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 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 Branch. A 5 Day Follow Up Report is required for both substantiated and unsubstantiated investigations.
- 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 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.