



Risk Management & Patient Safety AIRS

(AHCA Incident Reporting System)

Report Submission Guide for State Adverse Incidents

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Remember to save your work periodically (especially in the Investigation Section of the report). The system times out after one hour. If that occurs and the work has not been saved, you must retype it.

*****Please note that the investigation text has a limit of 8000 characters per section.**

Single Sign-On Access - Online Reporting

The Agency for Health Care Administration (AHCA) provides an online system for the timely submission of all adverse incident reports.

★ It is highly recommended to have more than one person in your facility who has access to AIRS.

Faxed or mailed report submissions are not accepted.

To access AIRS, a username and password MUST be obtained through the Single Sign-On Server, also known as the AHCA Portal.

Follow the instructions on AIRS SSO User Registration Guide located on our website

<https://ahca.myflorida.com/health-care-policy-and-oversight/bureau-of-field-operations/office-of-risk-management-and-patient-safety>.

If you do not have access to the Portal, you will need to create a Single Sign On account before requesting access to AIRS Online and submitting a user agreement. The user agreement for new accounts must be received and approved by Agency staff before accessing the site. Once access is granted users may submit adverse incident reports via the AIRS system.

Do NOT disclose or lend your User ID and or password to anyone. They are for your use only and will serve as your “electronic signature.” This means that you may be held responsible for the consequences of unauthorized or illegal transactions.

★ **When a user is no longer employed at your facility it is your responsibility to request their access be removed by emailing ahcaregistration@ahca.myflorida.com.**

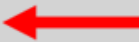
If the former employee’s access is not removed, they will continue to have access to all resident’s and staff member’s personal information.

Mail To: Agency for Health Care Administration 2727 Mahan Drive, Mail Stop #61 Tallahassee, FL 32308	Scan and E-Mail To: AHCARegistration@ahca.myflorida.com Subject Line: AIRS User Agreement
User Information:	
Name: TESTER TESTERSON	User ID: tester
Address: 1 TEST ST, TALLYTESTY, FL 32313	
Phone Number: (850) 850-8500	E-Mail address: tester@tests.com

AHCA Portal Login

User ID:

Password:

[Forgot Your Password?](#) 

[Reset Password Instructions](#)

[New User Registration](#)

AHCA Portal - Portal Landing

Program Access

Select the appropriate link below to be directed to the Program's access page.


[AHCA Incident Reporting System - AHCA Incident Reporting System](#)
AHCA Incident Reporting System

[Background Screening Clearinghouse - Agency For Health Care Administration](#)

Request Program Access

Choose from the list of programs below and select "Request Program Access".

-- Select Program --

Manage Account 

[Edit User Information](#)

[Change Password](#)

[Update Security Question and Answer](#)

***Have you forgotten your User ID?**

Look for the copy of your User Registration Agreement. The User ID appears in the upper right side of the form. If you can't find your user agreement, please call our Central Intake Unit (850-412-3951) and they will attempt to verify your information before providing you with your User ID. If we are unable to verify your information, you will need to re-register and send in a new User Registration Agreement.

***Have you forgotten your password?**

We do not have access to a User's Password. You will need to click on "Forgot your Password?" and follow the directions. If you cannot answer your security question, you will not be able to recover the password for your account. You will need to re-register and send in a new User Registration Agreement.

***Need to edit your user information?**

When you log in, it brings you to the AHCA Portal – Portal Landing. Under "Manage Account", you will be able to Edit your own User Information. Please ensure your email address and phone number are current. The system will be sending automated emails regarding your report. You can also change your password and update your security question and answer.

Requirements of a State Adverse Incident Report

This is a State Report. Please enter valid information for all the REQUIRED fields.

See [Florida Statutes](#) listed below for each facility type.

Assisted Living Facilities:

There are **two report modes** under the **SAME report number**: Preliminary (1 Day) and Full (15 Day). Both are required. Florida Statutes requires the facility to send a preliminary report to the Agency within **1 business day** after the occurrence of an adverse incident, with a full report to the Agency within **15 calendar days** after the occurrence of the adverse incident. The information contained in this report is confidential. Please refer to [Florida Statute 429.23](#).

Hospitals and Ambulatory Surgical Centers:

Florida Statutes requires the facility to report to the Agency within 15 calendar days after its occurrence. Please refer to [Florida Statute 395.0197](#).

Nursing Homes:

The facility must complete the investigation and submit a report to the Agency within 15 calendar days after the adverse incident occurred. Please refer to [Florida Statute 400.147](#).

HMO's (Health Management Organization):

The organization must report this incident to the Agency within 3 working days after its occurrence. A more detailed follow-up report must be submitted to the Agency within 10 days after the first report. Please refer to [Florida Statute 641.55](#).

NOTE: If you are not in compliance with Florida Statutes, you may be fined.

This is your Dashboard

AHCA Incident Reporting System - AIRS

Dashboard | New | Search | Helpful Links | AHCA Portal/Logout

Needs Attention

Report #	Provider Type	Provider Name	Report Type	Submitted Date	Status Date	Current Status
No Data To Display						

5 items per page | No items to display

In Progress

Report #	Provider Type	Provider Name	Report Type	Submitted Date	Status Date	Current Status
No Data To Display						

5 items per page | No items to display

Submitted

Report #	Provider Type	Provider Name	Report Type	Submitted Date	Status Date	Current Status
No Data To Display						

5 items per page | No items to display

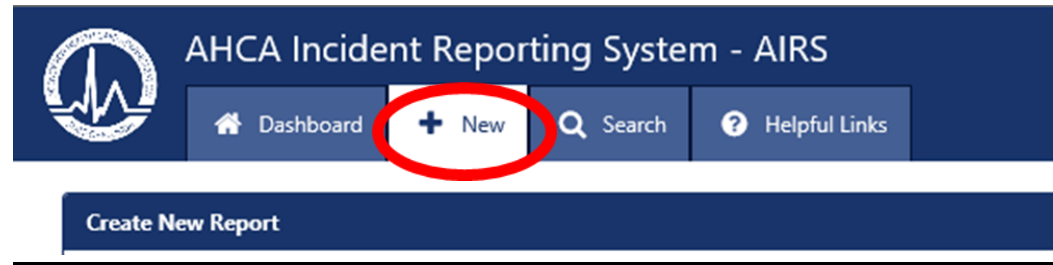
Once the Preliminary Report has been reviewed by AHCA Risk Management staff, the Current Status will appear on your [Dashboard](#) under the “Needs Attention” section as either **“REVIEWED”** or **“NEED INFO”**. Once you have submitted a report, you may check on the Current Status daily by viewing your [Dashboard](#).

If your current Status is **“New”**, it will appear under the “In Progress” section because you have not yet submitted your report. “Submitted” section shows reports you have submitted but have not completed (see [page 18](#) for instructions on how to Cancel a report if it was created in error).

Once the Full Report has been reviewed, the report will only appear on your Dashboard if the current status is **“NEED INFO”**. If the report has been CLOSED, it will no longer appear anywhere on your Dashboard. You will need to use “Search” to view it (see [page 6](#) for instructions on searching for reports).

Starting a NEW Report

To start a new report, click on “New” to begin filing your incident report.



Select Provider Type, Provider Name, and Report Type – Your facilities information will appear.

Provider Type:

Provider Name

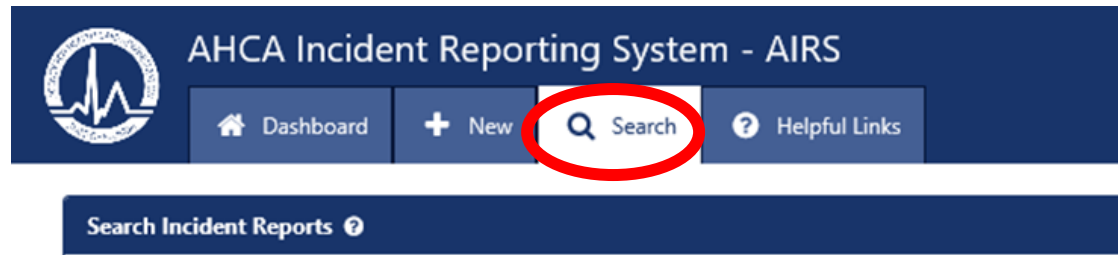
Report Type

Please be sure to select the correct “Report Type” for your Provider Type.

Possible choices: Adverse Incident, Liability Claim, Adverse Incident (15 day), Annual Report.

Click on  to begin.

“Search” can be used to look up all the reports for your facility or a specific report.



***It is not necessary to fill in all the information to search for a report or reports**

* At the minimum, either enter a Report # or choose a provider using the Provider/Plan Name or Provider License # or Plan Medicaid ID# fields to search.

Report # *

Report Type (Select a Report Type to display additional search fields specific to that report.)
-- Select --

Provider Name * -- Select --

Provider License # *

Initial Submitted Start Date

Initial Submitted End Date


The “[Helpful Links](#)” tab is located at the top of your reporting page.

Additional helpful links can be found on [The Office of Risk Management and Patient Safety](#) webpage.

- Refer to [The Office of Risk Management and Patient Safety](#) website for important information, alerts, and contact information.
- Refer to [Adverse Incident Report Submission Guide](#) to navigate through the AHCA Incident Reporting System (AIRS) and submit a Adverse Incident report. (English Version).
- Refer to [Federal Reporting \(FEDREP\) Report Submission Guide](#) to navigate through the AHCA Incident Reporting System (AIRS) and submit a Federal Report. (Immediate/ 5-day reporting)
- For Nursing Homes, please see the [FEDREP vs. Adverse Incidents Quick Reference Guide](#) for determining which report type to submit.
- Refer to [Florida Department of Health License Verification](#) to verify an individual’s license number.
- Refer to [Multistate Licensure](#) to verify a nurse’s compact license number which originated in another state.
- Refer to [Centers for Medicare and Medicaid Services \(CMS\) Exhibits 358 and 359](#) for reporting requirements.

Report Detail

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

← **NOTE:** You will see this symbol “  ” throughout the report. Click on it to see what is required for that field.

Provider Information



Your provider information will automatically populate in the required fields.

Person Reporting

Your name, email address, and phone number will automatically populate based on the user application you submitted. When choosing your title from the drop-down box, provide **your professional individual license number**, if applicable (**NOT the facility license number or your driver’s license number**). You can verify a license number by using the links provided under “*Helpful Links*”.

***NOTE:** If you are continuing a report which another user started, please make sure to change the license information to reflect your license number.

At the bottom of each “**Report Details**” page you will see

Save and Next will bring you to the next page.

*** You can navigate the different sections of the report by clicking on the appropriate tabs under “**Report Details**” on the left side of the screen.**

Resident Information

Fill in all information regarding the resident who experienced the incident.
Please enter a valid Medicaid or Medicare number, if applicable.

★NOTE: If more than one resident is involved AND you can check an “Outcome” for each one, you must file a separate report for each resident. Please be sure to relate the reports in your narrative.

Resident Representative

Fill in all information regarding the resident representative. A valid street address is required. If the resident represents themselves, check the box at the top of this field.

Incident Information

1. Fill in the incident date and location.

The “**Date of the Incident**” is the date the event occurred, NOT the date of the “outcome”. Use the slide bar to select the time of the incident (Please note - this is in military time).

*Military time divides the day into 24 hours. The day in military time begins at midnight with 0000, pronounced "zero hundred hours" or simply "zero hundred." You then add one hundred for each hour, so 1 a.m. is 0100 (zero one hundred) hours, 2 a.m. is 0200 (zero two hundred) hours and so forth.

2. Check whether equipment was involved. If equipment was involved, list the equipment.
3. There are 3 choices for Incident Location in the drop-down box. If the “Incident Location” is outside on the facility property or anywhere inside your facility (other than the Patient Room), that is considered “Facility Campus”.

***When choosing “Other”, you must list a specific location other than the facility’s campus.
If a resident eloped from your facility, it would be Facility Campus.**

Outcomes

You must be able to check a box to file a report. The box you check must match the narrative.

Check every applicable outcome. ***There may be more than one outcome.**

****Nursing Homes****

Please note: When filing a report, you must be able to check another Outcome box other than "Did the events that caused or resulted in the adverse incident represent a potential risk to any other resident?"

Notifications

If the incident involves a death, please check the box for **Medical Examiner** and provide the required information. Check whether an autopsy was performed.

If **External Agencies** were notified, check the appropriate boxes. If you choose "Others", you will need to "List Other Agencies Notified". **Do not use abbreviations** for the Agencies notified. If Law Enforcement, you must list the full name of the Law enforcement department.

If a family member was notified, list that person's full name.

If the physician/ARNP was notified **AT THE TIME OF THE INCIDENT**, list the orders/recommendations. If the physician/ARNP was notified and you did not receive any orders or recommendations, please indicate that in the space provided. **Please note: if you left a message, indicate if you received a call back and if orders/recommendations were provided.**

Notifications: Under "Physician Orders/Recommendations"- both the physician's name and orders should be listed.

[Individuals Involved \(see example on the next page\)](#)

The resident's name should **NOT** be relisted in this section. *List **ALL** personnel/witnesses/fellow residents who made contact with the resident or who were in any way involved **during and/or after the incident**.

Role: (Licensed Personnel, Unlicensed Personnel, Witness (Non-Personnel), Involved Party (Non-Personnel)).
****The word "Personnel" refers to employees of the facility.** If they do not work at your facility, then the role should be Witness (Non-Personnel) or Involved Party (Non-Personnel).

Involvement: *Involvement should be a job title or relationship to the resident.* Any other information belongs in your narrative. The words "staff" and "employee" are NOT considered job titles. Do not put the name of a city.

Examples for Licensed Personnel include **"JOB TITLES"** such as Administrator, RN, LPN, CNA, etc. Please enter the complete license number correctly. Enter License Prefix and License Number with no spaces. **Examples:** NH1234, RN123456, PN123456, APRN1234567, SW1234, CNA123456, etc.

Examples for Unlicensed Personnel include **"JOB TITLES"** such as a caregiver, HHA, RA, Med Tech, dietary personnel, housekeeping, maintenance, etc.

Examples for Involved Party and Witness (Non-Personnel) include the relationship to the patient or resident, such as a family member/visitor, or another resident. ****This should be ONLY people who are NOT employed at your facility.**

Edit Individual
✕

Please identify all personnel and witnesses that made contact with the patient or resident during or after the incident. The patient or resident does not need to be re-identified in this section.

Describe the capacity in which the individual was involved in the incident. Examples for licensed and unlicensed personnel include job titles such as RN, CNA, etc. Examples for Involved Parties and Witnesses include the relationship to the patient or resident, such as family member, visitor, another resident, etc.

First Name

Last Name

Role

Involvement - Describe the capacity in which the individual was involved in the incident. ←

License #

SSN #

LICENSE#: You may verify license information by clicking on the following hyperlinks; [Florida Department of Health](#) or (for Administrators) [The MacDonald Research Institute: Assisted Living Facility Testing](#). **Do not enter the facility license number or your driver's license number.**

Please note - *If it is a multi-state license, please provide the name of the State the license was issued, under "Involvement". Refer to [Multistate Licensure](#) to verify a nurse's compact license number which originated in another state.





















SSN#: It is not acceptable to list an invalid Social Security Number such as 000-00-0000 or 123-45-6789. It is not expected that you provide a SSN# for someone who is not an employee or resident of your facility.

[Individuals Involved – Example](#)

**This is an example of how this section should look once properly completed.
Please be sure to enter valid information in the fields.**

Individuals Involved 

 Add Individual

First Name	Last Name	Role	Involvement	License #	SSN #	Action
Captain	America	Licensed Personnel	Physician	ME000000		 
Spider	Man	Unlicensed Personnel	Maintenance			 
Iron	Man	Witness (Non-Personnel)	Brother			 
Wonder	Woman	Licensed Personnel	APRN	APRN000000		 
Black	Panther	Licensed Personnel	Administrator	NH0000		 
Cat	Woman	Licensed Personnel	nurse	PN000000		 
Green	Lantern	Involved Party (Non-Personnel)	another resident			 
Aqua	Man	Unlicensed Personnel	dietary			 
Incredible	Hulk	Involved Party (Non-Personnel)	Agency nurse			 
Captain	Marvel	Licensed Personnel	RN - Multi-State License, Texas	000000		 

To Edit or Delete "Individuals Involved" use the Action tabs.

Click on “” to edit your information. Click on “” to delete the individual.

Investigation (3 separate sections on one page)

★ **Before beginning this section, please read what is required for each of the three parts so that you are documenting the required information in the appropriate section (Narrative, Analysis, Corrective Action).**

Preliminary Report (1 Day): Describes the **Circumstances of the Incident** from **BEGINNING** to **END**.

Circumstances of the Incident (Narrative of Facts): The narrative needs to match the box you checked under Outcomes. The narrative should answer the following basic questions: **WHO** were the individuals involved during and/or after the incident? **WHAT** events occurred? **WHERE** did the incident occur? **WHEN** did the incident occur (**DATES & TIMES**)? Providing a **chronological timeline** (dates/times) will explain the duration of the event from beginning to end. If applicable, include the location where the resident was transferred. *In this section, when using any acronyms, please type out the abbreviations at least once.

****ASSISTED LIVING FACILITY****

****NOTE:** You will **NOT** have access to the **Analysis of the Incident or Corrective Action Summary** until your Preliminary Report has been reviewed. (See [page 17](#) for instructions on how to manually switch to the **Full Report Mode**). Once the facility's investigation has been conducted, you may complete the Full Report (15 Day).

*****It is not necessary to document in the Circumstances of Incident section when completing the Full Report unless you have an addendum or are responding to comments posted from AHCA.**

******Please only click the “Save” button one time and wait for the system to save it.**

If you click on “Save” multiple times, it will duplicate the information you are trying to enter.

Investigation (continued)

Full Report (15 Day): Includes the **Analysis of the incident** and the **Corrective Action Summary**. It is to be completed under the **same report number**. Do NOT create a New Report for a “Full Report” (15-day report).

The report must include the results of the facility’s investigation into the adverse incident (not DCF’s or Law Enforcement’s).

Analysis of the Incident (Apparent Cause(s)) This is where you will explain **HOW and WHY** the incident occurred based on the facts and findings gathered during the **facility’s internal investigation** (including resident and staff interviews and the investigation of the scene of the incident).

★ Do not repeat or (copy & paste) information that was reported in another section of the report.

Corrective Action Summary (Corrective or Proactive Actions Taken) Based on the apparent cause(s) of the incident presented in the analysis, describe the corrective or proactive actions to be implemented to prevent this type or a similar type of incident from reoccurring to this or other residents. List and explain in detail what, if any, staff training was provided or scheduled to be provided to facility staff. **This is a required field.** If you submit a report as an adverse incident, there should **ALWAYS** be **corrective or proactive actions**. “No corrective action required”, “N/A” and “This is not adverse” are **NOT** acceptable answers.

If you are filing **a report that you have determined is not adverse**, you can **withdraw** it or **complete the report with ALL** the **required information**. The Office of Risk Management and Patient Safety cannot tell you if an incident is reportable. All submitted reports are reviewed as Adverse Incidents. Please refer to the Florida Statutes on page 3 of this guide.

★ If a surveyor deems the incident to be a reportable event on a report that you have withdrawn, you may be cited. ★

***See page 18 for instructions on how to request a report to be reopened.**

Supporting Documents

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

Some Facility types have the option to include Supporting Documents. Supporting Documents should support what you have already written in your report. **It is NOT acceptable to just write “See attached” in the “Investigation” section of the report.**

***Please note:** Large documents bigger than 4 GB must be broken down into multiple files before they will be accepted.

Examples of Supporting Documents:

- Autopsy Report
- Toxicology report
- Police Report
- Education Sign-in Sheets
- Diagnostic Reports
- Requested Information (requested from AHCA)
- Policies and Procedures
- Witness Statements



Comments

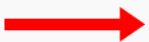

This section is view only (It is **for AHCA use only** for the purpose to notify you if more information is needed). If you receive an automated email stating that further action will or may be required, **OPEN YOUR REPORT**. It will open on the Comments section. Review the comments/questions and respond. **When responding to the comment there is no need to repeat information you have already documented in the report.** **The comments are posted to help guide you to provide the necessary information needed to complete the report.**

★ **If you resubmit the report without responding to the comments, the comment will be reposted so that you may respond.** **You need only respond to those questions with the latest date.** The previous questions will remain listed even though they have been answered. **If you do not provide the requested information your report may be Administratively Closed.**

Please note the “**Section Name**”. When you hover over the word you will see the hand icon (👉). You will be able to click on it and it will bring you to the section where the information needs to be added. The comment will also appear at the bottom of the section page.

Comments

Only Agency staff can add section comments. Please respond to section comments by clicking on the Section Name link to navigate to the appropriate section and editing the field(s) on the data entry screen. [Click here](#) to view Comments in a new window.

Created Date	Section Name	Comment	Created By
03/18/2021 01:48:58 PM	Notifications	Notifications: Please clarify - If the physician/PA/ARNP was notified AT THE TIME OF THE INCIDENT; list the provider's NAME and orders/recommendations. If you did not receive any orders or recommendations, please indicate that in the space provided. Please note: If you left a message for the physician or ARNP, indicate if you received a call back and if orders/recommendations were provided.	FDHC\morthiej
03/18/2021 01:48:19 PM	Notifications	Notifications: Under "External Agencies Notified?" Please list the name of the law enforcement agency/department you contacted.	FDHC\morthiej
03/18/2021 01:47:17 PM	Outcomes	OUTCOMES: Please check every applicable outcome. If the resident was transferred out of your facility for more acute or higher level of care due to the incident rather than the resident's condition before the incident, please check the appropriate box and list the location (name of facility) to which the resident was transferred. Please do not use abbreviations for the facility name. Please review the Report Submission Guide located under "Helpful Links".	FDHC\morthiej
	 		
03/18/2021 01:47:09 PM	Outcomes	Outcomes: The content of this report does not support the box you checked. If this incident was not reported to law enforcement, the check mark for "An event that is reported to law enforcement or its personnel for investigation" must be removed. DCF is not law enforcement.	FDHC\morthiej
03/18/2021 01:07:56 PM	Person Reporting	Person Reporting Information: Please remove the facility license number from this section. License # refers to your individual license number, if you have one, not the facility's license number. You may verify license information by going to the "Helpful Links" tab and clicking on the appropriate link.	FDHC\morthiej

Review and Submit

Your Report Status will remain as “New” until you click . If you do not see a “Submit Report” button, check the Error Description and click on the Section Name to fill in the required information.


Examples of Error Description

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

Section Name	Error Description
Person Reporting	Reporter not updated: Please enter your information and click save to update with your information.
Investigation	Analysis is missing
Investigation	Corrective Action Summary is missing

Checkmark beside each section name indicates that the section is completed.



If your report is in “NEED INFO” Status and you have responded to the comments, **DO NOT FORGET** to go to the Review and Submit section to submit your report again. If you do not click , it does not transmit to AHCA.

Report Status History

This displays the history of your report. It includes the status code, status description, report mode, who created the report, and the status date/time.



NOTE: This system will send you an automated email when you submit a report.


*If a report is reviewed and requires additional information, or if the report is late, you will receive daily emails until the issue(s) have been addressed.

Helpful Information for ALF's

If the Report Status is **“NEED INFO”** you can do one of two things,

1. Correct the info and resubmit the preliminary report.
2. Change it to the **“Full Report Mode.”** You change the report mode by going to the investigation tab. You will see a box in the upper right corner where you can change the report mode to Full. You would then provide the requested information and complete the Analysis and Corrective Action section before resubmitting the report.

Report #:	Report Status: NEED INFO	Provider Name:	User Name: ^
Report Type: Adverse Incident	Provider Type: Assisted Living Facility		
Incident Date: 03/29/2018	Report Mode: Preliminary		

Change Report Mode ? 

Once you change the report to Full Mode, you cannot switch it back to Preliminary Mode.

Change Report Mode
×


Please change the report mode from Preliminary to Full to submit a full report along with the additional information requested by the Agency.

Preliminary Full

How to Cancel or Withdraw a Report

You can click on  if the report was created in error.

Are you sure you want to cancel this report? Once it has been cancelled, it cannot be re-opened.

You can also choose to click  if you choose to withdraw the **ENTIRE REPORT**.

Are you sure you want to withdraw this entire report?

Definition of “Administratively Closed”- The Agency administratively closed the report because the requested information was not received from the provider.

NOTE: Once a report has been “**Withdrawn**” or “**Administratively Closed**”, you cannot reopen it. **Please send an email requesting that the report be reopened with the reason.** Send requests to The Office of Risk Management and Patient Safety at riskmgmtps@ahca.myflorida.com. Once an email is received, your report will be placed in “**NEED INFO**” Status.

TROUBLESHOOTING

If you experience technical difficulties, please clear your cookies/cache, and reboot your computer. You can also try using a different search engine.

Hospitalization

ICD-10 Information Sheet

ICD-10 is the 10th revision of the International Statistical Classification of Diseases and Related Health Problems (ICD), a medical classification list by the World Health Organization (WHO). It contains codes for diseases, signs and symptoms, abnormal findings, complaints, social circumstances, and external causes of injury or diseases.

The valid values for the ICD-10 codes are:

- ★ **Admitting Diagnosis:** valid values include all **ICD-10-CM** codes from **A00 - Z99**. (Any of the ICD-10-CM codes are accepted but no ICD-10-PCS codes are accepted)
- ★ **Surgical, Diagnostic, or Treatment:** valid values include **all ICD-10-PCS codes**. (Only ICD-10-PCS codes are accepted, ICD-10-CM codes are not accepted)
- ★ **External Cause Code:** valid values include **ICD-10-CM codes** within the range of V00 - Y99 or Z00 - Z99. (Only ICD-10-CM codes **that start with V, W, X, Y, or Z** are accepted)
- ★ **Resulting Injury Code:** valid values include **ICD-10-CM** codes within the range of **S00 - T88**. (Only ICD-10-CM codes **that start with S or T** are accepted)

ICD-10 Information Sheet (continued)

ICD-10 Coding ICD-10-CM vs. ICD-10-PCS

With the transition to ICD-10, in the United States, ICD-9 codes are segmented into ICD-10-CM and ICD-10-PCS codes. The "CM" in ICD-10-CM codes stands for clinical modification; ICD-10-CM codes were developed by the Centers for Disease Control and Prevention in conjunction with the National Center for Health Statistics (NCHS), for outpatient medical coding and reporting in the United States, as published by the World Health Organization (WHO).

"PCS" in ICD-10-PCS codes stands for the procedural classification system. ICD-10-PCS is a completely separate medical coding system from ICD-10-CM, containing an additional 87,000 codes for use only in United States inpatient, hospital settings. The procedure classification system (ICD-10-PCS) was developed by the Centers for Medicare and Medicaid Services (CMS) in conjunction with 3M Health Information Management (HIM).

ICD-10-CM codes add increased specificity to their ICD-9 predecessors, growing to five times the number of codes as the present system; a total of 68,000 clinical modification diagnosis codes. ICD-10-CM codes provide the ability to track and reveal more information about the quality of healthcare, allowing healthcare providers to better understand medical complications, better design treatment and care, and better comprehend and determine the outcome of care.

ICD-10-PCS is used only for inpatient, hospital settings in the United States, and is meant to replace volume 3 of ICD-9 for facility reporting of inpatient procedures. Due to the rapid and constant state of flux in medical procedures and technology, ICD-10-PCS was developed to accommodate the changing landscape. Common procedures, lab tests, and educational sessions that are not unique to the inpatient, hospital setting have been omitted from ICD-10-PCS.

Annual Reports

***ANNUAL REPORTS ARE DUE ON APRIL 1ST OF EACH YEAR. ***

☰ Report Details ?
Provider Information
Person Reporting
Risk Manager Information
Reportable Incidents
Malpractice Claims
Supporting Documents
Comments
Review and Submit
Report Status History

Hospitals and Ambulatory Surgical Centers:

[Section 395.0197](#), Florida Statutes require each licensed facility subject to this section to submit an annual report to the Agency summarizing the incident reports that were filed during the preceding calendar year. The information contained in this report is confidential.

HMO's (Health Management Organization):

[Section 641.55](#), Florida Statutes require each organization subject to this section to submit an annual report to the Agency summarizing the incident reports that were filed in the organization during the preceding calendar year pertaining to services rendered on the premises of the organization. The information contained in this report is confidential.

Frequently Asked Questions

Why are my supporting documents not uploading? Large documents bigger than 4 GB must be broken down into multiple files before they will be accepted.

Does AHCA provide a form for the Risk Manager Quarterly Report? No. Each facility must create its own form for its Risk Manager Quarterly Report.

Can an uploaded document be deleted from the report? Yes. It will not give you the option to delete it immediately. Please check back after a couple of days and you will see the Action to delete.

Can a CLOSED Annual Report be reopened? Yes. The reporter must send the request to The Office of Risk Management and Patient Safety at riskmgmtps@ahca.myflorida.com. Once an email is received, your report will be placed in "NEED INFO" Status.

Liability Claim Reports

For Assisted Living Facilities

Report Details ?
Provider Information
Person Reporting
Resident Information
Incident Information
Type of Injury
Alleged Violations
Comments
Review and Submit
Report Status History

[Florida Administrative Code 59A-36.017](#)

Liability Claim Report.

(1) Monthly Liability Claim Report. Each assisted living facility must report monthly any liability claim filed against the facility pursuant to rule [59A-35.110, F.A.C.](#), which requires online reporting. Each facility must comply with the reporting time frames and transmission requirements specified in section [429.23\(5\), F.S.](#)

(2) If a liability claim has not been filed against the facility in a given month, no report is required.

Fire Incident Reporting and Systems Failure

Fire Incident Reporting

All fires shall be reported to the Agency for Health Care Administration, Office of Plans and Construction, 2727 Mahan Drive, MS #24, Tallahassee, Florida 32308, (850) 412-4477, **by the next business day after the occurrence.**

A “Fire Incident Report, AHCA #3500-0031, May 1998” must be completed and returned to the Office of Plans and Construction within 15 calendar days of the fire event. All reports shall be complete and thorough.

This report can be accessed from the Agency’s website at: <https://ahca.myflorida.com/health-care-policy-and-oversight/office-of-plans-and-construction> Scroll to “Forms and Reports” and print the “Fire Incident Report” form. A “Fire Incident Report” form can also be obtained by calling Office of Plans and Construction at (850) 412-4477. [Fire Incident Reporting Form](#)

Systems Failure

In the event of a system failure of the fire alarm system, smoke detection system, power systems, or sprinkler system, the following actions shall be taken immediately by the facility:

1. Notify the local fire department and document instructions.
2. Notify the Agency for Health Care Administration through Field Operations.
3. Assess the extent of the condition and effect corrective action, with a documented period. If the corrective action will take more than four (4) hours, the following items shall be completed:
 - ★ Implement a contingency plan to the facility fire plan containing: a description of the problem, a specific description of the system failure, and the projected correction period. All staff on shifts involved shall have documented in-service training for the emergency contingency.
 - ★ Begin a documented fire watch, until the system is restored. Persons used for fire watch must be trained in what to look for, what to do, and be able to expeditiously contact the fire department. To maintain a fire watch, the facility shall utilize only certified public fire safety personnel, a guard service, or facility staff. If facility staff personnel are utilized for this function, they shall meet the following:
 - ★ Be off duty from their regular facility position and be in compliance with current state staffing ratios and personnel policies;
 - ★ Be trained and competent in the duties and responsibilities of a fire watch;
4. Have a provision for priority electronic communication

If the projected correction period changes or when the system is restored to normal operation, the facility shall notify the Agency for Health Care Administration and local fire authorities.

★ **Please note: A State Adverse Incident Report is only required if there is outcome to a resident and you can check an Outcome box on the AIRS Adverse Incident Reporting Form.**

Office of Risk Management and Patient Safety

- ❖ Visit the webpage at <https://ahca.myflorida.com/health-care-policy-and-oversight/bureau-of-field-operations/office-of-risk-management-and-patient-safety>.
- ❖ See upcoming changes under *Important Notices and Alerts*.
- ❖ Contact by phone at 850-412-3731, or email directly to Riskmgmt@ahca.myflorida.com.