

INCIDENT REPORTS

Incident reports **MUST** be completed by the provider within 8 hours of the incident and notification made to the local agency immediately following:

- Any injury requiring a doctor's treatment, or hospitalization of the resident in Homes Plus Service.
- The diagnosis of a reportable communicable disease in a resident, caregiver, or household member.
- Refusal or incorrect taking of medication if the immediate report to a doctor results in his saying that it creates an immediate threat to the health and safety of the resident or others.
- The death of the resident.
- The filing of a complaint under the Vulnerable Adults Act or police report of an incident involving a resident.
- Any personal or property damage that can result in an insurance claim against the Homes Plus Service liability coverage.

This form **MAY** be used to:

- Notify the local agency within 24 hours of any fire that damages the residence or requires a fire department. (Remember to notify of changes or repairs that require a building permit.)
- Notify within 24 hours of a change in the health status of a caregiver that could affect the ability of the caregiver to care for a resident. (Remember to report within 5 days any change in the regular membership of the household, caregiver's employment status, or changes in resident census.)
- Notify the resident's service agency, legal representative, or your licensing agency when you feel questions could arise as to the course of action used in handling any incident or situation.
- Notify a resident's service agency or licensing agency of the following:

Assaultive behavior of participant	Resident commits a crime
Beyond control behavior	Neighborhood problems
Resident leaves unexpectedly	Other

Incident Report

Provider _____

Resident involved in incident _____ Age _____ Gender _____

Incident Date _____ Time _____ AM/PM Location _____

Nature of the Incident: _____

Action taken _____

Other persons involved:

Name	Address	Phone
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Persons witnessing incident:

Name	Address	Phone
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Persons notified:

_____ Resident representative _____ Conservator/Guardian/Relative _____ Police

_____ Case Manager _____ Medical Provider

_____ Others _____

Form completed by _____

Returned to _____ Licensing Social Worker _____ Case Manager _____ Service Provider