INCIDENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE REPORTED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE COMPLETED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The following is the facilities report describing the investigation of the above incident as well as any corrective actions taken if the allegation was verified.

1. **Additional/Updated Information Related to the Reported Incident:**

Describe any additional outcomes to the resident(s), identifying and describing any physical and mental harm.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List the date and time the allegation was reported to the residents representative/HCP/Court Appointed Guardian

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Was the allegation reported to another agency: (e.g., Nurse aid registry or professional licensing board)

\_\_\_\_\_\_\_\_\_\_\_\_\_

If so list the date, time, and outcome/follow up requested:  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Steps taken to investigate the allegation:**

Summarize the interview with the alleged victim and/or victims 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.*

Summarize the interviews with witnesses, what was observed or knowledge of the alleged incident or injury. (Attach the statements to the file).

Summary of the interview with the alleged perpetrator

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

Summary of interviews with staff responsible for oversight and supervision of the location/unit where the alleged victim resides

Summary of interviews with staff responsible for oversight and supervision of the alleged perpetrator if staff or resident

Summary information from the investigation related to the incident from the resident’s clinical record. This may include: Care Plans, Progress Notes, Lab Reports, X-ray reports, Pertinent MDS information, Medical Diagnosis, Behaviors/Triggers and Root cause Analysis.

Summary of any other documents obtained to include: Hospital records, Medical progress notes, Orders, Discharge Summaries, Law enforcement reports and Death reports

1. **Conclusion** *Provide a brief description of the conclusion of the investigation and indicate if the findings were:*

VERIFIED:The allegation was verified by evidence collected during the investigation

NOT VERIFIED: The allegation was refuted by evidence collected 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.

1. **Corrective Action(s) Taken**

Provide a summary of the corrective actions that will be taken as a result of the investigation or allegation

Describe the plan for oversight of implementation of corrective action, if allegation is verified

As a result of verified findings of abuse, identify counseling or other interventions planned and implemented to assist the resident

If systemic actions were identified that require correction, Identify the steps that have been taken to address the systems. (Policy Changes, Staff Training, Staffing Patterns)

If the allegation was reported to law enforcement or other state agency provide any known conclusions of their investigation

1. **Facility Investigator**

Individual with primary responsibility for conducting the investigation