitation, or wrongful, temporary, or permanent use of a resident’s belongings or money without the resident’s consent.”

Mistreatment: “Inappropriate treatment or exploitation of a resident.”

Neglect: “The failure of the facility, its employees or service providers to provide goods and services to a resident that are necessary to avoid physical harm, pain, mental anguish or emotional distress.”

Serious bodily injury: “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).”

Sexual Abuse: “Non-consensual sexual contact of any type with a resident.”

Willful: 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.”