SELECT HOME CARE SERVICES, INC.
INCIDENT REPORT

Person Receiving Service: ____________________________________________

Date of Incident: __________ 20___ Time: __________ am/pm (circle one)

Location of Incident: ________________________________________________

Medical Personnel Consulted?: Yes___ No___ Date ______ 20___ Time: ______ am/pm (circle one)

Name of Medical Personnel: _________________________________________

**************************************************Report all incidents, even if there is no apparent injury**************************************************

Make an immediate verbal report to the Registered Nurse:

Name of Registered Nurse contacted: _________________________________

Date ______ 20___ Time: __________ am/pm (circle one)

*Note: You must actually speak to someone; the requirement to report is not met if you leave a message.

*************************************************************Describe the incident, including what happened before and after*************************************************************

_____________________________________________________________________________________________________________________________________________________
_____________________________________________________________________________________________________________________________________________________
_____________________________________________________________________________________________________________________________________________________
_____________________________________________________________________________________________________________________________________________________
Incident Report

Describe any injuries:

Illustrate on the diagram below the position or place of injury, if any:

Front

Back

Do you suspect maltreatment has occurred? Yes No (Circle One)

Individual Completing Report

Date

For the Registered Nurse:

1. Review page 1 for thoroughness. Additional information:

2. Identify whether there is a pattern of similar incidents:

3. Describe corrective actions needed/taken:

4. All incidents must be reported to the legal representative, case manager and day placement within 24 hours of the occurrence, or within 24 hours of receipt of the information unless another license holder has reported the incident. In the case of maltreatment, this is not required if the legal rep or the case manager is involved in the suspected maltreatment. Do not disclose personal information about another consumer.

Name of Legal Representative Notified
Name of Case Manager Notified
Name of Day Placement Contact Notified
Date and Time Notified
Date and Time Notified
Date and Time Notified

If the incident was reported to CEP, you must disclose information about the nature of the activity, the agency that received the report, and the phone number of DHS Licensing Division (651-296-3971). (Date)

Designated Coordinator Signature
Date

(1/5/10TB)