

**AHCA Incident Reporting System - AIRS**

[Dashboard](#)
[New](#)
[Search](#)
[Helpful Links](#)



Report Details

[Provider Information](#)
[Person Reporting](#)
[Resident Information](#)
[Incident Information](#)
[Incident Category](#)
[Notifications](#)
[Individuals Involved](#)
[Investigation](#)
[Supporting Documents](#)
[Comments](#)
[Review and Submit](#)
[Report Status History](#)

Report #: 527246
Report Status: NEW
Provider Name: RETREAT BEHAVIORAL HEALTH

Report Type: Residential Mental Health Incident
Provider Type: Residential Treatment Facility
Incident Date:

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.

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

Next

Section 394.907(3) Florida Statutes requires facilities to report adverse incidents by a timeframe as prescribed by rule in 65E-12, F.A.C.; 65E-4, F.A.C.; 65E-9, F.A.C.; **Residential Mental Health Provider Incident Report, AHCA Form 3180-5008OL, October 2024**  
Rule 59A-35.110, Florida Administrative Code





## Report Details

Provider Information

Person Reporting

Resident Information

Incident Information

Incident Category

Notifications

Individuals Involved

Investigation

Supporting Documents

Comments

Review and Submit

Report Status History

Report #: 527246

Report Status: NEW

Provider Name: RETREAT BEHAVIORAL HEALTH

Report Type: Residential Mental Health Incident

Provider Type: Residential Treatment Facility

Incident Date:

## Incident Information

Discovery Date



Incident Date/Time

☐ Same as Discovery Date/Time ☐ Different from Discovery Date/Time ☐ Unknown

Discovery Time - Slide to select time of discovery.

Incident Date



Incident Time - Slide to select time of incident.

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
--------------	---------	------------



Report Details

Provider Information

Person Reporting

Resident Information

Incident Information

Incident Category

Notifications

Individuals Involved

Investigation

Supporting Documents

Comments

Review and Submit

Report Status History

Report #: 527246

Report Status: NEW

Provider Name: RETREAT BEHAVIORAL HEALTH

Report Type: Residential Mental Health Incident

Provider Type: Residential Treatment Facility

Incident Date:

Incident Category

Check all that apply.

- ☐ Death – Accident
- ☐ Death – Homicide
- ☐ Death – Natural/Expected
- ☐ Death – Natural/Unexpected
- ☐ Death – Suicide
- ☐ Death – Undetermined
- ☐ Death – Unknown
- ☐ Arrest
- ☐ Employee Misconduct
- ☐ Sexual Abuse/Battery – Resident-to-Resident
- ☐ Sexual Abuse/Battery – Resident-to-Employee
- ☐ Sexual Abuse/Battery – Employee-to-Resident
- ☐ Suicide Attempt
- ☐ Significant Injury
- ☐ Missing Resident/Elopement
- ☐ Security Incident
- ☐ ER Visit/Hospitalization
- ☐ Restraints/Seclusion
- ☐ Baker Act
- ☐ Medication Related
- ☐ Other

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

- Report Details
- Provider Information
- Person Reporting
- Resident Information
- Incident Information
- Incident Category
- Notifications
- Individuals Involved
- Investigation
- Supporting Documents
- Comments
- Review and Submit
- Report Status History

Report #: 527246

Report Status: NEW

Provider Name: RETREAT BEHAVIORAL HEALTH

Report Type: Residential Mental Health Incident

Provider Type: Residential Treatment Facility

Incident Date:

Notifications

Law Enforcement Notified?

☐ Yes ☐ No

Family/Guardian Notified?

☐ Yes ☐ No

Was the Incident reported to the Abuse Registry?

☐ Yes ☐ No

Other Notifications?

☐ Yes ☐ No

Save

Save/Print

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
--------------	---------	------------

- Report Details
- Provider Information
- Person Reporting
- Resident Information
- Incident Information
- Incident Category
- Notifications
- Individuals Involved
- Investigation
- Supporting Documents
- Comments
- Review and Submit
- Report Status History

Report #: 527246

Report Status: NEW

Provider Name: RETREAT BEHAVIORAL HEALTH

Report Type: Residential Mental Health Incident

Provider Type: Residential Treatment Facility

Incident Date:

Individuals Involved

Add Individual

First Name	Last Name	Role	Involvement	SSN #	Action
------------	-----------	------	-------------	-------	--------

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
--------------	---------	------------

Report Details

Provider Information

Person Reporting

Resident Information

Incident Information

Incident Category

Notifications

Individuals Involved

Investigation

Supporting Documents

Comments

Review and Submit

Report Status History

Report # 527246

Report Status: NEW

Provider Name: RETREAT BEHAVIORAL HEALTH

Report Type: Residential Mental Health Incident

Provider Type: Residential Treatment Facility

Incident Date:

Circumstances of the Incident (Narrative of Facts)

Text

User Name

Date

Action

Corrective Action Summary (Corrective or Proactive Actions Taken)

Text

User Name

Date

Action

Action

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



- Report Details
- Provider Information
- Person Reporting
- Resident Information
- Incident Information
- Incident Category
- Notifications
- Individuals Involved
- Investigation
- Supporting Documents
- Comments
- Review and Submit
- Report Status History

Report #: 527246

Report Status: NEW

Provider Name: RETREAT BEHAVIORAL HEALTH

Report Type: Residential Mental Health Incident

Provider Type: Residential Treatment Facility

Incident Date:

Report Submission History

Please correct the errors listed below. Once all of the errors have been corrected, please submit the report.

Section Name	Error Description
Person Reporting	Title selection is missing
Resident Information	Please add at least one resident
Incident Information	Discovery Date is missing
Incident Information	Discovery Time is missing
Incident Information	Incident Date Indicator is missing

5

items per page

1 - 5 of 13 items

Cancel Report

- Report Details
- Provider Information
- Person Reporting
- Resident Information
- Incident Information
- Incident Category
- Notifications
- Individuals Involved
- Investigation
- Supporting Documents
- Comments
- Review and Submit
- Report Status History

Report #: 527246

Report Status: NEW

Provider Name: RETREAT BEHAVIORAL HEALTH

Report Type: Residential Mental Health Incident

Provider Type: Residential Treatment Facility

Incident Date:

Report Status History

Status Code	Status Description	Created By	Status Date
NEW			

5

items per page

1 - 1 of 1 items