



AHCA Incident Reporting System (AIRS)
Federal Reporting (FEDREP)
Report Submission Guide

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Overview of Online Reporting

Federally Required Reporting

Nursing Homes and Skilled Nursing Units are required to report certain incidents to the Agency. §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must:

§483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, 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, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures.

§483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.

The Agency receives these reports through the AHCA Incident Reporting System (AIRS) which also receives facility-reported Adverse Incidents.

Adverse Incidents are state-required reports detailed under Florida Statute 400.147. Please refer to the Adverse Incident Report Submission Guide if necessary.

Single Sign-On Access – AHCA Portal

Gaining Access

AHCA provides an online system for timely submission of all required reports. It is highly recommended to have multiple users with access to the reporting system. Only electronic submissions are accepted. Faxed or emailed reports are not accepted.

To obtain access to AIRS, a username and password must be obtained through the Single Sign-On Server, known as the AHCA Portal. If you do not have access to the Portal, you will need to create a Single Sign-On account before requesting access to AIRS and submitting a user agreement. The user agreement for new accounts must be received and approved by Agency staff before accessing the site. Once access is granted, users may submit both Federal reports and adverse incident reports via AIRS.

Go to: <https://apps.ahca.myflorida.com/SingleSignonPortal/Login.aspx>

Detailed registration instructions are available on the website. You may go to:

<https://ahca.myflorida.com/content/download/6100/file/AIRSSSOUserRegistrationGuideupdated.pdf>

As a reminder, do not disclose or lend your user ID or password to anyone. They are for your use only and will serve as your electronic signature. As a result, you are held responsible for any consequences of unauthorized or illegal transactions.

Removing Users

When a user is no longer employed at your facility, it is your responsibility to request their access be removed. Removal can be achieved by emailing: ahcaregistration@ahca.myflorida.com. Until the formal request has been received, former employees will be able to access the system, submit, and review all records.

Forgotten User IDs and/or Password

Forgotten User ID

If you forget your user ID, look for the copy of your User Registration Agreement. The user ID appears on the upper right side of the form. If you are unable to locate the user agreement, you will need to contact the Central Intake Unit at 850-412-3951. They will require additional information to verify your identify before providing the requested information. If they are unable to find your user ID or cannot verify your identity, you will need to re-register and resend all required documentation.

Forgotten Password


We do not have access to a user's password. If you forget your password, please click the Forgot Your Password link on the sign-on page and follow the directions. If you are unable to answer your security question, you will not be able to recover the password for your account. You will need to re-register and resend all required documentation.



AHCA Portal Login

User ID:

Password:

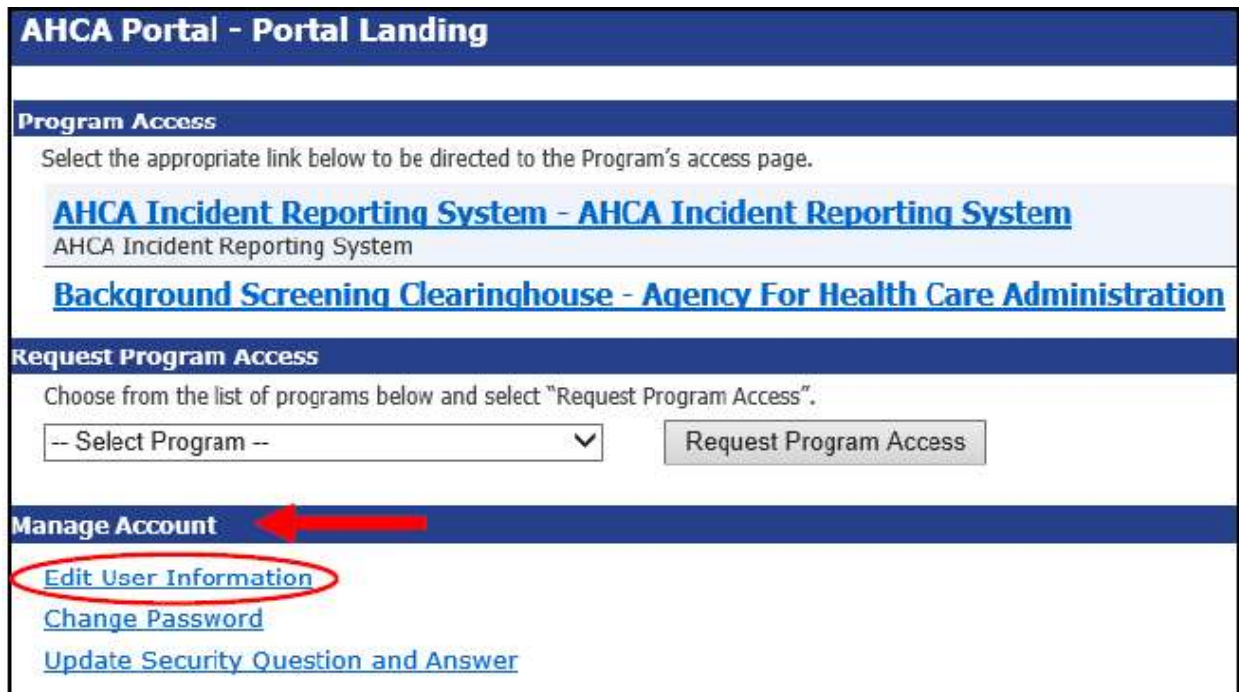
[Forgot Your Password?](#) 

[Reset Password Instructions](#)

[New User Registration](#)

Editing User Information

When you log in, you are first directed to the AHCA Portal – Portal Landing page. Under the section “Manage Account”, you will be able to edit your user information, including changing your password and updating your security questions and answers. Click Edit User Information to access.



AHCA Portal - Portal Landing

Program Access

Select the appropriate link below to be directed to the Program’s access page.


[AHCA Incident Reporting System - AHCA Incident Reporting System](#)
AHCA Incident Reporting System


[Background Screening Clearinghouse - Agency For Health Care Administration](#)

Request Program Access

Choose from the list of programs below and select “Request Program Access”.

-- Select Program --

Manage Account 

[Edit User Information](#) 

[Change Password](#)

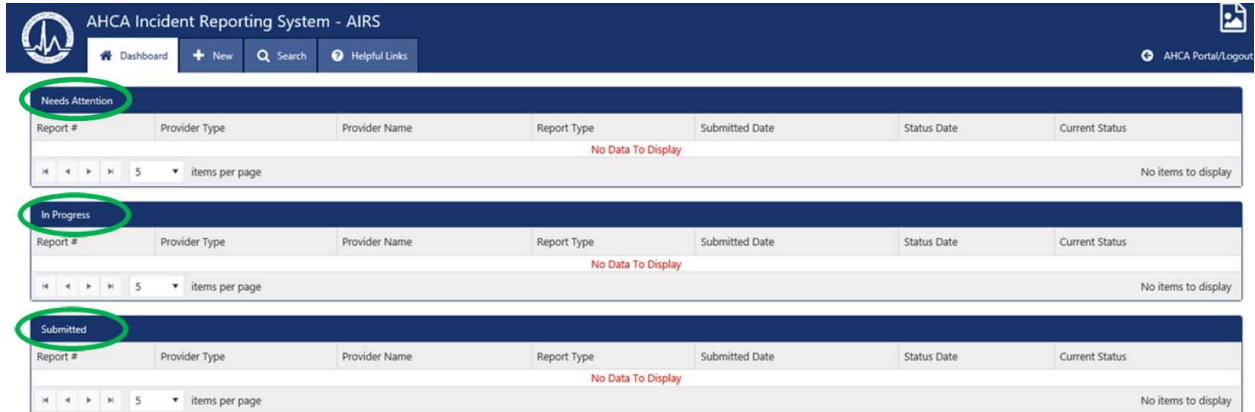
[Update Security Question and Answer](#)

Your email address must be correct as the system will send automated emails regarding every report you submit. Ensure your phone number is also entered correctly as there are times when Agency staff may need immediate information from you to clarify a report.

Dashboard

Overview

The dashboard is the main landing page for your submitted reports. It is broken into three sections: Needs Attention, In Progress, and Submitted. Once the initial report has been reviewed by AHCA staff, the current status will be reflected on your dashboard. You may check the current status of your report at any time by viewing your dashboard.



Report Status Types

Needs Attention

Once your initial report is reviewed by AHCA staff, the current status will appear on your dashboard under this section as either “Reviewed” or “Need Info.” If your report is in “Reviewed” status, AHCA staff are awaiting your follow-up report submission. If your report is in “Need Info” mode, additional details are required to be submitted.

In Progress

If your current status is “New”, it will appear under the “In Progress” section because the report has not yet been submitted. Once submitted, the report will move to the “Submitted” section.

Your report will move to “In Progress” again once you begin to work on your follow-up report. If you’ve only saved the report, it will continue to show as “In Progress.” You will need to submit the report to AHCA staff.

Submitted

Once you submit the initial report, the report will appear on your dashboard under the “Submitted” heading. These reports still require a follow-up report. This is the initial place your report will appear after submission.

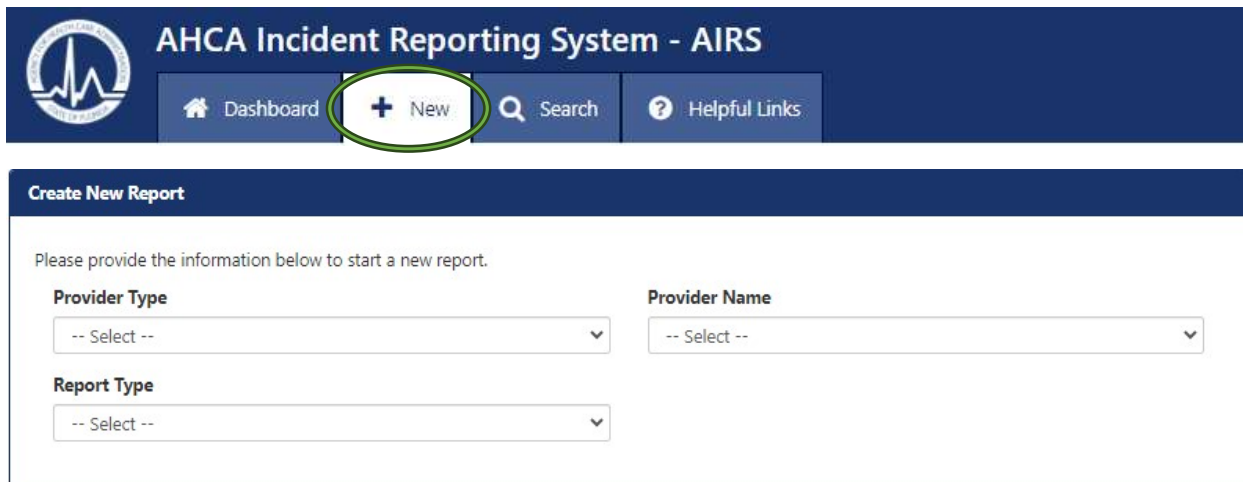
Other Report Statuses

Other Report Statuses can include “Administratively Closed” or “Withdrawn.” Occasionally, AHCA staff may change a report to “Administratively Closed” when requested information was not received by a provider within a certain timeframe. Additionally, any time a facility withdraws a report, it will change to “Withdrawn” status. It is important to remember that once a report has entered either “Administratively Closed” or “Withdrawn” status, providers cannot reopen the report to add information. If a report falling under one of these conditions must be reopened, an email must be sent to FEDREP@AHCA.myflorida.com requesting the report be reopened and an explanation as to why it must be reopened.

Once your full report has been submitted and closed by Agency staff, your report will disappear from your dashboard. You will need to use the Search tab to view submitted reports.

New Report

To start a new report, click on “New” to begin filling out your allegation report. You will need to select Provider Type, Provider Name, and Report Type. Please ensure you are completing the appropriate report type, as two options will be available to nursing home providers, Federal Report and Adverse Incident. Selecting Federal Report will bring up your facility’s information.

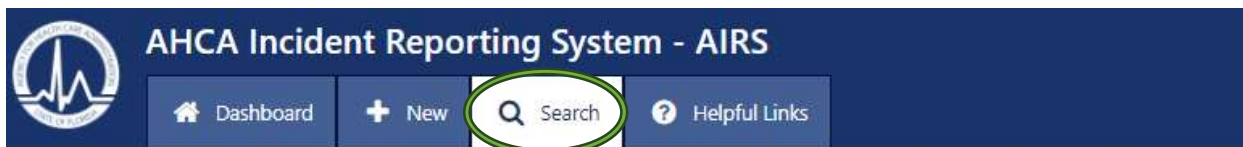


The screenshot shows the AHCA Incident Reporting System - AIRS dashboard. The navigation bar includes a home icon, 'Dashboard', a circled '+ New' button, a magnifying glass icon for 'Search', and a question mark icon for 'Helpful Links'. Below the navigation bar is a 'Create New Report' section with the instruction: 'Please provide the information below to start a new report.' There are three dropdown menus: 'Provider Type' (with '-- Select --'), 'Provider Name' (with '-- Select --'), and 'Report Type' (with '-- Select --').

Click on Start Report to begin.

Search Report

The “Search” tab can be used to look up all reports for your facility or to look up a specific report. Please note that all items are not required. At a minimum, you must either enter a report #, provider license #, or provider name.



The screenshot shows the AHCA Incident Reporting System - AIRS dashboard. The navigation bar includes a home icon, 'Dashboard', '+ New', a circled magnifying glass icon for 'Search', and a question mark icon for 'Helpful Links'.

Search Incident Reports ?

* At the minimum, either enter a Report # or choose a provider using the Provider/Plan Name or Provider License # or Plan Medicaid ID# fields to search.

Report # *

Provider Name *

Initial Submitted Start Date

Initial Submitted End Date

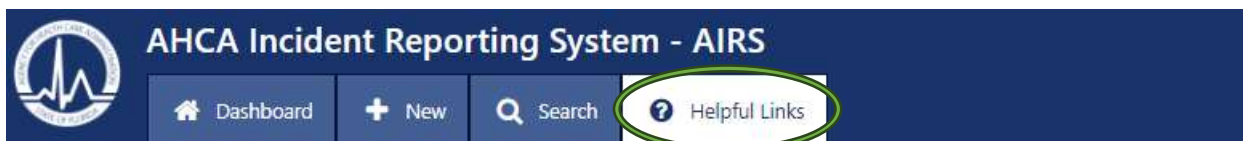
Report Type (Select a Report Type to display additional search fields specific to that report.)

Provider License # *

Once you complete one of the 3 required fields, click search.

Helpful Links

The “Helpful Links” tab has been added to allow facilities to click on a hyperlink to navigate to several useful websites. The Report Submission Guide can be found for both Adverse Incidents as well as for Federal reporting.



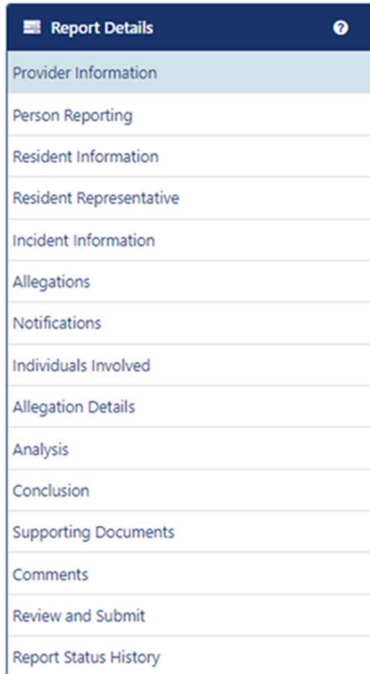
Facility/Provider

Please refer to the documentation below for assistance.

- Refer to The Office of Risk Management and Patient Safety website for important information, alerts, and contact information.
- Refer to REPORT SUBMISSION GUIDE to navigate through the AHCA Incident Reporting System (AIRS) and submit a federal report. (English Version)
- Refer to Florida Department of Health License Verification to verify an individual's license number.
- Refer to Multistate Licensure to verify a nurse's compact license number which originated in another state.
- Refer to Centers for Medicare and Medicaid Services (CMS) Exhibits 358 and 359 for reporting requirements.

Completing a Federal Report

Report Details Panel Navigation



On the left side of each report is a navigation panel containing all required sections for the report. Once a specific tab has received all required information, a checkmark will appear next to the specific section. The report cannot be submitted without the required checkmark on each tab. There are exceptions to this, including the Provider Information tab. On the preliminary (immediate) report, the Analysis and Conclusion tabs will not be available to the user. Once the report mode has been changed to full however, Analysis and Conclusion tabs will require information.

At the end of each section, you will see Save and Save/Next buttons that will bring you to the next page/tab. You can also navigate to another section by clicking the appropriate tab under the Report Details panel.



Provider Information

The Provider Information section will be automatically populated with the required fields. Please remember that no checkmark will appear for this section.

Person Reporting

The Person Reporting section will have some populated information based upon the user application that was submitted. You will need to choose your title from the drop-down box and provide your professional individual license number if you are a licensed staff member. You can verify a license number by using the links provided under the “Helpful Links” tab.

If a different user is submitting the full report or they are updating the preliminary report, please ensure they change the license information to reflect the user’s license information.

Resident Information

The Resident Information section requires all the resident-centered information for each resident involved in the allegation. To add a resident, click the Add Resident button.

Resident Information ?

Add Resident

First Name	Last Name	Current Location of Alleged Victim	Date of Birth	Gender	Action

Next

Complete the required information and click save. Please note that all resident information boxes are required.

Add Resident ✕

First Name

Last Name

Date of Birth (mm/dd/yyyy)

Current Location of Alleged Victim

Gender
 Male Female

Save **Cancel**

To add an additional resident, follow the same instructions as above. Each resident involved in the incident is required to be listed.

Reporting

- Resident Information ✓
- Resident Representative
- Incident Information
- Allegations

Resident Information ?

Add Resident

First Name	Last Name	Current Location of Alleged Victim	Date of Birth	Gender	Action
Daffy	Duck	Room 124A	01/01/1938	M	

Next

Note the checkmark received, indicating that the required information was supplied. Once all residents have been listed, click Next.

Resident Representative

Each resident listed in the Resident Information section is required to have their resident representative's information provided. The resident(s) listed in the previous section will be already listed in the section. To add the resident representative information, click Add.

Resident Name	First Name	Last Name	Address	City	State	Zip	Phone #	Relationship	Action
Daffy Duck									<input type="checkbox"/> Add

[Next](#)

If the resident represents themselves, please click the check-box indicating such situation exists. If a resident does represent themselves, by checking the box, all resident information will populate into the required sections.

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](#) [Cancel](#)

Once complete, click Save.

If the resident does not represent themselves, their representative’s information must be provided. Fill in the required boxes. Once complete, click save. Each resident listed in the report will require resident representative information to be supplied.

Resident Name	First Name	Last Name	Address	City	State	Zip	Phone #	Relationship	Action
Daffy Duck	Huey	Duck	31 Brookvale Ave	West Babylon	NY	11704	631-587-7722	nephew	<input checked="" type="checkbox"/> <input type="checkbox"/>

[Next](#)

Once each resident has a corresponding resident representative listed and a checkmark has been noted in the Report Details navigation panel, click next.

Supporting Documents

Some providers may need to upload additional information upon Agency request. Supporting documents should always support what you have already written in your report. It is never acceptable to write “See attached” in any of the sections within the report. You will not receive a checkbox under this section if none are provided. Please note that once you upload a document there is no way to remove that document from the report.

Supporting Documents

- The Agency scans supporting documents for viruses as they are uploaded to AIRS. **Expect a 30 second delay as the virus scan is running.** If a threat is detected, the document will not be uploaded to AIRS. Use your own virus scanning software to remove the virus and upload the document again. If you cannot clean the document or find an uninfected version of the file, you may have to recreate the document.
- To assist with a completed analysis of an Allegation report, the agency shall have access to all licensed facility's records necessary to carry out the review of the record and/or Allegation. Upon availability, please upload the following document(s):
 - Autopsy Report
 - Police Report
 - Amendments
 - Toxicology report
 - Additional information
- You may attach **additional information** that does not fit neatly into any of the above categories as needed.
- Large documents** bigger than 4 GB must be broken down into multiple files before they will be accepted.

Document Type
 -- Select --

No file chosen

Document Type	Document Name	Submitted By	Submitted Date	Status	Status Date	Action
---------------	---------------	--------------	----------------	--------	-------------	--------

Once all documents have been uploaded, click the Next button.

Comments

The Comments section is view-only for providers. If you receive an automated email stating that further action will or may be required, you will need to open your report to view the specific information required. When you open your report, it will automatically open to the Comments section. Review the comments/questions and respond. Each comment will have a corresponding Section Name. Click the section name and it will automatically route you to the correct section to update your information.


Please don't duplicate information as the report will save and separate each resubmission.

If you resubmit the report without responding to the comments, the comment will be reposted and your report reopened. Providers only need to respond to those questions with the latest date. The previous questions will remain listed even if they have been answered. Please note that failing to answer the requested questions will result in your report being Administratively Closed and survey action will result.

Comments

Only Agency staff can add section comments. Please respond to section comments by clicking on the Section Name link to navigate to the appropriate section and editing the field(s) on the data entry screen. [Click here to view Comments in a new window.](#)

Created Date	Section Name	Comment	Created By
03/18/2021 01:48:58 PM	Notifications	Notifications: Please clarify - If the physician/PA/ARNP was notified AT THE TIME OF THE INCIDENT: list the provider's NAME and orders/recommendations. If you did not receive any orders or recommendations, please indicate that in the space provided. Please note: If you left a message for the physician or ARNP, indicate if you received a call back and if orders/recommendations were provided.	FDHC\morthiej
03/18/2021 01:48:19 PM	Notifications	Notifications: Under "External Agencies Notified?" Please list the name of the law enforcement agency/department you contacted.	FDHC\morthiej
03/18/2021 01:47:17 PM	Outcomes	OUTCOMES: Please check every applicable outcome. If the resident was transferred out of your facility for more acute or higher level of care due to the incident rather than the resident's condition before the incident, please check the appropriate box and list the location (name of facility) to which the resident was transferred. Please do not use abbreviations for the facility name. Please review the Report Submission Guide located under "Helpful Links".	FDHC\morthiej
03/18/2021 01:47:09 PM	Outcomes	Outcomes: The content of this report does not support the box you checked. If this incident was not reported to law enforcement, the check mark for "An event that is reported to law enforcement or its personnel for investigation" must be removed. DCF is not law enforcement.	FDHC\morthiej
03/18/2021 01:07:56 PM	Person Reporting	Person Reporting Information: Please remove the facility license number from this section. License # refers to your individual license number, if you have one, not the facility's license number. You may verify license information by going to the "Helpful Links" tab and clicking on the appropriate link.	FDHC\morthiej



Once you have answered each question in the corresponding section, resubmit the report. Please note that no checkmark will appear in the Report Details navigation panel.

Review and Submit

Your report status will remain in “New” status until you click the Submit Report button in this section. If all the sections have not been completed, errors will be listed for all missing information. Clicking on the Section Name on each error will take you back to the required page.

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
Person Reporting	Title selection is missing
Person Reporting	Risk Management Program Indicator is missing
Person Reporting	Reporter not updated: Please enter your information and click save to update with your information.
Incident Information	Incident Date is missing
Incident Information	Incident Time is missing

Navigation: << < > >> 5 items per page 1 - 5 of 20 items

[Cancel Report](#)

Each section contains mandatory information, and your report cannot be submitted without meeting all required components. Once each section is corrected, the Submit Report button will appear. Click Submit Report to transmit the report.



If the Submit Report button is not selected, the report will only be created and viewable to your facility. It is not considered submitted to AHCA until the Submit Report button has been clicked.

When a report is submitted, an automatic email will be sent to the person reporting notifying them a report has been submitted. No action is required for this email notification. If you do not get this email, double check the report has been submitted.

Report Status History

This section displays the history of your report. It includes what status the report is in, the description of the report, who created the report, and the status date/time. No checkmark will be given for this section.

Report Status History			
Status Code	Status Description	Created By	Status Date
SUBMITTED	The report was submitted to the Agency.	dero316	03/31/2020 10:20:17 AM
NEW	The report was created but not submitted.	morthiej	03/02/2020 1:02:41 PM

5 items per page 1 - 2 of 2 items

Preliminary (Immediate) Submission Required Information

In addition to the information noted in the above sections, specific information is required specifically related to preliminary/immediate reports. Some sections of the report will not be available until the full/5-day report is created. See later section for 5-day information.

Incident Information

The incident information section captures important dates, times, and notifications as required from CMS Exhibit 358. Once each section has been completed, click the Save/Next button.

Please note the slide bar for selecting time is in military time. Military time divides the day into 24 hours. The day starts at midnight and is written as "0000." The last minute of the day is written as 2359," or one minute before midnight. Slide the time slider bars to the left or right to select the time of incident. Use the left or right arrow keys on the keyboard to adjust the slider bar to an exact time.

Note that selecting Equipment Involved "Yes" prompts another box to open. If you select yes, you must provide a description of the equipment.

Incident Location

Please note there are 3 choices for Incident Location in the drop-down box. If the location is outside on facility grounds or anywhere in your facility (other than a patient room), that is considered "Facility Campus."

When choosing "Other," you must list a specific location other than the facility's campus.

Once all required information is supplied, clicking on Save/Next will create a checkmark to appear in the Incident Information tab on the Report Details navigation panel.

Allegations

The screenshot shows a sidebar on the left with navigation items: Resident Information, Resident Representative, Incident Information, Allegations (selected), Notifications, Individuals Involved, Allegation Details, and Analysis. The main content area is titled 'Allegations' and contains a section 'Check all that apply.' with a checked box for 'Serious Bodily Injury'. Below this is a text box with 'Fractured clavicle'. Other unchecked options include Physical Abuse, Sexual Abuse, Mental / Verbal Abuse, Deprivation of Goods and Services by Staff, Misappropriation of Resident Property / Exploitation, Injury of Unknown Source, Neglect, and Suspected Crime. At the bottom are 'Save' and 'Save/Next' buttons.

The Allegations section provides the generalized allegation provided to the facility. The box checked must match the narrative provided. Check EVERY applicable allegation as there may be more than one for each report.

Serious Bodily Injury cannot be the only selected allegation, as it is an outcome of an allegation. A second allegation must be selected in order to receive a checkmark for the section. If Serious Bodily Injury is checked, a text box will appear requesting the type of injury obtained.

Notifications

The Notification section identifies who was notified of the allegation. If affirmative answers are provided for anything other than Physician Notification, other boxes will populate for the additional information. If any information is not supplied, the checkmark will not appear. Correct the information and click the Save/Next button.

The screenshot shows the 'Notifications' section with several questions and input fields. 'Was the incident reported to the Abuse Registry?' is checked 'Yes'. 'Report Number if available' is 'n/a'. 'Was the allegation reported to the resident representative?' is checked 'Yes'. 'Date and time when the allegation was reported to resident representative' is '10/17/2023'. 'Physician Notified?' is checked 'Yes'. 'How did you report to the Abuse Registry?' is 'Online'. 'DCF Agent Name' is 'n/a'. 'Date reported to Abuse Registry' is '10/17/2023'. 'Time reported to Abuse Registry' is a slider set to 0853. 'External Agencies Notified?' is checked 'Yes'. 'List Agencies Notified' includes 'Law Enforcement' (checked), 'Board of Nursing', and 'Nurse Aide Registry'. 'Name of the Law Enforcement Agency' is 'Pinellas County Sheriff's Department'. 'Name of reporting individual(s) and position(s)' is 'Dispatch'. 'Date Reported to Law Enforcement Agency' is '10/17/2023'. 'Time Reported to Law Enforcement Agency' is a slider set to 0855. 'Save' and 'Save/Next' buttons are at the bottom.

Individuals Involved

The Individuals Involved section should include all personnel and witnesses that made contact with the resident(s) or who were in any way involved during and/or after the incident. If you have a staff

perpetrator, you will identify their perpetrator status in this section. You will not re-identify any residents previously listed here.

Individuals Involved								
First Name	Last Name	Relationship	Perpetrator	Witness	Involvement	Phone#	License #	Action
Next								

Add Individual x

Please identify all personnel and witnesses that made contact with the patient or resident during or after the incident. The patient or resident does not need to be re-identified in this section.

Describe the capacity in which the individual was involved in the incident. Examples for licensed and unlicensed personnel include job titles such as RN, CNA, etc. Examples for Involved Parties and Witnesses include the relationship to the patient or resident, such as family member, visitor, another resident, etc.

First Name

Last Name

Perpetrator Witness

Contact Information (Phone)

Relationship
 -- Select --

Involvement - Describe the capacity in which the individual was involved in the incident.

Similar to the Resident Information section functions, to add an individual involved, click the Add Individual button.

You will need to identify for each person listed whether they were a perpetrator or witness by clicking the respective checkboxes.

If licensed personnel is checked, a license number (including prefix) is required.

Individuals Involved								
First Name	Last Name	Relationship	Perpetrator	Witness	Involvement	Phone#	License #	Action
Minnie	Mouse	Licensed Personnel	No	Yes	RN identified bruising to shoulder.	(407) 939-5277	RN10102345	
Next								

Should any details need to be edited, use the Action tab. To edit, click on the edit icon.



To delete the information, click on the delete icon. Once complete, click save.



As a reminder, license numbers can be looked up under the Florida Department of Health MQA License Verification website. The hyperlink can be found under the "Helpful Links" tab on the dashboard.

Allegation Details

The Allegation Details tab is broken down into two sections: Allegation Details and Immediate Steps Taken.

Allegation Details captures a brief description of the incident. It also includes a section for any resident outcome to be noted. This is the section capturing the who, what, when, and where information of the report.

Immediate Steps Taken should capture all steps taken in response to the incident/allegation.

To add information to either required section, you will need to click the Add button.

The screenshot shows two sections of a report form. The first section is titled "Allegation Details" and contains two rows. Each row has a "Text" column, a "User Name" column, a "Date" column, and an "Action" column. To the right of each row is a blue "Add" button, which is circled in green. Below the second row is a sub-section with the instruction "Please provide a brief, but detailed description of any outcome to the resident(s), including any physical injuries and psychosocial outcome." This sub-section also has a blue "Add" button circled in green. The second main section is titled "Immediate Steps Taken" and contains one row with the same column headers and a blue "Add" button circled in green. At the bottom of the form is a dark blue bar with a "Next" button.

Clicking on the question mark next to the section heading will provide more detailed information on what is expected to be provided.



Please don't copy and paste information from Exhibit 358 and 359 in this section. All the required components are found within other sections of the report. Only provide the pertinent information related to the statements/questions in that section.

When you click the Add button, a popup window will open allowing you to type the information you wish to provide. Be sure to click on Save to move to the next section.

When all sections have been completed, click on the Next button.

Full (5-day) Submission Required Information

Full report detail of the event is due within 5 business days of the event. That detail should include the analysis of the incident, conclusion, and any corrective action if required. Submission of a full (5-day report) cannot be done unless the report is put into "Full Report Mode."

Full Report Mode

Full Report Mode automatically occurs when the immediate report has been submitted and Agency staff have changed the report status to "Reviewed."

If a report has not been changed to "Reviewed" by Agency staff and/or the report is in "Need Info" status, the full report can still be submitted by changing the report mode. To change the report mode, go

to the Investigation tab. You will see a box in the upper right corner where you can change the report mode to Full.

Report #: Report Status: **NEED INFO** Provider Name: User Name: ^

Report Type: **Adverse Incident** Provider Type: **Assisted Living I**

Incident Date: **03/29/2018** Report Mode: **Preliminary**

Change Report Mode ⓘ ➔ **Change Report Mode**

Change Report Mode ✕

Please change the report mode from Preliminary to Full to submit a full report along with the additional information requested by the Agency.

Preliminary Full

Save
Cancel

Any information that had been requested from the “Need Info” status will still need to be provided, but the Analysis and Conclusion sections will become available.

Please note that report statuses cannot be reverted to Preliminary once Full has been marked.

Analysis

The Analysis section should contain the facility’s information regarding the investigation, including all steps taken to investigate the allegation, all interviews conducted with individuals involved, and any information gathered from record reviews. The analysis should explain how and why an incident occurred and include facts and findings from the facility’s investigation. You will want to click the Add button to add information to the corresponding sections.

Investigative Findings ⓘ ^

Please provide a detailed description of the facility’s investigation. Include ALL steps taken to investigate the allegation. Include any visual or non-verbal cues from the resident to indicate any distress or harm

Text	User Name	Date	Action

Interviews Conducted ⓘ ^

Please provide a summary of the facility’s interview with the following participants: alleged victim(s), alleged perpetrator(s), witness(es), any staff responsible for oversight and supervision of the resident(s) and/or perpetrator(s) location.

Text	User Name	Date	Action

Record Reviews ⓘ ^

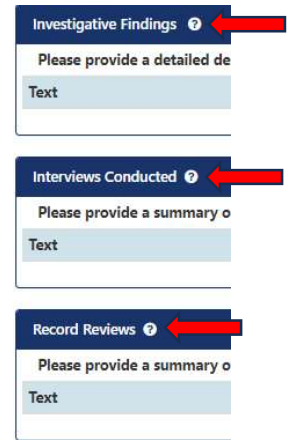
Please provide a summary of relevant resident records reviewed related to the incident. If a resident-to-resident allegation has occurred, provide relevant details on what may have caused the resident’s behavior

Text	User Name	Date	Action

Action

➔ Next

Clicking on the ? next to each section will provide significantly more detailed instructions on what is required and comes from CMS Exhibit 359. Please don't copy from that report into the section. There is no need to repeat any information previously provided in the preliminary/immediate report.



Conclusion

The Conclusion section allows the facility to indicate findings from the investigation, including findings of Verified, Not Verified, and Inconclusive. Facilities will provide a brief but detailed description of the conclusion of the investigation and describe all corrective actions. The facility investigator will also be identified in this section. Click the Add button to provide pertinent information to the section. Clicking on the ? next to each heading will provide more detailed information directly from Exhibit 359.

Conclusion ?				
Provide a brief, but detailed description of the conclusion of the investigation and indicate if the findings were: Verified, Not Verified, or Inconclusive. NOTE: For incidents reported as injuries of unknown source, indicate if the injury resulted from abuse or neglect, based on evidence from the investigation				
Text	Status	User Name	Date	Action

Corrective Action ?			
Provide in detail a summary of all corrective action(s) taken.			
Text	User Name	Date	Action

Facility Investigator ?					
Investigator Name	Is the report writer also the person responsible for conducting the investigation?		User Name	Date	Action

Action
Next

Be sure to save each section. When complete, click next and go to the Review and Submit tab to transmit the report. Again, an automated email will be sent to the submitting user notifying them the report has been submitted.

What Happens After Submission

Email Communication

As previously indicated, there are multiple times when a submitting user will receive emails from the Agency. Automated emails will go out each time a report is submitted. Further, if additional information is requested by Agency staff, a daily email will be sent to the submitting user notifying them. Again, the email itself doesn't contain the information required and the user will need to log in to the system and view the Comments section to determine what other information is required.

Any time a report is late, an automated email will also be sent to the reporting user alerting them that an outstanding report exists. To stop the emails, simply complete the report and resubmit.

If you receive an email from the Agency, please respond as promptly as possible as review staff are tasked with determining survey needs from the report.

Need Info Status

At any time, Agency staff may place your report into “Need Info” status. Please log in to view the comments section and promptly respond to any requests for additional information. Ensure you resubmit the report each time you provide necessary updates.

Cancel or Withdraw Reports

Providers may withdraw or cancel reports as they deem appropriate at any time. Please be aware that if you withdraw a report, it is no longer considered submitted to the Agency. If a surveyor deems the event to be reportable and you have withdrawn it, you may be cited for failure to submit a report.

Under the Review and Submit tab, click on . Another window will open for you to indicate you do wish to perform the action.

Cancelling a report occurs prior to submission if a user decides the event is not reportable. Once a report is submitted to the Agency, the report cannot be cancelled, only withdrawn.

Under the Review and Submit tab, click on . Another window will open for you to indicate you do wish to perform the action.

Troubleshooting

If you experience any technical difficulties, please clear your cookies/cache, and reboot your computer. You may need to try using a different search engine.

Agency staff are available if needed by following the contact methods in the Contact AHCA section.

Remember to save your work as you go. The system will time out after one hour. If that occurs and the work has not been saved, you will have to re-enter the information.

Contact AHCA

Federal reporting staff can be reached in the following ways:

Email: FEDREP@AHCA.myflorida.com

Phone: 850-412-4489