INCIDENT INVOLVED: ☑ Resident ☐ Visitor ☑ Staff ☑ Other <u>oth inc</u>

DATE OF INCIDENT (D/M/Y) 23 Oct 2024	Time 02:48 PM	LOCATION OF INCIDENT room	WITNESSED BY mng
DATE OF DISCOVERY (D/M/Y) 23 Oct 2024	Time 02:48 PM	LOCATION OF DISCOVERY room	DISCOVERED BY mng

TYPE OF INCIDENT	SAFETY DEVICES IN USE BEFORE OCCURRENCE	OTHER WITNESSES?
☑ Fall ☑ Resident Abuse ☑ Fire ☑ Treatment ☑ Security ☑ Loss of Property ☑ Elopement ☐ Choking ☑ Aggressive Behavior ☐ Death ☑ Other <u>other incident</u>	**Yes No N/A** Fob was within reach ☑ ☐ ☐ Call bell within reach ☐ ☑ ☐ Caution signs in place ☐ ☐ ☑ Other <u>other safety</u>	☑ Yes ☐ No Name:<u>nm 1</u> Position:<u>pos 1</u> Name:<u>nm 2</u> Position:<u>pos 2</u>

Condition At Time Of Incident	Fall Assessment	Ambulation	Fire
☑ Oriented ☐ Sedated ☐ Disoriented ☑ Other (Specify)	☑ Medication Change ☑ Cardiac Medications ☐ Mood Altering Medications ☐ Visual Deficit ☑ Relocation ☑ Temporary Illness	☐ Unlimited ☑ Limited ☑ Required assistance ☐ Wheelchair ☑ Walker ☑ Other (Specify) <u>other Ambulation</u>	**Yes No** Alarm pulled ☑ ☐ False alarm ☐ ☑ Extinguisher used ☑ ☐ Personal injury ☐ ☑ Resident or facility property damage ☑ ☐

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

Fact

Attachments:-

- https://hamiltondinnerapp.intellidt.com/uploads/public/FormResponses/media/6729e86577bce1730799717.jpeg

- https://hamiltondinnerapp.intellidt.com/uploads/public/FormResponses/media/6729e8657893e1730799717.jpeg

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