



PB-22

Report Form for Investigation of Alleged Abuse, Neglect, Misappropriation of Property

Indicates a field required for successful submission.

PB-22 Reference ID: New

SECTION I - GENERAL INFORMATION

Facility Type: LONG TERM CARE PROVIDER (NH)	Date of Alleged Incident: _____ Time: _____ AM PM
Facility Name: LUTHERAN HOME AT HOLLIDAYSBURG, THE	Reported to DOH: Name: Telephone: Date: _____ Time: _____ AM PM
Facility Address: 916 HICKORY STREET HOLLIDAYSBURG, PA 16648 County: BLAIR	Date Investigation Initiated: Time Investigation Initiated: _____ AM PM Date Facility Investigation Completed: Time Facility Investigation Completed: _____ AM PM
Telephone: (814)696-4527	Date PB-22 Submitted to Field Office:

SECTION II - ALLEGATIONS/INDIVIDUAL INVOLVED

Name of Individual/Alleged Perpetrator Involved: Address: City _____ State _____ Zip _____ Telephone: Date of Birth: _____ Sex: Male Female Relationship to Victim:	Worker's Category: RN LPN NA Physical Therapy Housekeeping Dietary Other Other Description Date of Hire: _____ Shift: _____ Licensure/Registry #:
--	--

Nature of Abuse: Physical Sexual Verbal Mental Neglect Misappropriation of Property
 Serious Bodily Injury (Substantial Risk of Death) Suspicious Death Serious Physical Injury (Severe pain or impairment)

Name of Resident/Victim Involved:	Resident Date of Birth:
Resident Address:	Sex Male Female
City: _____ State: _____ Zip: _____	Telephone: _____

Name of Family Member/Legal Guardian Notified:	
Address:	Telephone:
City: _____ State: _____ Zip: _____	Relationship: _____

SECTION III - DESCRIPTION OF INCIDENT Describe what happened. Provide specific details, i.e. exact words/actions, location of occurrence, date and time, type of injury, kind of property, dollar amount, extent of physical injury, if any.

SECTION IV - INVESTIGATIVE ACTIVITIES How did the facility become aware of the incident.

Who reported it?			
To whom was it reported?	Date reported:	Time reported:	AM PM
Witnesses			
Witness 1			
Name:			
Address:			
Telephone:			
Was the witness interviewed? Attach interviewer's notes if available. Yes No			
Will the witness testify? Yes No			
Will the witness appear in the event of a hearing? Yes No			
Was a signed written statement obtained? If yes, attach it: Yes No			
Is the witness considered a credible source? If no, enter or attach an explanation. Yes No			

Attach File Containing All Required Witness Information

Was the resident (victim) interviewed? Yes No

Was a signed statement obtained from the resident? If yes, attach it: Yes No

Is he/she a credible source? Yes No

Explain

Was the accused interviewed? Yes No

Was a signed statement obtained from the accused? If yes, attach it: Yes No

Were all the involved individuals interviewed? Yes No

Was a signed statement obtained? If yes, attach it: Yes No

What supportive documentation, other than an eye witness account, is available (i.e. x-ray reports, nursing or physician notes, photos)?

If physical or sexual abuse alleged, was the resident seen by a physician? Yes No

Or require hospitalization? Yes No

Was/is another state agency involved in the investigation? Yes No

Name of agency:

Telephone number of agency:

Name of contact person:

Outcome (if available):

Were local police notified? Yes No

Date: Time: AM PM

Did police investigation occur? Yes No

Name of contact:

Telephone

Investigation Status (i.e. ongoing, concluded):

SECTION V - FINDINGS OF FACILITY INVESTIGATION Include description of mitigating circumstances surrounding the allegation/incident, if any (i.e. combative resident, dissention among coworkers involved).**SECTION VI - CONCLUSIONS****SECTION VII - ACTIONS TAKEN** Include referrals to licensing or certifying agencies, if any.**SECTION VIII - RELEVANT/SUPPORTIVE DOCUMENTATION ATTACHED**

1. Witness statement (signed, dated):

2. Accused statement (signed, dated):

3. Nurse's notes, physician's notes:

4. Reports (x-ray, etc):

Are photos available on request? Yes No

ADDITIONAL DEPARTMENT OF AGING REPORTING REQUIREMENTS

Oral Report to AAA

Date: Time: AM PM

Name AAA Contacted:

Name and Title of Person Initiating Report:

Oral Report to PDA (if applicable) 717-265-7887

Date: Time: AM PM

--	--

Completed By:

Date:

Time:

AM PM

Title:

Telephone:

Submitted By:

Title: