DATE OF INCIDENT (D/M/Y)	Time	LOCATION OF INCIDENT	WITNESSED BY		
23 Oct 2024	02:48 PM	room	mng		
DATE OF DISCOVERY (D/M/Y)	Time	LOCATION OF DISCOVERY	DISCOVERED BY mng		
23 Oct 2024	02:48 PM	room	,g		
TYPE OF INCIDENT Fall Fire	✓ Resident Abuse✓ Treatment	SAFETY DEVICES IN USE BEFORE OCCURRENCE Yes No N/A Fob was within reach	OTHER WITNESSES? Yes No Name:nm 1		
✓ Security	✓ Loss of Property	Call bell within reach	Position:pos 1		
✓ Elopement	☐ Choking	Caution signs in place	Name:nm 2		
✓ Aggressive Behavior	☐ Death		Position:pos 2		
✓ Other <u>other incident</u>		Other other safety			
Condition At Time Of Incident	Fall Assessment	Ambulation	Fire		
✓ Oriented☐ Sedated	✓ Medication Change✓ Cardiac Medications	☐ Unlimited ☐ Limited	Yes No Alarm pulled		
☐ Disoriented	☐ Mood Altering	✓ Required assistance	False alarm		
✓ Other (Specify)	Medications	☐ Wheelchair	Extinguisher used 🗸 🗌		
	☐ Visual Deficit	✓ Walker	Personal injury		
	✓ Relocation	☑ Other (Specify)	Resident or facility property damage		
	✓ Temporary Illness				
FACTUAL CONCISE DESCRIPTION OF INCIDENT, INJURY, AND ACTION TAKEN:					
TACTUAL CONCISE DESCRIPTION OF INCIDENT, INSURT, AND ACTION TAKEN.					
Fact					

☐ Visitor

☑ Other oth inc

☑ Resident

INCIDENT INVOLVED:

Attachments:-

- $\bullet\ https://hamilton dinner app.intellidt.com/uploads/public/Form Responses/media/6729 ce7 abc 3911730793082.jpeg$
- $\bullet\ https://hamilton dinner app.intellidt.com/uploads/public/Form Responses/media/6729 ce7 abd 20 c1730793082. jpeg$

NOTIFICATION					
INFORMED 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 <u>other notification</u> oth	Time: <u>02:50 PM</u>	Time: <u>02:50 PM</u>		
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