



	Номе	ABOUT US	MEDICAID	LICENSURE & REGULATION	FIND A FACILITY	REPORT FRAUD		
↑ Dashboard		AHCA Incident R	eporting System	(AIRS)				
III Report	Report #:	Report Status:	Provider Name:				User Name:	•
≣ Report Details ♀	Report Type: Incident Date	Adverse Incident :		Provider Type: <b>A</b> Report Mode:	ssisted Living Facility			
Provider Information								
Person Reporting	Person Reporti	ng Information 🛛						
Resident Information	First Name				Last Name			
Resident Representative								10 C
Incident Information	Email				Phone			
Outcomes								
Notifications	Title				License #			
Individuals Involved				•				
Investigation	Other Title				Do you have a risk managemen	t and quality assurance program	n?	
Comments					O Yes O No			
Review and Submit				💾 Save	ICP Save/Next			
Report Status History								
🖸 Portal Landing	Section Comme	ents						
🕞 Log Out	The comments fo	or this section are shown	below. Please go to the C	Comments section to see all of the comme	ents for this report. <mark>Click here t</mark> o view	v Comments as a new window.		
	Comment					Created By	Created	l Date
	days after the occ Assisted Living Fa	urrence of the adverse i		ary report to the agency within 1 busines contained in this report is confidential. 025 OL, April 2017	s day after the occurrence of an adv	erse incident, with a full report to th	ne agency within 15 o	calendar



	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 🛛 🥥	Report Type: Incident Date:	Adverse Incident		Provider Type: Report Mode:	Assisted Living Facility			
Provider Information	Desident Zeferr							
Person Reporting	Resident Inform	lation 🔮						
Resident Information	First Name				Last Name			
Resident Representative								
Incident Information	Resident #				SSN #			
Outcomes								
Notifications	Age				Gender			
Individuals Involved			Select	T	Male			
Investigation	Medicaid Re	cipient?			Medicare Recipient?			
Comments	Yes	O No			Yes O No			
Review and Submit	Medicaid #				Medicare #			
Report Status History								
🕑 Portal Landing				💾 Save	吃 Save/Next			
🕒 Log Out								
	Section Comme	nts						
	The comments fo	r this section are shown	below. Please go to the Co	mments section to see all of the com	ments for this report. Click here to vie	w Comments as a new window.		
	Comment					Created By	Created	Date
				ry report to the agency within 1 busine Intained in this report is confidential.	ess day after the occurrence of an adv	verse incident, with a full report to t	the agency within 15 ca	alendar
			on this form is being collect authorized under Section 1	ed for identification purposes. The co 19.071, Florida Statutes.	llection of this information is imperativ	e for the performance of the Ageno	cy's duties and responsi	ibilities as
		cility Adverse Incident Re a Administrative Code	port, AHCA Form 3180-10	25 OL, April 2017				



	Номе	ABOUT US	MEDICAID	LICENSURE & REGULATION	FIND A FACILITY	REPORT FRAUD		
↑ Dashboard		HCA Incident R	eporting System	(AIRS)				
III Report	Report #:	Report Status:	Provider Name:				User Name:	~
📰 Report Details 🛛 🤤	Report Type: Incident Date	Adverse Incident		Provider Type: Report Mode:	Assisted Living Facility			
Provider Information								
Person Reporting	Resident Repre	sentative 😯						i
Resident Information	Check if the r	esident does not have a	resident representative ar	nd the resident represents themselves.				
Resident Representative	First Name				Last Name			
Incident Information								
Outcomes	Address				City			
Notifications								
Individuals Involved	State				Zip			
Investigation	Select			*				
Comments	Phone				Relationship			
Review and Submit								
Report Status History				🗎 Save	心 Save/Next			
🕑 Portal Landing	ļ							
🕒 Log Out	Section Comme	nts						
	The comments fo	r this section are shown	below. Please go to the C	iomments section to see all of the comm	nents for this report. Click here to viev	v Comments as a new window.		
	Comment					Created By	Created [	Date
	days after the occ Assisted Living Fa	urrence of the adverse in		ary report to the agency within 1 busine ontained in this report is confidential. )25 OL, April 2017	ss day after the occurrence of an adv	erse incident, with a full report to	the agency within 15 cal	endar



	Номе	About Us	MEDICAID	LICENSURE & REGULATION	FIND A FACILITY	REPORT FRAUD		
↑ Dashboard	A	HCA Incident R	eporting System	(AIRS)				
🔡 Report	Report #:	Report Status:	Provider Name:				User Name:	^
📰 Report Details 🛛 <table-cell></table-cell>	Report Type:	Adverse Incident		Provider Type: <b>#</b> Report Mode:	Assisted Living Facility			
Provider Information	Incluent Date.	•		Report Mode.				
Person Reporting	Incident Inform	ation 0						
Resident Information	Incident Dat	te 🕄			Incident Location			
Resident Representative				<b></b>	Other			•
Incident Information	Incident Tim	e - Slide to select time o	f incident. 😧		Other Incident Location			
Outcomes	-							
Notifications	Equipment I	nvolved?			List Equipment Involved			
Individuals Involved	• Yes	) No						
Investigation				🗎 Save	ාරු Save/Next			
Comments								
Review and Submit	Section Comme	nts						
Report Status History	The comments fo	r this section are shown	helow. Please go to the (	Comments section to see all of the comm	ents for this report. Click here to vie	v Comments as a new window		
🕑 Portal Landing	Comment					Created By	Created	Date
🕞 Log Out								
	days after the occ Assisted Living Fac	urrence of the adverse in		ary report to the agency within 1 busines contained in this report is confidential. 025 OL, April 2017	is day after the occurrence of an adv	erse incident, with a full report to	the agency within 15 c	alendar



	Номе	ABOUT US	MEDICAID	LICENSURE & REGULATION	FIND A FACILITY	REPORT FRAUD		
↑ Dashboard	A	HCA Incident Re	eporting System	(AIRS)				
III Report	Report #:	Report Status:	Provider Name:				User Name:	^
🖹 Report Details 🛛 😯	Report Type: /	Adverse Incident		Provider Type: <b>Ass</b> Report Mode:	isted Living Facility			
Provider Information	Outcomes <b>9</b>							
Person Reporting	Outcomes G							
Resident Information	Death.	ninal damaga						
Resident Representative	Permanen	t disfigurement.						
Incident Information		or dislocation of bones or tion that required medica	·	resident has not given his or her consent, ir	cluding failure to honor advanced	d directives.		
Outcomes	Any condi		nsfer of the resident fror	n the facility to a unit providing more acute			the incident.	
Notifications	Location to	which resident was trans	aerrea					
Individuals Involved		that is reported to law en		-				
Investigation		elopement, if the elopem	ent places the resident a	t risk of harm or injury.				
Comments				🗎 Save	ඥ Save/Next			
Review and Submit								
Report Status History	Section Comme	nts						
🕑 Portal Landing	The comments fo	r this section are shown l	below. Please go to the (	Comments section to see all of the commen	ts for this report. Click here to vie	w Comments as a new window.		
🕒 Log Out	Comment					Created By	Created I	Date
	days after the occur Assisted Living Fac		cident. The information of	ary report to the agency within 1 business o contained in this report is confidential. 025 OL, April 2017	day after the occurrence of an adv	verse incident, with a full report to	the agency within 15 cal	lendar



## Agency for Health Care Administration

	Номе	About Us	MEDICAID	LICENSURE & REGULATION	FIND A FACILITY	REPORT FRAUD		
↑ Dashboard		AHCA Incident R	eporting System	(AIRS)				
III Report	Report #:	Report Status:	Provider Name:				User Name:	^
📰 Report Details 🛛 🤪	Report Type Incident Dat	e: Adverse Incident		Provider Type: / Report Mode:	Assisted Living Facility			
Provider Information		•						
Person Reporting	Notifications							
Resident Information		aminer Notified?			External Agencies Notified?			
Resident Representative	Yes No First Name				List Agencies Notified			
Incident Information		-			DOH			
Outcomes	Last Name	e			<ul> <li>Elder Affairs</li> <li>DCF</li> </ul>			
Notifications	Phone				<ul> <li>Others</li> <li>List Other Agencies Notified</li> </ul>			
Individuals Involved								
Investigation	Family Notif	fied?			Physician Notified?			
Comments	○ Yes ○ No				○ Yes ○ No			
Review and Submit	List Family	Notified			List Physician Recommendation	าร		
Report Status History								
C Portal Landing				🗎 Save	ඥි Save/Next			
🗗 Log Out	Section Comm	ents						
	The second state	for this postion and shown	halaw. Diagan an ta tha	Comments section to see all of the comm	unte fan this annast. Clieb hans te vier	. Commente de la commination		
		for this section are shown	below. Please go to the t	comments section to see all of the comm	lends for this report. Click here to view			
	Comment					Created By	Created	Date
				ary report to the agency within 1 busines contained in this report is confidential.	ss day after the occurrence of an adv	erse incident, with a full report to	the agency within 15 ca	alendar
	Assisted Living F	acility Adverse Incident Re	eport, AHCA Form 3180-1	.025 OL, April 2017				

59A-35.110, Florida Administrative Code



	Номе	About Us	MEDICAID	LICENSURE & REGULATION	FIND A FA	ACILITY R	EPORT FRAUD		
↑ Dashboard	АНС	A Incident Re	porting System	(AIRS)					
🔡 Report	Report #:	Report Status:	Provider Name:					User Name:	^
🖹 Report Details 🛛 😯	Report Type: <b>Adv</b> Incident Date:	erse Incident		Provider Type Report Mode:	: Assisted Living Facil	lity			
Provider Information	Incident Date.			Report Mode.					
Person Reporting	Individuals Involve	d 😯							
Resident Information								👤 Add Indiv	idual
Resident Representative	First Name	Last Name	e Role		Capacity	License #	SSN #	Action	
Incident Information								© ×	
Outcomes				_					
Notifications				<del>ر</del> يا	Next				
Individuals Involved	Section Comments								
Investigation	Section Comments								
Comments	The comments for thi	s section are shown b	elow. Please go to the	Comments section to see all of the con	ments for this report. C	lick here to view Comm	ents as a new window.		
Review and Submit	Comment						Created By	Created [	late
Report Status History									)
🕑 Portal Landing				ary report to the agency within 1 busin contained in this report is confidential.	ness day after the occurr	rence of an adverse inci	ident, with a full report to t	he agency within 15 cal	endar
ۥ Log Out	prescribed by law and	is governed by and a	thorized under Section	ected for identification purposes. The constraints of the constraints	ollection of this informati	ion is imperative for the	e performance of the Agenc	y's duties and responsib	ilities as
	Assisted Living Facility 59A-35.110, Florida Ac		ort, AHCA Form 3180-1	025 OL, April 2017					



	Номе	ABOUT US	MEDICAID	LICENSURE & REGULATION	FIND A FACILITY	REPORT FRAUD		
↑ Dashboard		AHCA Incident R	eporting System	(AIRS)				
III Report	Report #:	Report Status:	Provider Name:				User Name:	^
🛢 Report Details 🛛 😡	Report Type: Incident Date	Adverse Incident		Provider Type: Ass Report Mode:	isted Living Facility			
Provider Information								
Person Reporting	Circumstances	of the Incident (Narra	ive of Facts) 😧					^
Resident Information	Text						User Name DateT	ime Action
Resident Representative								Ø
Incident Information								
Outcomes								
Notifications	Analysis of the	Incident (Apparent Ca	use(s)) <b>A</b>					~
Individuals Involved	in the second se			Debr		A		
Investigation	Text	User	Name	Date	Time	Action		
Comments	6			an a da				
Review and Submit	Corrective Actio	on Summary (Correctiv	e or Proactive Actions	Taken) 🥄				<b>^</b>
Report Status History	Text	User	Name	Date	Time	Action		
🕑 Portal Landing								
🕒 Log Out	Action							
				ルク Next				
	Section Comme	ints						
	The comments fo	or this section are shown	below. Please go to the (	Comments section to see all of the comment	s for this report. Click here to vie	w Comments as a new window.		
	Comment					Created By	Crea	ted Date
	days after the occ Assisted Living Fa	urrence of the adverse in		ary report to the agency within 1 business d contained in this report is confidential. 025 OL, April 2017	lay after the occurrence of an ad	verse incident, with a full report to the	ne agency within 1	5 calendar



	Номе	About Us	MEDICAID	LICENSURE & REGULATION	FIND A FACILITY	REPORT F	RAUD		
↑ Dashboard		AHCA Incident R	eporting System	(AIRS)					
III Report	Report #:	Report Status:	Provider Name:					User Name:	•
🛢 Report Details 🛛 🤪	Report Type: Incident Date	Adverse Incident		Provider Type: <b>Assi</b> Report Mode:	sted Living Facility				
Provider Information				· · · · · · · · · · · · · · · · · · ·					
Person Reporting	Comments								
Resident Information	Comments fr	om all sections are showr	below.						
Resident Representative	Comment					Section Name	Created By	Created Date	
Incident Information	connent					occion nunc	circuted by	created bute	
Outcomes				IĈ≁ Next					
Notifications					-				
Individuals Involved				hary report to the agency within 1 business da contained in this report is confidential.	ay after the occurrence of an	adverse incident, with	a full report to the	agency within 15 caler	ndar
Investigation									
Comments		acility Adverse Incident Re da Administrative Code	eport, AHCA Form 3180-1	.025 OL, April 2017					
Review and Submit									
Report Status History									
🕑 Portal Landing									
🗗 Log Out									



	Номе	ABOUT US	MEDICAID	LICENSURE & REGULATION	FIND A FACILITY	REPORT FRAUD					
↑ Dashboard		AHCA Incident F	Reporting System	(AIRS)							
III Report	Report #:	Report Status:	Provider Name:				User Name:	•			
🚆 Report Details 🛛 🤪	Report Type: Incident Date	: Adverse Incident e:		Provider Type: <b>As</b> Report Mode:	sisted Living Facility						
Provider Information											
Person Reporting	Report Submis	sion History 😯									
Resident Information	Please correct t	e errors listed below. Once all of the errors have been corrected, please submit the report.									
Resident Representative	Section Name	e E	rror Description								
Incident Information											
Outcomes											
Notifications											
Individuals Involved				୍ୟତି Cancel R	eport						
Investigation											
Comments				ary report to the agency within 1 business contained in this report is confidential.	day after the occurrence of an adv	erse incident, with a full report	to the agency within 15 cale	endar			
Review and Submit			eport, AHCA Form 3180-1								
Report Status History		ida Administrative Code		025 0L/ Npm 2017							
🕑 Portal Landing											
🕞 Log Out											



	Номе	About Us	MEDICAID	LICENSURE & REGULATION	FIND A FACILITY	REPORT FRAUD	
1 Dashboard	A	HCA Incident Re	porting System (A	IRS)			
III Report	Report #:	Report Status:	Provider Name:			User Name:	
🚆 Report Details 🛛 🧿	Report Type: A Incident Date:	dverse Incident		Provider Type: <b>Assist</b> Report Mode:	ed Living Facility		
Provider Information							
Person Reporting	Report Submissio	on History 🤪					
Resident Information				ාර Submit Repo	rt		
Resident Representative				P Withdraw			
Incident Information							
Outcomes	Document Name				Submitted Date		
Notifications							
Individuals Involved							_
Investigation	L						
Comments	Section 429.23. Flo	rida Statutes requires the	e facility send a preliminary	report to the agency within 1 business day	after the occurrence of an adve	rse incident, with a full report to the agency within 15 calendar	
Review and Submit				ained in this report is confidential.			
Report Status History		lity Adverse Incident Rep Administrative Code	oort, AHCA Form 3180-1025	OL, April 2017			
🕜 Portal Landing		ere elemente d'AFIFIF Elle					
🕒 Log Out							



	Номе	ABOUT US	MEDICAID	LICENSURE & REGULATION	FIND A FACILITY	REPORT FRAUD		
↑ Dashboard	AH	ICA Incident Re	eporting System (A	IRS)				
III Report	Report #:	Report Status:	Provider Name:				User Name:	^
📰 Report Details 🛛	Report Type: <b>Ac</b> Incident Date:	lverse Incident		Provider Type: <b>Ass</b> Report Mode:	sisted Living Facility			
Provider Information								
Person Reporting	Report Status His	uonan						
Resident Information	Status Code	Status Descript	tion		Report Mode	Created By	Status Date	
Resident Representative	-							
Incident Information								
Outcomes			¥	14 H				
Notifications						-		
Individuals Involved								
Investigation						r1		
Comments	-							
Review and Submit								
Report Status History								
🕑 Portal Landing				report to the agency within 1 business of ained in this report is confidential.	day after the occurrence of an adv	verse incident, with a full re	port to the agency within 15 cale	ndar
🕒 Log Out	Assisted Living Facili 59A-35.110, Florida		oort, AHCA Form 3180-1025	OL, April 2017				