

Provider Information

 AHCA Incident Reporting System - AIRS

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Report Details 

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

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

Incident Date: Report Mode:

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 <input type="text"/>	Address <input type="text"/>
License # <input type="text"/>	City <input type="text"/>
File # <input type="text"/>	State <input type="text"/>
Phone <input type="text"/>	County <input type="text"/>
Fax <input type="text"/>	Zip <input type="text"/>
CMS Certification Number (CCN) <input type="text"/>	

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 A1](#)

Person Reporting



AHCA Incident Reporting System - AIRS

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Report Details	?
Provider Information	
Person Reporting	
Patient Information	
Patient Representative	
Incident Information	
Outcomes	
Notifications	
Individuals Involved	
Investigation	
Supporting Documents	
Comments	
Review and Submit	
Report Status History	

Report #: [REDACTED] Report Status: NEW Provider Name: [REDACTED]

Report Type: Adverse Incident Provider Type: Home Health Agency

Incident Date: Report Mode: [REDACTED]

Person Reporting Information [?](#)

First Name	Last Name
[REDACTED]	[REDACTED]
Email	Phone
[REDACTED]	[REDACTED]
Title	License #
-- Select --	[REDACTED]
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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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

Patient Information



AHCA Incident Reporting System - AIRS

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Report Details		Report #:	Report Status: NEW	Provider Name:	Provider Type: Home Health Agency
Provider Information		Report Type: Adverse Incident			
Person Reporting		Incident Date: Report Mode:			
Patient Information		Patient Information			
Patient Representative		First Name	Last Name		
Incident Information					
Outcomes		Patient #	SSN #		
Notifications					
Individuals Involved		Age	Gender		
Investigation		-- Select --		<input type="radio"/> Male	<input type="radio"/> Female
Supporting Documents		Medicaid Recipient?	Medicare Recipient?		
Comments		<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
Review and Submit		Save Save/Next			
Report Status History					

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

Rule 59A-8.0099, Florida Administrative Code



AHCA Incident Reporting System - AIRS

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Report Details 0

Report #: **Report Status: NEW** Provider Name: **[Redacted]**

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

Incident Date: Report Mode: **[Redacted]**

Patient Representative ?

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

First Name	Last Name
<input type="text"/>	<input type="text"/>
Address	City
<input type="text"/>	<input type="text"/>
State	Zip
<input type="text"/>	<input type="text"/>
Phone	Relationship
<input type="text"/>	<input type="text"/>

Save **Save/Next**

Section Comments

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

Rule 59A-8.0099, Florida Administrative Code

Incident Information Tab



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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

Section Comments

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Home Health Agency Adverse Incident Report, AHCA Form 3110-0011 OL, August 2025
Rule 59A-8.0099, Florida Administrative Code

Outcomes

 AHCA Incident Reporting System - AIRS

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Report Details	Report #	Report Status: NEW	Provider Name:
Provider Information	Report Type: Adverse Incident	Provider Type: Home Health Agency	
Person Reporting	Incident Date:	Report Mode:	
Patient Information	Outcomes ?		
Patient Representative	Check all that apply.		
Incident Information	Death.		
Outcomes	Brain or Spinal damage.		
Notifications	Permanent Disfigurement.		
Individuals Involved	Fracture or dislocation of bones or joints.		
Investigation	An event that is reported to law enforcement or its personnel for investigation.		
Supporting Documents	A limitation of neurological, physical, or sensory function.		
Comments	Save Save/Next		
Review and Submit			
Report Status History	Section Comments		
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Home Health Agency Adverse Incident Report, AHCA Form 3110-0011 CL, August 2025			
Rule 59A-8.0099, Florida Administrative Code			

Notifications



AHCA Incident Reporting System - AIRS



AHCA Portal/Logout

Dashboard

New

Search

Helpful Links

Report Details		Report #: <input type="text"/>	Report Status: NEW	Provider Name: <input type="text"/>						
Provider Information		Report Type: Adverse Incident Provider Type: Home Health Agency								
Person Reporting		Incident Date: <input type="text"/>	Report Mode: <input type="text"/>							
Patient Information										
Patient Representative										
Incident Information										
Outcomes										
Notifications		Notifications								
		Medical Examiner Notified? <input type="radio"/> Yes <input type="radio"/> No	External Agencies Notified? <input type="radio"/> Yes <input type="radio"/> No							
		Was an autopsy performed? <input type="radio"/> Yes <input type="radio"/> No	Family Notified? <input type="radio"/> Yes <input type="radio"/> No							
		Physician Notified? <input type="radio"/> Yes <input type="radio"/> No	Save Save/Next							
Comments		Section Comments								
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Review and Submit		<table border="1"><thead><tr><th>Created Date</th><th>Comment</th><th>Created By</th></tr></thead><tbody><tr><td></td><td></td><td></td></tr></tbody></table>			Created Date	Comment	Created By			
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Report Status History										

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Home Health Agency Adverse Incident Report, AHCA Form 3110-0011 OL, August 2025
Rule 59A-8.0099, Florida Administrative Code

Individuals involved



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Report Details	?
Report #:	Report Status: NEW
Provider Information	Provider Name:
Person Reporting	Report Type: Adverse Incident
Patient Information	Provider Type: Home Health Agency
Patient Representative	Incident Date:
Incident Information	Report Mode:
Outcomes	
Notifications	
Individuals Involved	Individuals Involved ?
Investigation	Add Individual
Supporting Documents	
Comments	
Review and Submit	Next
Report Status History	

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Rule 59A-8.0099, Florida Administrative Code

Investigation



Report Details

Provider Information

Person Reporting

Patient Information

Patient Representative

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Review and Submit

Report Status History

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)

Text

User Name Date Action

Analysis of the Incident (Apparent Cause(s))

Text

User Name

Date

Action

Add

Corrective Action Summary (Corrective or Proactive Actions Taken)

Text

User Name

Date

Action

Add

Action

Next

Section Comments

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Supporting Documents

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Report Details	Report #:	Report Status: NEW	Provider Name:							
Provider Information	Report Type: Adverse Incident	Provider Type: Home Health Agency								
Person Reporting	Incident Date:	Report Mode:								
Patient Information	Supporting Documents 									
Patient Representative	<ul style="list-style-type: none">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):<ul style="list-style-type: none">Autopsy ReportPolice ReportAmendmentsToxicology reportAdditional InformationYou 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.									
Incident Information	Document Type									
Outcomes	<p>-- Select --</p> <p>Choose File No file chosen</p>									
Notifications	<p> Save</p> <p> Next</p>									
Individuals Involved										
Investigation										
Supporting Documents	<table border="1"><thead><tr><th>Document Type</th><th>Document Name</th><th>Submitted By</th><th>Submitted Date</th><th>Status</th><th>Status Date</th><th>Action</th></tr></thead><tbody></tbody></table>			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

**Report Details**

Report #:

Report Status:

Provider Name:

Provider Information

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

Person Reporting

Incident Date:

Report Mode:

Patient Information

Patient Representative

Incident Information

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Review and Submit

Report Status History

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: **NEW**Provider Name:

Provider Information

Person Reporting

Patient Information**Patient** Representative

Incident Information

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Comments

Review and Submit

Report Status History

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

Incident Date:

Report Mode:

Report Status History

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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