

ADULT FAMILY-CARE HOME INCIDENT REPORT

Name of Resident/Staff Involved in Incident _____ D.O.B. _____ Sex _____

Nature of Incident: Resident/Staff Injury Resident Missing Death of Resident
 Fire/Natural Disaster Other (specify) _____

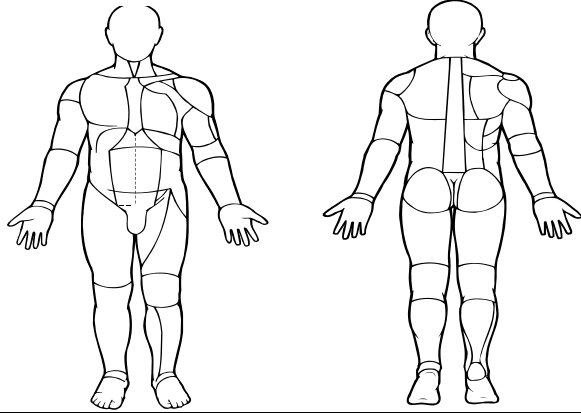
Exact Location of Incident _____ Date _____ Time _____

Brief Description of Incident and Circumstances under which Incident Occurred: _____

TYPE OF INJURY

[Indicate On Diagram Location of Injury]

- Laceration (cut)
- Hematoma (bruise)
- Abrasion (scrape)
- Burn
- Non-Apparent
- Other
- Specify _____



Emergency Treatment Given (if any) _____

| Witness(es) Name | Phone # | Employee(s) Involved | Phone # |
|------------------|---------|----------------------|---------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Treated by physician: Yes No Name _____ Date _____ Time _____

Hospital admission: Yes No Name _____ Date _____ Time _____

Individuals notified (Indicate date & time notified):

- Health Care Provider _____
- Resident Representative _____
- Law Enforcement _____
- Other (specify) _____
- Case Manager _____
- Next-of-Kin _____
- Abuse Registry _____

Steps taken to prevent recurrence: _____

Prepared By: Print Name/Title _____

Signature _____ Date _____ Time _____