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

DATE OF INCIDENT (D/M/Y)	
	23 Oct 2024

DATE OF DISCOVERY (D/M/Y)	
	23 Oct 2024

TYPE OF INCIDENT

☑ **Fall**		☑ **Resident Abuse**
☑ **Fire**		☑ **Treatment**
☑ **Security**		☑ **Loss of Property**
☑ **Elopement**		☐ **Choking**
☑ **Aggressive Behavior**		☐ **Death**
☑ **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/67299e5f930f2173078
- https://hamiltondinnerapp.intellidt.com/uploads/public/FormResponses/media/67299e5f93ec5173078

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>	oth
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