Monthly Incident Trending Summary

COMMUNITY ____________________________ MONTH ________________________ YEAR _______________

____________ Number of total incidents and unusual occurrences this month

**Total** number of falls _________ Witnessed - _______ Alleged - _______ Injury falls: ______  Non-Injury falls ______

Total number of resident injuries not related to falls ______

Total number of medication errors ______

Medication errors requiring follow-up by hospital or physician _____

Treated with first aid by Community staff ____________

Treated and resolved ______________

Unresolved skin tears ___________

Total number of elopements ____________ Other ____________

Using the graph below, correlate the number of incidents with the times of day, for trending:

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Explanation, Summary & Follow-up:

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