**Section 300.APPENDIX G Facility Report**

**ILLINOIS DEPARTMENT OF PUBLIC HEALTH**

|  |  |  |  |  |  |  |  |  |  |
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| Facility Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | City \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | Zip \_\_\_\_\_\_\_\_\_\_ |
| Facility-wide occurrence? | Yes | | No | | | | Resident Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Age \_\_\_\_\_\_\_\_ M \_\_\_ F \_\_\_ | | |
| Were other residents involved? | | Yes | | No | | (Complete this form for each resident unless occurrence is facility wide.) | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Type of occurrence:  1. Suspected abuse/neglect  2. Missing person  3. Communicable disease  4. Medication error  5. Unexplained death  6. Loss of essential staff | 7. Fire  8. Bldg. emergency  9. Loss of essential utilities  10. Bomb threat  11. Serious injury  12. Sexual assault  13. Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Evacuation:  Yes \_\_\_\_ No \_\_\_\_  # of residents \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  evacuated from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Expected return \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Status of resident:

Witness to occurrence:

|  |  |  |
| --- | --- | --- |
| Police Notified?  Doctor Notified?  Resident sent to hospital?  Resident Hospitalized?  Family/Guardian Notified? | Yes  No  Yes  No  Yes  No  Yes  No  Yes  No | Comment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Comment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Comment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ Hospital: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Comment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| Complete Description of Occurrence: |
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Further description attached?

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| --- |
| Person completing form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Form Faxed? Yes  No  Reported by phone? Yes  No  by whom? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ by whom? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ time: \_\_\_\_\_\_\_\_ date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ time: \_\_\_\_\_\_\_\_\_\_ |

(Source: Added at 26 Ill. Reg. 3113, effective February 15, 2002)