INCI	DENT INVOLVED:	√	Resident		Visitor		Staff ☑ Other <u>oth inc</u>
DATE OF INCIDENT (D/M/Y) 23 Oct 2024							
DAT	E OF DISCOVERY (D/M/Y)						
					23 Oct 202	4	
TYP	E OF INCIDENT						
√	Fall					√	Resident Abuse
√	Fire					√	Treatment
√	Security					√	Loss of Property
√	Elopement						Choking
√	Aggressive Behavior						Death
√	Other other incident						
Cond	lition At Time Of Incident						
7	Oriented						
	Sedated						
	Disoriented						
	Other (Specify)						
	()						
FAC	FACTUAL CONCISE DESCRIPTION OF INCIDENT, INJURY, AND ACTION TAKEN:						

Fact							
•	ments:- https://hamiltondinnerap https://hamiltondinnerap	p.intellidt.com/uploads/public/FormResponses/media/6729a3d60be2c1730 p.intellidt.com/uploads/public/FormResponses/media/6729a3d60cbdd1730	07 07				
NOT	FICATION		_				
INFO	ORMED OF INCIDENT	INITIAL					
1	Assistant General Manager	<u>agm</u>					
1	General Manager	<u>gm</u>					
1	Risk Management Committee	rmc					
1	Other other notification	<u>rinc</u>					
		oth					
COM Rahi	PLETED BY						
		FOLLOW UP (For Management Use Only)					
	ISSUE (Problem)						
Issue	e 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