

# Office of Licensing

**Disclaimer:** This document may be used as a template for a provider’s Annual Systemic Risk Assessment pursuant to the requirements outlined in 12VAC35-105-520. This template should be individualized to your agency and scope of services provided.

This is not a required template for a provider’s Annual Systemic Risk Assessment; however, utilization of this template will assist providers in achieving compliance with the regulatory requirements of 12VAC35-105-520.

Be sure to sign and date the last page.

## Annual Systemic Risk Assessment TEMPLATE

Provider Name:

Policy #:

Regulation: 12VAC35-105-520

Effective:

Revised:

Risk Areas	Findings	Risk Score (N/A if not used)	Recommendation(s)	Comments/Actions	Add to Risk Management (RM) Plan (Yes/No/NA)	Date
Environment of Care						

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Risk Areas	Findings	Risk Score (N/A if not used)	Recommendation(s)	Comments/Actions	Add to Risk Management (RM) Plan (Yes/No/NA)	Date
<b>Clinical Assessment and Reassessment Processes</b>						

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Risk Areas	Findings	Risk Score (N/A if not used)	Recommendation(s)	Comments/Actions	Add to Risk Management (RM) Plan (Yes/No/NA)	Date
Staff Competence and Adequacy of Staffing						
Use of High-Risk Procedures						

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Risk Areas	Findings	Risk Score (N/A if not used)	Recommendation(s)	Comments/Actions	Add to Risk Management (RM) Plan (Yes/No/NA)	Date
Review of Serious Incidents						

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Risk Areas	Findings	Risk Score (N/A if not used)	Recommendation(s)	Comments/Actions	Add to Risk Management (RM) Plan (Yes/No/NA)	Date
Risk Triggers and Thresholds (Care Concerns)						
Additional Risks						

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Risk Areas	Findings	Risk Score (N/A if not used)	Recommendation(s)	Comments/Actions	Add to Risk Management (RM) Plan (Yes/No/NA)	Date

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Risk Matrix for use when determining a risk score:

Very Likely	Acceptable Risk Medium 2	Unacceptable Risk High 3	Unacceptable Risk Extreme 4
Quite Likely	Acceptable Risk Low 1	Acceptable Risk Medium 2	Unacceptable Risk High 3
Unlikely	Acceptable Risk Low 1	Acceptable Risk Low 1	Acceptable Risk Medium 2
	Minor	Moderate	Major

[Provider Designee Signature]

[Date]