**IDPH Notification of**

**Final Incident Investigation Report**

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| To**: IDPH Facility**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Fax #**: ( ) **Phone #**: ( )  (This form should be mailed or faxed to the Illinois Department of Public Health Regional Office within five working days of the incident,) |

**Name of Resident**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DOB**: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

**Diagnosis:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mental Status** (at time of incident): \_\_\_\_\_ Alert \_\_\_\_Cognitively Impaired

**Date of Alleged Incident:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ (Original Facility Report Attached)

**During the process of investigation, medical record review and interview of witnesses, the following conclusions have been determined about the original allegation.**

**Did the findings of the investigation substantiate the original allegation?**

\_\_\_\_ Yes \_\_\_ No (If yes, indicate how…)

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| If the allegation is determined to be valid and the perpetrator is an employee, include on a separate sheet the employee’s name, address, phone number, title, date of hire, copies of previous disciplinary actions, and current status (still working, suspended or terminated). |

**The facility has taken the following actions based on the fact and conclusions of the investigation**:

**This will be the final report sent concerning this allegation, unless the conclusion section indicates that further investigation is needed.**

**Person completing this form:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_/\_\_\_/\_\_\_

Date and Time Faxed to IDPH: \_\_\_/\_\_\_/\_\_\_ Time: \_\_\_\_\_AM/PM