

Health Care Personnel Registry  
**24-HOUR INITIAL REPORT**  
Allegation Report by Facility/Provider

All allegations against health care personnel, including injuries of unknown source which appear to be related to resident abuse or neglect, must be reported to the HCPR within 24-hours. [see NC Gen. Stat. §131E-256(g)]

Certain providers must report a reasonable suspicion of a crime with resulting serious bodily injury within 2-hours, and a reasonable suspicion of a crime without resulting serious bodily injury within 24-hours. [see 42 U.S.C. 1320b-25]

**Provider Information**

County: \_\_\_\_\_ Facility/Provider Type: \_\_\_\_\_

Facility/Provider Name: \_\_\_\_\_

Facility/Provider License #: \_\_\_\_\_ National Provider #: \_\_\_\_\_ Other ID #: \_\_\_\_\_

Main Office Phone #: ( ) \_\_\_\_\_ Main Office (Secure) Fax #: ( ) \_\_\_\_\_ Administrator/Director Email Address: \_\_\_\_\_

Contact Person:  Mr.  Ms. \_\_\_\_\_ Title: \_\_\_\_\_

Administrator:  Mr.  Ms. \_\_\_\_\_ Title: \_\_\_\_\_

MAIN OFFICE Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

ACTUAL INCIDENT Location Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Allegation/Incident Type**  
(check all that apply)

REASONABLE SUSPICION OF A CRIME (Explain under "Allegation/Incident Details" below) Is reasonable suspicion of a crime related to any allegation checked below?  Yes  No

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> ① RESIDENT ABUSE              | <input type="checkbox"/> ④ DIVERSION OF FACILITY DRUGS | <input type="checkbox"/> ⑦ MISAPPROPRIATION OF FACILITY PROPERTY |
| <input type="checkbox"/> ② RESIDENT NEGLECT            | <input type="checkbox"/> ⑤ FRAUD AGAINST RESIDENT      | <input type="checkbox"/> ⑧ MISAPPROPRIATION OF RESIDENT PROPERTY |
| <input type="checkbox"/> ③ DIVERSION OF RESIDENT DRUGS | <input type="checkbox"/> ⑥ FRAUD AGAINST FACILITY      | <input type="checkbox"/> ⑨ INJURY OF UNKNOWN SOURCE              |

**Allegation Description**

Incident Date: \_\_\_\_\_ Time: \_\_\_\_\_  a.m.  p.m.

Description of Physical or Mental Injury/Harm: \_\_\_\_\_

**Resident Information**

Resident Full Name:  Mr.  Ms. \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Resident's Type of Care/ Service & Setting: \_\_\_\_\_  
(Examples - Home Care, Nursing Home, Hospital/Acute Care, Day Program, CAP, CBS, Substance Abuse, Respite, etc.)

**Accused Individual Information**

Full Name:  Mr.  Ms. \_\_\_\_\_

Job Title: \_\_\_\_\_ Date of Hire: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security # (required): \_\_\_\_\_ Taxpayer ID # or other ID #: \_\_\_\_\_

Last Known Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: ( ) \_\_\_\_\_ Other Phone # (Cell phone, work, etc.): ( ) \_\_\_\_\_

**Law Enforcement**

Is there a Reasonable Suspicion of a Crime?  Yes  No Is there Serious Bodily Injury?  Yes  No

Incident reported to law enforcement?  Yes  No Date reported: \_\_\_\_\_ Time Reported: \_\_\_\_\_

Name of law enforcement agency: \_\_\_\_\_

Investigating Officer: \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_

**➤ INVESTIGATION REPORT MUST FOLLOW WITHIN 5 WORKING DAYS ◀**

The results of all investigations must be reported within five working days of the initial notification to the department. [see NC Gen. Stat. § 131E-256.(g)]  
**Failure to comply may result in a report to the agency having jurisdiction for compliance enforcement.**

<i>(Print Name and Title of Person Preparing Report)</i>	<i>(Signature of Person Preparing Report)</i> <i>(Date Signed)</i>