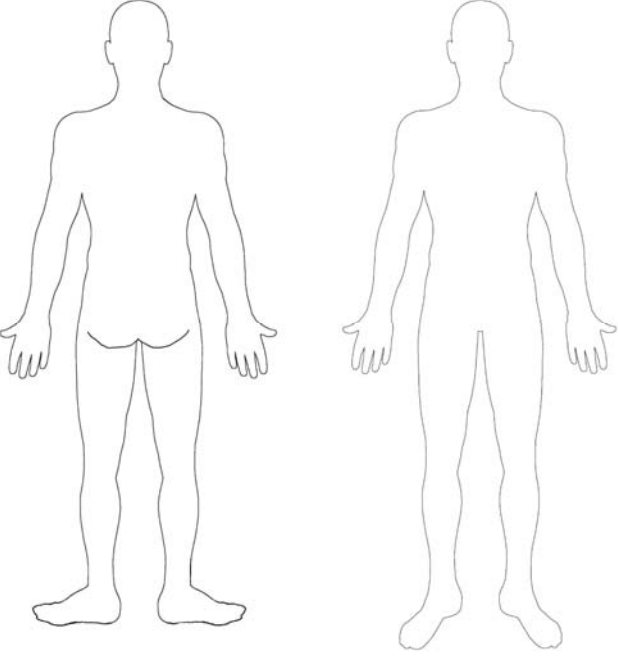


Adult Foster Home Incident Report

Resident's name:	Date of incident:	Time of incident:
Type of incident: <input type="checkbox"/> Accident <input type="checkbox"/> Medication error <input type="checkbox"/> Complaint <input type="checkbox"/> Suspected abuse or neglect – if checked, list date reported to local office:		
Where did incident occur?	Was incident witnessed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
List any other residents involved:	If so, by whom?	
Details of incident and description of any injuries:		

Specific action(s) taken by staff:

Mark on figures any body areas injured (i.e., bruises, cuts, abrasions, broken bones, etc)

	Licensee notified?: <input type="checkbox"/> Yes <input type="checkbox"/> No Name: _____ Date: _____ Time: _____
	Primary care practitioner notified?: <input type="checkbox"/> Yes <input type="checkbox"/> No Name: _____ Date: _____ Time: _____
	Family notified?: <input type="checkbox"/> Yes <input type="checkbox"/> No Name: _____ Date: _____ Time: _____
	Case manager notified?: <input type="checkbox"/> Yes <input type="checkbox"/> No Name: _____ Date: _____ Time: _____
	Licensors notified?: <input type="checkbox"/> Yes <input type="checkbox"/> No Name: _____ Date: _____ Time: _____
	Mental health professional notified?: <input type="checkbox"/> Yes <input type="checkbox"/> No Name: _____ Date: _____ Time: _____

Follow-up plan:

Name of person completing form:

Signature:

Date:

Time:

Licensee signature acknowledging review of incident report :

Date of review:

Date signed: