



Long-Term Care Facility & IID - Serious Injury Incident Report

Illinois Administrative Code 77, 300.690b), 330.780b), 340.1330b), 350.700b), 390.700b). The facility shall notify the Department of any serious incident or accident. For purposes of this Section, "serious" means any incident or accident that causes physical harm or injury to a resident.

General Information

Report Type ☐ Initial ☐ Final Incident Date: _____ Facility Type ☐ SNF ☐ ICF ☐ SC ☐ CLF ☐ ICF/DD ☐ MCDD
Facility Name _____ Time of Incident _____ Report Date _____
Address _____ Contact E-mail _____

Incident Category

☐ Alleged Abuse ☐ Death related to an incident ☐ Resident to Resident Altercation
☐ Alleged Neglect ☐ Fall with physical harm or injury ☐ Severe Injury of Unknown Origin
☐ Drug Diversion ☐ Elopement with physical harm or injury ☐ Other _____

Resident #1 Involved in Incident

Name _____ Date of Birth _____ Identified Offender ☐ Yes ☐ No
☐ Victim ☐ Perpetrator ☐ Male ☐ Female ☐ Ambulatory ☐ Wheelchair ☐ Transfer w/1 ☐ Transfer w/2 ☐ Mechanical Lift ☐ Bed Bound
Interviewable ☐ Yes ☐ No Informed Decisions ☐ Yes ☐ No Alert and Oriented ☐ 1 ☐ 2 ☐ 3 Capable of Communication ☐ Yes ☐ No

Resident #2 Involved in Incident

Name _____ Date of Birth _____ Identified Offender ☐ Yes ☐ No
☐ Victim ☐ Perpetrator ☐ Male ☐ Female ☐ Ambulatory ☐ Wheelchair ☐ Transfer w/1 ☐ Transfer w/2 ☐ Mechanical Lift ☐ Bed Bound
Interviewable ☐ Yes ☐ No Informed Decisions ☐ Yes ☐ No Alert and Oriented ☐ 1 ☐ 2 ☐ 3 Capable of Communication ☐ Yes ☐ No

Resident #3 Involved in Incident

Name _____ Date of Birth _____ Identified Offender ☐ Yes ☐ No
☐ Victim ☐ Perpetrator ☐ Male ☐ Female ☐ Ambulatory ☐ Wheelchair ☐ Transfer w/1 ☐ Transfer w/2 ☐ Mechanical Lift ☐ Bed Bound
Interviewable ☐ Yes ☐ No Informed Decisions ☐ Yes ☐ No Alert and Oriented ☐ 1 ☐ 2 ☐ 3 Capable of Communication ☐ Yes ☐ No

Staff #1 Involved in Incident

Name _____ Position _____
Date of Birth _____ License Number _____
Retrained ☐ Yes ☐ No Suspended ☐ Yes ☐ No Terminated ☐ Yes ☐ No No Action Required ☐

Staff #2 Involved in Incident

Name _____ Position _____
Date of Birth _____ License Number _____
Retrained ☐ Yes ☐ No Suspended ☐ Yes ☐ No Terminated ☐ Yes ☐ No No Action Required ☐

Staff #3 Involved in Incident

Name _____ Position _____
Date of Birth _____ License Number _____
Retrained ☐ Yes ☐ No Suspended ☐ Yes ☐ No Terminated ☐ Yes ☐ No No Action Required ☐

Incident Description

Assessment ☐ Yes ☐ No Assessment Performed by _____ Title _____ Date Performed _____ Time _____

Hospital ER ☐ Yes ☐ No Time _____ Admitted ☐ Yes ☐ No Diagnosis _____

Law Enforcement Notified ☐ Yes ☐ No Police Investigator _____ Investigator Phone _____ Case Number _____

Witness Name _____ ☐ Resident ☐ Family ☐ Staff ☐ Other _____

Witness Phone _____

Witness Name _____ ☐ Resident ☐ Family ☐ Staff ☐ Other _____

Witness Phone _____

Detailed Incident Summary (Who, What, When, Where, Why)

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Did the investigation confirm ☐ Abuse ☐ Neglect ☐ Misconduct ☐ N/A

Name of Person Submitting Report	Title	Date	Time
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***** IDPH Use Only *****

Date Reviewed	Regional Reviewer	IRI #
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Date Reviewed _____ C/O Reviewer _____

☐ ANT☐ IDFPR☐ LSC☐ ISP☐ APRT