



Facility Initial Report

Transmittal Form

Please Fax To:
State of New Hampshire, Dept. of Health & Human Services
603-271-5574

Date: _____ Medicare Provider #: _____

Facility Name: _____

Facility Type: _____

Facility Tel. # _____ Fax # _____

Resident(s)/Client(s) Involved in Report: _____

Report Authorized by: _____

Reported to Law Enforcement: Yes No

Please check areas identified in initial report:

- Alleged Abuse Alleged Neglect Alleged Exploitation Other
- Sexual
 Physical
 Emotional

Notification:

- Transfer Discharge Unusual Incident

Please attach all relevant information that specifically relates to this report.

Appendix A

Reporting Requirements for Long Term Care Facilities

161-F: 46 Reports of Adult Abuse; Investigations.

Any person, including, but not limited to, physicians, other health care professionals, social workers, clergy, and law enforcement officials, suspecting or believing in good faith that any adult who is or who is suspected to be incapacitated has been subjected to abuse, neglect, self-neglect, or exploitation or is living in hazardous conditions shall report or cause a report to be made as follows:

I. An oral report, by telephone or otherwise, shall be made immediately, followed by a written report, if so requested, to the commissioner or his authorized representative. When oral reports are made after working hours of the department, or on weekends or holidays, such reports shall be made to the police department of the appropriate political subdivision, or to the sheriff of the county, in which the alleged abuse, neglect or exploitation occurred. Law enforcement officials receiving reports under this paragraph shall notify the commissioner within 72 hours of receipt of such reports.

II. Within 72 hours following receipt by the commissioner or his authorized representative of such oral reports, an investigation shall be initiated by the commissioner or his authorized representative.

III. Investigations shall not be made if the commissioner or his authorized representative determines that the report is frivolous or without a factual basis.

He-P 805 Reporting Requirements for Supported Residential Health Care Facilities

He-P 805.03 (b) "Unusual incident" means an occurrence of any of the following while the resident is either in the ALR-SRHC or in the care of ALR-SRHC personnel:

- (1) The unanticipated death of the resident; or
- (2) A negative outcome, an accident, or other circumstance that has resulted in an injury that required treatment by a licensed practitioner.

He-P 805.14 (m) Licensees shall have responsibility for:

- (1) Providing the following information to the department immediately by telephone, fax or e-mail and in writing within 72 hours, if the initial notice was made

by telephone, or if additional information is available, of any unusual incident as defined in He-P 805.03(b1):

- a. The ALR-SRHC name;
- b. A description of the incident, including identification of injuries, if applicable;
- c. The name of the licensee(s) or personnel involved in, witnessing or responding to the unusual incident;
- d. The name of resident(s) involved in or witnessing the unusual incident;
- e. The date and time of the unusual incident;
- f. The action taken in direct response to the unusual incident;
- g. If medical intervention was required, by whom and the date and time;
- h. Whether the resident's guardian or agent, if any, or personal representative, or emergency contact person was notified;
- i. The signature of the person reporting the unusual incident; and
- j. The date and time the resident's licensed practitioner was notified, if applicable;

(2) Providing the department immediately by telephone, fax or e-mail with the information required by (1) above, and in writing within 72 hours, if the initial notice was made by telephone, or if additional information is available, of the unanticipated death of any resident who was living at the ALR-SRHC and who dies within 10 days of an unusual incident as defined by He-P 805.03(b1);

(3) Immediately notifying the local police department, the department and the guardian, agent, or personal representative, if any, when a resident has an unexplained absence after the licensee has searched the building and the grounds of the ALR-SRHC; and

(3) Notifying the department with a written report within 72 hours describing the actions taken by personnel, the final outcome or continuation of the unusual incident and actions taken to prevent a reoccurrence.

He-P 804 Reporting Requirements for Residential Care Facilities

He-P 804.03

(bo) "Unusual incident" means an occurrence of any of the following while the resident is either in the ALR-RC or in the care of ALR-RC personnel:

- (4) The unanticipated death of a resident;
- (2) An accident or other unanticipated circumstance that has resulted in an injury that requires treatment by a licensed practitioner; or
- (b) (3) An elopement from the ALR-RC or other circumstances that resulted in the notification and/or involvement of law enforcement.

He-P 804.14

(l) Licensees shall have responsibility for:

(1) Contacting the department within 24 hours by telephone, fax or e-mail, and in writing within 72 hours if the initial notice was made by telephone or if additional information is available, to report an unusual incident, as defined in He-P 804.03(bo), and providing the following information:

- k. The ALR-RC name;
- l. A description of the incident, including identification of injuries, if applicable;
- m. The name of the licensee(s) or personnel involved in, witnessing or responding to the unusual incident;
- n. The name of resident(s) involved in or witnessing the unusual incident;
- o. The date and time of the unusual incident;
- p. The action taken in direct response to the unusual incident, including any follow-up;
- q. If medical intervention was required, by whom and the date and time;
- r. Whether the resident's guardian or agent, if any, or personal representative was notified;
- i. The signature of the person reporting the unusual incident; and
- j. The date and time the resident's licensed practitioner was notified;

(2) Immediately contacting the department by telephone, fax or e-mail the information required by (1) above, and in writing within 72 hours, if the initial notice was made by telephone or if additional information is available, of the unanticipated death of any resident who was living as the ALR-RC or the death of any resident who dies within 10 days of an unusual incident as defined by He-P 804.03(bo);

- (3) Immediately notifying the local police department, the department, guardian, agent or personnel representative, if any, when a resident has an unexplained absence after the licensee has searched the building and the grounds of the ALF-RC; and
- (4) Submitting additional information if required by the department.

In addition to the other reporting responsibilities please note that there is also an obligation to report suspicious deaths as defined below.

Section 611-B:11

611-B:11 Oath; Duty to Investigate in Medico-Legal Case. –

- I. Each medical examiner shall, before entering upon the duties of the office, take an oath of office.
- II. A medical examiner shall make investigations in medico-legal cases. A medico-legal case exists when death is pronounced or remains are found indicating that a human has died and that death is known or suspected to have resulted from:
 - (a) Any death known or suspected to have occurred during or as a result of any criminal act regardless of the time interval between incident and death and regardless of whether criminal violence appears to have been the immediate cause of death or a contributory factor thereto.
 - (b) Any death by suicide regardless of the time interval between the incident and death.
 - (c) Any death due to accidental or unintentional injury regardless of the time interval between the incident and death and regardless of whether such injury appears to have been the immediate cause of death or a contributory factor thereto.
 - (d) Deaths associated with fire or explosion.
 - (e) Deaths associated with firearms or other mortal weapons.
 - (f) Any death which occurs in or associated with any public or private conveyance, including but not limited to any motor vehicle, recreational vehicle, bicycle, aircraft, watercraft, motorcycle, bus, train, or the like.
 - (g) Abortion or the complications thereof if the abortion was known or suspected to have been performed by an unlicensed practitioner.
 - (h) Poison, illicit drug use, or an overdose of any drug or medication.
 - (i) Disease, injury, or exposure to a toxic agent resulting from or occurring during the course of employment.
 - (j) Disease or agent which constitutes a public health hazard or environmental hazard.
 - (k) Sudden unexpected death when in apparent good health of a person under the age of 60 years.
 - (l) Death of a person whose medical care has not been regularly followed by a

physician.

(m) Death occurring in legal custody, including any death that occurs in any prison or penal institution.

(n) Death associated with diagnostic or therapeutic procedures, including intraoperative and perioperative deaths.

(o) Death in which a body is to be cremated in the state of New Hampshire or buried at sea regardless of the jurisdiction in which the death occurred.

(p) Death occurring less than 24 hours after admission to a health care facility or hospital, except when the decedent was known to have been terminally ill from natural disease and the death is imminent and expected.

(q) Death of a child under the age of 18 years unless the child is known to be terminally ill from natural disease or congenital anomaly and the death is expected.

(r) The death of any child from any cause when such death occurs at a day care facility, or when the child is in foster care, or when the child is in the custody of or being investigated by the department of health and human services.

(s) Fetal deaths that result from intrauterine trauma when the fetus has attained 20 weeks gestation or 350 grams weight.

(t) Death known to have been improperly certified, including but not limited to any remains brought into the state of New Hampshire without proper certification.

(u) Death of any unidentified person regardless of cause and manner.

(v) Discovery of buried remains which are known or thought to be human and which are uncovered other than by an exhumation order.

(w) The discovery of decomposed remains, including partially or completely skeletonized remains.

(x) Suspicious or unusual circumstances surrounding a presumed natural death.

Source. 2007, 324:1, eff. Sept. 14, 2007.

Section 611-B:12

611-B:12 Mandatory Reporting of Medico-Legal Deaths. – It shall be the duty of anyone who finds the body of any person whose death is suspected to have been caused or to have occurred in any manner described in RSA 611-B:11, or who finds remains which are thought to be human to immediately notify the medical examiner and the county attorney for the county where the body or remains are found.

Source. 2007, 324:1, eff. Sept. 14, 2007.

INSTRUCTIONS FOR COMPLETING THE LONG TERM CARE RESIDENTIAL FACILITY FAX FORM

Date - Enter the date that the fax is being sent in the space provided.

Medicare Provider # - If a Medicare facility, enter the Medicare Provider Number.

Facility Name - Enter the name of the facility in the space provided. Please be sure to identify whether the report is from a particular licensed facility, such as a supported residential health care facility or a nursing home utilizing the same name, if your facility has various licensed entities.

Facility Type - Check the appropriate Facility Type (nursing home, residential care and supported residential health care).

Facility Tel. # - Enter your telephone number in the space provided.

Fax # - Enter your fax number in the space provided.

Resident(s)/Client(s) Involved in Report - Enter the names of the resident, or residents, involved in the report in the space provided.

Report Authorized By - Enter the name of the person who authorized sending the fax in the space provided.

Report Authorized By - Please check "Yes" or "No" to indicate if a report was made to law enforcement

Please check the areas identified in initial report - Also, please check the box, or boxes, that identify the concerns addressed within the report.

Notification - If the attached fax relates to a report of an unusual occurrence as defined in the He-P 800 series of rules, please check the "Unusual Occurance" box. If the attached fax relates to a transgfer or discharge notice, please check the "Transfer Discharge" box

Send the completed fax content as well as the Long Term Care Facility Report Transmittal Form via fax to 603 272-5574..

Each long term care residential facility has reporting requirements in the code of federal regulations for certified nursing homes and in regulations developed for supported residential health care facilities, residential care facilities and licensed or certified nursing homes. In addition, all citizens of New Hampshire are mandated reporters of suspicions of abuse, neglect, self-neglect or financial exploitation of incapacitated adults.