

Accidents

Today's Date: _____	Date of Incident: _____
Facility: _____	City _____
Reporter _____	Title: _____ Phone Number: _____
Called to APS: Date: _____	Time: _____ Person reported to: _____

ACCIDENTS:
Nebraska Health and Human Services Regulation and Licensure: SNF-NF-ICF 175 NAC 12
12-006.09D7 Accidents: The facility must identify and implement standards of care and treatment to prevent resident accidents.

Please submit the following information along with this page: Current care plan related to fall prevention and/or injury protection, medical notes if seen by a medical practitioner and nurse's notes related to the incident.

Reporting for the facility? Yes _____ No _____

If No:

Complainant Name: _____

Relationship to resident: _____

Address: _____

Phone Number: _____

When was the Administrator/Director of Nursing Notified?

Date _____ Time: _____

Law Enforcement Notified: Yes _____ No _____

If yes, Name of the Officer/Sheriff/State Patrol: _____ Phone number: _____

Who was involved in the incident?

Resident(s): _____

Non Resident(s):

Name: _____

Address _____

Phone number _____

Relationship to the resident (ie, staff, family, friend, Visitor): _____

If staff:

Staff title and license number: _____

Describe the incident: Incident Date _____
(Please use additional paper if necessary)

Time: _____

The complete report must be faxed to Health Facility Investigations: 402-471-1679 within 5 working days from the date of the allegation/incident. If you have any questions please call the main intake line at 402-471-0316

Type of injury (Location and size): _____

How and when the injury was discovered: _____

Type of medical attention required: _____

Equipment/Causal factor potentially involved: _____

Interventions to prevent the accident/incident from reoccurring: _____

What fall/accident interventions were identified on the plan of care? _____

Changes made to the plan of care: _____

When will the next re-evaluation of the effectiveness of the interventions take place? _____

When was the staff last in-service on this equipment? _____

Were alarm use: Yes _____ No _____
If Yes, what type of alarm: _____

Is this a trend in the facility? Yes _____ No _____
If yes, identify other incidents/accidents that are being monitored: _____

Interventions to prevent the accident/incident from reoccurring: _____
