

# Incident Form Script Nursing Facility (NF) Assisted Living (ALF) Adult Day Care (ADC)

**From the Consumer Rights and Services toll-free (800) 458-9858 main menu, press 5 and then option 6 to access this incident form mailbox.**

- 1 You have selected the incident script for reporting nursing facility, assisted living and adult day care facility incidents. The script will begin after the tone. Please talk slowly and clearly and answer in complete sentences. Once you have provided a response, press # to move to the next query.

Please state and spell your name and state your title.

- 2 What is the name and physical address of the facility and the facility ID # [commonly known as the vendor number]?
- 3 What is the facility's phone number, including area code?
- 4 What is an alternate number where you can be reached?
- 5 What was the date and time facility staff first learned of the incident and the location where the incident occurred?
- 6 What are the names, social security number, and date of birth or age of residents or consumers involved? Please be sure to spell their name.
- 7 For each resident or consumer provide a brief narrative about the level of care they require, cognitive status, relevant medical conditions, and any history of behaviors or similar incidents.
- 8 Provide a brief narrative of the incident, including injuries or treatment required and the name of any know alleged staff members or perpetrators. If an alleged perpetrator is a non-staff member please indicate their relationship to the resident or consumer.
- 9 Please state and spell the name of any witnesses or say, "No known witnesses."

- 10 State who the facility notified about the incident. Example: physician, police, DFPS, guardian. Please include the DFPS or police report number.
- 11 Please provide a brief narrative describing any immediate actions the facility took as a result of the incident. For example: staff training, personnel actions, changes in care or service plan.
- 12 At this time you may provide any additional information you believe to be relevant to this report or add to the information already recorded. When you are finished, press #.
- 13<sup>1</sup> An Intake Specialist will call back and will provide the intake ID number for this incident report to be referenced on your provider investigation report form.

Remember to fax the facility's completed investigation report to Consumer Rights and Services toll free fax number (877) 438-5827. Backup fax numbers are (512) 438-2722 or (512) 438-2724. Or mail to Complaint Intake Unit Post Office Box 149030, Mail code E (for east) 249, Austin, Texas 78714 dash 9030. Do not mail a copy if a copy is faxed.

Thank you for using the incident form reporting system.

When you hang up your report will be submitted.

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<sup>1</sup> Exit Mailbox Announcement <2099>