



**INCIDENT REPORT FORM:**  Initial  Combined Initial and Final  Follow up Info.  Final

Please check only one box above.

Please complete Parts A & B for 24-hour notifications. Include Part C for 5 day and final reports. All incident reports/notifications may be submitted to fax number **(405) 271-4172** or toll free fax **1-866-239-7553**.

**Part A**

Facility ID \_\_\_\_\_ Name of Facility \_\_\_\_\_

Address \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Incident Date** \_\_\_\_\_ **Incident Location** \_\_\_\_\_

**Resident(s)/Client(s)**

**Involved** \_\_\_\_\_

**Incident Type** (For allegations against nurse-aides or nontechnical services workers, please include ODH Form 718)

- |  |   |
|--|---|
| <input type="checkbox"/> Certain Injuries (OAC 310:675-7-5.1(i))   | <input type="checkbox"/> Storm Damage             |
| <input type="checkbox"/> Utility Failure (more than 4 hours)   | <input type="checkbox"/> Fire                     |
| <input type="checkbox"/> Misappropriation of Resident Property   | <input type="checkbox"/> Allegations of Neglect   |
| <input type="checkbox"/> Allegations of Abuse/Mistreatment   | <input type="checkbox"/> Injury of Unknown Source |
| <input type="checkbox"/> Death Other than by Natural Causes  | <input type="checkbox"/> Missing Resident         |
| <input type="checkbox"/> Communicable Disease (If you are reporting a communicable disease, please <b>also</b> call the Acute Disease Service at (405) 271-4060. | <input type="checkbox"/> Physical Harm*           |
| <input type="checkbox"/> Suspected Criminal Act*   |   |

\*If Physical Harm and Suspected Criminal Act, indicate Local Law Enforcement Agency contacted in the 'Notifications Made' box at the right.

**Notifications Made** (Check all that apply)

- Physician  
 Family  
 Resident's legal representative  
 DHS: Adult Protective Services  
 Local Law Enforcement

Agency Name: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

- Appropriate licensing board  
 Nurse Aide Registry  
 Attorney General  
 Other \_\_\_\_\_

**Part B**

Description of Incident. Please include injuries sustained as well as measures taken to protect the resident(s) during investigation. **Attach additional pages as needed.**

\_\_\_\_\_

**Please include relevant resident history (i.e. cognitive status, fall risk assessment, relevant care plan instructions prior to this incident, etc.)**

\_\_\_\_\_

**Part C**

For 5 day and final reports, please include a summary of the investigation (include investigative actions, findings and causative factors) and corrective measures implemented to prevent recurrence. **Attach additional pages as needed.**

\_\_\_\_\_

**Failure to document credible protective/preventative measures at the time of initial reporting and/or failure to provide evidence of a thorough investigation with corrective measures on the final report may require the OSDH to perform an onsite visit to determine if acceptable measures are being taken to protect residents.**

\_\_\_\_\_  
*Reporting Party*