

**Resident to Resident**

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

Allegations of resident to resident abuse that are isolated, not preventable or foreseeable by facility staff do not need to be reported unless there is physical injury.

**Please submit the following information along with this page: Current care plan related to behaviors/behavior management and medical notes if seen by a medical practitioner.**

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) involved:** Perpetrator: \_\_\_\_\_

Victim: \_\_\_\_\_

**Describe the incident:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Was there injury?** Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, type of injury (if bruises or skin tears, list the location and the size of the areas): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Did the injury require medical attention?** Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain: \_\_\_\_\_

**Was staff involved?** Yes\_\_\_\_ No\_\_\_\_\_

Name(s): \_\_\_\_\_ Title: \_\_\_\_\_

License Number: \_\_\_\_\_

**Did staff witness incident?** Yes \_\_\_ No \_\_\_\_\_

Name(s): \_\_\_\_\_ Title: \_\_\_\_\_

License Number: \_\_\_\_\_

**Immediate steps taken to protect the resident(s):** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Do the residents reside on a Special Care Unit?** Yes\_\_\_\_ No \_\_\_\_\_

**Was this an isolated event:** Yes\_\_\_\_\_ No\_\_\_\_\_

**Reoccurrence of the same resident:** Yes\_\_\_\_\_ No: \_\_\_\_\_

If yes, Date of the last incident and explain the incident: \_\_\_\_\_

**Preventative measure put into place by the facility:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**The completed report must be faxed to the following information along with this sheet 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**

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