



**ASSISTED LIVING AND SHARED HOUSING
INCIDENT AND ACIDENT REPORT
PLEASE PRINT/WRITE LEGIBLY!!!**

INSTRUCTIONS: This form should be completed and faxed to the Illinois Department of Public Health, Division of Assisted Living at 217-557-2432 **WITHIN 24 HOURS OF THE INCIDENT OR ACCIDENT WHERE RESIDENT IS SENT OUT FOR UNPLANNED MEDICAL CARE**

Name of Establishment _____

Full Establishment Address _____

ESTABLISHMENT E-MAIL ADDRESS _____

Contact/Title Name _____ Ph#: _____ Fax #: _____

Incident/Accident Date _____ Accident/Incident Time _____

Resident Name _____ Age: _____ M _____ F _____

Location of Incident/Accident _____

Description of Incident/Accident, including impact on resident (use additional page, if necessary)

Description of Action Taken by Establishment as Result of Incident/Accident (use additional page, if necessary)

DID RESIDENT GO TO THE HOSPITAL? YES ___ NO ___ (If NO, do **NOT** submit this form to IDPH, **UNLESS** there has been a significant issue such as an elopement, abuse, medication error/omission, Norovirus outbreak, electrical outages, flooding, etc).

Was the Resident Hospitalized?
Yes ___ Name of Hospital _____ Diagnosis _____
No ___ (If No, explain) _____

Was the Resident's M.D. Notified? Yes ___ No ___
Resident's Family/Representative Notified? Yes ___ No ___

FAX THIS REPORT TO 217-557-2432