



Long-Term Care Facility & IID - Serious Injury Incident Report

Illinois Administrative Code 77, 300.690b), 330.780b), 340.1330b), 350.700b), 390.700b). The facility shall notify the Department of any serious incident or accident. For purposes of this Section, "serious" means any incident or accident that causes physical harm or injury to a resident.

General Information

Report Type Initial Final Incident Date: _____ Facility Type SNF ICF SC CLF ICF/DD MCDD
Facility Name _____ Time of Incident _____ Report Date _____
Address _____ Contact E-mail _____

Incident Category

- Alleged Abuse Death related to an incident Resident to Resident Altercation
 Alleged Neglect Fall with physical harm or injury Severe Injury of Unknown Origin
 Drug Diversion Elopement with physical harm or injury Other _____

Resident #1 Involved in Incident

Name _____ Date of Birth _____ Identified Offender Yes No
 Victim Perpetrator Male Female Ambulatory Wheelchair Transfer w/1 Transfer w/2 Mechanical Lift Bed Bound
Interviewable Yes No Informed Decisions Yes No Alert and Oriented 1 2 3 Capable of Communication Yes No

Resident #2 Involved in Incident

Name _____ Date of Birth _____ Identified Offender Yes No
 Victim Perpetrator Male Female Ambulatory Wheelchair Transfer w/1 Transfer w/2 Mechanical Lift Bed Bound
Interviewable Yes No Informed Decisions Yes No Alert and Oriented 1 2 3 Capable of Communication Yes No

Resident #3 Involved in Incident

Name _____ Date of Birth _____ Identified Offender Yes No
 Victim Perpetrator Male Female Ambulatory Wheelchair Transfer w/1 Transfer w/2 Mechanical Lift Bed Bound
Interviewable Yes No Informed Decisions Yes No Alert and Oriented 1 2 3 Capable of Communication Yes No

Staff #1 Involved in Incident

Name _____ Position _____
Date of Birth _____ License Number _____
Retrained Yes No Suspended Yes No Terminated Yes No No Action Required

Staff #2 Involved in Incident

Name _____ Position _____
Date of Birth _____ License Number _____
Retrained Yes No Suspended Yes No Terminated Yes No No Action Required

Staff #3 Involved in Incident

Name _____ Position _____
Date of Birth _____ License Number _____
Retrained Yes No Suspended Yes No Terminated Yes No No Action Required

