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 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 Telephone# (____) _____

Facility Address: _____

Staff Reporting I & A: _____ Title: _____

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

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

Status of Alleged Perpetrator: Facility Employee Family Visitor Other Unknown

Type Of Incident: **Neglect** **Misappropriation of Property:** Drugs
Abuse: (Select from list) Verbal Personal Property
 Sexual Resident Trust Fund
 Physical
 Emotional/Mental

NOTIFICATIONS: FAMILY: Yes No DOCTOR Yes No
 LAW ENFORCEMENT Yes No ADMINISTRATOR Yes 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 F-Fire PO-Power outage DI-Disease OT-Other
 RA-Res to Res Abuse MP-Misappropriation of Property UD-Unusual Death
 ND-Natural Death IUS-Injury of Unknown Source NG-Neglect