**RC-A11**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Today’s Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ | Incident Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ | | Incident Time: | |
| Client Name: | Date of Admission: | | Assigned Case Manager: | |
| Employee Name: | Date of Hire: | | Manager/Title: | |
| Report Completed By: | | Recover Care Office: | | Administrator: |

INCIDENT LEVEL AND DESCRIPTION (Select all that apply):

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Level 1** | | **Level 2** | | | **Level 3** *(Investigation Required)* |
| *Level 1: Minor incident: errors, injury such as minor bruises etc.*  *Level 2: unwitnessed fall, med error without adverse effect, minor breach of boundaries*  ***Level 3****: Significant incident: major injury (or potential for major injury) or major event: abuse/neglect allegations, allegations of theft, fraud. Requires immediate notification to COO and CSO. Requires investigation follow up.* | | | | | |
|  | Client Injury/Safety Concern | |  | Billing Issue | |
|  | Client Fall (Witnessed) | |  | Unsafe Work Environment | |
|  | Client Fall (Unwitnessed) | |  | Inappropriate Behavior by Employee | |
|  | Medication – *Error, Adverse Reaction, Etc.* | |  | Falsification of Documents | |
|  | Known or Suspected Abuse (by self or other) | |  | Breach of Client Confidentiality | |
|  | Death | |  | Staff Operating Outside Scope of Practice | |
|  | Other – *Specify*: | |  | Allegation Against Staff – ***Specify****:* | |

**CLIENT REALTED INCIDENT**

|  |  |
| --- | --- |
| Client current diagnosis: | Client condition prior to incident: |
| Client hospitalized?  Yes  No If yes, where? | Was the client seen by a physician?  Yes  No |

NOTIFICATION TO (select all that apply):

|  |  |  |
| --- | --- | --- |
| Family/POA: | Case Manager: | Physician: |
| Chief Compliance Officer | Referral Source: | Other – ***Specify:*** |
| **Adult Protection (CEP) – Vulnerable Adult Report Completed**  **Comments:** | | |

|  |
| --- |
| **Summary of Action Taken:** |

***\*\*Continue to next page if L3 Incident Investigation Required***

The Below Investigation Form Must Be Completed for any Level 3 Incident

|  |  |
| --- | --- |
| **Name of Chief Operating Officer**: | **Date COO Notified**: \_\_\_\_/\_\_\_\_/\_\_\_\_ |

|  |  |
| --- | --- |
| **F. Individual completing report:** | **G. Title:** |
| **H: Investigation related to (brief summary):** | |

***In the section below, document each step of the investigation including interviews, all phone calls, review of data, and final disposition. Each entry must be dated. Complete as much information as needed for each item.***

| K. Date: | Time: | **L. Investigation Details** |
| --- | --- | --- |
| \_\_\_\_/\_\_\_\_/\_\_\_\_ |  |  |
| \_\_\_\_/\_\_\_\_/\_\_\_\_ |  |  |
| \_\_\_\_/\_\_\_\_/\_\_\_\_ |  |  |
| \_\_\_\_/\_\_\_\_/\_\_\_\_ |  |  |
| \_\_\_\_/\_\_\_\_/\_\_\_\_ |  |  |
| \_\_/\_\_\_\_/\_\_\_\_ |  |  |
| \_\_/\_\_\_\_/\_\_\_\_ |  |  |
| \_\_/\_\_\_\_/\_\_\_\_ |  |  |
| \_\_/\_\_\_\_/\_\_\_\_ |  |  |
| \_\_/\_\_\_\_/\_\_\_\_ |  |  |