

CRITICAL INCIDENT REPORT FORM			
MEMBER INFORMATION & WAIVER TYPE			
Member ID:		First Name:	Last Name:
Date of Birth:	<input type="checkbox"/> Family Health Plan <input type="checkbox"/> Affordable Care Act <input type="checkbox"/> Integrated Care Program <input type="checkbox"/> MLTSS (Managed Long Term Services & Supports)		
Primary Care Physician (PCP):		PCP Phone:	
ELIGIBILITY TYPE			
<input type="checkbox"/> HIV/AIDS	<input type="checkbox"/> Nursing Facility	<input type="checkbox"/> Persons with Disabilities	<input type="checkbox"/> Supported Living Facility
<input type="checkbox"/> Traumatic Brain Injury	<input type="checkbox"/> Elderly	<input type="checkbox"/> Assisted Living Facility	
REFERRAL SOURCE			
First Name:		Last Name:	Referral Date
Relationship to Member:		Contact Phone	
Incident Date:	Incident Time:	Incident Location (if unknown please indicate in Location Address):	
		<input type="checkbox"/> Member's Home <input type="checkbox"/> Nursing Home <input type="checkbox"/> TFC <input type="checkbox"/> Shelter Care <input type="checkbox"/> Acute Inpatient Facility <input type="checkbox"/> Outpatient Facility <input type="checkbox"/> Emergency Room <input type="checkbox"/> Day Treatment <input type="checkbox"/> Residential Treatment Facility	
Incident Location Address:			
NATURE OF INCIDENT (CHECK ALL THAT APPLY)			
<b>Abuse:</b> <input type="checkbox"/> Physical <input type="checkbox"/> Sexual <input type="checkbox"/> Verbal <input type="checkbox"/> Mental <input type="checkbox"/> Emotional			
<b>Neglect:</b> <input type="checkbox"/> Passive <input type="checkbox"/> Active/ Willful deprivation <input type="checkbox"/> Self-neglect <input type="checkbox"/> Confinement			
<b>Exploitation:</b> <input type="checkbox"/> Financial <input type="checkbox"/> Sexual <input type="checkbox"/> Misappropriation of property <input type="checkbox"/> Extortion			
Member			
<input type="checkbox"/> Missing person	<input type="checkbox"/> Suspected alcohol or substance abuse	<input type="checkbox"/> Fraudulent activities	<input type="checkbox"/> Elopement
<input type="checkbox"/> Homicidal threat	<input type="checkbox"/> Use/problematic possession of weapon	<input type="checkbox"/> Sexual harassment	
<input type="checkbox"/> Theft	<input type="checkbox"/> Physically aggressive behaviors	<input type="checkbox"/> Criminal arrest, charge or conviction	
<input type="checkbox"/> Suicide attempt	<input type="checkbox"/> Property damage ≥ \$50	<input type="checkbox"/> Significant medical event	
<input type="checkbox"/> Suicidal thought(s)	<input type="checkbox"/> Sexually problematic behavior	<input type="checkbox"/> Quality of care	
Provider			
<input type="checkbox"/> Robbery/burglary on site	<input type="checkbox"/> Sexual harassment	<input type="checkbox"/> Significant medical event	
<input type="checkbox"/> Hazardous condition	<input type="checkbox"/> Theft	<input type="checkbox"/> Criminal arrest, charge or conviction	
<input type="checkbox"/> Legal action	<input type="checkbox"/> Fraudulent activities		
SLF/Facility			
<input type="checkbox"/> Crime on facility property	<input type="checkbox"/> Fire alarm with onsite response	<input type="checkbox"/> Injury caused by natural disaster	
<input type="checkbox"/> Injury caused by mechanical failure	<input type="checkbox"/> Allegation of theft with police report	<input type="checkbox"/> Power Failure > 1 hour	
<input type="checkbox"/> Evacuation			
Environmental Hazard	<input type="checkbox"/> Natural Disaster <input type="checkbox"/> Fall <input type="checkbox"/> Vehicular <input type="checkbox"/> Other		
Staff	<input type="checkbox"/> Bribery <input type="checkbox"/> Report against staff <input type="checkbox"/> Falsification of credentials or records <input type="checkbox"/> Threats against staff		
Other	<input type="checkbox"/> Media involvement/inquiry <input type="checkbox"/> Unauthorized restraint <input type="checkbox"/> Seclusion/ Confinement		
Death	<input type="checkbox"/> Expected <input type="checkbox"/> Unexpected <input type="checkbox"/> Unusual <input type="checkbox"/> Related to abuse, neglect or exploitation <input type="checkbox"/> Other party		

**CRITICAL INCIDENT REPORT FORM**

**INTAKE SUMMARY**

Please include a brief, but complete description of the incident. This information will be used to help staff in identifying, preventing, and reporting Abuse, Neglect, Exploitation and other Critical Incidents

Reporter Name:	Date:	Time:
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Compliance Department Tracking ID:

<p><b>Abuse</b> - an action that may cause any physical, sexual, or emotional or mental injury; the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish (42 C.F.R. Section 488.301), generally used in conjunction with neglect.</p>	<p><b>Neglect</b> – the failure of another individual to provide, or the willful withholding from, an adult of the necessities of life including but not limited to food, clothing, shelter, or medical care, including self-neglect. Neglect means a failure (i) to notify the appropriate health care professional; (ii) to provide or arrange necessary services to avoid physical or psychological harm to a resident; or (iii) to terminate the residency of a participant whose needs can no longer be met, causing an avoidable decline in function. Neglect may be either passive (non-malicious) or willful.</p>	<p><b>Exploitation</b> – the illegal use of assets or resources. Financial exploitation means the misuse or withholding of an older person’s resources by another person to the disadvantage of the older person or the profit or advantage of a person other than the older person.</p>
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