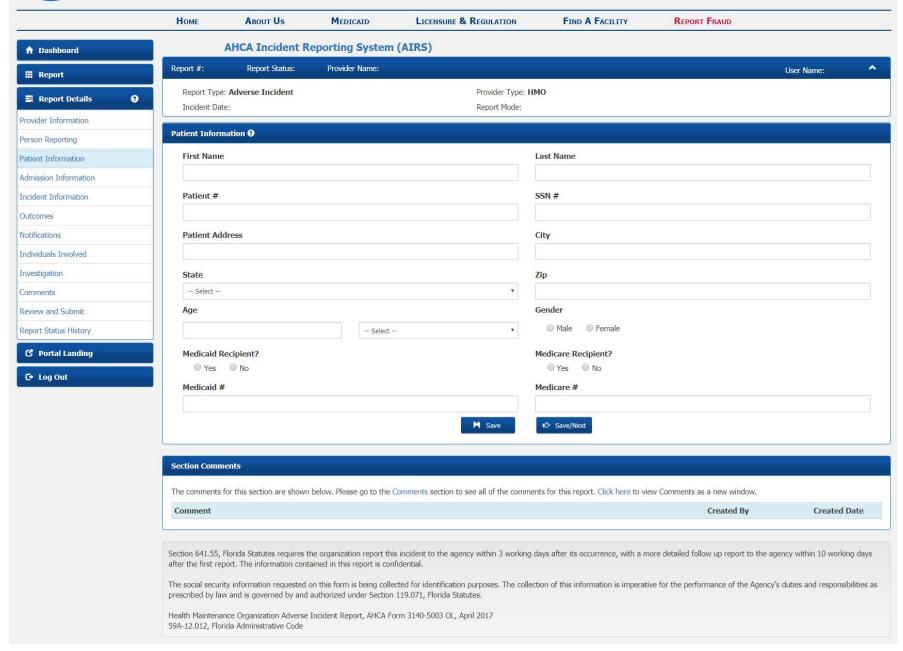




	Номе	ABOUT Us	MEDICAID	LICENSURE & REGULATION	FIND A FACILITY	REPORT FRAUD		
↑ Dashboard		AHCA Incident R	eporting System	(AIRS)				
 Report	Report #:	Report Status:	Provider Name:				User Name:	^
≣ Report Details 9	Report Type: Incident Date	Adverse Incident		Provider Type: Report Mode:	НМО			
Provider Information	200000000000000000000000000000000000000			800 C 4000000 1000				
Person Reporting	Person Reporti	ng Information 🛭						
Patient Information	First Name				Last Name			
Admission Information								
Incident Information	Email				Phone			
Outcomes	Ų.							
Notifications	Title				License #			
Individuals Involved				*				
Investigation	Other Title							
Comments								
Review and Submit				ℍ Save	IĈ Save/Next			
Report Status History								
🗹 Portal Landing	Section Commo	ents						
C→ Log Out	The comments for	or this section are shown	below. Please go to the (Comments section to see all of the comm	nents for this report. Click here to vie	w Comments as a new window.		
	Comment					Created By	Created	Date
	after the first rep	ort. The information conta	ained in this report is con	s incident to the agency within 3 working fidential. rrm 3140-5003 OL, April 2017	g days after its occurrence, with a mo	ore detailed follow up report to the	agency within 10 worki	ng days
		da Administrative Code	and a second resident of					



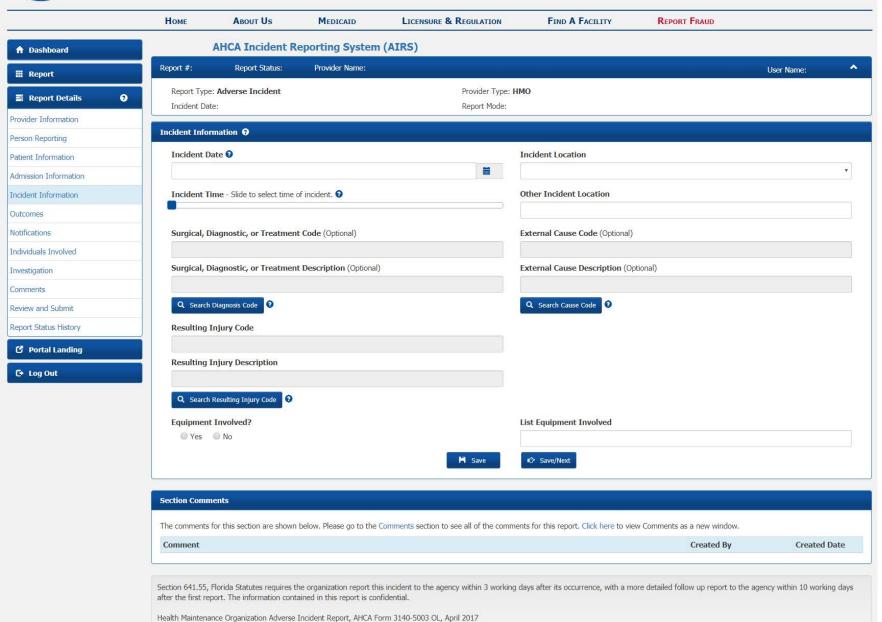




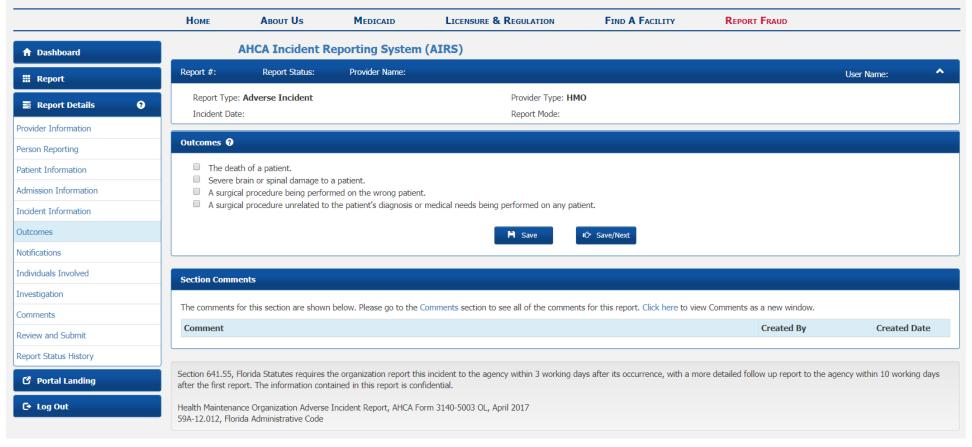
	Номе	ABOUT Us	MEDICAID	LICENSURE & REGULATION	FIND A FACILITY	REPORT FRAUD				
↑ Dashboard	AHCA Incident Reporting System (AIRS)									
 Report	Report #:	Report Status:	Provider Name:				User Name:	^		
≅ Report Details •	Report Type: Incident Date:	Adverse Incident		Provider Type: HMO Report Mode:						
Provider Information										
Person Reporting	Admission Infor	rmation 0								
Patient Information	Admitting Di	iagnosis Code		Date of Admission						
Admission Information										
Incident Information	Admitting Di	iagnosis Description								
Outcomes										
Notifications	Q Search Di	iagnosis Code								
Individuals Involved				H Save	Save/Next					
Investigation										
Comments	Section Comme	nts								
Review and Submit										
Report Status History	The comments fo	r this section are shown	below. Please go to the Cor	mments section to see all of the comments fo	or this report. Click here to view (Comments as a new window.				
♂ Portal Landing	Comment					Created By	Created Dat	te		
C→ Log Out	after the first repo	rt. The information conta	ined in this report is confid	ncident to the agency within 3 working days a ential. n 3140-5003 OL, April 2017	after its occurrence, with a more	detailed follow up report to the aq	gency within 10 working o	days		



59A-12.012, Florida Administrative Code



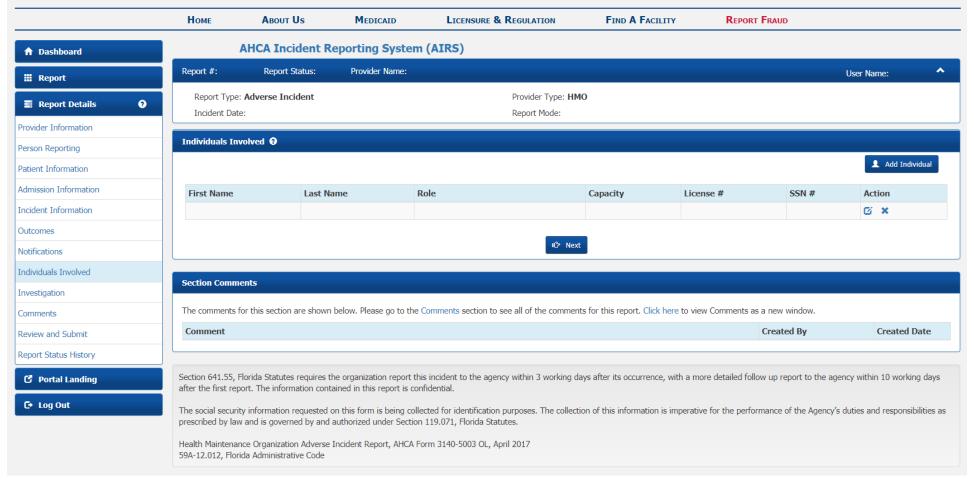






	Номе	ABOUT Us	MEDICAID	LICENSURE & REGULATION	FIND A FACILITY	REPORT FRAUD		
↑ Dashboard	A	HCA Incident R	eporting System	(AIRS)				
Ⅲ Report	Report #:	Report Status:	Provider Name:				User Name:	^
≅ Report Details ?		Adverse Incident		Provider Type: HI	МО			
Provider Information	Incident Date:			Report Mode:				
Person Reporting	Notifications @							
Patient Information	Medical Exam	iner Notified?			External Agencies Notified? Yes No			
Admission Information	First Name				List Agencies Notified			
Incident Information					DOH			
Outcomes	Last Name				☐ Elder Affairs ☐ DCF			
Notifications	Phone				 Others List Other Agencies Notified 			
Individuals Involved	Thore							
Investigation	Family Notifie	ed?						
Comments	○ Yes ○ No							
Review and Submit	List Family No	otified						
Report Status History								
♂ Portal Landing				⊢ Save	で Save/Next			
C → Log Out	Section Comme	nts						
			bolow Please as to the C	omments section to see all of the comme	nte for this raport. Click hara to vious	Comments as a new window		
	Comment	this section are shown	below. Flease go to the C	offinends section to see all of the comme	nts for this report. Chek here to view	Created By	Created D)ata
	Comment					стеатей ву	Created L	die
	after the first repo	rt. The information cont	ained in this report is confi	incident to the agency within 3 working of dential. m 3140-5003 OL, April 2017	days after its occurrence, with a more	e detailed follow up report to the	agency within 10 workin	ng days

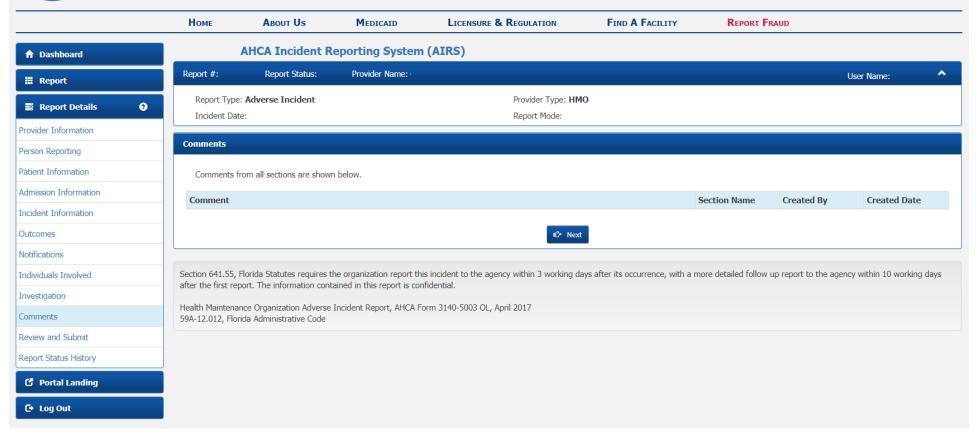






·	Номе	ABOUT Us	MEDICAID	LICENSURE & REGULATION	FIND A FACILITY	REPORT FRAUD				
↑ Dashboard	AHCA Incident Reporting System (AIRS)									
 Report	Report #:	Report Status:	Provider Name:				User Name:	^		
≅ Report Details Q	Report Type: Incident Date	Adverse Incident		Provider Type: HMO Report Mode:						
Provider Information										
Person Reporting	Circumstances	of the Incident (Narra	tive of Facts) 😝					^		
Patient Information	Text						User Name DateTim	e Action		
Admission Information								Ø		
Incident Information										
Outcomes							10 0			
Notifications	Analysis of the	Incident (Apparent Ca	use(s)) A					^		
Individuals Involved	1000	W 1800	58000 TO	P-4-Ti-		Page				
Investigation	Text	User	Name	DateTir	ne	Action				
Comments	f .		No.	2001 - D. 2002						
Review and Submit	Corrective Acti	on Summary (Correctiv	ve or Proactive Actions	Taken) \varTheta				^		
Report Status History	Text	User	Name	DateTir	ne	Action				
☑ Portal Landing										
C+ Log Out	Action									
				I ℃ Next						
	Section Commo	ents								
	The comments for	or this section are shown	below. Please go to the C	Comments section to see all of the comments for	or this report. Click here to vi	ew Comments as a new window.				
	Comment					Created By	Created	d Date		
	after the first repo	ort. The information cont	ained in this report is conf	s incident to the agency within 3 working days fidential. rm 3140-5003 OL, April 2017	after its occurrence, with a m	ore detailed follow up report to the	agency within 10 wor	king days		

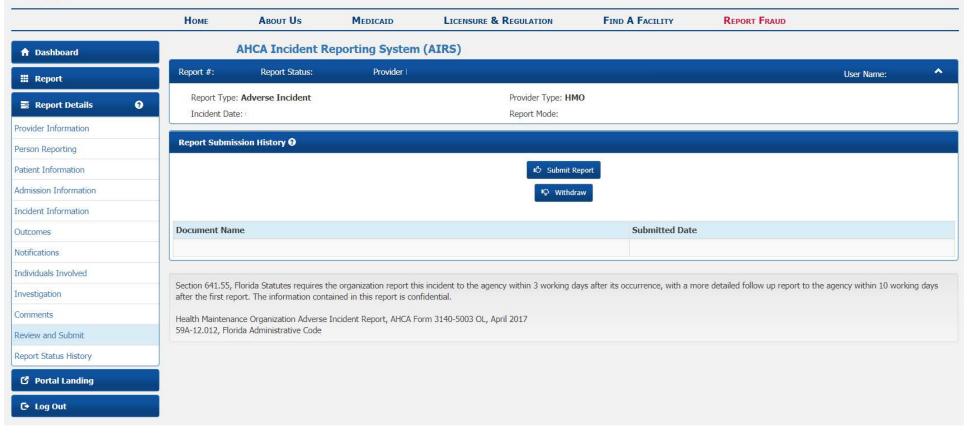






	Номе	ABOUT Us	MEDICAID	LICENSURE & REGULATION	FIND A FACILITY	REPORT FRAUD			
↑ Dashboard	AHCA Incident Reporting System (AIRS)								
Ⅲ Report	Report #:	Report Status:	Provider Name:				User Name:	^	
≅ Report Details 0	Report Type: Incident Date:	Adverse Incident		Provider Type: HM Report Mode:	0				
Provider Information		*		1 (49) 517 (4) (4), (4) (4) (5) (5) (5)					
Person Reporting	Report Submiss	ion History 🛭							
Patient Information	Please correct th	e errors listed below. O	nce all of the errors have	been corrected, please submit the report.					
Admission Information	Section Name	Err	or Description						
Incident Information									
Outcomes									
Notifications									
Individuals Involved									
Investigation	-			N					
Comments				"Ç Cancel Re	eport				
Review and Submit	Section 641 55 Flo	orida Statutes requires t	he organization report thi	s incident to the agency within 3 working da	avs after its occurrence with a m	ore detailed follow up report to t	he agency within 10 workin	ng days	
Report Status History			tained in this report is con		ys area its occurrence, mara in	ore detailed follow up report to t	ne agency main 10 from	ig days	
☑ Portal Landing		ce Organization Adverse la Administrative Code	Incident Report, AHCA Fo	orm 3140-5003 OL, April 2017					
C → Log Out									







	Номе	ABOUT Us	MEDICAID	LICENSURE & REGULATION	FIND A FACILITY	REPORT FRAUD		
↑ Dashboard	AH	ICA Incident Re	porting System	(AIRS)				
Ⅲ Report	Report #:	Report Status:	Provider				User Name:	
≅ Report Details Q	Report Type: A o Incident Date:	dverse Incident		Provider Type: HMO Report Mode:				
Provider Information								
Person Reporting	Report Status His							
Patient Information	Status Code	Status Descrip	tion		Report Mode	Created By	Status Date	
Admission Information								
Incident Information								
Outcomes								
Notifications	Tour and a second							
Individuals Involved			e organization report this ined in this report is conf	incident to the agency within 3 working days idential.	after its occurrence, with a m	ore detailed follow up repor	t to the agency within 10 working days	
Investigation	Health Maintenance	Organization Adverse I	ncident Report, AHCA Fo	rm 3140-5003 OL, April 2017				
Comments	59A-12.012, Florida							
Review and Submit								
Report Status History								
🗹 Portal Landing								
C Log Out								