AMERICAN HEALTH ENTERPRISES

INVESTIGATION FILE CHECKLIST

DATE OF INCIDENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RESIDENT INVOLVED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STAFF MEMBER INVOLVED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Item to be done | Signature when done | Date completed |
| Copy of incident/accident report |  |  |
| Resident statements |  |  |
| Witness statements |  |  |
| Investigative statements from Shift supervisor, DON, Social worker, and Administrator |  |  |
| Staffing assignments for 24 hours leading up to time of incident |  |  |
| Copy of nurses notes and social services notes relative to incident |  |  |
| Copy of disciplinary action taken |  |  |
| Copy of update resident care plan |  |  |
| Copy of monitoring program if applicable |  |  |
| Copy of police report, if notified |  |  |
| Copy of report sent to State Department of Health |  |  |

**Summary of Investigation including:**

|  |  |  |
| --- | --- | --- |
| Summary of incident including what happened and allegation |  |  |
| When administrator notified of incident |  |  |
| When investigation started and completed |  |  |
| Include all relevant documentation |  |  |
| Finding of assessment of resident, after incident |  |  |
| Steps taken to protect alleged victim or other residents from further abuse or harm |  |  |
| Action taken as a result of the investigation |  |  |
| All witness statements and resident interviews |  |  |
| Corrective action taken |  |  |
| Personnel file review of suspect |  |  |
| Family and resident notified of outcome of investigation |  |  |
| Proof of submission to QA committee for review for further intervention |  |  |