SERIOUS REPORTABLE INCIDENT PROVIDER FOLLOW-UP REPORT

HOME AND COMMUNITY BASED SERVICES MEDICAID WAIVER Nursing Home Transition and Diversion (NHTD)

Participant Name:			Incident #			
CI	neck One:					
	Seven Day Report	Date Completed				
Thirty Day Report		Date Completed				
	Additional Follow-Up Report(s) _	Date Completed				
1.	 What actions (initial or newly conducted) have been taken to investigate this incident (e.g person(s) interviewed, record review, consultations, etc)? NOTE: Attach all supporting documentation 					
2.	What have been the results of these	actions?				
3.	What follow-up actions have been ta staff changed, police called, etc.)?	ken in response to th	ese results (e.g., o	changes to t	the Service Plan,	
4.	What has been the results of these f changed, NHTD waiver participant is has been secured, etc)?					

SERIOUS REPORTABLE INCIDENT PROVIDER FOLLOW-UP REPORT (cont.)

5.		has the provider initiated to decrease, either in frequency or r incidents occurring in the future?						
6.	5. What activities are necessary to complete the investigation?							
7.	At this time, do you expect that Why?	this incident should rem	nain open or closed?					
— Ag	jency Investigator		Signature	Date				
Re	esponsible Provider Representat	ive	Signature/Title	Date				
Pr	ovider Agency			Telephone				
	or Investigating Agency: opy of this report was sent to:	QMS	Date					
Co	or QMS: opy of this report was sent to:	RRDS Service Coordinator	Date Date					
	OR QMS USE ONLY:							
	rm Sent to DOH WMS te://							