

UNUSUAL INCIDENT REPORT LOG

Provider/Facility: <u>Susie Smith</u>		County: <u>Licking</u>										
Name	UI #	Date & Time	Injury	Home Name and Address	Location	Month/Year:		Description of the Incident (Explain the risk of Harm)	Immediate Actions Taken to Insure Health and Welfare	Causes and Contributing Factors	Prevention Plan	UI/MUI
No UIRs		February, 2016										
No UIRs		March, 2016										
No UIRs		April, 2016										
J. Doe	52-2016-09	5/2/16	565	None, Industrial Hwy Home				Refused medication	Notified Manager	did not sleep last night	Monitor and educate U.I.	
No UIRs		June, 2016										

Reviewed by: Susie Smith Title: I.F. Date: July 2, 2016

Trends and Pattern Identified? YES NO
 Trends and Pattern Addressed? YES NO

If yes, please complete section below. N/A

Action taken to address identified Patterns and Trends: N/A

Handwritten notes:
 I have more than one month, please use a separate form for each month. Thanks
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O.A.C. 5123:2-17-02 (M)(8) Each agency provider and independent provider shall maintain a log of all unusual incidents. The log shall include, but is not limited to, the name of the individual, a brief description of the unusual incident, any injuries, time, date, location, and preventive measures.