

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

DATE OF INCIDENT (D/M/Y) 23 Oct 2024	Time 02:48 PM	LOC INC room
DATE OF DISCOVERY (D/M/Y) 23 Oct 2024	Time 02:48 PM	LOC DISC 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>		SAF DEV USE OCC Ye Fob reac <input checked="" type="checkbox"/> <input type="checkbox"/> Call reac <input type="checkbox"/> <input type="checkbox"/> Cau plac <input type="checkbox"/> <input checked="" type="checkbox"/> Othe <u>safet</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>	Amb <input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> assi <input type="checkbox"/> Whe <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> (Spe othe Amb

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

Fact

Attachments:-

- <https://hamiltondinnerapp.intellidt.com/uploads/public/FormResponses/media/6729a262cd7db1730781794.jpeg>
- <https://hamiltondinnerapp.intellidt.com/uploads/public/FormResponses/media/6729a262ce7e01730781794.jpeg>

NOTIFICATION

INFORMED OF INCIDENT

INITIAL

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

agm

gm

rmc

oth

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