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## AHCA Incident Reporting System (AIRS)

Report #:

Report Status:

Provider Name:

User Name:

Report Type: **Adverse Incident**

Provider Type: **Ambulatory Surgical Center**

Incident Date:

### Provider Information

Provider Name

Address

License #

City

File #

State

Phone

County

Fax

Zip

[Next](#)

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Ambulatory Surgical Center Adverse Incident Report, AHCA Form 3140-5004 OL, April 2017  
59A-35.110, Florida Administrative Code



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## AHCA Incident Reporting System (AIRS)

Report #: Report Status: Provider Name: I User Name: ^

Report Type: **Adverse Incident Report**

Provider Type: **Ambulatory Surgical Center**

Incident Date:

### Person Reporting Information

First Name

Last Name

Email

Phone

Title

OTHER

License #

Other Title

Save

Save/Next

### Section Comments

The comments for this section are shown below. Please go to the [Comments](#) section to see all of the comments for this report. [Click here](#) to view Comments as a new window.

Comment	Created By	Created Date
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## AHCA Incident Reporting System (AIRS)

Report #:

Report Status:

Provider Name:

User Name:

Report Type: **Adverse Incident Report**

Provider Type: **Ambulatory Surgical Center**

Incident Date:

### Patient Information

First Name

Last Name

Patient #

SSN #

Patient Address

City

State

-- Select --

Zip

Age

-- Select --

Gender

☐ Male ☐ Female

Medicaid Recipient?

☐ Yes ☐ No

Medicare Recipient?

☐ Yes ☐ No

Save

Save/Next

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### AHCA Incident Reporting System (AIRS)

Report #: Report Status: Provider Name: User Name: ^

Report Type: **Adverse Incident Report**

Provider Type: **Ambulatory Surgical Center**

Incident Date:

#### Admission Information

Admitting Diagnosis Code

Date of Admission

Admitting Diagnosis Description

Search Diagnosis Code

Save

Save/Next

#### Section Comments

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User Name:

Report Type: **Adverse Incident Report**

Provider Type: **Ambulatory Surgical Center**

Incident Date:

### Incident Information

Incident Date

Incident Location

Incident Time - Slide to select time of incident.

Other Incident Location

Surgical, Diagnostic, or Treatment Code

External Cause Code

Surgical, Diagnostic, or Treatment Description

External Cause Description

Search Diagnosis Code

Search Cause Code

Equipment Involved?

☒ Yes ☐ No

List Equipment Involved

Save

Save/Next

### Section Comments

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Incident Date:

### Outcomes

- ☐ Death.
- ☐ Brain damage.
- ☐ Spinal damage.
- ☐ Permanent disfigurement.
- ☐ Fracture or dislocation of bones or joints.
- ☐ A resulting limitation of neurological, physical, or sensory function which continues after discharge from the facility.
- ☐ Any condition that required specialized medical attention or surgical intervention resulting from nonemergency medical intervention, other than an emergency medical condition, to which the patient has not given his or her informed consent.
- ☒ Any condition that required the transfer of the patient, within or outside the facility, to a unit providing a more acute level of care due to the adverse incident, rather than the patient's condition prior to the adverse incident.  
Location to which patient was transferred
- ☐ Was the performance of a surgical procedure on the wrong patient.
- ☐ Was the performance of a wrong surgical procedure.
- ☐ Was the performance of a surgical procedure that is medically unnecessary.
- ☐ Was the performance of a surgical procedure otherwise unrelated to the patient's diagnosis or medical condition.
- ☐ Required the surgical repair of damage resulting to a patient from a planned surgical procedure, where the damage was not a recognized specific risk, as disclosed to the patient and documented through the informed-consent process.
- ☐ Was a procedure to remove unplanned foreign objects remaining from a surgical procedure.
- ☐ Was the performance of a wrong-site surgical procedure.

Save

Save/Next

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## AHCA Incident Reporting System (AIRS)

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Incident Date:

### Notifications

#### Medical Examiner Notified?

☒ Yes ☐ No

First Name

Last Name

Phone

#### Family Notified?

☒ Yes ☐ No

List Family Notified

#### External Agencies Notified?

☒ Yes ☐ No

List Agencies Notified

- ☐ DOH  
☐ Elder Affairs  
☐ DCF  
☒ Others

List Other Agencies Notified

Save

Save/Next

### Section Comments

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## AHCA Incident Reporting System (AIRS)

Report #: Report Status: Provider Name: User Name: ^

Report Type: **Adverse Incident Report**

Provider Type: **Ambulatory Surgical Center**

Incident Date:

### Individuals Involved

[Add Individual](#)

First Name	Last Name	Role	Capacity	License #	SSN #	Action
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User Name:



Circumstances of the Incident (Narrative of Facts)



Analysis of the Incident (Apparent Cause(s))



Corrective Action Summary (Corrective or Proactive Actions Taken)



Action

Next

### Section Comments

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Comment

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Created Date

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Incident Date:			

#### Comments

Comments from all sections are shown below.

Comment	Section Name	Created By	Created Date
<a href="#">Next</a>			

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### AHCA Incident Reporting System (AIRS)

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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

[Submit Report](#)[Withdraw](#)

Document Name	Submitted Date

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#### Report Status History

Status Code	Status Description	Report Mode	Created By	Status Date
NEED INFO		Full		
UNDER REVIEW				
SUBMITTED				
NEW				

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