

Entity Report Number	CG Report Number
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ALLEGED NURSING HOME RESIDENT MISTREATMENT, NEGLECT, AND ABUSE REPORT

Completion of this form is necessary to meet the requirements in Federal regulation 42 CFR 483.13(c)(2). Nursing homes are required to report to the Division of Quality Assurance (DQA, the state survey and certification agency) incidents of alleged mistreatment, neglect, abuse of nursing home residents **INCLUDING INJURIES OF UNKNOWN SOURCE**, and misappropriation of resident property.

Nursing homes must ensure that all alleged incidents be reported **immediately** to the administrator of the facility and to other officials in accordance with State law through established procedures, which include reporting the incident to DQA. The Centers for Medicaid and Medicare Services (CMS) defines "immediately" to be as soon as possible but not to exceed 24 hours after discovery of the incident. Failure to provide the following information to DQA within 24 hours of discovering an incident, may result in the issuance of a statement of deficiency.

Questions about completion of this form may be directed to **608-261-8319**.

- **TYPE OR PRINT NEATLY IN BLACK INK.**
- **E-mail to:** Caregiver_Intake@dhfs.state.wi.us **or FAX to:** 608-264-6340

ENTITY INFORMATION			
Name - Entity or Facility		County	
Street Address	Telephone Number		Federal Provider or Certification Number
City	State	Zip Code	State License, Approval, or Registration No.
Name - Administrator			

SUMMARY OF INCIDENT			
INDICATE WHEN THE INCIDENT OCCURRED. If the exact date and time are unknown, make a reasonable estimate and indicate that the date and time are estimated. Include the date the incident was discovered, if other than the date the incident occurred.	Date Occurred (mm/dd/ccyy)	Time Occurred	Date Discovered (mm/dd/ccyy)
		<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	

BRIEF SUMMARY OF INCIDENT

PERSON PREPARING THIS REPORT		
Name	Title	Date Report Completed

NOTE: Upon completion of the facility's investigation, attach a copy of this form to the completed Caregiver Misconduct Incident Report, OQA-2447, and submit to the address listed in the instructions for OQA-2447.