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

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☐ Visitor

✓ Staff

✓ Resident

INCIDENT INVOLVED:

**NOTIFICATION** 

☑ Other oth inc

INFORMED OF INCIDENT	INITIAL	PERSON NOTIFIED	NOTIFIED RESIDENT'S RESPONSIBLE PARTY
<ul> <li>✓ Assistant General Manager</li> <li>✓ General Manager</li> <li>✓ Risk Management Committee</li> <li>✓ Other other notification</li> </ul>	agm gm rmc oth	Family Doctor:doc  Time: 02:50 PM  Other: other notified  Time: 02:50 PM	✓ Yes       No         Name: RAO         Date: 23 Oct 2024         Time: 02:50 PM
COMPLETED BY Rahi		POSITION developer	DATE 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