

Date Report Completed: _____ Completed by: _____

Type of Event: (Check all that apply) - *Requires RN Follow Up @ Requires Administrator Follow Up

- | | | |
|---|---|---|
| <input type="checkbox"/> Fall* | <input type="checkbox"/> Alleged Abuse* | <input type="checkbox"/> Damage to client property@ |
| <input type="checkbox"/> Injury to Client* | <input type="checkbox"/> Employee Injury* | <input type="checkbox"/> Financial exploitation@ |
| <input type="checkbox"/> Bruising of unknown origin* | <input type="checkbox"/> Inappropriate sexual contact* | <input type="checkbox"/> Unsafe environments@ |
| <input type="checkbox"/> MVA* | <input type="checkbox"/> Threat of physical violence* | <input type="checkbox"/> Alleged criminal acts@ |
| <input type="checkbox"/> Medication Error* | <input type="checkbox"/> Use of chemical/physical restraints* | <input type="checkbox"/> Alleged employee crime@ |
| <input type="checkbox"/> Bizarre/Disruptive Behavior* | <input type="checkbox"/> Client Missing@ | <input type="checkbox"/> Damage to emp property@ |
| <input type="checkbox"/> Change in mental/physical condition* | | |

Date incident reported: _____ Incident Reported By: _____

Clients Involved: _____

Employees Involved: _____

Location of Incident: _____

Time of Incident: _____

Other persons involved: _____

Details of Incident:

If Hospitalization:

What hospital? _____ Time of Hospitalization: _____

Expected Discharge Date if Known: _____ Reason for Hospitalization: _____

Was caregiver present when decision was made to send to hospital? YES NO

Next Steps: Email this report to the Dir. of Nursing and/or Administrator per the above legend. Follow up with a phone call to required party. Enter this information in the Schedule Notes and Activities sections with reminder notifications of the client record.

To Be Completed by RN or Administrator

Name of Staff Member Completing Resolution: _____

Details of Resolution:

Was procedure followed by staff? YES NO Do you agree with details of incident? YES NO

Initial Reporter Signature: _____ Date: _____

RN/Administrator Signature: _____ Date: _____

Enter resolution details in the Activities of the client record. Make a copy for the client file and the caregiver file. Put original in Incident and Complaint Log.