

# Provider Information



## AHCA Incident Reporting System - AIRS

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### Report Details

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### Provider Information

If any of the information on the Provider Information screen is incorrect, please contact the authorized individual in your facility to correct the information via the Online Licensing application. Provider information cannot be corrected in the AIRS application.

**Provider Name****Address****License #****City****File #****State****Phone****County****Fax****Zip****CMS Certification Number (CCN)** 

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

Rule 59A-8.0099, Florida Administrative Code A

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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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Report Type: Adverse IncidentProvider 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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Report #: [redacted]    Report Status: NEW    Provider Name: [redacted]

Report Type: Adverse Incident    Provider Type: Home Health Agency

Incident Date: [redacted]    Report Mode: [redacted]

Patient Representative

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

First Name

[redacted]

Last Name

[redacted]

Address

[redacted]

City

[redacted]

State

-- Select --

Zip

[redacted]

Phone

[redacted]

Relationship

[redacted]

Save

Save/Next

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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

Incident Time - Slide to select time of incident.

Equipment Involved?

Yes No

Save Save/Next

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Report #: [REDACTED]Report Status: NEWProvider Name: [REDACTED]

Report Type: Adverse IncidentProvider Type: Home Health Agency

Incident Date: [REDACTED]Report Mode: [REDACTED]

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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Report #:

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Notifications

Medical Examiner Notified?

☐ Yes
 ☐ No

Was an autopsy performed?

☐ Yes
 ☐ No

Physician Notified?

☐ Yes
 ☐ No

External Agencies Notified?

☐ Yes
 ☐ No

Family Notified?

☐ Yes
 ☐ No

Save

Save/Next

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Individuals Involved

Add Individual

First Name	Last Name	Role	Involvement	License #	SSN #	Action
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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

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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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Home Health Agency Adverse Incident Report. AHCA Form 3110-011 OL, August 2025

Rule 59A-8.0099, Florida Administrative Code

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## 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 #:

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Status Code	Status Description	Created By	Status Date
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**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.

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