OKLAHOMA State Department of Health

Oklahoma State Department of Health
Long Term Care
123 Robert S Kerr Ave, Suite 1702
Oklahoma City, OK 73012-6406
p. (405) 426-8200

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 toll free fax number **1-866-239-7553**.

Part A

Facility ID _____ Name of Facility _____

Address _____
Street City State Zip

Incident Date _____ **Incident Location** _____

Resident(s)/Client(s)/ Staff Involved _____

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

- ☐ Certain Injuries (OAC 310:675-7-5.1(i))
- ☐ Utility Failure (more than 8 hours)
- ☐ Misappropriation of Resident Property
- ☐ Allegations of Abuse/Mistreatment
- ☐ Death Other than by Natural Causes
- ☐ Communicable Disease (**Call Infectious Disease (IDPR) for *initial outbreak* notification only at (405) 426-8710. Updates not required for ongoing outbreak**).
- ☐ Suspected Criminal Act*
- ☐ Storm Damage
- ☐ Fire
- ☐ Allegations of Neglect
- ☐ Injury of Unknown Source
- ☐ Missing Resident
- ☐ Physical Harm*

*If Physical Harm and Suspected Criminal Act, indicate if 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 (ODH Form 718 Attached)
- ☐ Attorney General
- ☐ Other _____

Part B

Description of Incident. Please include injuries sustained as well as measures taken to protect the resident(s) during investigation. (500 characters max) If additional pages are needed, see the optional page below.

Relevant Resident History. Please include relevant resident history (i.e. cognitive status, fall risk assessment, relevant care plan instructions prior to this incident, etc.) (500 characters max) If additional pages are needed, see the optional page below.

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. (500 characters max) If additional pages are needed, see the optional page below.

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

OPTIONAL PAGE. Use this page as needed to provide further information. (5,200 character max)
If additional space is required, please attach a supplemental document.