Incident - Occurrence Report and Investigation

To be completed by the staff member on Duty who witnessed or found the subject of this Incident Report. This form must be filled out during the shift the incident occurred, and submitted to the Community Licensed Nurse or Executive Director, prior to shift end.

Community Name: _____________________ Person Involved: __________________________
Apt.#(if applicable): _____ (Check One) ☐ Resident ☐ Visitor ☐ Staff ☐ Other: ___________
Date of Occurrence: ___________ Time of Occurrence: _____am/pm Location of Occurrence: ______

Type of Occurrence: ☐ Fall ☐ Witnessed Fall ☐ Un-witnessed Fall ☐ Found on Floor
☐ Res. To Res. ☐ Res. To Staff ☐ Staff to Res. ☐ Choking/Aspiration
☐ Transfer related ☐ Equipment Failure ☐ Missing Resident ☐ Unknown ☐ Other

Nature of Injury: ☐ Abrasion (Size) __________________________
☐ Pressure Area (Size) ____________
☐ Skin Tear (Size) ____________
☐ Bruise (Size) __________________________
☐ Laceration (Size) __________________________
☐ Burn (Size) __________________________
☐ Hematoma (Size) __________________________
☐ Complaint of Pain (Type & location):

☐ Swelling/soft tissue ☐ No Visible Injury ☐ Unknown ☐ Other (Describe) __________________________

Identify Location

Response to Injury:
☐ First Aid Given (Describe): __________________________
☐ Physical Assessment (ROM): __________________________
☐ Called 911
☐ On Hospice ☐ Hospice Notified
☐ Sent to Doctor’s office ☐ Sent to Urgent Care Clinic ☐ Sent to hospital/ER
☐ Other (Describe): __________________________

Vital Signs: T _____ P _____ R _____ BP ________

Description of Occurrence: (i.e. what was the person doing? What was the environment condition, i.e.: Lighting, floor surface, icy, throw rug, etc. Be factual, don’t speculate. List names of all staff, residents, visitors, etc., involved or who witnessed the incident. (Chart on back of this form if you need more room)

_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

What was the victim’s statement as to the cause? (Please only list exact facts and/or statements – do not speculate):

_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
Was there any change in the environment such as foreign object, liquid on the floor, throw rug, etc.
________________________________________________________________________

What position was the person found in? Were Supportive devices in use, i.e. cane, walker, eye glasses, etc.
________________________________________________________________________

What was the person wearing at the time of the incident including shoes?
________________________________________________________________________

Notifications:

☐ Physician: By phone, #: _____________ By fax, #: _____________ Date ___ ___ am/pm
☐ Family/Responsible Party: By phone, #: _____________ Date ___ ___ am/pm
☐ Law Enforcement Date ___ ___ am/pm
☐ Faxed to Home Office Date ___ ___ am/pm
☐ Licensed Nurse Notified Date ___ ___ am/pm
☐ ED Notified Date ___ ___ am/pm
☐ Resident placed on Alert Charting Date ___ ___ am/pm

(Report Incidents Listed Below to Home Office)

♦ Outbreaks of illness such as Norwalk-like viruses or food poisoning;
♦ Suspected abuse;
♦ Incidents of violence or threats of violence by residents, visitors, staff, phone calls, written correspondence or others;
♦ Incidents or occurrences involving visitors, guests or vendors;
♦ Investigation of incident by a State Regulatory Authority;
♦ Incidents involving property damage or vehicles.

Action taken to resolve incident and prevent further occurrences?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Examples of health problems that can contribute to an incident: UTI, pain, medications, constipation, incontinence, unstable BP, limited strength or range of motion, sensory impairment, decreased mental functioning, unstable or change in medical condition, acute illness, etc.

Were there any health problems, medications or other conditions that could have contributed to the incident?: _____ NO _____ YES
If “Yes”, explain: _______________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
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<tbody>
<tr>
<td>Person Filing Report: ___________________________</td>
<td>___ ___</td>
</tr>
<tr>
<td>Executive Director Review: ______________________</td>
<td>___ ___</td>
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<tr>
<td>Licensed Nurse Review: __________________________</td>
<td>___ ___</td>
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</tbody>
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Non-Employee Incident - Occurrence
Management Investigation Report

**To be completed by Executive Director, or Facility Nurse**

<table>
<thead>
<tr>
<th>Administrative Review and Investigation</th>
<th>YES</th>
<th>NO</th>
<th>COMMENTS</th>
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</thead>
<tbody>
<tr>
<td>Was resident’s service plan being followed at the time of the incident?</td>
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<tr>
<td>Were staff following all/any applicable policy or procedures?</td>
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<tr>
<td>Was resident put on Alert Charting?</td>
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<td>Was the incident avoidable?</td>
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<td>Was any policy/procedure or system changed as a result of this incident?</td>
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<td>Was there staff training as a result of this incident?</td>
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<tr>
<td>If indicated, was resident’s Service Plan revised?</td>
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<tr>
<td>Medications reviewed?</td>
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<tr>
<td>Has resident had similar incidents?</td>
<td></td>
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<tr>
<td>Is there any reason to suspect abuse or neglect?</td>
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</tr>
</tbody>
</table>

If there is reason to suspect abuse, was SPD/APS notified?

| Date: ___________ | Time: ___________ |

**Summary assessment of contributing factors:**

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Results of resident and Staff interviews. Include resident mental status, sleeping, alert, behavioral, etc.
____________________________________________________________________
____________________________________________________________________

Has similar incident occurred before? If “Yes”, provide dates and interventions.
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

What steps are being taken to prevent further occurrence of this incident?
____________________________________________________________________
____________________________________________________________________

Person Completing Incident/Occurrence Investigation:

Signature
Facility Nurse Signature: ___________________________ Date: ___________

Executive Director Signature: ___________________________ Date: ___________

Non-Employee Incident-Occurrence Report Updated: 4/1/2013
GUIDELINES FOR CONDUCTING INVESTIGATIONS

GOAL (S)

1. Find out how this happened – rule out abuse.
2. Was the service plan followed by the staff – rule out neglect.
3. Compare past incidents to this one – is this a one-time event or are repeat incidents possible?
4. How can staff prevent this from happening again – update care plan

STEPS

Steps I (1) are performed by the Care-giver. Steps II (1, 2, & 3) are performed by the RN or designee within 72 hours and documented on the incident report and in the progress notes – see the change of condition/alert charting procedure in the 24-hour report book.

I. Immediate Protection of the Resident

1. Facility policies are then implemented (24-hour report, alert charting, incident report, etc).

II. Collect data

1. Examine area and equipment.
2. Conduct staff interviews.
3. Check to see if the service plan followed at the time of the incident.

The following steps II (4 & 5) & III (1-4) are completed by the Administrator and/or the facility RN and documented on the incident report and/or in the resident clinical record.

4. Incident Trending (individual incident record)
   Has this happened before?
   Are there incident similarities (time, location, etc.)?
   What was implemented in the past?
5. Investigate other possible causes such as, Medications or Illness/diagnoses

III. Analyze Data (Assessment)

1. What is the data telling me?
   Do you suspect abuse or neglect? If so, needs to be reported.
2. How can this be prevented from happening again?
   Do new interventions need to be implemented? Why? Why not? (Rationale is important).
3. Document new interventions and/or related causes of the incident on the incident report and update service plan as needed.