

COPIES ATY GEN _____ PASARR _____ APS _____ OLTC ENG _____ QMRP _____
 FOR: OLTC PAHRM _____ NEXT VISIT _____ FOLLOW UP NEEDED _____ SPC VISIT # _____
 DATE: _____ INITIAL: _____ NOTES: _____

OLTC INCIDENT AND ACCIDENT REPORT (I&A)

Date & Time Submitted (if known): _____ Date & Time of Discovery: _____

Facility Name: _____

Facility Area Code And Telephor () _____

Facility Address: _____

Staff Reporting I & A _____ Title: _____

Date of I & A _____ Time: _____ AM or PM

Name Of Injured Reside _____ Age _____ Sex: _____ Race: _____

Status of Alleged Perpetrator: Facility Employee Family Visitor Other Unknown

Type Of Incident:	Neglect <input type="checkbox"/>	Misappropriation of Property: <input type="checkbox"/>	Drugs <input type="checkbox"/>
	Abuse: (Select from list)		Personal Property <input type="checkbox"/>
	Verbal <input type="checkbox"/>		Resident Trust Fund <input type="checkbox"/>
	Sexual <input type="checkbox"/>		
	Physical <input type="checkbox"/>		
	Emotional/Mental <input type="checkbox"/>		

NOTIFICATIONS:

FAMILY:	<input type="checkbox"/> Yes <input type="checkbox"/> No	DOCTOR	<input type="checkbox"/> Yes <input type="checkbox"/> No
LAW ENFORCEMENT	<input type="checkbox"/> Yes <input type="checkbox"/> No	ADMINISTRATOR	<input type="checkbox"/> Yes <input type="checkbox"/> No

Summary of Incident - Enter on Page 3.

Steps taken to prevent continued abuse or neglect during the investigation - Enter on Page 4.

FOR OLTC USE ONLY

CODES: A-Abuse E-Elopement
 RA-Res to Res Abuse
 ND-Natural Death

F-Fire PO-Power outage
MP-Misappropriation of Property
IUS-Injury of Unknown Source

DI-Disease OT-Other
UD-Unusual Death
NG-Neglect

DMS-731

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