

Senior Living Resident Emergency Incident Report

Instructions: Complete this report immediately following any resident emergency, injury, or significant incident. This form is formatted for printing and manual filing.

Resident Information

Resident Full Name:

Apartment/Room Number:

Date of Birth (MM/DD/YYYY):

Level of Care / Service Plan:

Incident Details

Date of Incident (MM/DD/YYYY):

Time of Incident (AM/PM):

Exact Location of Incident (e.g., Dining Room, Bathroom):

Type of Incident (e.g., Fall, Medical Emergency, Elopement, Medication Error):

Description of Incident (Line 1):

Description of Incident (Line 2):

Injuries Sustained (If none, write "None"):

Response and Actions Taken

First Aid or Immediate Medical Treatment Provided:

Were Emergency Services (911) Contacted? (Yes/No):

Time EMS Arrived (if applicable):

Hospital/Destination (if transported):

Notifications

Family/Responsible Party Notified (Name):

Date and Time of Family Notification:

Primary Care Physician Notified (Name):

Date and Time of Physician Notification:

Executive Director / Director of Nursing Notified (Name):

Witnesses & Signatures

Witness Name (if any):

Witness Contact Information:

Reporting Staff Member Name & Title:

Reporting Staff Signature (Print name for digital filing):

Date of Report completion (MM/DD/YYYY):