

AHCA Annual Report

Report Number:

Report Year:

Name of Facility			Facility Owner (corporation, partnership, individual, etc)				
Street Address			Mailing Address				
City	State	Zip	City	State	Zip		
County			Telephone Number				
Telephone		Fax		Facility License Number		Facility File Number	

I. Pursuant to Section 395.0197(6)(a)(c), F.S., and Section 641.55(5)(a)(d), F.S., each facility licensed under Chapter 395, F.S., and each Health Maintenance Organization subject to section 641.55(5)(a) F.S., shall submit an annual report to the agency summarizing the incident reports that have been filed in the facility for that year. The following information must be provided for the categories listed below. This report is due April 20.

To meet the statutory requirements for your annual report, you may electronically upload a copy of your facility's Incident Report Summary (instead of entering the data onto the AHCA form).

- Total Number of Code15s _____
- Surgical Procedures Causing Medical Injury _____
- Diagnostic or Treatment Procedures Causing Medical Injury _____
- Other Actions Causing Medical Injuries _____
- Total Number of Reportable Incidents Causing Injury to Patients _____

II. Pursuant to Section 395.0197(6)(a)5., F.S. Chapter 59-A-10.002(23),F.A.C., and section 641.55(5)(a)F.S., each facility shall submit a description of all malpractice claims filed against the facility; including the nature of the incident which led to the claim, license numbers of persons involved in the claim, and the status or disposition of each claim. Each report shall update the status and disposition of claims for all previous reports.

- New Claims _____
- Claims Pending _____
- Claims Pending _____

III. Per Florida Statute 395.0197(6)(c); upload a copy of any changed or added Policy & Procedures related to Risk Management and/or Patient Safety made during the preceding calendar year.

Per Florida Statute 395.0197(6)(c); also upload a copy of each Risk Management Quarterly Summary Report submitted to the Board. Attach all four quarters or you may upload only the 4th quarter if it is a cumulative report, showing the entire year.

IV. List of Code 15s

Received Date	Date of Incident	Patient Identifier	AHCA Report#	Facility License#	Facility File#	ICD-9-CODE (01-99.99) Surgical Procedure	ICD-9-CODE "E" E800 -E999 to describe the accident or event	ICD-9-CODE (800.0-999.9) Injury Code

V. _____ hereby swears (or affirms) that the information contained in this report is true, correct, and complete to the best of his/her knowledge.