

**Resident-to-Resident Occurrences
POST-INCIDENT CHECKLIST**



DATE:

AREAS OF FOCUS	ITEMS TO ADDRESS	COMPLETE	NOTES
SAFETY AND EVALUATION	1. Ensure the residents are separated and safe.		
	2. Complete Clinical Assessment, including assess for any injuries as indicated, and document in medical record		
	<ul style="list-style-type: none"> Physical, emotional, psychological status 		
	<ul style="list-style-type: none"> Note skin discoloration, tears, cuts, hand marks, and unusual markings and/or pain. 		
	<ul style="list-style-type: none"> Determine residents' cognitive status. 		
	<ul style="list-style-type: none"> If there is a physical or mental/emotional injury, does the resident have a medical condition that may be implicated? 		
	<ul style="list-style-type: none"> Note if none of the above are present. 		
	3. Make the physical environment safe. <ul style="list-style-type: none"> If warranted by seriousness of the incidents or risks, evaluate whether further steps are needed to separate residents in a new room, new hall, new dining table. To determine an effective intervention related to the safety of the physical environment, consider the impact of these changes and any risks of isolation, and discuss options with residents and those affected by a room or hall change. 		

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NOTIFY AND DOCUMENT	4. Administrator/Executive Director, Director of Nursing Services		
	5. Notify charge Nurse, Social Services		
	6. Notify police and obtain case number, if appropriate according to regulations		
	7. Primary Care Physician - Interested/Responsible Party – <i>inform of clinical findings, interventions and process initiated to mitigate future incidents as well as any change in room location, if applicable. Confirm an investigation has been initiated and follow up communication will be forthcoming</i>		
	8. Health Department according to regulations and time frames		
	9. Ombudsman, if appropriate according to state regulations		

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THE INVESTIGATION	10. Create file to contain all information gathered, keep for state reporting and legal		
	11. As a best practice, residents to be monitored for 72-hour period to ensure no psychological, emotional or physical complications are present.		
	12. Conduct interviews and document		
	<ul style="list-style-type: none"> • Residents, family, staff member making allegation. 		
	<ul style="list-style-type: none"> • Residents involved in incident. 		
	<ul style="list-style-type: none"> • Any other residents that may have been involved or a witness, if appropriate. 		
	<ul style="list-style-type: none"> • Staff on duty during period of alleged incident or occurrence for current shift and up to three shifts prior. 		
	<ul style="list-style-type: none"> • 		
	<ul style="list-style-type: none"> • Any other coworkers who may have pertinent information regarding incident. 		
	<ul style="list-style-type: none"> • Any other witnesses. 		
	13. Summary of Incident		
	<ul style="list-style-type: none"> • Perform a root cause analysis – Why did this altercation occur? What happened immediately prior to incident? Can triggers be identified? 		

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THE INVESTIGATION (CONT'D)	<ul style="list-style-type: none"> Do involved residents have capacity? Are they mentally competent as per their attending physician or resident assessment? 		
	<ul style="list-style-type: none"> Are there prior incidents between the involved parties? 		
	14. Completed Incident Report routed to Administrator/Executive Director and DNS for review of accuracy and completeness.		
	15. Report findings to state survey agency per state and federal guidelines.		

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THE FOLLOW-UP	16. Interdisciplinary Team to review the incident and implement intervention		
	<ul style="list-style-type: none"> Monitoring (intermittent or one-to-one) 		
	<ul style="list-style-type: none"> Supervision during specific activities such as eating or ambulating 		
	<ul style="list-style-type: none"> Room change 		
	<ul style="list-style-type: none"> Medication review and changes 		
	<ul style="list-style-type: none"> Psychiatric/LCSW/social services consultation 		
	<ul style="list-style-type: none"> Activities reassessment 		
	17. Put interventions in place, incorporate into the residents' plan of care*		
	18. Communicate interventions to resident, interested party, care providers.		
	19. In-service staff and residents as necessary regarding Abuse, Neglect, RRM, bullying, specific medical conditions as appropriate.		
	20. Refer this incident to the community QAPI committee. Track and trend all reports.		
21. Complete Quality Assurance AHCA/NCAL Resident-to-Resident Occurrence self-assessment/checklist.			

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IDEAS FOR CARE PLANNING	22. <i>History of behaviors:</i>		
	• <i>Physical, verbal abusive</i>		
	• <i>Socially, sexually inappropriate</i>		
	• <i>Wandering</i>		
	• <i>Resists care</i>		
	• <i>Related to: Dementia, other diagnosis, social history, etc.</i>		
	23. <i>Support the resident needs</i>		
	• <i>Complete a pain assessment</i>		
	• <i>Monitor and report any changes in behavioral status to physician</i>		
	• <i>Anticipate needs</i>		
	• <i>Explain care in advance, in terms understood</i>		
	• <i>Reduce the following stressors that may be contributing to inappropriate behavior</i>		
	• <i>Reinforce positive behaviors</i>		

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<i>IDEAS FOR CARE PLANNING (CONT'D)</i>	<ul style="list-style-type: none"> • <i>Evaluate medication regimen and changes</i> 		
	<ul style="list-style-type: none"> • <i>Full medical evaluation, including possible infection, dehydration, bowel movements</i> 		
	<ul style="list-style-type: none"> • <i>Consistently assigned caregivers as possible, approach in calm manner</i> 		
	<ul style="list-style-type: none"> • <i>Reduce noise and stimulation</i> 		
	<ul style="list-style-type: none"> • <i>Employ distraction methods based upon work/career history</i> 		
	<ul style="list-style-type: none"> • <i>Encourage participation in activities consistent with individual interests</i> 		
	<ul style="list-style-type: none"> • <i>Address wandering by walking with resident, redirect from inappropriate areas</i> 		
	<ul style="list-style-type: none"> • <i>Psychological/psychiatric support</i> 		
	<ul style="list-style-type: none"> • <i>If resists care, re-approach later</i> 		
	<ul style="list-style-type: none"> • <i>Provide exercise throughout day to help burn off energy</i> 		
	<ul style="list-style-type: none"> • <i>Assist me to bed when tired</i> 		
	<ul style="list-style-type: none"> • <i>Break tasks down for me into simple, manageable steps in calm voice.</i> 		

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IMMEDIATE QUALITY ASSURANCE REVIEW

QAA MEMBER	Department	SIGNATURE	DATE
	Administrator or Executive Director		
	Director of Nursing		
	Nurse Manager		
	Social Services		
	Medical Director		

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