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	☑ Resident Abuse	**Yes No N/A**	☑ Yes ☐ No
☑ Fire	☑ Treatment	Fob was within reach ☑ ☐ ☐	Name:<u>nm 1</u>
☑ Security	☑ Loss of Property	Call bell within reach ☐ ☑ ☐	Position:<u>pos 1</u>
☑ Elopement	☐ Choking	Caution signs in place ☐ ☐ ☑	Name:<u>nm 2</u>
☑ Aggressive Behavior	☐ Death	Other <u>other safety</u>	Position:<u>pos 2</u>
☑ Other <u>other incident</u>			

Condition At Time Of Incident	Fall Assessment	Ambulation	Fire
☑ Oriented	☑ Medication Change	☐ Unlimited	**Yes No**
☐ Sedated	☑ Cardiac Medications	☑ Limited	Alarm pulled ☑ ☐
☐ Disoriented	☐ Mood Altering Medications	☑ Required assistance	False alarm ☐ ☑
☑ Other (Specify)	☐ Visual Deficit	☐ Wheelchair	Extinguisher used ☑ ☐
	☑ Relocation	☑ Walker	Personal injury ☐ ☑
	☑ Temporary Illness	☑ Other (Specify)	Resident or facility property damage ☑ ☐
		<u>other Ambulation</u>	

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

Fact

Attachments:-

- **https://hamiltondinnerapp.intellidt.com/uploads/public/FormResponses/media/672da8acb4c7c1731045548.jpeg**

- **https://hamiltondinnerapp.intellidt.com/uploads/public/FormResponses/media/672da8acb5ca91731045548.jpeg**

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>** <u>oth</u>	**PERSON NOTIFIED** **Family Doctor:<u>doc</u>** **Time: <u>02:50 PM</u>** **Other: <u>other notified</u>** **Time: <u>02:50 PM</u>**	**NOTIFIED RESIDENT'S RESPONSIBLE PARTY** ☑ Yes ☐ 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
ACTION PLAN
Plan text
FOLLOW UP (Examine Result – Did the Plan work?)
Follow up text