

Mandatory Report of Home Care Organization, Home Health Agency, and Hospice Employees

INSTRUCTIONS FOR FORM:

- _____ 1. **Guidance Document:** Review the guidance document entitled [Mandatory Reporting by Administrators of Home Care Organizations, Home Health Agencies, and Hospices, OLC-3000-G](#).
- _____ 2. **Form:** Be sure that all information is completed on the form.

An incomplete form will delay the processing of your report and may result in your report being deemed untimely. Any documents submitted with a report are the property of the Office of Licensure and Certification (OLC) and cannot be returned.

The completed form may be faxed to the OLC at **(804) 527-4503** or be emailed to OLC-Complaints@vdh.virginia.gov. It may also be mailed to:

**Virginia Department of Health
Office of Licensure and Certification
ATTN: Complaint Unit
9960 Mayland Drive, Suite 401
Henrico, VA 23233**

Questions regarding the form can be directed to the OLC at OLC-inquiries@vdh.virginia.gov or by calling (804) 367-2104.

Doc. Number	Rev. Number	Eff. Date	Page Number
OLC-3001-F	1.00.00	April 1, 2021	1 of 3

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FACILITY INFORMATION	
Facility Name	
Facility Type Home Care Organization Home Health Agency Hospice	License Number <i>(if applicable)</i> CMS Certification Number <i>(if applicable)</i>
Administrator	
Administrator's Telephone Number	Administrator's Email Address
Person Submitting Report <i>(if not the Administrator)</i>	
Telephone Number of Person Submitting Report	Email Address of Person Submitting Report

EMPLOYEE INFORMATION
Employee Name
The employee: Is licensed, certified, or registered Holds a multistate practice privilege Is an applicant for a license, certificate or registration
What type of license, certificate, registration, or multistate practice privilege does the employee hold or has applied for?
If the employee is licensed, certified, or registered, what is the number associated with this license, certificate, or registration?
Is this person still employed by your facility? Yes No
Have you filed a complaint with the respective health regulatory board regarding this employee? Yes No

REASON FOR REPORT

Why is this report being filed?

I have a reasonable belief that the employee is in need of treatment for substance abuse.

I have a reasonable belief that the employee is in need of treatment for a psychiatric illness that may render the health professional a danger to themselves, the public, or their patients/clients.

The employee has been involuntarily admitted as a patient for substance abuse or a psychiatric illness.

The employee has been voluntarily admitted as a patient for substance abuse or a psychiatric illness.

I have a reasonable belief that the employee may have engaged in unethical, fraudulent or unprofessional conduct.

My facility has initiate a disciplinary proceeding as a result of conduct involving (i) intentional or negligent conduct that causes or is likely to cause injury to a patient/client or patients/clients, (ii) professional ethics, (iii) professional incompetence, (iv) moral turpitude, or (v) substance abuse.

My facility has taken disciplinary action against the employee for conduct involving (i) intentional or negligent conduct that causes or is likely to cause injury to a patient/client or patients/clients, (ii) professional ethics, (iii) professional incompetence, (iv) moral turpitude, or (v) substance abuse.

The employee has voluntarily resigned, voluntarily restricted their privileges, or voluntarily allowed their privileges to expire while under investigation or during disciplinary proceedings related to possible intentional or negligent conduct that causes or is likely to cause injury to a patient/client or patients/clients, medical incompetence, unprofessional conduct, moral turpitude, mental or physical impairment, or substance abuse.

What date did the reasonable belief form, the admission occur, or the adverse employee action take place?

AFFIRMATION

I certify all of the information submitted with this report and attachments is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this report is cause for denial, suspension, or revocation of _____'s license.

Signature

Date

Printed Name

Title

Doc. Number	Rev. Number	Eff. Date	Page Number
OLC-3001-F	1.00.00	April 1, 2021	3 of 3