

# INCIDENT, ACCIDENT, ILLNESS, DEATH OR ARREST REPORT

## OAKLAND COMMUNITY HEALTH NETWORK

REPORTING FACILITY / HOME / DAY / PROGRAM NAME  FACILITY ADDRESS  CITY STATE ZIP  FACILITY PHONE # FACILITY LICENSE #  CORPORATION NAME	NAME OF RECIPIENT  HOME NAME  HOME ADDRESS  HOME PHONE #	CORE PROVIDER / RESPONSIBLE AGENCY (SEE CODE ON BACK)	CASE #:  DOB:  SEX: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
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NAMES OF STAFF INVOLVED / WITNESSES:

DATE OF INCIDENT:	TIME: [ ] AM [ ] PM	LOCATION OF INCIDENT (KITCHEN, YARD, MALL, WORKSHOP, VAN, ETC.):
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EXPLAIN WHAT HAPPENED, INCLUDING ACTION TAKEN BY STAFF

PHYSICAL INJURY:  YES  NO

PHYSICIAN/MEDICAL FACILITY:	PHONE NUMBER:	DATE AND TIME CARE GIVEN: [ ] AM [ ] PM
DIAGNOSIS & TREATMENT:		

SIGNATURE OF PERSON COMPLETING REPORT	PRINT NAME & TITLE	DATE AND TIME COMPLETED: [ ] AM [ ] PM
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NAMES OF PERSONS NOTIFIED	DATE & TIME	NAMES OF PERSONS NOTIFIED	DATE & TIME
ADULT FOSTER CARE LICENSING: <input type="checkbox"/> PHONE <input type="checkbox"/> INCIDENT REPORT		Core Provider/Responsible Agency: <input type="checkbox"/> PHONE <input type="checkbox"/> INCIDENT REPORT	
OFFICE OF RECIPIENT RIGHTS: <input type="checkbox"/> PHONE <input type="checkbox"/> INCIDENT REPORT		PHYSICIAN OR NURSE: <input type="checkbox"/> PHONE <input type="checkbox"/> INCIDENT REPORT	
ADULT / CHILD PROTECTIVE SERVICES: <input type="checkbox"/> PHONE <input type="checkbox"/> INCIDENT REPORT		LAW ENFORCEMENT AGENCY: <input type="checkbox"/> PHONE <input type="checkbox"/> INCIDENT REPORT	
LEGAL GUARDIAN/Designated Representative <input type="checkbox"/> PHONE <input type="checkbox"/> INCIDENT REPORT		OTHER (PLEASE SPECIFY): <input type="checkbox"/> PHONE <input type="checkbox"/> INCIDENT REPORT	

CORRECTIVE ACTION TAKEN BY LICENSEE / DESIGNEE TO REMEDY AND/OR PREVENT RECURRENCE

SIGNATURE OF LICENSEE/DESIGNEE	PRINT NAME & TITLE	DATE AND TIME COMPLETED [ ] AM [ ] PM
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CLINICAL STAFF FOLLOW-UP

**COPY DISTRIBUTION:** (White) - Recipient Rights-Oakland Co. (Pink) - Core Provider. (Yellow) - Facility Record.  
 If required, a copy of this form must also be submitted to AFC Licensing and to Legal Guardian / Designated representative.

INSTRUCTIONS ON BACK OF FORM