Provider Information

Section 400.54, Florida Statutes requires home health agencies to electronically submit adverse incident reports for incidents occurring under the care of a home health aide for medically fragile children to the Agency within 48 hours after the occurrence of the incident through the Agency's adverse incident reporting system.

Home Health Agency Adverse Incident Report, AHCA Form 3110-0011 OL, August 2025

59A-8.0099, Florida Administrative Code

Person Reporting

AHCA Incident Reporting System - AIRS

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Report Details

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- Investigation
- Supporting Documents
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- Review and Submit
- Report Status History

Report #: | Report Status: **NEW** | Provider Name:

Report Type: **Adverse Incident** | Provider Type: Home Health Agency

Incident Date: | Report Mode:

Person Reporting Information

First Name | **Last Name**

Email | **Phone**

Title -- Select -- | **License #**

Save | Save/Next

Section Comments

Only Agency staff can add section comments. Please respond to section comments by editing the appropriate field(s) on the data entry screen. Go to the Comments section to see all comments for this report. Click here to view Comments in a new window.

Created Date	Comment	Created By

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Patient Information

AHCA Incident Reporting System - AIRS

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Report #: | Report Status: **NEW** | Provider Name:

Report Type: **Adverse Incident** | Provider Type: Home Health Agency

Incident Date: | Report Mode:

Patient Information

First Name | **Last Name**

Patient # | **SSN #**

Age -- Select -- | **Gender** ○ Male ○ Female

Medicaid Recipient? ○ Yes ○ No | **Medicare Recipient?** ○ Yes ○ No

Save | Save/Next

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Patient Representative Tab

AHCA Incident Reporting System - AIRS

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Report #: Report Status: **NEW** Provider Name:

Report Type: **Adverse Incident** Provider Type: Home Health Agency

Incident Date: Report Mode:

Patient Representative

☐ Check if the resident does not have a resident representative and the resident represents themselves.

First Name **Last Name**

Address **City**

State -- Select -- **Zip**

Phone **Relationship**

Save | Save/Next

Section Comments

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Incident Information Tab

AHCA Incident Reporting System - AIRS

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Report #: Report Status: Provider Name:

Report Type: **Adverse Incident** Provider Type: **Home Health Agency**

Incident Date:

Incident Information

Incident Date

Incident Location

-- Select --

Incident Time - Slide to select time of incident.

Equipment Involved?

○ Yes ○ No

Save | Save/Next

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Outcomes

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Report #: Report Status: **NEW** Provider Name:

Report Type: **Adverse Incident**

Provider Type: Home Health Agency

Incident Date:

Report Mode:

Outcomes

Check all that apply.

Death.

Brain or Spinal damage.

Permanent Disfigurement.

Fracture or dislocation of bones or joints.

An event that is reported to law enforcement or its personnel for investigation.

A limitation of neurological, physical, or sensory function.

Save | Save/Next

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Notifications

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Report #: Report Status: NEW Provider Name:

Report Type: Adverse Incident

Provider Type: Home Health Agency

Incident Date:

Report Mode:

Notifications

Medical Examiner Notified?
Yes No

External Agencies Notified?
Yes No

Was an autopsy performed?
Yes No

Family Notified?
Yes No

Physician Notified?
Yes No

Save | Save/Next

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Individuals involved

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Incident Date:

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Individuals Involved

Add Individual

First Name	Last Name	Role	Involvement	License #	SSN #	Action

Next

Section Comments

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Investigation

AHCA Incident Reporting System - AIRS

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Report #: Report Status: Provider Name:

Report Type: **Adverse Incident** Provider Type: Home Health Agency

Incident Date Report Mode:

Circumstances of the Incident (Narrative of Facts)

Add

Text	User Name	Date	Action

Analysis of the Incident (Apparent Cause(s))

Add

Text	User Name	Date	Action

Corrective Action Summary (Corrective or Proactive Actions Taken)

Add

Text	User Name	Date	Action

Action

Next

Section Comments

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Supporting Documents

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Incident Date: | Report Mode:

Supporting Documents

- The Agency scans supporting documents for viruses as they are uploaded to AIRS. **Expect a 30 second delay as the virus scan is running.** If a threat is detected, the document will not be uploaded to AIRS. Use your own virus scanning software to remove the virus and upload the document again. If you cannot clean the document or find an uninfected version of the file, you may have to recreate the document.
- To assist with a completed analysis of an adverse incident report, the agency shall have access to all licensed facility's records necessary to carry out the review of the record and/or adverse incident. Upon availability, please upload the following document(s):
  - Autopsy Report
  - Police Report
  - Amendments
  - Toxicology report
  - Additional Information
- You may attach **additional information** that does not fit neatly into any of the above categories as needed.
- **Large documents** bigger than 4 GB must be broken down into multiple files before they will be accepted.

Document Type

-- Select --

Choose File No file chosen

Save | Next

Document Type	Document Name	Submitted By	Submitted Date	Status	Status Date	Action

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Report #: Report Status: Provider Name:

Report Type: **Adverse Incident** Provider Type: Home Health Agency

Incident Date Report Mode:

Report Submission History

Submit Report

Withdraw

Cancel Report

Document Name	Submitted Date
Adverse_Incident_527272_v2.0.PDF	03/12/2025 09:38:22 AM
Adverse_Incident_527272_v1.0.PDF	03/12/2025 09:37:25 AM

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Report Status History

Status Code	Status Description	Created By	Status Date

5 items per page | 1 - 1 of 1 items

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