**INCIDENT INVOLVED:** ☑ Resident ☐ Visitor ☐ Staff ☐ Other

| DATE OF INCIDENT (D/M/Y) | Time | LOCATION OF INCIDENT | WITNESSED BY |
|---|---|---|---|
| 23 Oct 2024 | 11:16 AM | ground floor | concierge |
| **DATE OF DISCOVERY (D/M/Y)** | **Time** | **LOCATION OF DISCOVERY** | **DISCOVERED BY** |
| 23 Oct 2024 | 11:16 AM | main gate | concierge |

**TYPE OF INCIDENT**

- ☑ Fall
- ☐ Fire
- ☐ Security
- ☐ Elopement
- ☐ Aggressive Behavior
- ☐ Other
- ☐ Resident Abuse
- ☑ Treatment
- ☐ Loss of Property
- ☐ Choking
- ☐ Death

**SAFETY DEVICES IN USE BEFORE OCCURRENCE**

| | Yes | No | N/A |
|---|---|---|---|
| Fob was within reach | ☑ | ☐ | ☐ |
| Call bell within reach | ☐ | ☐ | ☑ |
| Caution signs in place | ☐ | ☑ | ☐ |

Other

**OTHER WITNESSES?**

☑ Yes ☐ No

Name:alice

Position:con

Name:bob

Position:con

**Condition At Time Of Incident**

- ☑ Oriented
- ☐ Sedated
- ☐ Disoriented
- ☐ Other (Specify)

**Fall Assessment**

- ☑ Medication Change
- ☐ Cardiac Medications
- ☐ Mood Altering Medications
- ☐ Visual Deficit
- ☑ Relocation
- ☑ Temporary Illness

**Ambulation**

- ☐ Unlimited
- ☑ Limited
- ☐ Required assistance
- ☐ Wheelchair
- ☐ Walker
- ☐ Other (Specify)

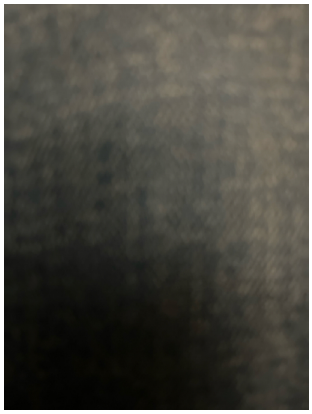
**Fire**

| | Yes | No |
|---|---|---|
| Alarm pulled | ☑ | ☐ |
| False alarm | ☐ | ☑ |
| Extinguisher used | ☑ | ☐ |
| Personal injury | ☐ | ☑ |
| Resident or facility property damage | ☑ | ☐ |

**FACTUAL CONCISE DESCRIPTION OF INCIDENT, INJURY, AND ACTION TAKEN:**

Not applicable

**Attachments:-**



| NOTIFICATION | | | |
|---|---|---|---|
| **INFORMED OF INCIDENT** | **INITIAL** | **PERSON NOTIFIED** | **NOTIFIED RESIDENT'S RESPONSIBLE PARTY** |
| ☑ Assistant General Manager | c | **Family Doctor:dr x** | ☐ Yes ☑ No |
| ☐ General Manager | | **Time: 11:17 AM** | **Name:** |
| ☐ Risk Management Committee | | **Other:** | **Date:** |
| ☐ Other | | **Time:** | **Time:** |

| COMPLETED BY<br>ross | POSITION<br>concierge | DATE<br>23 Oct 2024 11:17 AM |
|---|---|---|

# FOLLOW UP (For Management Use Only)

| ISSUE (Problem) |
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| **FINDINGS (Gather Information)** |
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| **POSSIBLE SOLUTIONS (Identify Solution)** |
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| **ACTION PLAN** |
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| |
| **FOLLOW UP (Examine Result – Did the Plan work?)** |
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