DATE OF INCIDENT (D/M/Y)	Time	LOCATION OF INCIDENT	WITNESSED BY	
23 Oct 2024	02:48 PM	room	mng	
DATE OF DISCOVERY	Time	LOCATION OF DISCOVERY	DISCOVERED BY mng	
(D/M/Y)	02:48 PM	room		
23 Oct 2024			OTHER WITNESSES	
TYPE OF INCIDENT		SAFETY DEVICES IN USE BEFORE OCCURRENCE	OTHER WITNESSES? ✓ Yes □ No	
│ ☑ Fall	✓ Resident Abuse	Yes No N/A	Name: nm 1	
☑ Fire	✓ Treatment	Fob was within reach		
☑ Security	✓ Loss of Property	Call bell within reach	Position:pos 1	
☑ Elopement	☐ Choking	Caution signs in place	Name:nm 2	
✓ Aggressive Behavior	☐ Death		Position:pos 2	
✓ Other other incident		Other other safety		
Condition At Time Of Incident	Fall Assessment	Ambulation	Fire	
☑ Oriented	✓ Medication Change	☐ Unlimited	Yes No Alarm pulled	
☐ Sedated	✓ Cardiac Medications	✓ Limited		
☐ Disoriented	Mood Altering Medications	☑ Required assistance	False alarm	
✓ Other (Specify)		☐ Wheelchair	Extinguisher used	
	✓ Relocation	✓ Walker✓ Other (Specify)		
	✓ Temporary Illness		Personal injury	
		other Ambulation	Resident or facility	
			property damage	
FACTUAL CONCISE DESCRIF	PTION OF INCIDENT, INJURY,	AND ACTION TAKEN:	1	
Fact				

INCIDENT INVOLVED: \square Resident \square Visitor \square Staff \square Other oth inc

Attachments:-





NOTIFICATION					
INFORMED OF INCIDENT	INITIAL	PERSON NOTIFIED	NOTIFIED RESIDENT'S RESPONSIBLE PARTY		
Assistant General Manager	<u>agm</u>	Family Doctor:doc Time: 02:50 PM	☑ Yes □ No		
✓ General Manager✓ Risk Management Committee	gm rmc	Other: other notified	Name: RAO		
✓ Other <u>other notification</u>	oth	Time: <u>02:50 PM</u>	Date: 23 Oct 2024		
			Time: <u>02:50 PM</u>		

COMPLETED BY	POSITION	DATE
Rahi	developer	23 Oct 2024 02:50 PM

FOLLOW UP (For Management Use Only)

ISSUE (Problem)
Issue text
FINDINGS (Gather Information)
Findings text
POSSIBLE SOLUTIONS (Identify Solution)
Solutions text
ACTION PLAN
Plan text
FOLLOW UP (Examine Result – Did the Plan work?)
Follow up text