AMERICAN HEALTH ENTERPRISES

RESIDENT-TO-RESIDENT ABUSE CHECK OFF SHEET

DATE INCIDENT BEGAN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Resident’s involved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- |
| Item to be done | Signature when done | Date completed |
| Immediate intervention, separation of residents |  |  |
| Immediate medical care for injury |  |  |
| Resident to hospital per physician order if necessary |  |  |
| Counsel the resident on proper behavior & document in clinical record |  |  |
| Notification of DON and Administrator immediately |  |  |
| Complete incident report |  |  |
| Notify family and physician and document in record |  |  |
| Document incident in record (facts only) follow up documentation shift after incident |  |  |
| Day two follow up documentation each shift |  |  |
| Day three follow up documentation each shift |  |  |
| If physician and facility feel that a resident will be in danger to other residents or self seek proper placement to another facility |  |  |
| If roommate, and cannot get along notify family/guardian or need for room change, temporarily separate if necessary to avoid further altercations |  |  |
| If staff or medications ordered cannot control resident, local police may need to be contracted for assistance |  |  |
| Update care plan to reflect interventions to reduce risk of reoccurrence |  |  |
| Investigation must follow the same guideline as all other abuse incidents |  |  |
| Reporting to all necessary agencies as specified by state and federal guidelines |  |  |
| Report to State |  |  |
| Report to Senior Administrator and D.O.C.S. |  |  |
| Report to Risk Management |  |  |
| Report to other state agencies per state regulations |  |  |
| Investigative file complete |  |  |
| Investigative summary in file |  |  |
| Investigation reviewed in Quality Assurance at next meeting. |  |  |

Place this check sheet in the Investigative File.

Administrators Signature of Completion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_