

**\*\*\*SAMPLE DOCUMENT ONLY\*\*\***

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## INCIDENT/EVENT FOLLOW-UP CHECKLIST

### PEOPLE –APPROPRIATE CARE AND SUPPORT

- Resident:
- Family:
- Staff:

Action:

### COMMUNICATION

- Resident (as able):
- Physician:
- Family (as appropriate):
- Administrative Team:
- Corporate Office (as applicable):

Action:

### REPORTING

- Licensure (State)/Federal Serious Event Reporting (as applicable):
- Police (as applicable):
- Coroner (as applicable):
- Insurance Company (as applicable):
- Other External Agencies (as applicable):

Action:

### DOCUMENTATION

- Incident Report Completed:
- Documentation in the Medical Record Complete and Clinically Pertinent:
- Care Plan/Service Plan Reviewed and Updated as Appropriate:

Action:

### QUALITY/FOLLOW-UP INVESTIGATION

- Investigative/Follow-Up Notes Completed:

Action:

Signature (DON) \_\_\_\_\_ Date \_\_\_\_\_

Signature (Administrator) \_\_\_\_\_ Date \_\_\_\_\_

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