



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 DIVISION OF REGULATION AND LICENSURE
 SECTION FOR LONG-TERM CARE REGULATION
INITIAL REPORTING FORM

****PLEASE FAX COMPLETED FORM TO 573-751-4386
 (ADULT ABUSE & NEGLECT HOTLINE).**

It is important that the facility provide as much information as possible, to the best of its knowledge, at the time of submission of the report.

1. FACILITY INFORMATION

FACILITY NAME:	CMS CERTIFICATION NUMBER (CCN), IF APPLICABLE:
ADDRESS:	PHONE NUMBER
EMAIL ADDRESS	

2. ALLEGATION TYPE

Select all that apply to the reporting incident (if none apply, you do not need to submit a report).

Abuse specify whether:

- Physical
- Injury of Unknown Source
- Sexual
- Neglect
- Suspected Crime
- Mental/Verbal
- Deprivation of Goods and Services by Staff
- Misappropriation of Resident Property/Exploitation

3. INFORMATION ABOUT WHEN THE FACILITY BECAME AWARE OF THE INCIDENT

NAME OF STAFF WHO BECAME AWARE OF INCIDENT:	DATE/TIME STAFF BECAME AWARE OF THE INCIDENT:
DATE/TIME ADMINISTRATOR WAS NOTIFIED OF THE INCIDENT AND BY WHOM:	

4. ALLEGED VICTIM(S)

FULL NAME:	DATE OF BIRTH:
CURRENT LOCATION OF ALLEGED VICTIM:	
FULL NAME:	DATE OF BIRTH:
CURRENT LOCATION OF ALLEGED VICTIM:	

5. ALLEGED PERPETRATOR(S)

If not a staff member, please insert as much accurate information as possible.

FULL NAME:	POSITION (IF STAFF):
CONTACT INFORMATION:	RELATIONSHIP TO THE ALLEGED VICTIM:
FULL NAME:	POSITION (IF STAFF):
CONTACT INFORMATION:	RELATIONSHIP TO THE ALLEGED VICTIM:
FULL NAME:	POSITION (IF STAFF):
CONTACT INFORMATION:	RELATIONSHIP TO THE ALLEGED VICTIM:

6. ALLEGATION DETAILS

Provide a brief description of the specific allegation, including but not limited to:

PERSON WHO MADE THE ALLEGATION (UNLESS IT WAS REPORTED ANONYMOUSLY) AND THEIR RELATIONSHIP TO THE ALLEGED VICTIM:

DESCRIBE WHAT WAS REPORTED:

DATE AND TIME THE ALLEGED INCIDENT OCCURRED:

LOCATION OF THE ALLEGED INCIDENT:

Provide details of any physical harm, pain, or mental anguish to the alleged victim(s) (such as serious bodily injury, descriptions of injuries, change in the resident's behavior indicating something different from the resident's normal baseline):

7. STEPS TAKEN TO PROTECT RESIDENTS

Describe all steps taken immediately to ensure residents are protected. Such steps could include:

- Immediate assessment of the alleged victim and provision of medical treatment as necessary;
- Evaluation of whether the alleged victim feels safe and if he/she does not feel safe, taking immediate steps to protect the resident, such as a room relocation and/or increased supervision;
- Immediate notification to the alleged perpetrator's (if a resident) and/or the alleged victim's physician and the resident representative when there is injury, a significant change in condition or status, and/or a need to alter treatment significantly;
- If the alleged perpetrator is facility staff, removal of the alleged perpetrator's access to the alleged victim and other residents and assurance that ongoing safety and protection is provided for the alleged victim and other residents;
- If the alleged perpetrator is a resident or visitor, removal of the alleged perpetrator's access to the alleged victim and, as appropriate, other residents and assurance that ongoing safety and protection is provided for the alleged victim and other residents;
- Other measures the facility is taking to prevent further potential abuse, neglect, exploitation, and misappropriation of resident property.

8. WITNESS(ES)

FULL NAME:	POSITION (IF STAFF):
RELATIONSHIP TO ALLEGED VICTIM:	CONTACT INFORMATION:
FULL NAME:	POSITION (IF STAFF):
RELATIONSHIP TO ALLEGED VICTIM:	CONTACT INFORMATION:

9. NOTIFICATION TO LAW ENFORCEMENT, IF APPLICABLE

Was the incident reported to a law enforcement agency? <input type="checkbox"/> Yes <input type="checkbox"/> No	
IF YES, NAME OF THE LAW ENFORCEMENT AGENCY NOTIFIED AND CONTACT PERSON:	REPORT NUMBER IF AVAILABLE:
NAME OF REPORTING INDIVIDUAL(S) AND POSITION(S):	DATE AND TIME THE REPORT WAS MADE:

