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

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		SAFETY DEVICES IN USE BEFORE OCCURRENCE	OTHER WITNESSES?
☑ **Fall** ☑ **Fire** ☑ **Security** ☑ **Elopement** ☑ **Aggressive Behavior** ☑ **Other <u>other incident</u>**	☑ **Resident Abuse** ☑ **Treatment** ☑ **Loss of Property** ☐ **Choking** ☐ **Death**	**Yes No N/A** Fob was within reach ☑ ☐ ☐ Call bell within reach ☐ ☑ ☐ Caution signs in place ☐ ☐ ☑ **Other <u>other safety</u>**	☑ **Yes** ☐ **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	Fall Assessment	Ambulation	Fire
☑ **Oriented** ☐ **Sedated** ☐ **Disoriented** ☑ **Other (Specify)**	☑ **Medication Change** ☑ **Cardiac Medications** ☐ **Mood Altering Medications** ☐ **Visual Deficit** ☑ **Relocation** ☑ **Temporary Illness**	☐ **Unlimited** ☑ **Limited** ☑ **Required assistance** ☐ **Wheelchair** ☑ **Walker** ☑ **Other (Specify)** <u>other Ambulation</u>	**Yes No** Alarm pulled ☑ ☐ False alarm ☐ ☑ Extinguisher used ☑ ☐ Personal injury ☐ ☑ Resident or facility ☑ ☐ property damage

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

Fact

Attachments:-

 # 311

Today   October

S	M	T	W	T	F	S
13	14	15	16	17	18	19

October 15, 2024

Breakfast	Lunch	Dinner

Soup of the Day   - 1 +

LUNCH ENTREE

BBQ Chicken Quesadilla with Mixed
Green Salad   - 0 +

Tomato and Egg on Rice and Steamed
Gai Lan   - 0 +

LUNCH ALTERNATIVES

☑ Tray Service
☐ Escort Service

Chocolate Chip Cookies can served as snacks.

Submit ⊕

1:08

⊙ **311 Mrs Rose, Mui Len**

Egg White Frittata
- Yam Fries (ex

* low sodium

Oct 9, 2024 - 1:07 PM

Print ⊕

12:47

⊙ **311 Mrs Rose, Mui Len**

Sandwich of the D

* low sodium

Tray Service

Oct 9, 2024 - 12:47 PM

Print ⊕

10:29

Report   Charges

Today   October

S	M	T	W	T	F	S
29	30	1	2	3	4	5

October 4, 2024

Breakfast	Lunch	Dinner

#	BA	B1	B2	B3	B4
238	0	0	0	0	0
239	0	0	0	0	0
240A	0	0	0	0	0
311	0	0	0	0	0
311 G	0	0	0	0	0
313	0	0	0	0	0
314	0	0	0	0	0
316	0	0	0	0	0

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

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