

State of Connecticut
Department of Public Health
Facility Licensing & Investigations Section
Reportable Event Form

Facility Name: _____

Facility Address: _____

Telephone: _____ Bed Capacity: _____ CCNH: _____ RHNS: _____ CCNH/RHNS: _____

Date of report _____ Report Number: _____ Classification: A B C D E

Is this a "Follow up" to previously submitted form? Yes No (If Yes - Attach Original Report)

Patient Information

Name: _____ Age: _____

Date of Admission: _____ Room #: _____

Current Diagnoses: _____

Date of Event: _____ Time of Event: _____ AM PM Location of event: _____

Nature and Description of Event:

Injury, Distress and/or Discomfort (if any):

Full Name of Witness(es): _____

<i>Functional Status</i>	<i>Before Event</i>	<i>After Event</i>
<i>Mental Status</i> (include cognition, mood and behavior)		
<i>Physical Status</i> (include ADL function and assistance required as applicable, ie. mobility, eating, transfer, ambulation, bathing, toileting, restraints)		

Name of Physician Notified: _____ Date/Time of Notification: _____

Physical Exam: Yes No Physician Report Findings/Orders/Treatment: _____

Disposition/Comments/Actions Taken: _____

Family Notification: Yes No Police Notification: Yes No Investigation Initiated: Yes No

For Class A, B or C, Date and Time DPH was notified by Telephone: _____

Signature of Person Filing Report: _____ Date: _____

Signature of Administrator: _____ Date: _____

Phone #s' to be kept on hand

**Person to call if emergencies,
accident/incident report:**

Karen Gworek RN, SNC- Supervisor Nurse

Consultant – Office# during business Hours-
(860) 509-7472 - Emergencies After Hours &
Weekends - phone Line # (860) 509-8000- ask to
speak to the Duty Officer.

**Please see attached Blank Reportable Event form to
use to fax the information to:**

Attn: Karen Gworek at fax # (860) 509-8369 ☺

**If Karen is absent, please refer to a nurse consultant
at phone# (860) 509-7492 & Fax # (860) 509-8369.**