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	**WIT** mng
DATE OF DISCOVERY (D/M/Y) 23 Oct 2024	**Time** 02:48 PM	**LOCATION OF DISCOVERY** room	**DISC BY** mng

TYPE OF INCIDENT

- ☑ Fall
- ☑ Fire
- ☑ Security
- ☑ Elopement
- ☑ Aggressive Behavior
- ☑ Other other incident
- ☑ 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 safety

OTH WIT

Nam

Posit

Nam

Posit

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) other Ambulation	**Fire** Alar ☑ Fals ☐ Extir used Pers ☐ Resi facil prop dam ☐

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

Fact

Attachments:-

- https://hamiltondinnerapp.intellidt.com/uploads/public/FormResponses/media/67299ff597b5b1730781173.jpeg
- https://hamiltondinnerapp.intellidt.com/uploads/public/FormResponses/media/67299ff59899a1730781173.jpeg

NOTIFICATION				
INFORMED OF INCIDENT		**INITIAL**	**PERSON NOTIFIED**	**NOT RES RES PAR**
☑ Assistant General Manager		agm	Family Doctor: doc	
☑ General Manager		gm	Time: 02:50 PM	
☑ Risk Management Committee		rmc	Other: other notified	Nam
☑ Other other notification		oth	Time: 02:50 PM	Date
				Time
COMPLETED BY Rahi			**POSITION** developer	**DAT** 23 O 02:5

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