

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

DATE OF INCIDENT (D/M/Y)

23 Oct 2024

DATE OF DISCOVERY (D/M/Y)

23 Oct 2024

TYPE OF INCIDENT

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Fall                        | <input checked="" type="checkbox"/> Resident Abuse   |
| <input checked="" type="checkbox"/> Fire                        | <input checked="" type="checkbox"/> Treatment        |
| <input checked="" type="checkbox"/> Security                    | <input checked="" type="checkbox"/> Loss of Property |
| <input checked="" type="checkbox"/> Elopement                   | <input type="checkbox"/> Choking                     |
| <input checked="" type="checkbox"/> Aggressive Behavior         | <input type="checkbox"/> Death                       |
| <input checked="" type="checkbox"/> Other <u>other incident</u> |  |

Condition At Time Of Incident

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

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

Fact

Attachments:-

- <https://hamiltondinnerapp.intellidt.com/uploads/public/FormResponses/media/6729a6431633217307>
- <https://hamiltondinnerapp.intellidt.com/uploads/public/FormResponses/media/6729a6431713017307>

**NOTIFICATION**

**INFORMED OF INCIDENT**

**INITIAL**

- ☒ Assistant General Manager
- ☒ General Manager
- ☒ Risk Management Committee
- ☒ Other other notification

agm

gm

rmc

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**COMPLETED BY**  
**Rahi**

**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**