

## ACCIDENT/INCIDENT INVESTIGATION CHECKLIST/COVER SHEET

**Resident:** \_\_\_\_\_ **Room No.** \_\_\_\_\_

**Reporter/Complainant (if not resident)** \_\_\_\_\_

**Potential Incident Category (Abuse/Neglect/Mistreatment/Exploitation/Misappropriation/etc.):**  
\_\_\_\_\_

**Date/Time/Place of Occurrence:** \_\_\_\_\_

**Date/Time of Initial Report:** \_\_\_\_\_

**Date/Time M.D. Notified:** \_\_\_\_\_

**Date/Time Administrator Notified:** \_\_\_\_\_

**Date/Time DOH Notified:** \_\_\_\_\_

**Date/Time Law Enforcement Notified:** \_\_\_\_\_

**Person(s) assigned to Conduct Investigation:** \_\_\_\_\_

**Description of Scene (include Date/Time Investigator arrived at scene)**


**Summary of Initial Report/Complaint:**


**Persons Interviewed:**

Name	Date/Time

**Persons Not Interviewed:**

Name	Reason Why Not Interviewed

**Records Reviewed/Action Taken**

	Significant Information
Care Plan	
Progress Notes	
Medication History	
Recent Cognitive Evaluation	
Pictures (if applicable)	
Videos (if applicable)	
Applicable Personnel Records (e.g., time sheets, training/in-services, disciplinary actions, annual reviews, etc.) (List)	
Applicable Policies and Procedures (List)	
Search for missing property (list areas searched and if property found)	
Other (List)	

**Summary of Conclusions:**


Report of Investigation Submitted to Administrator: Date/Time \_\_\_\_\_

Report of Investigation Submitted to DOH: Date/Time \_\_\_\_\_

Report of Investigation Submitted to Quality Improvement Committee: Date/Time \_\_\_\_\_

**Corrective/Follow-Up Actions:**

Action Taken:	Date:
Resident/Complainant Notified of Investigation Conclusion	
Revised Care Plan	
Education	
Discipline	
Revised policies/procedures	
Other	