**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.) |

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| --- | --- | --- | --- |
| Type of occurrence:1. Suspected abuse/neglect2. Missing person3. Communicable disease4. Medication error5. Unexplained death6. Loss of essential staff | 7. Fire8. Bldg. emergency9. Loss of essential utilities10. Bomb threat11. Serious injury12. Sexual assault13. Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Evacuation:Yes \_\_\_\_ No \_\_\_\_# of residents \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_evacuated from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Expected return \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Status of resident:

Witness to occurrence:

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| --- | --- | --- |
| 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)