



# Department of Health

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Commissioner

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Acting Executive Deputy Commissioner

October 18, 2022

DAL: NH 22-20  
RE: Facility Incident Reporting System

Dear Nursing Home Administrator:

This notice is to inform you of changes in reporting of nursing home facility incidents as detailed in, [QSO-22-19-NH \(cms.gov\)](#) and effective on October 24, 2022. The guidance includes revised facility reported incident requirements that require nursing home providers to send their final facility investigation reports to the NYS Department of Health (Department) **no later than 5 days after the incident or accident.**

The Division of Nursing Homes and ICF/IID Surveillance, will be introducing a new electronic Facility Incident Reporting Form, and will require nursing homes to report their incidents through a web-based survey application. The new **Facility Incident Reporting Form** will replace the previous method of reporting using the Health Commerce System (HCS). You may find information related to facility incident reporting in Chapter 5 of the State Operations Manual (SOM). [Medicare State Operations Manual \(cms.gov\)](#).

Reportable Incidents include, but are not limited to:

- Abuse, neglect, mistreatment and exploitation
- Misappropriation
- Injury of unknown origin
- Physical environment incidents (ex. fire, loss of services)
- Elopement
- Death not due to natural causes

In addition to an initial facility incident report that must be submitted following reporting timelines (42 CFR 483.12), nursing homes, effective October 24, 2022, must now submit to the Department the results of the facility investigation, called Investigation Summary Report, within 5 days of the incident occurrence.

Nursing home providers should consider retaining a copy of the incident report for their records as the new incident report cannot be placed in a saved status and must be submitted prior to closing the internet browser, to avoid loss of data. When the completed survey/report is submitted a summary panel of the report will appear. Nursing home providers will also receive an email containing the NYS case identification number and a link to submit the investigation summary.

Please be advised that within five (5) business days of the incident, the facility must provide, in its report, sufficient information to describe the results of the investigation, and must indicate any corrective action(s) taken if the allegation was verified. The facility should include any updates to information provided in the initial report and the following additional information, including, but are not limited to, the following:

1. Additional/Updated information related to the reported incident
2. Steps taken to investigate the allegation
3. A conclusion
4. Corrective action(s) taken
5. The name of the facility investigator

Lastly, a webinar is scheduled for October 19, 2022, to provide nursing homes with step by step instructions for completing and submitting the new report forms. Staff responsible for submitting facility incident reports should plan on participating and must register at <https://meetny-events.webex.com/meetny-events/j.php?RGID=r824b014e48abe875d8a310739d1b81e5>

Thank you for your attention to these updated requirements. Questions related to this correspondence can be forwarded to [NHFRI@health.ny.gov](mailto:NHFRI@health.ny.gov).

Sincerely,




Sheila McGarvey,  
Deputy Center Director  
Office of Aging & Long-Term Care

Attachment: Facility Incident Reporting System Instructions

## Facility Incident Reporting System Instructions

To submit an initial facility incident report, click on this link or copy to your internet browser: [Nursing Home Facility Incident Report | Survey Builder \(ny.gov\)](#). This will take you to the initial facility incident report template. It is important that the facility provide as much information as possible at the time of the submission.

Complete **all** required fields, marked with \*. The first page captures the details of the incident. Fields with a ▼ indicates that there is a prepopulated choice. Click on the ▼ to select the appropriate choice. If you choose the “no” answer to a question, the subsequent questions are unavailable. If you choose the “yes” answer, you must answer the required questions. You may answer “unknown” or Not Applicable” where appropriate.

Date fields contain a  icon that allows you to choose the correct date.

Time fields contain an  icon. Time is in hours and minutes AM and PM.

After completing all required fields on the first page, you must scroll down to the bottom and click Next Page >.

The second page captures reporting to other agencies. If you reported the incident to an outside agency, select “yes”. Please enter the name of the individual handling the report. If Law Enforcement or Other, please enter organization name and individual. Please enter as many additional entries as necessary. When you have completed the report. Click **Submit**

The Investigative Summary Report (5-DAY) URL is [NH Exhibit 359 Follow-up Investigation Report | Survey Builder \(ny.gov\)](#) Click on the link or copy and paste this address into your internet browser.

When completing the Investigative report, you must enter the NY case Number and Facility ID (PFI). Complete **all** the required fields, marked with \*.

### Complete all eight sections noted below:

1. Facility and Case Information
2. Additional/Updated Information Related to the Reported Incident
3. Steps taken to investigate the allegation
4. Conclusion
5. Corrective Action(s) Taken
6. Facility investigator Information
7. Submitter Information:
8. Click **Submit**. The last section will state complete once form completed. You must indicate if the allegation has been Verified, Not Verified or Inconclusive and a brief description of the conclusion of your investigation.

**Reminder:** The Investigative report cannot be saved and must be fully completed and submitted prior to closing the internet browser. Save a copy prior to submission.