HCAB
Home Care Agency Blueprint
Building Successful Home Care Businesses

# Incident Reports Bundle

Documentation and Response Protocols
Professional Bundle

www.homecareagencyblueprint.com

# GENERAL INCIDENT REPORT FORM

Complete within 24 hours of incident occurrence

## INCIDENT INFORMATION

**Date of Incident** _____

**Time of Incident** _____

**Report Date** _____

**Location of Incident (specific room/area)**

_____

## CLIENT INFORMATION

**Client Name** _____

**Date of Birth** _____

**Client Address** _____

**Emergency Contact Notified**

☐ Yes ☐ No

## TYPE OF INCIDENT

☐ Fall ☐ Medication Error ☐ Injury ☐ Near Miss ☐ Equipment Failure ☐ Property Damage

☐ Behavioral ☐ Other

## DESCRIPTION OF INCIDENT

Describe exactly what happened. Include: Who was involved? What occurred? Where did it happen? When? What actions were taken?

## WITNESSES

**Witness Name** _____

**Phone Number** _____

**Witness Name** _____ **Phone Number** _____

## IMMEDIATE ACTIONS TAKEN

☐ First Aid Provided ☐ 911 Called ☐ Physician Notified ☐ Family Notified

☐ Supervisor Notified

**Details of Actions Taken**

| | | |
|---|---|---|
| Person Reporting (Print Name) | Signature | Date |
| Supervisor Review (Print Name) | Signature | Date |

# FALL INCIDENT REPORT

Specialized documentation for client falls

## BASIC INFORMATION

**Client Name** _____

**Date of Fall** _____

**Time of Fall** _____

**Exact Location of Fall**

_____

## FALL DETAILS

**Was the fall witnessed?**

☐ Yes ☐ No

**If witnessed, by whom?**

_____

**Activity at time of fall**

☐ Walking ☐ Transferring ☐ Toileting ☐ Bathing ☐ Standing ☐ Reaching

☐ Other: _____

**Surface where fall occurred**

☐ Carpet ☐ Tile ☐ Hardwood ☐ Concrete ☐ Wet Surface ☐ Other: _____

## CONTRIBUTING FACTORS

☐ Poor lighting ☐ Wet/slippery floor ☐ Tripping hazard ☐ Improper footwear

☐ Medication effects ☐ Dizziness/ weakness ☐ Assistive device not used

☐ Mobility impairment ☐ Cognitive impairment ☐ Unknown

## INJURY ASSESSMENT

**Did client sustain injury?**

☐ Yes ☐ No

**If yes, type of injury**

☐ Bruise ☐ Cut/ Abrasion ☐ Fracture

☐ Head Injury

**Location of injury on body**

**Description of injury**

## POST-FALL ACTIONS

☐ Vitals checked ☐ Neurological check performed ☐ 911 called ☐ Sent to ER

☐ Physician notified ☐ Family notified ☐ Care plan updated

Caregiver Signature | Date/Time | Supervisor Review

# MEDICATION ERROR REPORT

Document all medication-related incidents immediately

## INCIDENT INFORMATION

**Client Name** _____

**Date of Error** _____

**Time Discovered** _____

## TYPE OF MEDICATION ERROR

☐ Wrong medication given ☐ Wrong dose ☐ Wrong time ☐ Wrong route ☐ Wrong client

☐ Missed dose ☐ Extra dose ☐ Expired medication ☐ Medication reminder not given

## MEDICATION DETAILS

**Medication Name** _____

**Prescribed Dose** _____

**Actual Dose Given** _____

**Prescribed Time** _____

**Actual Time Given** _____

**Prescribing Physician** _____

## DESCRIPTION OF ERROR

**Describe exactly what happened**

## CLIENT CONDITION

**Did client experience adverse effects?**

☐ Yes ☐ No ☐ Unknown/ Monitoring

**If yes, describe symptoms observed**

## NOTIFICATIONS

| Person/Entity | Name | Time Notified | Method |
|---|---|---|---|
| Physician | | | |
| Supervisor | | | |
| Family/Responsible Party | | | |
| Poison Control (if applicable) | | | |

Staff Member Involved

Supervisor Signature

Date

# CLIENT INJURY REPORT

Complete documentation of all client injuries

## INCIDENT INFORMATION

**Client Name** _____

**Date of Injury** _____

**Time of Injury** _____

**Location Where Injury Occurred**

_____

## INJURY DETAILS

**Type of Injury**

☐ Cut/ Laceration ☐ Bruise/ Contusion ☐ Burn ☐ Fracture ☐ Sprain/ Strain ☐ Skin Tear

☐ Head Injury ☐ Other: _____

**Body Part(s) Affected**

_____

**Side of Body**

☐ Left ☐ Right ☐ Both

**Description of Injury (size, color, appearance)**

## HOW INJURY OCCURRED

**Detailed description of how the injury happened**

## TREATMENT PROVIDED

- ☐ First aid on site
- ☐ Ice/cold compress
- ☐ Bandage/ dressing
- ☐ Transported to ER
- ☐ Physician appointment scheduled
- ☐ No treatment needed

**Treatment Details**

## NOTIFICATIONS MADE

**Family/Emergency Contact** _____ **Time Notified** _____

**Physician Notified** _____ **Time Notified** _____

_____ _____ _____

Caregiver Name (Print) Signature Date

# NEAR-MISS INCIDENT REPORT

Document close calls to prevent future incidents

**Why Report Near-Misses?** Near-miss reporting helps identify hazards and prevent actual incidents. A near-miss today could be an injury tomorrow.

## BASIC INFORMATION

**Date of Near-Miss** _____ **Time** _____ **Location** _____

**Client Name (if applicable)** _____ **Staff Involved** _____

## TYPE OF NEAR-MISS

☐ Near-fall (caught/ prevented)
☐ Medication error caught before administration
☐ Equipment malfunction
☐ Safety hazard identified
☐ Wrong client identification caught
☐ Communication breakdown
☐ Documentation error discovered
☐ Other: _____

## DESCRIPTION

**What happened? What COULD have happened?**

## CONTRIBUTING FACTORS

**What factors contributed to this near-miss?**

## PREVENTION ACTIONS

**What actions can prevent this from becoming an actual incident?**

## SEVERITY POTENTIAL

If this near-miss had resulted in an actual incident, how severe could it have been?

- ☐ Minor (first aid level)
- ☐ Moderate (medical attention needed)
- ☐ Major (hospitalization)
- ☐ Severe (life-threatening)

Reported By (Print) _____ Signature _____ Date _____

# PROPERTY DAMAGE REPORT

Document damage to client or agency property

## INCIDENT INFORMATION

**Date of Incident** _____

**Time of Incident** _____

**Date Reported** _____

**Location of Damage**

_____

## PROPERTY OWNER

☐ Client property ☐ Agency property ☐ Third party property

**Owner Name** _____

**Contact Information** _____

## DAMAGE DETAILS

**Item(s) Damaged**

_____

**Description of Damage**

**Estimated Value of Damage** _____

**Photos Taken?** ☐ Yes ☐ No

## HOW DAMAGE OCCURRED

**Detailed description of how the damage happened**

## PERSONS INVOLVED

**Staff Member(s) Present**

_____

**Client Present?**

☐ Yes ☐ No

**Witnesses**

_____

## RESOLUTION

**Actions taken / proposed resolution**

| |
|---|
| |

_____ _____ _____

Reported By Supervisor Date

# How to Write an Incident Report

A comprehensive guide to accurate, complete incident documentation

## The 5 W's of Incident Reporting

Every incident report must answer these fundamental questions:

### WHO

- Who was involved in the incident?
- Who witnessed the incident?
- Who was notified?
- Who provided care/assistance?

### WHAT

- What exactly happened?
- What injuries or damage occurred?
- What actions were taken?
- What equipment was involved?

### WHEN

- Date and exact time of incident
- When was the incident discovered?
- When were notifications made?

### WHERE

- Specific location (room, area)
- Environmental conditions

### WHY/HOW

- Contributing factors
- Sequence of events

## Golden Rules of Documentation

**Rule #1: Be Objective**
Document only FACTS - what you saw, heard, or measured. Avoid opinions, assumptions, or conclusions.

**Rule #2: Be Specific**
Use exact times, measurements, and descriptions. "Client fell at 2:15 PM" not "Client fell in the afternoon."

**Rule #3: Be Timely**
Complete reports as soon as possible while details are fresh. Ideally within 24 hours.

**Rule #4: Be Complete**
Include all relevant information. If something is unknown, document it as "unknown" rather than leaving blank.

## What TO Write vs. What NOT to Write

| DO Write | DON'T Write |
|---|---|
| "Client stated: 'I felt dizzy'" | "Client was probably dizzy" |
| "2cm x 3cm bruise on left forearm" | "Small bruise on arm" |
| "Found client on floor beside bed" | "Client must have fallen out of bed" |
| "Supervisor notified at 3:45 PM" | "Appropriate people were notified" |
| "Client's skin appeared pale" | "Client didn't look good" |

# How to Write an Incident Report (continued)

## Step-by-Step Process

**Step 1: Ensure Safety First**
Address any immediate safety concerns before documenting. Provide first aid, call 911 if needed, secure the area.

**Step 2: Gather Information**
While details are fresh, note: exact time, who was present, what happened, what you observed, what was said.

**Step 3: Complete the Report Form**
Fill out all sections completely. Use "N/A" for sections that don't apply; never leave blanks.

**Step 4: Write the Narrative**
In the description section, write a clear, chronological account of what occurred.

**Step 5: Document Follow-Up**
Record all notifications made, care provided, and actions taken.

**Step 6: Sign and Submit**
Sign and date the report. Submit to supervisor for review within required timeframe.

## Sample Narrative (Good vs. Poor)

**POOR Example:**
"Client fell in bathroom. She said she slipped. Helped her up. She seemed okay. Called supervisor."

**GOOD Example:**
"At approximately 10:15 AM on [date], I heard a loud thud from the bathroom while Mrs. Smith was toileting. I immediately entered to find Mrs. Smith sitting on the floor beside the toilet. The floor appeared wet near the toilet base. Mrs. Smith stated: 'My foot slipped on the wet floor.' She denied hitting her head and denied pain. I observed no visible injuries. I assisted Mrs. Smith to stand with one-person assist. She ambulated to her chair without difficulty. Vital signs at 10:25

> AM: BP 128/78, HR 76, no dizziness reported. Supervisor Jane Doe notified by phone at 10:30 AM. Family member (daughter Mary) notified at 10:35 AM. Floor was dried and Mrs. Smith was monitored for remainder of shift with no concerns noted."

## Common Documentation Errors to Avoid

- **Waiting too long** - Memory fades; document immediately
- **Using vague language** - Be specific with times, measurements, descriptions
- **Making assumptions** - Document only what you know to be factual
- **Leaving blanks** - Complete every section; use N/A if not applicable
- **Using correction fluid** - Draw single line through errors, initial, and date
- **Blaming others** - Focus on facts, not fault
- **Using abbreviations** - Write out terms to avoid confusion

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Remember: Your incident report may be reviewed by surveyors, attorneys, or family members. Document as if it will be read in court - because it might be.

# INCIDENT INVESTIGATION CHECKLIST

Systematic approach to investigating incidents

## INCIDENT REFERENCE

**Incident Report Number** _____

**Date of Incident** _____

**Investigator** _____

## IMMEDIATE RESPONSE (Within 24 Hours)

- ☐ Initial incident report completed and reviewed
- ☐ Client/staff safety ensured
- ☐ Required notifications made (family, physician, state if applicable)
- ☐ Scene/evidence preserved (photos taken if appropriate)
- ☐ Witnesses identified

## INFORMATION GATHERING

- ☐ Interviewed person who reported the incident
- ☐ Interviewed witnesses
- ☐ Interviewed client (if able and appropriate)
- ☐ Reviewed client's care plan and risk assessments
- ☐ Reviewed staff training records
- ☐ Reviewed policies and procedures related to incident
- ☐ Examined equipment involved (if applicable)
- ☐ Assessed environmental factors

## ANALYSIS

- ☐ Timeline of events established
- ☐ Contributing factors identified
- ☐ Root cause(s) determined
- ☐ Similar past incidents reviewed for patterns
- ☐ Policy/procedure gaps identified

- [ ] Training gaps identified

## CORRECTIVE ACTIONS

- [ ] Immediate corrective actions implemented
- [ ] Long-term prevention measures identified
- [ ] Care plan updated if needed
- [ ] Staff retraining completed if needed
- [ ] Policy/procedure updates drafted if needed

## DOCUMENTATION & CLOSURE

- [ ] Investigation findings documented
- [ ] Corrective action plan documented
- [ ] Follow-up monitoring schedule established
- [ ] Investigation reviewed by Administrator
- [ ] Filed in client record and incident log

| Investigator Signature | Date Completed | Administrator Review |
| --- | --- | --- |

# CORRECTIVE ACTION PLAN

Template for documenting improvement actions following incidents

## INCIDENT REFERENCE

**Related Incident Report #** _____ **Incident Date** _____ **CAP Date** _____

**Brief Description of Incident**

## ROOT CAUSE SUMMARY

**What caused or contributed to this incident?**

## CORRECTIVE ACTIONS

| Action Item | Person Responsible | Target Date | Completion Date | Status |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

## MONITORING PLAN

**How will we monitor to ensure corrective actions are effective?**

**Follow-up Review Date**

**Responsible Party**

## FOLLOW-UP REVIEW

**Results of monitoring / effectiveness of corrective actions**

**CAP Status**

- ☐ Complete - Effective
- ☐ Complete - Monitor
- ☐ In Progress
- ☐ Requires Revision

Prepared By

Date

Administrator Approval

Date

# INCIDENT TRENDING LOG

Track incident patterns to identify systemic issues

## LOG PERIOD

**Month/Quarter/Year** _____ **Prepared By** _____ **Review Date** _____

## INCIDENT LOG

| Date | Report # | Client Initials | Type | Location | Shift | Severity | Staff Initials |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
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**Type codes:** F=Fall, M=Medication, I=Injury, N=Near-Miss, P=Property, B=Behavioral, O=Other
**Severity:** 1=Minor, 2=Moderate, 3=Major, 4=Severe

## SUMMARY STATISTICS

### By Incident Type

| Type | Count | % of Total |
|---|---|---|
| Falls | | |
| Medication Errors | | |
| Injuries | | |
| Near-Misses | | |
| Property Damage | | |
| Other | | |
| **TOTAL** | | 100% |

### By Time/Shift

| Shift | Count | % of Total |
|---|---|---|
| Day (7a-3p) | | |
| Evening (3p-11p) | | |
| Night (11p-7a) | | |
| **TOTAL** | | 100% |

## TREND ANALYSIS

**Patterns Identified**

**Recommended Actions Based on Trends**

Quality/Compliance Review

Administrator

Date

# ROOT CAUSE ANALYSIS TEMPLATE

Systematic method to identify the true cause of incidents

## INCIDENT INFORMATION

**Incident Date** _____ **Report Number** _____ **RCA Date** _____

**Brief Problem Statement (What happened?)**

## 5 WHYS ANALYSIS

Start with the problem and ask "Why?" repeatedly to drill down to the root cause.

### Problem Statement:

**Why #1: Why did this happen?**

**Why #2: Why did THAT happen?**

**Why #3: Why did THAT happen?**

**Why #4: Why did THAT happen?**

**Why #5: Why did THAT happen?**

## CONTRIBUTING FACTOR CATEGORIES

Check all categories that contributed to the incident:

- [ ] **Human Factors**
  - [ ] Training inadequate
  - [ ] Fatigue/workload
  - [ ] Communication failure
  - [ ] Policy not followed
- [ ] **Equipment**
  - [ ] Malfunction
  - [ ] Not available
  - [ ] Improper use
- [ ] **Environment**
  - [ ] Lighting
  - [ ] Clutter/hazards
  - [ ] Weather conditions
- [ ] **Systems/Processes**
  - [ ] Policy gap
  - [ ] Supervision gap
  - [ ] Scheduling issue

## ROOT CAUSE STATEMENT

**Based on analysis, the root cause is:**

## RECOMMENDED ACTIONS

**What specific actions will address the root cause?**

Analysis Completed By

Date

# When to Report to State

Quick Reference Guide for Mandatory State Reporting

> **IMPORTANT:** State reporting requirements vary. This guide provides general guidance. Always verify your specific state's requirements with your licensing agency.

## Incidents Requiring IMMEDIATE State Reporting

These incidents typically require reporting within 24 hours (some states require immediate verbal report followed by written report):

| Incident Type | Description | Typical Timeframe |
|---|---|---|
| **Death** | Any client death, regardless of cause (expected or unexpected) | Immediate - 24 hrs |
| **Abuse (All Types)** | Physical, sexual, verbal, emotional, or financial abuse - known or suspected | Immediate - 24 hrs |
| **Neglect** | Failure to provide necessary care resulting in harm or risk of harm | Immediate - 24 hrs |
| **Serious Injury** | Fractures, head injuries, injuries requiring hospitalization | 24-48 hrs |
| **Missing Client** | Client who has wandered or is unaccounted for | Immediate |
| **Fire/Natural Disaster** | Events requiring evacuation or affecting client safety | Immediate - 24 hrs |

## Incidents That MAY Require State Reporting

Check your state requirements - reporting timeframes vary (typically 5-7 days):

| Incident Type | Description |
|---|---|
| **Falls with Injury** | Falls resulting in injury requiring medical treatment beyond first aid |
| **Medication Errors** | Errors resulting in adverse reactions or hospitalization |
| **Communicable Disease** | Outbreaks or reportable diseases |

| | |
|---|---|
| **Criminal Activity** | Theft, assault, or other crimes against clients |
| **Exploitation** | Financial exploitation or misuse of client funds |

## State Reporting Contact Information

### YOUR STATE CONTACTS (Complete and Keep Updated)

**State Licensing Agency Name**

_____

**Phone Number**

_____

**Fax Number**

_____

**Email / Online Reporting Portal**

_____

**Adult Protective Services (APS) Hotline**

_____

**Ombudsman Office**

_____

# When to Report to State (continued)

## Reporting Timeline Quick Reference

### IMMEDIATELY (Same Day)

- Death of a client
- Suspected abuse or neglect
- Missing/wandering client
- Fire requiring evacuation
- Media involvement

### WITHIN 24 HOURS

- Serious injury requiring hospitalization
- Sexual assault allegations
- Written follow-up to verbal reports

### WITHIN 48-72 HOURS

- Injuries requiring physician treatment
- Medication errors with adverse effects
- Property crimes against clients

### WITHIN 5-7 DAYS

- Unusual incident reports (varies by state)
- Pattern of incidents
- Communicable disease notification

## Documentation Requirements for State Reports

When reporting to the state, be prepared to provide:

- Agency name, license number, and contact information
- Client name, date of birth, and relevant identifiers
- Date, time, and location of incident

- Detailed description of what occurred
- Names of staff involved and witnesses
- Injuries sustained and treatment provided
- Notifications made (family, physician, 911)
- Immediate actions taken
- Name and title of person making the report

**Failure to Report:** Failure to make required state reports can result in citations, fines, license suspension, or criminal charges. When in doubt, REPORT.

## Internal vs. External Reporting

| Internal Reporting | External Reporting |
|---|---|
| • Supervisor notification | • State licensing agency |
| • Administrator notification | • Adult Protective Services |
| • Quality/Compliance review | • Law enforcement (if criminal) |
| • Internal incident file | • Ombudsman (if applicable) |

**Best Practice:** Create a reporting decision tree specific to your state. Train all staff on mandatory reporting requirements. Post reporting contact numbers in an accessible location.

# Abuse & Neglect Reporting Quick Guide

All staff are mandatory reporters - know the signs and take action

> **YOU ARE A MANDATORY REPORTER.** If you suspect abuse or neglect, you MUST report it. You do not need to prove abuse occurred - that is for investigators to determine. Your job is to report your concerns.

## Types of Abuse

### Physical Abuse

**Definition:** Non-accidental use of force that results in bodily injury, pain, or impairment

**Signs:**

- Unexplained bruises, welts, burns
- Injuries in various stages of healing
- Injuries inconsistent with explanation
- Fear of caregiver
- Flinching when touched

### Emotional/Psychological Abuse

**Definition:** Verbal assaults, threats, intimidation, humiliation

**Signs:**

- Withdrawal, depression
- Unusual behavior changes
- Fear or anxiety
- Low self-esteem
- Caregiver who belittles, threatens

### Sexual Abuse

**Definition:** Non-consensual sexual contact of any kind

**Signs:**

- Unexplained genital injuries
- Difficulty walking or sitting
- Torn or bloody undergarments
- STDs or infections
- Withdrawal, fear, depression

### Financial Exploitation

**Definition:** Illegal or improper use of a person's funds or property

**Signs:**

- Sudden changes in finances
- Missing belongings or money
- Unpaid bills despite adequate income
- Unusual banking activity
- Changes to legal documents

## Signs of Neglect

| Type | Signs to Watch For |
|---|---|
| **Physical Neglect** | Poor hygiene, inappropriate clothing, untreated medical conditions, malnutrition, dehydration, unsafe living conditions |

| | |
|---|---|
| **Medical Neglect** | Missed medications, untreated injuries, lack of assistive devices, missed medical appointments |
| **Self-Neglect** | Inability or unwillingness to care for oneself, hoarding, refusing needed help |
| **Abandonment** | Desertion by caregiver, being left alone for extended periods |

# Abuse & Neglect Reporting (continued)

## What To Do If You Suspect Abuse or Neglect

**STEP 1: Ensure Immediate Safety**
If the person is in immediate danger, call 911. Remove the person from the dangerous situation if safe to do so.

**STEP 2: Document What You Observed**
Write down exactly what you saw, heard, or were told. Note dates, times, and specific observations. Do not investigate - just document.

**STEP 3: Report to Your Supervisor**
Notify your supervisor immediately. If your supervisor is the suspected abuser, report to the next level of management or directly to authorities.

**STEP 4: Report to Adult Protective Services (APS)**
Make a report to your state's APS hotline. You can report anonymously. Provide as much detail as possible.

**STEP 5: Report to State Licensing (if required)**
Your agency must report suspected abuse to the state licensing agency within required timeframes.

## Reporting Hotlines

**COMPLETE WITH YOUR STATE'S INFORMATION**

**Adult Protective Services (APS) Hotline**

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**Long-Term Care Ombudsman**

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**State Licensing Agency**

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**Local Law Enforcement (Non-Emergency)**

## Your Protection as a Reporter

**Mandatory Reporter Protections:**

- You are protected from retaliation for making a good-faith report
- You are immune from civil or criminal liability when reporting in good faith
- Your identity as a reporter is kept confidential
- You do NOT need to prove abuse occurred - only report your suspicions

**FAILURE TO REPORT:** As a mandatory reporter, failure to report suspected abuse or neglect can result in:

- Criminal charges (misdemeanor or felony depending on state)
- Civil liability
- Termination of employment
- Loss of professional certification/license

**Remember:** It is always better to report and be wrong than to not report and allow abuse to continue. Trust your instincts. If something feels wrong, report it.

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