

Resident Incident Follow Up Investigation Form

This form is used to document the thorough follow-up investigation of a resident incident. Please complete all sections for print and record-keeping purposes.

1. Resident & Incident Details

Resident Full Name: Room/ Apartment Number:
Date of Original Incident: Time of Original Incident:
Type of Incident:

2. Investigation Information

Investigator Name: Investigator Title:
Date Investigation Started: Date Investigation Completed:
Witnesses Identified:

3. Findings & Root Cause Analysis

Describe the sequence of events leading up to, during, and immediately after the incident:

What were the contributing factors/root causes? (e.g., environmental hazards, cognitive status, equipment issues):

Was the resident's current care plan followed? (Enter Yes, No, or N/A, and explain):

4. Corrective and Preventative Action Plan

Identify the specific actions taken or planned to prevent future recurrences.

Action Step Required	Responsible Person	Target Completion Date
Action 1	Name/Title	MM/DD/YYYY
Action 2	Name/Title	MM/DD/YYYY
Action 3	Name/Title	MM/DD/YYYY

5. Family & Physician Notifications

Physician Notified (Name): Date/Time of Notification:
Family/Representative Notified (Name): Date/Time of Notification:

6. Final Review & Signatures

By signing below, the investigator and administration acknowledge that this incident has been thoroughly reviewed and the corrective action plan has been initiated.

Investigator Signature (Written): _____ **Date:**

Investigator Name (Printed):

Director/Administrator Signature (Written): _____ **Date:**

Director/Administrator Name (Printed):