***Initial reports should include the areas highlighted in BLUE (at a minimum) and are due within 24 hours of discovery of the incident/allegation. Final reports should include the specific details of the incident and investigation, and are due within 5 business days.***

***Submit self-reports to:*** ***HSS-ARCP-ADHCSurveyPackets@la.gov******.***

|  |
| --- |
| **SECTION A. INCIDENT TYPE** |
|[ ]  **Abuse (including death, exploitation, extortion)** |[ ]  **Injuries of Unknown Origin** |
|[ ]  **Neglect (including death and elopements)** |[ ]  **Misappropriation of Personal Property**  |
|  |
| **SECTION B. LICENSED PROVIDER AND CONTACT INFORMATION** |
| 1. Name of provider: | Click or tap here to enter text. |
| 2. Provider state ID & license #: | Click or tap here to enter text. |
| 3. Address: | Click or tap here to enter text. |
| 4. Phone Number:  | Click or tap here to enter text. |
| 5. Administrator: | Click or tap here to enter text. |
| 4. Name of person submitting the report, if not Administrator:  | Click or tap here to enter text. |
| 5. Submitter’s email: | Click or tap here to enter text. |
| 6. Submitter’s phone #: | Click or tap here to enter text. |

|  |
| --- |
| **SECTION C. INCIDENT INFORMATION**  |
| 1. Date of incident (if known): | Click or tap to enter a date. | 2. Time of incident (if known): | Click or tap here to enter text. |
| 3. Date of **DISCOVERY**: | Click or tap to enter a date. | 4. Time of **DISCOVERY**: | Click or tap here to enter text. |
| 5. Location of incident: |
| 6. Brief description of incident, including immediate actions to safeguard the resident (due within 24 hours of discovery) |
| Click or tap here to enter text. |
| 7. Full description of incident (due within 5 business days):  |
| Click or tap here to enter text. |
| 8. Describe injury and/or adverse effects, assessment/treatment and follow-up care provided:  |
| Click or tap here to enter text. |
| 9. Symptoms of pain/injury discussed with the physician  | YES |[ ]  NO |[ ]

|  |
| --- |
| **SECTION D. RESIDENT INFORMATION** *(INCLUDE ALL RESIDENTS DIRECTLY INVOLVED)* |
| Name | DOB | Cognitively Impaired |
| Click or tap here to enter text. | Click or tap to enter a date. | YES |[ ]  NO |[ ]
| Click or tap here to enter text. | Click or tap to enter a date. | YES |[ ]  NO |[ ]

|  |
| --- |
| **SECTION E. STAFF/OTHER INFORMATION** *(INCLUDE ALL STAFF/PERSONS DIRECTLY INVOLVED)* |
|  Name/Title | Date of Hire | Date of Birth, SSN, Professional License Number, Address, Phone Number, & Email Address  |
| Click or tap here to enter text. | Click or tap to enter a date. | 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. |

|  |
| --- |
| **SECTION F. WITNESSES** |
| Name | Address |
| 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. |

|  |
| --- |
| **SECTION G. ACTIONS TAKEN** *(DESCRIBE ACTIONS TAKEN TO PREVENT FUTURE INCIDENTS)* |
|  Click or tap here to enter text. |

|  |
| --- |
| **SECTION H. NOTIFICATIONS** |
| 1. Family Member/Responsible Party Notified, if Applicable | Yes |[ ]  No |[ ]  Date/Time | Click or tap here to enter text. |
| 2. Law Enforcement Notified, if Applicable | Yes |[ ]  No |[ ]  Date/Time | Click or tap here to enter text. |
| 3. Other Appropriate Authorities, if Applicable | Yes |[ ]  No |[ ]  Date/Time | Click or tap here to enter text. |
| 4. Name of Agency Notified, if Applicable: | Click or tap here to enter text. |

|  |
| --- |
| **SECTION I. INVESTIGATION RESULTS** |
|[ ]  **VERIFIED**the allegation was verified by evidence collected during the investigation |[ ]  **NOT VERIFIED**the allegation was refuted by evidence collected during the investigation |[ ]  **INCONCLUSIVE**the allegation was unable to be verified or refuted by the evidence |

|  |  |
| --- | --- |
| Signature of Person Completing Report | Click or tap here to enter text. |
| Date | Click or tap to enter a date. |
| Signature of Director/Administrator or Designee | Click or tap here to enter text. |
| Date | Click or tap to enter a date. |