

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.