Submitting a Nursing Home Investigative Report

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WELCOME

This is the second presentation that will take you step by step to enter a Nursing Home Investigative Report

The Investigative Report is due no later then 5 days after the incident occurrence

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How to Connect – Method 1

This is the web address for the facility incident report
Nursing Home Investigative Report | Survey Builder (ny.gov)

- Hover your cursor over the blue words

- A small text box will appear. "Ctrl – Click to follow link"

- You must keep your cursor over the blue letters. Hold the CTRl key (your cursor will appear as a hand), use your mouse – left click you mouse

How to Connect – Method 2

This is the web address for the Investigative Report: [Nursing Home Investigative Report | Survey Builder (ny.gov)](#)

- Position your cursor just before NYS of the address, press your left mouse button and move your mouse to select the address text.
- Release the mouse button.
- Hover your cursor over the selected area and click you right mouse button. Select COPY.
- Now open your browser and hover your mouse in the address field at the top.
- Click you right mouse button and select Paste. Then press Enter.

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Completing the Report

You will need the following information along with details regarding the investigation:

- ACTS Case Identification #

- The date and time the incident was reported to the resident representative, if applicable

- The name and contact information of the person who investigated the incident (Facility Investigator)

- The name and contact information for the Administrator or their designee

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Report Structure

There are 8 pages that include:

1. Facility and Case Information
2. Additional/Updated Information Related to the related to the reported incident.
3. Steps taken to investigate the allegation
4. Conclusion
5. Corrective Action's taken
6. Facility Investigator
7. Submitter information
8. Complete

Navigate to each page by using the Previous Page and Next Page buttons at the bottom of each page.

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Required Fields

You must complete the required information that is marked with *

If you do not have the information you may enter, "N/A" or "Unknown"

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Advisory

While working in the application, an investigation report cannot be saved and completed later. Once started, the incident report must be submitted prior to closing the internet browser. Otherwise, the reported data will be erased

When you click submit your report, a summary of your report will pop-up, we recommend that you copy the incident report onto a word document for your own records

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Prepopulated Selections

Fields with a v indicates there is a prepopulated choice. Click on the v to select the appropriate choice. If you choose the "no" answer to a question, the subsequent questions related to that question are unavailable and not required

If you choose the "yes" answer, you must answer the required questions related to that question. You may answer "unknown" or Not Applicable" where appropriate

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Facility and Case Information

The following information is required:

- Case Identification #

- Incident Date and time
    - *Date fields contain an icon that allows you to choose the correct date.*
    - *Time fields contain an icon. Time is in hours and minutes, AM and PM.*

- Facility Name

- Facility ID

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Additional /Updated Information Related to the Reported Incident

Describe additional outcomes to the resident victim(s)

Was the incident reported to the resident's representative?

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Steps Taken to Investigate the Allegation (s)

This page requires:

- Summaries of interviews with the alleged victim(s), witness(es), alleged perpetrator (s), other residents, and staff responsible for oversight and supervision

- Details of resident-to-resident altercations

- Summary of information on relevant documents such as hospital progress reports

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Conclusion

Provide a brief description of the conclusion of the investigation and indicate if findings were:

- Verified
- Not Verified
- Inconclusive

Click on the appropriate response

Then provide a brief description on how you arrived at your conclusion

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Corrective Action(s) Taken

Provide in detail a summary of all corrective action(s) taken (text box entries)

Describe any action(s) taken as a result of the investigation or allegation, including the plan for continued oversight

If systemic actions (e.g., changes to facility staffing patterns, changes in facility policies, training) were identified that require correction, identify the steps that have been taken to address the systems

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Facility Investigator

Enter the Following information:

- Name of person completing the investigation

- Title of person completing the investigation

- Phone number for person completing the investigation

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Submitter Information

Enter the following:

- Name – Title – Phone Number –E-mail for the administrator/designee

- Same as contact person

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Completing Your Report

Use the Previous Page and Next Page buttons to review your report

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Submitting

When you are satisfied with your report, return to the Submitter Information page

- Click the Submit button

- A pop-up summary of your report will appear

Report Summary Pop-Up

For Your Records

We encourage you to maintain a copy of the investigation report (word doc) for your records

Thank You for Your Time

Please direct your questions to: nhfri@health.ny.gov