



# Center for Health Facility Regulation Assisted Living Residence - Five (5) Day Investigation Report

Return completed reports to the Center by  
email [doh.ofr@health.ri.gov](mailto:doh.ofr@health.ri.gov) or FAX (401) 222-3999  
and to the RI LTC Ombudsman by FAX (401)785-3391

Facility Name:		Date:	
Reported by:	Title:	Contact Number:	
Date that the incident/allegation occurred:			
Date incident/allegation was initially reported to the Department:			

**Incident Category.** Please select the most appropriate:

<input type="checkbox"/> <b>Accident/Incident</b> <input type="checkbox"/> <b>Resident to Resident Abuse</b> <input type="checkbox"/> <b>Staff to Resident(s) Abuse</b> <input type="checkbox"/> <b>Neglect</b> <input type="checkbox"/> <b>Misappropriation/Exploitation of property/resources</b> <input type="checkbox"/> <b>Implementation of fire/evacuation/disaster plan</b> <input type="checkbox"/> <b>Elopement</b>	<input type="checkbox"/> <b>Death:</b> <ul style="list-style-type: none"> <li>• Within 24 hours of admission</li> <li>• Sudden or unexpected</li> <li>• Suspicious</li> <li>• Unnatural</li> <li>• Result of trauma</li> <li>• Unattended by a physician</li> </ul>
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<b>Resident(s) Information:</b>			
Last Name:		First:	
Last Name:		First:	

**Alleged Perpetrator(s) Information** (if applicable):

Last Name:		First:	
Last Name:		First:	

**Brief Description of Incident:**

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**Results of Investigation:** (include current status of any injured resident(s):

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**Facility system changes made to decrease the risk of similar incidents from occurring:**

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**\*Administrator Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_