

Incident Form Script Drug Diversion

From the Consumer Rights and Services toll-free (800) 458-9858 main menu, press 5 and then option 5 to access this incident form mailbox.

- 1 You have selected the incident script for reporting a drug diversion. The script will begin after the tone. Please talk slowly and clearly and answer in complete sentences. Once you have provided a response, press # to move to the next query.

Please state and spell your name and state your title.

- 2 What is the name and physical address of the facility and the facility ID # [commonly known as the vendor number]?
- 3 What is the facility's phone number, including area code?
- 4 What is an alternate number where you can be reached?
- 5 What was the date and time facility staff first learned of the incident?
- 6 What are the names, social security number, and date of birth or age of residents involved? Please be sure to spell their name.
- 7 Provide a brief narrative of the incident to include: the quantity of medication missing, whether or not doses were missed and any negative outcome or treatment required.
- 8 Please state and spell the name of any alleged staff or say, "Unknown alleged perpetrator." If an alleged perpetrator is a non-staff member, please indicate their relationship to the consumer.
- 9 State who the facility notified about the incident. Example: physician, police. Please include the police report number.
- 10 Please provide a brief narrative describing what immediate actions the facility has taken to prevent further occurrences.

- 11 At this time you may provide any additional information you believe to be relevant to this report or add to the information already recorded. When you are finished, press #.
- 12¹ An Intake Specialist will call back and will provide the intake ID number for this incident report to be referenced on your provider investigation report form.

Remember to fax the facility's completed investigation report to Consumer Rights and Services toll free fax number (877) 438-5827. Backup fax numbers are (512) 438-2722 or (512) 438-2724. Or mail to Complaint Intake Unit Post Office Box 149030, Mail code E (for east) 249, Austin, Texas 78714 dash 9030. Do not mail a copy if a copy is faxed.

Thank you for using the incident form reporting system.

When you hang up your report will be submitted.

¹ Exit Mailbox Announcement <2099>