IRS
Incident Reporting System

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Step 1

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Current User: Betty Dawes   **Facility:** BHLR Test Facility   **License:** TST999

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01/09/2023 12:49

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

1. Provider Information

Provider Name: *	Baby Bear Soup
Provider Type *	Nursing Homes ⌄
CMS Certification Number(CCN): *	00000
State Licensure Number:	
Address: *	00 Bear Lane
Phone Number: *	16060000000
Email address: *	betty.dawes@tn.gov

2. Allegation Type

Select all that apply to the reporting incident. *

Abuse specify whether:

Physical ☑   Sexual ☐   Mental ☐   Verbal ☑

Deprivation of Goods and Services by Staff ☐   Neglect ☐

Misappropriation of Resident Property/Exploitation ☐

Injury of Unknown Source ☐

Suspected Crime ☐   Disruption of Services ☐

External Disaster ☐   Fire/Life Safety ☐

Other Not Listed ☐

3. Information about when the Facility became aware of the incident

Date/Time/Name of when staff became aware of the incident. *

Date/Time	Name
01/08/2023 7:57 AM	Daisy Duck DON

Date/Time administrator was notified of the incident and by whom. *

Date/Time	Name
01/08/2023 7:58 AM	Daisy Duck DON

4. Alleged Victim(s)

Step 1
(cont)

Full Name: *	Date of Birth *
Road Runner	11/23/1954
Age	68
Sex	male
Pertinent Diagnoses	Dementia
BIMS/Cognitive Status	12
Medical Record#	111111
Current location of alleged victim:	
In The Facility	

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Step 2

5. Alleged Perpetrator(s)

If not a staff member, please insert as much accurate information as possible.
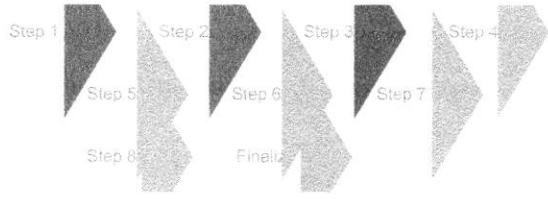
Full Name *	Kermit The Frog
Position (if staff)	NA
Contact information, if known	NA
Relationship to the alleged victim	NA

If Alleged Perpetrator is a resident/patient

Age	70
Sex	Male
Pertinent Diagnoses	COPD
BIMS/Cognitive Status	15
Medical Record#	2222222

Does the alleged perpetrator have a history of prior physical or verbal altercations? if yes give details.

No prior history of aggression to other residents

Other Perpertrator(s) information:

None

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Step 3

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6. Allegation Details
Provide a brief description of the specific allegation, including but not limited to, identifying:

Who made the allegation (unless it was reported anonymously), and their relationship to the alleged victim

Daisy Duck DON

What was reported and to whom or which agency/entity *

Abuse

Date and time when the alleged incident occurred *

01/08/2023 8:03 AM

Where the alleged incident occurred *

Residents room

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7. Provide details of any physical harm, pain, or mental anguish to the alleged victim(s), including but not limited to:

Whether serious bodily injury occurred, if known

Road Runner has small scratch to right arm from Kermit grabbing the victim's arm during a verbal altercation that led to Kermit grabbing the victim.

Describe any type of injury such as a bruise, scratch, laceration, puncture wound, fracture, bleeding, redness on the skin, etc. Include siae if applicable, location.

Scratch to right arm. No bleeding noted

Describe any changes in the resident's behavior that indicate something different from the resident's normal baseline such as crying, expressions or displays of fear, cowering, anger, withdrawal, difficulty sleeping, etc.

Residents returned to baseline after separated and returned to their rooms.

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Step 5

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8. Provide all steps taken immediately to ensure resident(s) 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.

Residents were separated and returned to their rooms. Kermit will remain on 1:1 until he can be seen by psych services. SW Tweedy Bird will evaluate both residents for any further issues/problems. Both residents are at bassline and no further incidents reported. Road Runner was assessed by the nurse and scratch was cleansed and treated per physician's orders. Family was notified for both parties, MD notifies.

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9. Witness(es)

Full Name:	Position (if staff):
Bugs Bunny	CNA
Relationship to alleged victim:	Contact information, if known:
Staff	Facility

Other Witnesses information:

None

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Step 7

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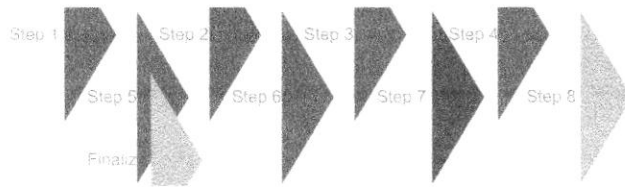
10. Notification to Law Enforcement, if applicable

Was the incident reported to a law enforcement agency?
(Yes/No) ☑

If yes, name of the law enforcement agency notified and contact person

local police station

Name of reporting individual(s) and position(s)

Deputy Dog

Date and time (including am/pm) the report was made, report number if available:	Police Report Number
01/08/2023 8:17 AM	000000

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11. Notification to Other Agencies

Were other agencies notified?

☑

If YES, which other agency and who at that agency was notified of the allegation (ex: Adult Protective Services, Ombudsman)

APS and The Ombudsman

Date and Time (include am/pm) the report was made:

1/9/2023 8:18:00 AM

12. Submission Report

Name/title of person submitting report *

Daffy Duck Admin

Date/time (am/pm) report was submitted *

01/09/2023 8:18 AM

Contact number and E-mail address of person submitting report for follow up. *

0000000 betty.dawes@tn.gov

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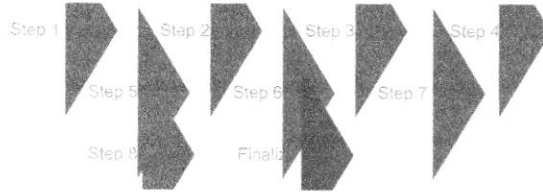
Click Finish to Submit your completed Incidet Report.

No changes can be made after the report is submitted.

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