

**FIVE DAY FOLLOW-UP - NURSING HOME PROGRAM**

This form must be completed in its entirety and faxed to (304) 558-2515.

**Please type or print legibly**

Facility Name: _____ (Do Not Abbreviate)
Alleged Victim Name: _____ Date of Incident: _____
Alleged Perpetrator Name: _____ Position/Title: _____ (Do Not Abbreviate)
<b>Outcome / Results of Investigation</b> – Please give a narrative summary of the investigation results (add pages as needed): _____ _____ _____ _____ _____ _____
<b>Corrective Action By Facility</b> – Please give a brief summary of the corrective actions made by the facility: _____ _____ _____ _____ _____ _____
List all additional referrals made by the facility (e.g., licensing boards, law enforcement, etc): _____
Person Completing This Form: _____ Position/Title: _____
Telephone Number: _____ Time for Contact: _____
Signature: _____ Date: _____