



## 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

