

**Clackamas County – Residential Services
Adult Foster Home Incident Report**

Incident:

Any occurrence in or out of the Adult Foster Home that causes or could potentially cause harm to persons, property, or violates rules/policies.

Facility Name: _____ **Date of Incident:** _____ **Time:** _____ **AM** **PM**

Resident Involved: _____ **DOB*:** _____ **Staff:** _____
Last Name, First Name (*Because of HIPAA, you must supply the date of birth)

Peers: Peer 1 Peer 2 Peer 3 Peer 4 (Attach peer IRs)

Type of Incident

Persons Involved:

- Resident to Staff
- Resident to Resident
- Staff to Resident
- Single Resident
- Not Applicable
- Other (Please explain) _____

Medication Incident

- Wrong Drug
- Wrong Dose
- Wrong Time
- Med Refusal
- Missed Med
- MAR Error
- Med Count Discrepancy
- Adverse Reaction
- Other Med Error

Behavior / health incident

- Assault
- Drug/Alcohol
- Contraband
- Elopement
- Fall
- Personal Injury
- Self-Harm
- Threats/Intimidation
- Medical Change
- Death
- Clinical/Behavioral Change
- Inappropriate Behavior
- Medical Emergency
- Property Harm/Theft/Loss
- Smoking Violation
- Exploitation:** Sexual Financial
- Facility Incident / Other Incidents**
- Unlocked doors/windows
- Unsecured equipment/supplies
- Other Incident (Please explain below)

CRITICAL INCIDENT YES NO

Was anyone injured? YES NO

Who: _____

Describe incident: (Provider specific information to describe situation) **Action taken:** (What did you do to prevent this from happening again?)

Who was notified: Owner/Operator Case Manager Call Center County Residential Specialist
 Physician Family/Guardian 911 Non-Emergency Police County Adult Protective Services
 Other Staff Other (Name) _____

Reporting Staff Signature _____ **Date:** _____

Owner/Operator Comments/Follow-up: _____

Owner/Operator Signature: _____ **Date:** _____

Clackamas BHD must be notified of all critical and reportable incidents.

- Critical incidents must be reported immediately (within 24 hours) to Clackamas County Behavioral Health and Oregon Health Authority | Health Services Division
- Other reportable incidents must be reported within 5 business days

Clackamas Co BHD - Adult Team

Fax 503-742-5355 or secure email to: clackamasbhadultteam@clackamas.us

Oregon Health Authority | Health Services Division

Fax 503-378-8467