

1. Completely fill out the Incident Report
 - a. This includes the name of the Facility/Home, License Number, Licensee Name, address, phone, and where the recipient lives
 - b. The Name of the person directly involved in the recipient box. *This is the person who is the subject of the report/unusual incident. The demographic information for the recipient – address, case #, etc.
 - c. The Facts of the Incident
 - i. When – date and time of when it happened, if known
 - ii. Where – the home, the room in the home, the place within the community, etc.
 - iii. Other Persons/Witnesses involved- include the names and identify the role i.e. Resident/Employee/Visitor- employees/recipients who were also involved or presentName of employee assigned to recipient (if applicable)An objective explanation of what happened / Describe Injury (if any) – This includes what you witnessed, what was reported, any observances.
 1. This can include the color and size of bruises; the specific medication error/refusal of what medication; the account of the injury/how the person was injured; the unusual behavior of the recipient and the actions of staff, etc.
 - iv. The action taken by staff/treatment given
 1. This can include calling the RN, calling the home manager, calling ambulance, etc. It should also include the follow-up action based on what the RN/Home Manager or other party may have instructed the staff to do.
 2. This can include the actions of the staff to address the situation even if it means following any existing guidelines/protocols/care plans.
 - v. Corrective Measures Taken to Remedy and/or Prevent Recurrence
 1. This includes actions taken immediately to remedy the situation or in the future to prevent a recurrence.
 - vi. Name of Treating Physician/Healthcare /Medical Facility/Hospital, Phone number, Date of Care Given.
 - vii. Physician Diagnosis of injury, illness or cause of death, if known-Do not leave blank. Indicate unknown if unknown or not applicable if there is no injury illness or death.
 - viii. All persons notified
 - ix. The reporting person's signature and date. NOTE *This doesn't always match the date of the incident.
2. Fax the complete Incident Report to the Recipient Rights fax line: (989) 895-2715 include any additional documentation sheets (such as Behavior Treatment Data Collection).
3. If the Home Manager/Program Supervisor reviews the Incident Report AFTER it has been faxed to the Recipient Rights fax line, then the Incident Report should be faxed in again after the Home Manager/Supervisor's comments/follow-up/disciplinary action/remedy is noted on the report.

Circumstances in which an Incident Report is required include but are not limited to:

- Any explained or unexplained injury of a recipient
- An unusual or first time medically related occurrence, such as seizures
- Environmental emergencies
- Problem behaviors not addressed in the treatment plan such as breaking things, attacking people, or setting fires
- Suspected abuse or neglect (a complaint form should also be completed)
- Inappropriate sexual acts (excessive masturbation, inappropriate touching of others, etc.)
- Medication errors or refusals
- Suspected criminal offenses involving recipients
- Use of physical intervention
- Involvement of other agencies (police, hospital, fire, etc.)
- Any unauthorized leave of absence of a recipient
- The death of a recipient