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

Attachments:-





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

COMPLETED BY	POSITION	DATE
Rahi	developer	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