

INCIDENT INVOLVED: ☒ Resident ☐ Visitor ☒ Staff ☒ Other oth inc

DATE OF INCIDENT (D/M/Y) 23 Oct 2024	Time 02:48 PM	LOCATION OF INCIDENT room
DATE OF DISCOVERY (D/M/Y) 23 Oct 2024	Time 02:48 PM	LOCATION OF DISCOVERY room
TYPE OF INCIDENT <div><div><input checked="" type="checkbox"/> Fall <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Security <input checked="" type="checkbox"/> Elopement <input checked="" type="checkbox"/> Aggressive Behavior <input checked="" type="checkbox"/> Other <u>other incident</u></div><div><input checked="" type="checkbox"/> Resident Abuse <input checked="" type="checkbox"/> Treatment <input checked="" type="checkbox"/> Loss of Property <input type="checkbox"/> Choking <input type="checkbox"/> Death</div></div>		SAFETY DEVICES IN USE BEFORE OCCURRENCE Yes No N/A Fob was within reach <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Call bell within reach <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Caution signs in place <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Other <u>other safety</u>
Condition At Time Of Incident <div><input checked="" type="checkbox"/> Oriented <input type="checkbox"/> Sedated <input type="checkbox"/> Disoriented <input checked="" type="checkbox"/> Other (Specify)</div>	Fall Assessment <div><input checked="" type="checkbox"/> Medication Change <input checked="" type="checkbox"/> Cardiac Medications <input type="checkbox"/> Mood Altering Medications <input type="checkbox"/> Visual Deficit <input checked="" type="checkbox"/> Relocation <input checked="" type="checkbox"/> Temporary Illness</div>	Ambulation <div><input type="checkbox"/> Unlimited <input checked="" type="checkbox"/> Limited <input checked="" type="checkbox"/> Required assistance <input type="checkbox"/> Wheelchair <input checked="" type="checkbox"/> Walker <input checked="" type="checkbox"/> Other (Specify) <u>other Ambulation</u></div>

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

Fact

Attachments:-

<https://hamiltondinnerapp.intellidt.com/uploads/public/FormResponses/media/6729a8acca4aa1730783404.jpeg>

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NOTIFICATION		
INFORMED OF INCIDENT	INITIAL	PERSON NOTIFIED
<input checked="" type="checkbox"/> Assistant General Manager	<u>agm</u>	Family Doctor: <u>doc</u>
<input checked="" type="checkbox"/> General Manager	<u>gm</u>	Time: <u>02:50 PM</u>
<input checked="" type="checkbox"/> Risk Management Committee	<u>rmc</u>	Other: <u>other notified</u>
<input checked="" type="checkbox"/> Other <u>other notification</u>	<u>oth</u>	Time: <u>02:50 PM</u>
COMPLETED BY Rahi		POSITION developer

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