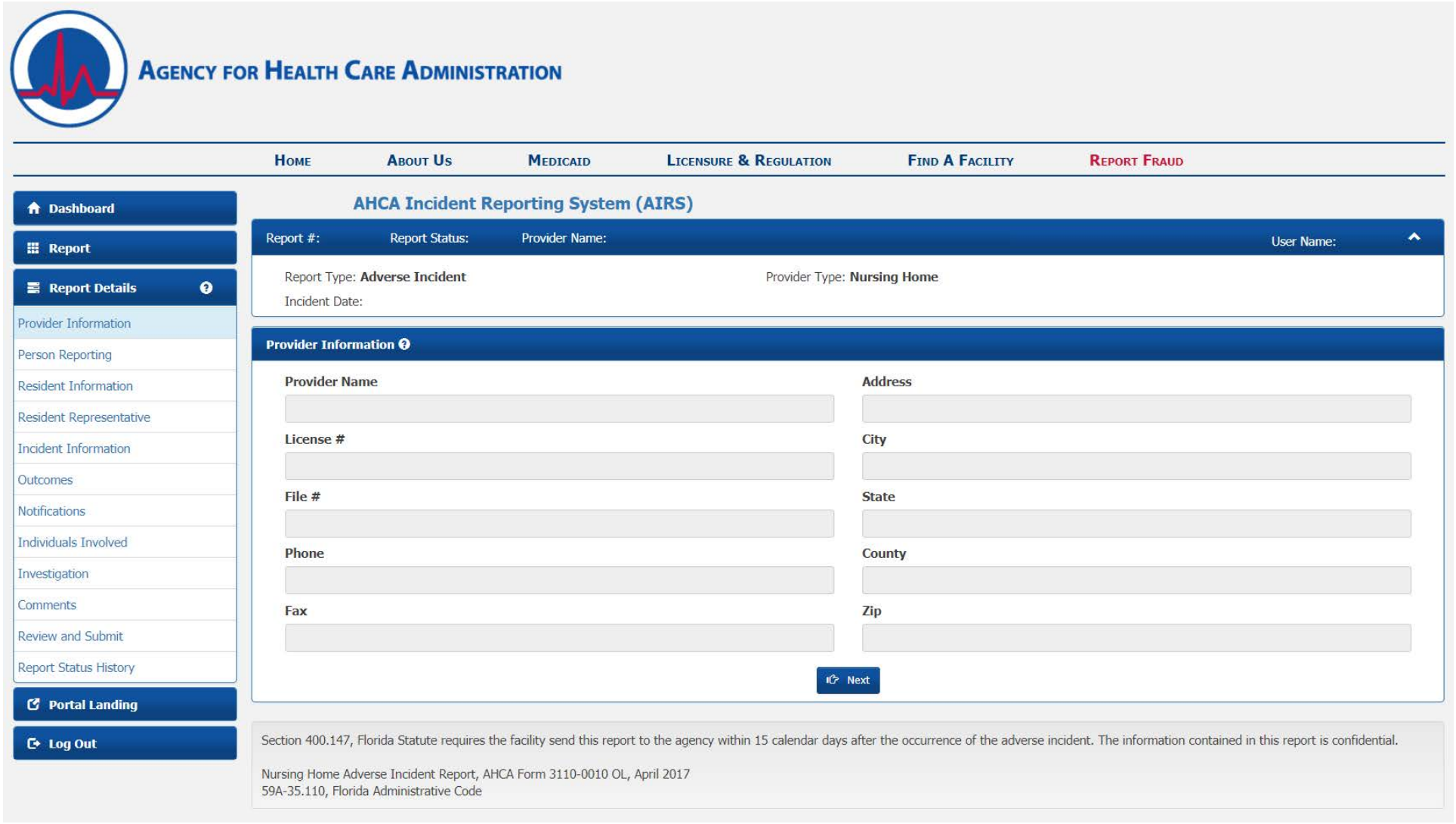
AIRS External Screens – Nursing Homes



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AHCA Incident Reporting System (AIRS)

Report #: Report Status: Provider Name: User Name:

Report Type: **Adverse Incident** Provider Type: **Nursing Home**

Incident Date:

Person Reporting Information

First Name **Last Name**

Email **Phone**

Title **License #**

Other Title **Do you have a risk management and quality assurance program?**

Yes No

Save Save/Next

Section Comments

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Comment	Created By	Created Date

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AHCA Incident Reporting System (AIRS)

Report #: Report Status: Provider Name: User Name:

Report Type: **Adverse Incident** Provider Type: **Nursing Home**

Incident Date:

Resident Information

First Name **Last Name**

Resident # **SSN #**

Age **Gender**

-- Select -- Male Female

Medicaid Recipient? **Medicare Recipient?**

Yes No Yes No

Medicaid # **Medicare #**

Save Save/Next

Section Comments

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AHCA Incident Reporting System (AIRS)

Report #: Report Status: Provider Name: User Name:

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Incident Date:

Resident Representative

☐ Check if the resident does not have a resident representative and the resident represents themselves.

First Name

Last Name

Address

City

State

-- Select --

Zip

Phone

Relationship

Save | Save/Next

Section Comments

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AHCA Incident Reporting System (AIRS)

Report #: Report Status: Provider Name: User Name:

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Incident Date:

Incident Information

Incident Date

Incident Location

Incident Time - Slide to select time of incident.

Other Incident Location

Equipment Involved?

Yes No

List Equipment Involved

Save Save/Next

Section Comments

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AHCA Incident Reporting System (AIRS)

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Incident Date:

Outcomes

- [ ] Death.
- [ ] Brain or spinal damage.
- [ ] Permanent disfigurement.
- [ ] Fracture or dislocation of bones or joints.
- [ ] A limitation of neurological, physical, or sensory function.
- [ ] Any condition that required medical attention to which the resident has not given his or her consent, including failure to honor advanced directives.
- [ ] Any condition that required the transfer of the resident, within or outside the facility, to a unit providing a more acute level of care due to the adverse incident, rather than the resident's condition prior to the adverse incident.

Location to which resident was transferred

- [ ] An event that is reported to law enforcement or its personnel for investigation.
- [ ] Resident elopement, if the elopement places the resident at risk of harm or injury.
- [ ] Did the events that caused or resulted in the adverse incident represent a potential risk to any other resident?

If yes, please explain

Save Save/Next

Section Comments

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AHCA Incident Reporting System (AIRS)

Report #: Report Status: Provider Name: User Name:

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Incident Date:

Notifications

Medical Examiner Notified?

Yes No

First Name

Last Name

Phone

Family Notified?

Yes No

List Family Notified

External Agencies Notified?

Yes No

List Agencies Notified

- DOH
- Elder Affairs
- DCF
- Others

List Other Agencies Notified

Physician Notified?

Yes No

List Physician Recommendations

Save | Save/Next

Section Comments

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AHCA Incident Reporting System (AIRS)

Report #: Report Status: Provider Name: User Name:

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Incident Date:

Individuals Involved

Add Individual

First Name	Last Name	Role	Capacity	License #	SSN #	Action

Next

Section Comments

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Incident Date:

Circumstances of the Incident (Narrative of Facts)

Text	User Name	DateTime	Action

Analysis of the Incident (Apparent Cause(s))

Text	User Name	DateTime	Action

Corrective Action Summary (Corrective or Proactive Actions Taken)

Text	User Name	DateTime	Action

Action

Next

Section Comments

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AHCA Incident Reporting System (AIRS)

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Comments

Comments from all sections are shown below.

Comment	Section Name	Created By	Created Date

Next

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Report Submission History

Please correct the errors listed below. Once all of the errors have been corrected, please submit the report.

Section Name	Error Description

Cancel Report

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AHCA Incident Reporting System (AIRS)

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Report Submission History

Submit Report

Cancel Report

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Report Submission History

Submit Report

Cancel Report

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AHCA Incident Reporting System (AIRS)

Report #: Report Status: Provider Name: User Name:

The report has been successfully submitted to the Agency. Please print or save the appropriate version of the PDF report listed below as proof of submission.

Report Submission History

Withdraw

Document Name	Submitted Date

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AHCA Incident Reporting System (AIRS)

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Report Type: **Adverse Incident** Provider Type: **Nursing Home**

Incident Date:

Report Status History

Status Code	Status Description	Report Mode	Created By	Status Date

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