

## SELF REPORTED EVENT REPORT FORM

Pursuant to Chapter 3701-83-23.1 (A) (10) of the Ohio Administrative Code (OAC), each dialysis center shall report to the director all adverse events involving the following:

- (a) An event requiring emergency treatment, or hospitalization;
- (b) An involuntary discharge of a patient;
- (c) Contamination of the water or dialysate;
- (d) Development of infection or communicable disease; and
- (e) An event having direct or immediate impact on the health, safety, or security of a patient or staff member.

### I. FACILITY INFORMATION

Date:

Name of Dialysis Center:

Address:

Telephone:

Fax:

Federal Provider ID:

State License ID:

### II. TYPE OF EVENT (check ALL that apply)

An event requiring emergency treatment, or hospitalization;

An involuntary discharge of a patient;

Contamination of the water or dialysate;

Development of infection or communicable disease; and

An event having direct or immediate impact on the health, safety, or security of a patient or staff member.



**IV. EFFECT OF EVENT ON PATIENT/PATIENTS**

**V. ACTIONS TAKEN BY FACILITY (attach supporting documentation)**