Virginia Department of Health
Office of Licensure and Certification
9960 Mayland Drive, Suite 401
Richmond, Virginia 23233
Phone: 804/367.2122 FAX: 804/527-4503

Facility Reported Incident (FRI)

Use of this form is optional *Reporting as required is not optional.*
Failure to provide credible protective/preventive measures at the time of an initial report or failure to provide evidence of a thorough investigation with corrective measures in the final report may result in VDH conducting an on-site investigation to determine if acceptable practices are in place to protect residents.

Facility Name: _____

Report date: _____ **Incident date:** _____

Residents involved: _____ _____

Injuries: □ Yes □ No If yes, describe:

Incident type:

□ Allegation of abuse/mistreat
□ Allegation of neglect
□ Resident property misappropriated
□ Suspicious death
□ Injury of unknown origin
□ Resident Elopement
□ Communicable disease (notify local health department pursuant to 12 VAC 5-90)
□ Life/safety affected
□ Utility failure
□ Fire
□ Structural damage

Describe incident, including location, and action taken:

Name of employee(s) involved and their positions:

Employee action initiated or taken:

If applicable, date notification provided to:

- Responsible party _____
- Physician _____
- APS _____
- DHP _____
- Law Enforcement _____

Facility internal investigation:

Completed on: _____ Is attached: □Yes □No

Will be conducted/Report forward to VDH/OLC: _____

For 5-working day and final reports, include a summary of the investigation and corrective measures implemented to prevent recurrence.

Revised 11-2007

Name & Title of Reporting Person: _____