INVESTIGATION FOLLOW-UP

Date of Incident	D	ate of Invest	igation	_	
INSTRUCTIONS: Revie factual information as p			of this form as you conduct or personal opinions.	this investigatio	n. Provide as muc
	DESCRIPTIO	N OF INCIE	DENT UNDER INVESTIGA	ATION	
	S	UMMARY C	F INVESTIGATION		
			de	γ	
	PAST INTER	VENTIONS	ATTEMPTED (Include D	ates)	Λ
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	5021150				
353	RECOM	MENDATION	NS/NEW INTERVENTION	S	
		10/			
			1 2	247	
		//			
Care Plan Updated)) /				
	(Date)				
		9	TION SUMMARY		
•			needed		
			_By		
			O Dia		
-ollow-up with family/re	epresentative on rev	isions to the	Care Plan:		
			Fa	mily Follow-up l	Date
					<u> </u>
Signature of person cor	npletina form				
DON Signature	Date_		Administrator Signature		_ Date
AME-Last	First	Middle	Attending Physician	Record No.	Room/Bed

INVESTIGATION FOLLOW-UP GUIDE

Consider these questions as <u>applicable to the incident</u> and <u>as is necessary to come to a reasonable conclusion</u>.

WHO:

- may have contributed to the occurrence of the incident?
- is the alleged victim?
- spoke to the alleged victim regarding the incident?
- witnessed the incident?
- may have information related to the incident?

is the incident? is the chronolog

- is the chronological order of events leading up to the alleged incident?
- are the injuries?
- information does the alleged victim have regarding the incident?
- did the discovering person or witness see, hear or smell?
- did people do in relation to first discovering the incident?
- information do other staff members have of the incident or factors leading up to the incident?
- was the functional, mental and cognitive status of the alleged victim before and after the incident?
- is known about the alleged suspect or person who may have contributed to the occurrence of the incident?

WHEN:

WHAT:

did the incident occur?

WHERE:

did the incident occur?

Summarize the facts to establish reasonable cause for the incident or the need for further investigation before a reasonable cause for the incident can be established.