INCIDENT INVOLVED: ☑ Resident ☐ Visitor ☐ Staff ☐ Other

DATE OF INCIDENT (D/M/Y) 23 Oct 2024	**Time** 02:30 PM	**LOCATION OF INCIDENT** inc	**WITNESSED BY** w1
DATE OF DISCOVERY (D/M/Y) 23 Oct 2024	**Time** 02:30 PM	**LOCATION OF DISCOVERY** dis	**DISCOVERED BY** d1

TYPE OF INCIDENT

☐ Fall
☐ Fire
☐ Security
☐ Elopement
☐ Aggressive Behavior
☐ Other
☐ 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 WITNESSES?

☐ Yes ☑ No

Name:

Position:

Name:

Position:

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)

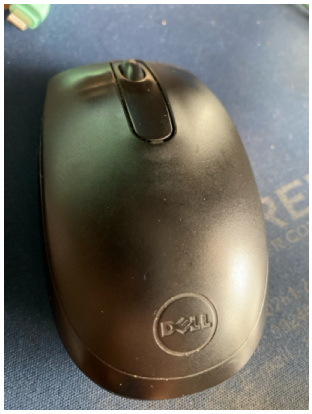
Fire

	Yes	No
Alarm pulled	☐	☑
False alarm	☐	☑
Extinguisher used	☐	☑
Personal injury	☐	☑
Resident or facility	☐	☑

property damage

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

Attachments:-



NOTIFICATION			
INFORMED OF INCIDENT	**INITIAL**	**PERSON NOTIFIED**	**NOTIFIED RESIDENT'S RESPONSIBLE PARTY**
☐ **Assistant General Manager** ☐ **General Manager** ☐ **Risk Management Committee** ☐ **Other**		**Family Doctor:** **Time:** **Other:** **Time:**	☐ **Yes** ☑ **No** **Name:** **Date:** **Time:**
COMPLETED BY Rahi		**POSITION** dev	**DATE** 23 Oct 2024 02:31 PM

FOLLOW UP (For Management Use Only)

ISSUE (Problem)
FINDINGS (Gather Information)
POSSIBLE SOLUTIONS (Identify Solution)
ACTION PLAN
FOLLOW UP (Examine Result – Did the Plan work?)