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	Time 02:48 PM Time 02:48 PM	LOCATION OF INCIDENT room LOCATION OF DISCOVERY room	WITNESSED BY mng DISCOVERED BY mng
TYPE OF INCIDENT Fall Fire Security	✓ Resident Abuse✓ Treatment✓ Loss of Property	SAFETY DEVICES IN USE BEFORE OCCURRENCE Yes No N/A Fob was within reach Call bell within reach	OTHER WITNESSES? ✓ Yes □ No Name:nm 1 Position:pos 1
 ✓ Elopement ✓ Aggressive Behavior ✓ Other other incident 	☐ Choking ☐ Death	Caution signs in place Cuther other safety	Name:nm 2 Position:pos 2
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 Yes No Alarm pulled □ False alarm □ Extinguisher used □ Personal injury □ Resident or facility property damage □
FACTUAL CONCISE DESCRIP	TION OF INCIDENT, INJURY, A		

Attachments:-

https://hamiltondinnerapp.intellidt.com/uploads/public/FormResponses/media/6729b0fc5df5a1730785532.jpeg	

h t t

p s : /

/
h a m
i l t o n d i n n e r a p p

i n t e l

l i

d t

c o m / u p l o a d

s /

p u

b l i

c / F

o r m R e s p o

n s e

s / m e d i

NOTIFICATION					
INFO	DRMED OF INCIDENT	INITIAL	PERSON NOTIFIED	NOTIFIED RESIDENT'S RESPONSIBLE PARTY	
√	Assistant General Manager	<u>agm</u>	Family Doctor:doc	☑ Yes ☐ No	
√	General Manager	gm	Time: <u>02:50 PM</u>	Name: RAO	
7	Risk Management Committee	<u>rmc</u>	Other: other notified	Date: 23 Oct 2024	
√	Other other notification	oth	Time: <u>02:50 PM</u>	Time: <u>02:50 PM</u>	
COM Rahi	IPLETED BY		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