Incident Form

Form Response

informed_of_incident :-

Assistant General Manager,General Manager,Risk Management Committee,other for notification

safety_caution :-

N/A

completed_position :-

Manager

followUp_action_plan :-

Text for action plan

initial_other :-

oth

completed_by :-

Sal

followUp_examine_result :-

Text for follow up

ambulation :-

Unlimited,Limited,Required assistance,Wheelchair,Walker,other for ambulation

witness_position2 :-

accountant

fall_assessment :-

Medication Change,Visual Deficit,Relocation,Temporary Illness

notified_other_date :-

18 Oct 2024 10:48 AM

safety_fob :-

Yes

fire_personal_injury :-

No

incident_location :-

room

notified_family_doctor_date :-

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fire_property_damage :-

Yes

witness_position1 :-

developer

other_witnesses :-

Yes

discovery_location :-

room

incident_date :-

18 Oct 2024 10:44 AM

fire_false_alarm :-

No

notified_resident_date :-

18 Oct 2024 10:48 AM

followUp_findings :-

Text for findings

followUp_issue :-

Text for issue

type_of_incident :-

Fall,Resident Abase,Fire,Treatment,Security,Loss Of Property,Elopement,Choking,Death,Aggressive
Behavior,other type of inc

safety_callbell :-

No

notified_other :-

boss

factual_description :-

Data for factual

discovered_by :-

manager

initial_gm :-

gm

initial_risk_mng_committee :-

rmc

safety_other :-

other for safety

incident_involved :-

Resident,Visitor,Staff,for other inc

fire_extinguisher_used :-

Yes

followUp_possible_solutions :-

Text for possible sol

discovery_date :-

18 Oct 2024 10:44 AM

notified_family_doctor :-

doctor name

notified_resident_responsible_party :-

Yes

witness_name1 :-

wt1

notified_resident_name :-

Relative

condition_at_incident :-

Oriented,Sedated,other for condition

witnessed_by :-

manager

completed_date :-

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witness_name2 :-

wt2

fire_alarm_pulled :-

Yes

initial_assistant_gm :-

agm