



Department of Health, Office of Facilities Regulation
Documentation of Required Reporting²
R23-17-NF - Appendix E

Statutory Reference:
 Chapter 23-17,
 Sections 16 & 37
 Chapter 23-17.8-2

Reporting Facility:

Date of report:

Facility Address:			
Reported by:		Title	
Contact number:			

Type of Report: Allegation of Abuse, Neglect, or Mistreatment³ Accident Incident/Other

Select most appropriate reason for report:

- Abuse, Neglect, or Mistreatment (as defined in §23-17.8-1)* *Resident to Resident*
- Resident accident or incident resulting in hospitalization, death, or death following hospitalization;*
- Death within 24 hours or admission or prior to physical exam - see section 23.3(c)⁴;*
- Elopement: Police notified:* Yes No
- Misappropriation or exploitation of resident property or resources, or*
- Unscheduled implementation of the facilities fire/evacuation/disaster plan impacting residents.*

Resident(s) Information:

Last Name:		First:		Gender:	<input type="checkbox"/> Female <input type="checkbox"/> Male
Last Name:		First:		Gender:	<input type="checkbox"/> Female <input type="checkbox"/> Male

Incident Information:

Date of Incident:		Time:		Witness(s)	<input type="checkbox"/> No <input type="checkbox"/> Yes (List below)
Location of Incident:					
Witness(s):					

Alleged Perpetrator(s) Information (if applicable):

Last Name:		First:		<input type="checkbox"/> Resident	<input type="checkbox"/> Non-resident
Last Name:		First:		<input type="checkbox"/> Resident	<input type="checkbox"/> Non-resident
Victim or Abuser involved in previous abuse?	Victim:		<input type="checkbox"/> No <input type="checkbox"/> Yes	Abuser: <input type="checkbox"/> No <input type="checkbox"/> Yes	

Description of incident and immediate action taken to ensure safety of resident(s) pending facility investigation.

CONTINUE ON ADDITIONAL PAGES AS NEEDED

FAX to: Facilities Regulation: 222-3650, and RI LTC Ombudsman: 785-3391

² Reports may be called in immediately to DOH-222-5200 with follow-up faxes of this form by the next business day.

³ Facility investigation reports required within five (5) business days.

⁴ Requires report to the State Medical Examiner in accordance with 23, Chapter 4 and notice to facility medical director.