

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

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

Attachments:-

- <https://hamiltondinnerapp.intellidt.com/uploads/public/FormResponses/media/6729e7b77abfc1730799543.jpeg>
- <https://hamiltondinnerapp.intellidt.com/uploads/public/FormResponses/media/6729e7b77df6b1730799543.jpeg>

| NOTIFICATION  |            |                              |   |
|---|------------|------------------------------|---|
| INFORMED OF INCIDENT  | INITIAL    | PERSON NOTIFIED              | NOTIFIED RESIDENT'S RESPONSIBLE PARTY                               |
| <input checked="" type="checkbox"/> Assistant General Manager       | <u>agm</u> | Family Doctor: <u>doc</u>    | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <input checked="" type="checkbox"/> General Manager                 | <u>gm</u>  | Time: <u>02:50 PM</u>        | Name: <u>RAO</u>  |
| <input checked="" type="checkbox"/> Risk Management Committee       | <u>rmc</u> | Other: <u>other notified</u> | Date: <u>23 Oct 2024</u>  |
| <input checked="" type="checkbox"/> Other <u>other notification</u> | <u>oth</u> | Time: <u>02:50 PM</u>        | Time: <u>02:50 PM</u>   |
| COMPLETED BY<br>Rahi  |            | POSITION<br>developer        | DATE<br>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                                  |