

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

**LONG TERM CARE FACILITY
SELF REPORTED INCIDENT FORM
INSTRUCTIONS**

GENERAL INSTRUCTIONS

1. Complete every section of the Self Reported Incident Form.
2. If there is insufficient space to complete an answer, additional pages may be used.
3. Complete a separate Self Reported Incident form for each incident.
4. Attach all supporting documentation
5. Call your Office of Inspector General (OIG) Division of Health Care Enforcement Branch office if you have any questions or to submit your completed Self Reported Incident Form.

Northern Enforcement Branch

L&N Building, 10-W
908 West Broadway
Louisville, Kentucky 40203
Phone: (502) 595-4079
Fax: (502) 595-4540

Southern Enforcement Branch

116 Commerce Avenue
London, Kentucky 40744
Phone: (606) 330-2030
Fax: (606) 330-2056

Eastern Enforcement Branch

P.O. Box 12250
Lexington, Kentucky 40582
455 Park Place
Lexington, Kentucky 40511
Phone: (859) 246-2301
Fax: (859) 246-2307

Western Enforcement Branch

Western State Hospital
2400 Russellville Road
Hopkinsville, Kentucky 42240
Phone: (270) 889-6052
Fax:(270) 889-6088 or (270) 889-6089

SPECIFIC INSTRUCTIONS

Report types

1. Initial Report – Check this box when submitting an initial report. Complete parts A & B and submit to your local OIG, Division of Health Care Enforcement Branch.
2. 5 Day Follow Up Report – Check this box when submitting a final report of the incident. The final investigative report shall be submitted no later than 5 days of the incident. When submitting the 5 Day Follow Up Report, use the same Self Reported incident Form that was used to submit the initial report. Complete Part C of the form and submit to your local OIG, Division of Health Care Enforcement Branch.
3. Initial and 5 Day Follow Up Report – Check this box when submitting both the Initial and 5 Day Follow Up Report. Complete Parts A, B & C, attach supporting documentation and submit to your local OIG, Division of Health Care Enforcement Branch.

Part A

- List the facility name and exact address, including city and zip code.
- Provide the incident date and time if known.
- List each resident involved and identifying information such as sex, date of birth and current location.
- List each staff member involved and identifying information such as sex, facility job title and any license/certification.

Incident Reports

- Check the type of Self-Reported Incident from either the **Required** or **Optional** Report lists. If the category of other is selected please provide additional information.

Notifications

- Check all individuals or agencies that were notified of the incident.

Part B

- Describe the incident including injuries, medical attention and/or measures taken to protect residents during the investigation.
- Include relevant resident history, care plans or other pertinent information.

Part C (5-Day Follow Up Reports)

- Include a summary of the final investigation including actions, findings and causative factors. Provide an explanation of any corrective measures taken by the facility.

Provide the name and contact information of individual providing the Self Reported Incident Report. Number the pages of the report.

