

# Nursing Facility Reported Incident (FRI) Form



**Purpose of form:** A nursing facility must ensure all alleged violations are reported immediately to the administrator of the facility and to other officials, including the State Survey Agency (SSA), in accordance with §483.12(c)(1). A nursing facility should use this form to report FRIs that meet §483.12(c)(1) to Oregon's SSA, Safety, Oversight and Quality (SOQ), Nursing Facility (NF) Complaint Intake Unit.

**Reporting time frames:** Immediately but no later than **2 HOURS** after the allegation is made - If the alleged violation involves abuse (refer to Federal abuse definitions) or results in serious bodily injury (refer to Federal definition).

No later than **24 HOURS** after the allegation is made - If the alleged violation **does not** involve abuse **and does not** result in serious bodily injury.

Please complete all sections of this form.

What Alleged Violation are You Reporting: (Choose all that apply)

☐ Mistreatment

☐ Abuse

☐ Exploitation

☐ Injuries of Unknown Source

☐ Neglect

☐ Misappropriation of Resident Property

Has the alleged violation resulted in serious bodily injury: ☐ Yes ☐ No

## Facility Information:

Today's date:

Time:

a.m.

p.m.

Facility's complete (full) name:

Facility's CCN Number:

Address:

City:

State:

ZIP code:

Phone number:

Name of person reporting this incident to the NF Complaint Intake Unit for the facility:

Last:

First:

Title:

Email:

## Incident Details:

Incident date:

Time:

a.m.

p.m.

Incident date unknown:

Incident time unknown:

Incident location (be as specific as possible):

Date and time staff first aware of incident: Date:

Time:

a.m.

p.m.

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**Incident Reporting:**

Name of person who reported incident Last:

First:

Staff title or relationship to resident:

Date reported:

Date and time Administrator notified of incident: Date:

Time:

a.m.

p.m.

**Description of Incident - This section must be completed.****Describe the incident:**

**Describe what immediate measures were put in place to prevent this incident from recurring to the resident or other resident(s):**

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**Witnesses:**Did anyone witness the incident: Yes No *If yes, list witnesses:*

Witness Name: Last:

First:

Phone:

Staff title or relationship to resident:

Witness Name: Last:

First:

Phone:

Staff title or relationship to resident:

Are there additional Witnesses: Yes No *If yes, list name(s):*

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**List All Residents Involved in the Incident:****Resident 1**

Name: Last: First: Gender: Date of birth:

Medicaid: Yes No Medicaid number (if applicable):

Relevant diagnosis:

What was the outcome to Resident 1: (*identify any physical, psychosocial, or behavioral, adverse effect or injury to the resident.*)

Has Resident 1 been involved in a similar allegation or incident before: Yes No

Is Resident 1 still in the facility: Yes No If no, where is Resident 1 now:

.....  
**Resident 2**

Name: Last: First: Gender: Date of birth:

Medicaid: Yes No Medicaid number (if applicable):

Relevant diagnosis:

What was the outcome to Resident 2: (*identify any physical, psychosocial, or behavioral, adverse effect or injury to the resident.*)

Has Resident 2 been involved in a similar allegation or incident before: Yes No

Is Resident 2 still in the facility: Yes No If no, where is Resident 2 now:

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**Reported Perpetrators (RP)** (*Do not list a resident as a reported perpetrator on this form.*)**Reported Perpetrator 1 (RP1) Name:** Last: First: Phone:

Staff title or relationship to resident:

License or certificate number:

If RP1 is a staff person, are they on administrative leave: Yes No

If RP1 is **not** a staff person, do they have access to the resident or other residents at the facility: Yes No.....  
**Reported Perpetrator 2 (RP2) Name:** Last: First: Phone:

Staff title or relationship to resident:

License or certificate number:

If RP2 is a staff person, are they on administrative leave: Yes No

Is RP2 is **not** a staff person, do they have access to the resident or other residents at the facility: Yes No

If more than two RPs are involved, please list them here:

**Please Answer of All the Following Questions**

Is this incident a crime:      Yes      No

If yes, has law enforcement been notified:      Yes      No      *If yes, date and time notified.*

Date:                      Time:                      a.m.      pm.

Law enforcement agency and agency contact:    Phone:

List anyone else contacted about this incident:    Specify other:

Date:                      Time:                      a.m.      p.m.

**The information provided and attached with this form assists with FRI triage prioritization. Please include other relevant documentation with this FRI, (e.g., care plan, applicable MARs, applicable progress notes, etc.) via secure email. Save a copy of the completed FRI form before sending. Ensure the form displays all information when faxing.**

Name of person completing this form: Last:    First:

Title:    Date:

**Please note: The facility must report the results of all alleged violation investigations to the SSA within 5 working days of the incident. (CFR §483.12(c)(4))**

**After clicking the “SUBMIT” button below, a new email message will appear, and the “To” section of the email message should automatically be filled in as, “Facility Reported Incidents” and the FRI form will be attached. Please:**

- 1. Add the Facility’s complete name to the Subject line of the email.**
- 2. Send email via secure email.**

**Note: Your completed FRI Form will automatically attach to the email when you click the “SUBMIT” button below.**

**If you are unable to use the “Submit” button as designed, please email the completed form to the Nursing Facility Complaint Unit via secure email to:**  
[FRI.incidents@dhsosha.state.or.us](mailto:FRI.incidents@dhsosha.state.or.us)

**If you are unable to email the form, please fax the completed form to the Nursing Facility Complaint Unit at Fax: 1-888-550-6788.**

**For questions regarding this form, please call: 1-877-280-4555.**

## **Glossary** **(As defined at CFR §483.12(a-c))**

**Abuse:** “The willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish. Abuse also includes the deprivation by an individual, including a caretaker, of goods or services that are necessary to attain or maintain physical, mental, and psychosocial well-being. Instances of abuse of all residents, irrespective of any mental or physical condition, cause physical harm, pain or mental anguish. It includes verbal abuse, sexual abuse, physical abuse, and mental abuse including abuse facilitated or enabled through the use of technology.”

**Alleged Violation:** “Is a situation or occurrence that is observed or reported by staff, resident, relative, visitor or others but has not yet been investigated and, if verified, could be noncompliance with the Federal requirements related to mistreatment, exploitation, neglect, or abuse, including injuries of unknown source, and misappropriation of resident property.”

**CCN:** Centers for Medicare & Medicaid Services (CMS) Certification Number (CCN), formerly the Medicare Provider Number, is used to verify Medicare/Medicaid certification for survey and certification, assessment-related activities and communications.

**Crime:** “Examples of situations that would likely be considered a crime in all subdivisions would include, but are not limited to:

- Murder;
- Manslaughter;
- Rape;
- Assault and battery;
- Sexual abuse;
- Theft/Robbery;
- Drug diversion for personal use or gain;
- Identity theft; and
- Fraud and forgery.”

**Exploitation:** “Taking advantage of a resident for personal gain, through the use of manipulation, intimidation, threats or coercion.”

**Immediately:** “As soon as possible, in the absence of a shorter State time frame requirement, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury.”

**Injuries of unknown source:** “An injury should be classified as an “injury of unknown source” when **both** of the following criteria are met:

- The source of the injury was not observed by any person or the source of the injury could not be explained by the resident; **and**
- The injury is suspicious because of the extent of the injury or the location of the injury (e.g., the injury is located in an area not generally vulnerable to trauma) or the number of injuries observed at one particular point in time or the incidence of injuries over time.”

**Misappropriation of resident property:** “The deliberate misplacement, exploitation, or wrongful, temporary, or permanent use of a resident’s belongings or money without the resident’s consent.”

**Mistreatment:** “Inappropriate treatment or exploitation of a resident.”

**Neglect:** “The failure of the facility, its employees or service providers to provide goods and services to a resident that are necessary to avoid physical harm, pain, mental anguish or emotional distress.”

**Serious bodily injury:** “An injury involving extreme physical pain; involving substantial risk of death; involving protracted loss or impairment of the function of a bodily member, organ, or mental faculty; requiring medical intervention such as surgery, hospitalization, or physical rehabilitation; or an injury resulting from criminal sexual abuse (See section 2011(19)(A) of the Act).”

**Sexual Abuse:** “Non-consensual sexual contact of any type with a resident.”

**Willful:** As used in the definition of “abuse,” “means the individual must have acted deliberately, not that the individual must have intended to inflict injury or harm.”