

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

DATE OF INCIDENT (D/M/Y)

23 Oct 2024

DATE OF DISCOVERY (D/M/Y)

23 Oct 2024

TYPE OF INCIDENT

- | | |
|---|--|
| <input checked="" type="checkbox"/> Fall | <input checked="" type="checkbox"/> Resident Abuse |
| <input checked="" type="checkbox"/> Fire | <input checked="" type="checkbox"/> Treatment |
| <input checked="" type="checkbox"/> Security | <input checked="" type="checkbox"/> Loss of Property |
| <input checked="" type="checkbox"/> Elopement | <input type="checkbox"/> Choking |
| <input checked="" type="checkbox"/> Aggressive Behavior | <input type="checkbox"/> Death |
| <input checked="" type="checkbox"/> Other <u>other incident</u> | |

Condition At Time Of Incident

- ☒ Oriented
- ☐ Sedated
- ☐ Disoriented
- ☒ Other (Specify)

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

Fact

Attachments:-

- <https://hamiltondinnerapp.intellidt.com/uploads/public/FormResponses/media/67299e2c49a4617307>
- <https://hamiltondinnerapp.intellidt.com/uploads/public/FormResponses/media/67299e2c4a8b417307>

NOTIFICATION

INFORMED OF INCIDENT

INITIAL

- ☒ Assistant General Manager
- ☒ General Manager
- ☒ Risk Management Committee
- ☒ Other other notification

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COMPLETED BY
Rahi

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