

UNUSUAL INCIDENT/INJURY REPORT

INSTRUCTIONS : NOTIFY LICENSING AGENCY, PLACEMENT AGENCY AND RESPONSIBLE PERSONS, IF ANY, BY NEXT WORKING DAY.

SUBMIT WRITTEN REPORT WITHIN 7 DAYS OF OCCURRENCE.

RETAIN COPY OF REPORT IN CLIENT'S FILE.

NAME OF FACILITY		FACILITY FILE NUMBER	TELEPHONE NUMBER ()
ADDRESS		CITY, STATE, ZIP	

CLIENTS/RESIDENTS INVOLVED	DATE OCCURRED	AGE	SEX	DATE OF ADMISSION

TYPE OF INCIDENT

- | | | | | |
|---------------------------------|----------------------|-----------------|------------------------------|--------------------------|
| Unauthorized Absence | Alleged Client Abuse | Rape | Injury-Accident | Medical Emergency |
| Aggressive Act/Self | Sexual | Pregnancy | Injury-Unknown Origin | Other Sexual Incident |
| Aggressive Act/Another Client | Physical | Suicide Attempt | Injury-From another Client | Theft |
| Aggressive Act/Staff | Psychological | Other | Injury-From behavior episode | Fire |
| Aggressive Act/Family, Visitors | Financial | | Epidemic Outbreak | Property Damage |
| Alleged Violation of Rights | Neglect | | Hospitalization | Other (<i>explain</i>) |

DESCRIBE EVENT OR INCIDENT (INCLUDE DATE, TIME, LOCATION, PERPETRATOR, NATURE OF INCIDENT, ANY ANTECEDENTS LEADING UP TO INCIDENT AND HOW CLIENTS WERE AFFECTED, INCLUDING ANY INJURIES:

PERSON(S) WHO OBSERVED THE INCIDENT/INJURY:

EXPLAIN WHAT IMMEDIATE ACTION WAS TAKEN (INCLUDE PERSONS CONTACTED):

MEDICAL TREATMENT NECESSARY? YES NO IF YES, GIVE NATURE OF TREATMENT:

WHERE ADMINISTERED:	ADMINISTERED BY:
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FOLLOW-UP TREATMENT, IF ANY:

ACTION TAKEN OR PLANNED (BY WHOM AND ANTICIPATED RESULTS:

LICENSEE/SUPERVISOR COMMENTS:

NAME OF ATTENDING PHYSICIAN

REPORT SUBMITTED BY:	NAME AND TITLE	DATE
REPORT REVIEWED/APPROVED BY:	NAME AND TITLE	DATE

AGENCIES/INDIVIDUALS NOTIFIED (SPECIFY NAME AND TELEPHONE NUMBER)

LICENSING _____	ADULT/CHILD PROTECTIVE SERVICES _____
LONG TERM CARE OMBUDSMAN _____	PARENT/GUARDIAN/CONSERVATOR _____
LAW ENFORCEMENT _____	PLACEMENT AGENCY _____