

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

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  <div><div><input checked="" type="checkbox"/> Fall <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Security <input checked="" type="checkbox"/> Elopement <input checked="" type="checkbox"/> Aggressive Behavior <input checked="" type="checkbox"/> Other <u>other incident</u></div><div><input checked="" type="checkbox"/> Resident Abuse <input checked="" type="checkbox"/> Treatment <input checked="" type="checkbox"/> Loss of Property <input type="checkbox"/> Choking <input type="checkbox"/> Death</div></div>		SAFETY DEVICES IN USE BEFORE OCCURRENCE  Yes No N/A <div>Fob was within reach <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div> <div>Call bell within reach <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/></div> <div>Caution signs in place <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/></div> <div>Other <u>other safety</u></div>		OTHER WITNESSES?  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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  <div><input checked="" type="checkbox"/> Oriented <input type="checkbox"/> Sedated <input type="checkbox"/> Disoriented <input checked="" type="checkbox"/> Other (Specify)</div>	Fall Assessment  <div><input checked="" type="checkbox"/> Medication Change <input checked="" type="checkbox"/> Cardiac Medications <input type="checkbox"/> Mood Altering Medications <input type="checkbox"/> Visual Deficit <input checked="" type="checkbox"/> Relocation <input checked="" type="checkbox"/> Temporary Illness</div>	Ambulation  <div><input type="checkbox"/> Unlimited <input checked="" type="checkbox"/> Limited <input checked="" type="checkbox"/> Required assistance <input type="checkbox"/> Wheelchair <input checked="" type="checkbox"/> Walker <input checked="" type="checkbox"/> Other (Specify)  <u>other Ambulation</u></div>	Fire  Yes No <div>Alarm pulled <input checked="" type="checkbox"/> <input type="checkbox"/></div> <div>False alarm <input type="checkbox"/> <input checked="" type="checkbox"/></div> <div>Extinguisher used <input checked="" type="checkbox"/> <input type="checkbox"/></div> <div>Personal injury <input type="checkbox"/> <input checked="" type="checkbox"/></div> <div>Resident or facility property damage <input checked="" type="checkbox"/> <input type="checkbox"/></div>	
FACTUAL CONCISE DESCRIPTION OF INCIDENT, INJURY, AND ACTION TAKEN:  In publishing and graphic design, Lorem ipsum is a placeholder text commonly used to demonstrate the visual form of a document or a typeface without relying on meaningful content. Lorem ipsum may be used as a placeholder before the final copy is available				

Attachments:-

- <https://hamiltondinnerapp.intellidt.com/uploads/public/FormResponses/media/6729c5a98ef091730790825.jpeg>
- <https://hamiltondinnerapp.intellidt.com/uploads/public/FormResponses/media/6729c5a98fea31730790825.jpeg>

NOTIFICATION			
INFORMED OF INCIDENT	INITIAL	PERSON NOTIFIED	NOTIFIED RESIDENT'S RESPONSIBLE PARTY
<input checked="" type="checkbox"/> Assistant General Manager <input checked="" type="checkbox"/> General Manager <input checked="" type="checkbox"/> Risk Management Committee <input checked="" type="checkbox"/> Other <u>other notification</u>	<u>agm</u>  <u>gm</u>  <u>rmc</u>  <u>oth</u>	Family Doctor: <u>doc</u>  Time: <u>02:50 PM</u>  Other: <u>other notified</u>  Time: <u>02:50 PM</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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

<b>ACTION PLAN</b>
<b>Plan text</b>
<b>FOLLOW UP (Examine Result – Did the Plan work?)</b>
<b>Follow up text</b>