Kentucky Cabinet for Health and Family Services
Office of Inspector General – Division of Health Care

Long Term Care Facility – Self-Reported Incident Form

☐Initial Report ☐5 Day Follow up/Final Report ☐Combined Incident Report/Final Report

Please complete Parts A & B for 24-hour Initial notifications. Include Part C for 5 day Follow up/Final Reports.

Part A

Name of Facility _____

Address _____

Street City State Zip

Incident Date _____ Incident Location _____

Resident(s)/Client(s) Involved _____

Staff Involved _____

Required Incident Reports

- ☐ Fire
- ☐ Missing Resident/Elopement
- ☐ Injuries of Unknown source
- ☐ Allegations of Neglect
- ☐ Allegations of Abuse/Mistreatment
  - ☐ Physical Abuse
  - ☐ Sexual Abuse
  - ☐ Mental Abuse
  - ☐ Verbal Abuse
  - ☐ Seclusion
  - ☐ Misappropriation of Property

Optional Incident Reports

- ☐ Communicable Disease
- ☐ Outbreak of Infectious Disease
- ☐ Storm Damage
- ☐ Utility Failure (more than 4 hours)
- ☐ Care and Treatment
- ☐ Incident Involving Life Safety Code
- ☐ Death Other than by Natural Causes
- ☐ Other _____

Notifications(Check all that apply)

- ☐ Physician
- ☐ Family/Guardian
- ☐ Resident's Legal Representative
- ☐ DCBS
- ☐ Local Law enforcement
- ☐ Appropriate Licensing Board
- ☐ Attorney General
- ☐ Ombudsman

Other _____

Part B

Description of Incident. Please include injuries sustained as well as measures taken to protect the resident(s) during investigation. (Limit of 500 characters attach additional pages as necessary)

Please include relevant resident history (i.e. cognitive status, fall risk assessment, relevant care plan instructions prior to this incident, etc.) (Limit of 500 characters attach additional pages as necessary)

Part C

For 5-working day/final reports, please include a summary of the investigation (include investigative actions, findings and causative factors) and corrective measure implemented to prevent recurrence.
(Limit of 500 characters attach additional pages as necessary)

Failure to document credible protective/preventative measures at the time of initial reporting and/or failure to provide evidence of a thorough investigation with corrective measures on the final report may require an onsite visit to determine if acceptable measures are being take to protect residents.

_____ _____ _____

Reporting Party (type or print clearly) **Date** **Reporting Party's Contact Number**

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