

Self-Reported Incident Form

Follow-up Investigation Report

- Submit your final SRI using the normal fields in EIDC. Make note of the SRI number.
- Complete this form that includes all the new required information for follow-up reporting. The fields on the SRI reporting in EIDC are currently limited so you will need to complete this attachment. Both the final report in EIDC and this form need completed with every initial SRI.
- Attach this form to your final SRI Report in EIDC.

Within (5) business days of the incident, the facility must provide in its report sufficient information to describe the results of the investigation, and indicate any corrective actions taken if the allegation was verified. It is important that the facility provide as much information as possible, to the best of its knowledge, at the time of submission of the report. The facility should include any updates to information provided in the initial report and the following additional information, which should include, but are not limited to, the following:

SRI Number:

1. Facility Information

Facility Name:

CMS Certification Number (CCN):

2. Additional/Updated Information Related to the Reported Incident:

Provide a brief description of any additional information and/or updates, if applicable.

Describe any additional outcomes to the resident(s), identifying/describing any physical and me

Whether the allegation was reported to the resident representative, and if so, date/time
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Whether the allegation was reported to another agency (e.g., nurse aide registry or professional licensing boards if staff to resident abuse), and if so, which agency, date/time, and outcome if they conducted an investigation

3. Steps taken to investigate the allegation:

Provide a detailed summary of ALL steps taken to investigate allegation. *(Use additional pages/word files if needed)*

Summary of interview(s) with the alleged victim and/or the victim's responsible party, if applicable. Indicate any visual cues from the resident of psychosocial distress and harm and the resident's perspective on incurred psychological harm and distress

Summary of interview(s) with witness(es), what the individual observed or knowledge of the alleged incident or injury

Summary of interview(s) with the alleged perpetrator(s) (staff, resident, visitor, contractor, etc.)

Summary of interview(s) with other residents who may have had contact with the alleged perpetrator

Summary of interview(s) with staff responsible for oversight and supervision of the location where the alleged victim resides

Summary of interview(s) with staff responsible for oversight and supervision of the alleged perpetrator, if staff or a resident

Provide summary information from the investigation related to the incident from the resident's clinical record, such as relevant portions of the RAI, the resident's care plan, nurses' notes, social services note, lab reports, x-ray reports, physician or other practitioner reports or reports from other disciplines that are related to the incident. If a resident to resident altercation occurred, provide any relevant details that may have caused the alleged perpetrator's behavior, such as habits, routines, medications, diagnosis, how long he/she may have lived at the building, or BIMS score.

If available within the five business day timeframe, provide summary information of other documents obtained, such as hospital/medical progress notes/orders and discharge summaries, law enforcement reports, and death reports as applicable

4. Conclusion

Provide a brief description of the conclusion of the investigation and indicate if findings were:
[Note: For incidents reported as injuries of unknown source, indicate if the injury resulted from abuse or neglect, based on evidence from the investigation.] (Use additional pages/word files if needed)

Verified – The allegation was verified by evidence collected during the investigation. Indicate if the allegation was verified by evidence collected during the investigation.

Not Verified – The allegation was refuted by evidence collected during the investigation. Indicate and describe why the allegation was unable to be verified during the investigation.

Inconclusive– The allegation could not be verified or refuted because there was insufficient information to determine whether or not the allegation had occurred. If this was identified as inconclusive, indicate and describe how this was determined.

5. Corrective Action(s) Taken

Provide in detail a summary of all corrective action(s) taken.

Describe any action(s) taken as a result of the investigation or allegation
Describe the plan for oversight of implementation of corrective action, if the allegation is verified.
As a result of a verified finding of abuse, such as physical, sexual or mental abuse, identify counseling or other interventions planned and implemented to assist the resident

If systemic actions (e.g., changes to facility staffing patterns, changes in facility policies, training) were identified that require correction, identify the steps that have been taken to address the systems

If the allegation was reported to law enforcement or another state agency, where applicable and if available, what is the status or provide conclusions of their investigation.

6. Facility Investigator

Provide the name of the facility individual who had the primary responsibility for conducting the investigation.

Name of person(s) investigating allegation:

7. Submitted by

Name of administrator/designee:

Date/time of submission:

Contact number and E-mail address for follow up: