



INCIDENT REPORT

Today's Date _____

Reported by (circle) Client/Caregiver: Name _____

Date & time of incident _____

Where did incident occur? _____

Detailed description of incident: _____

Individuals present at time of incident: _____

How did you handle the problem?

(For office use only)

Agency documentation of report (was report made promptly, who made report, etc.)

Immediate action taken by agency/agency representative:

Identification and/or cause of incident:

Is this incident: a) Isolated b) Recurring

Is the employee at fault, and if so, how could this matter have been handled more effectively? _____

Action taken by agency:

In the instance where caregiver is at fault, disciplinary actions are as follows:

- a) Interview caregiver to determine cause and/or circumstances leading to the incident.
- b) Ensure correction of problem through appropriate course of action:
 - a. Further education, coaching or supervision of caregiver in-home
 - b. Oral disciplinary action; documented in employee file
 - c. Final warning and/or termination

Is it the agency's determination that the client mishandled or misunderstood the situation? _____

Is it appropriate to re-evaluate the client's situation and assign a different caregiver? _____

Is it the agency's determination that the safety of the client or caregiver can no longer be ensured? _____

Action taken by agency: If the agency determines that the client was at fault for any reason, agency reserves the right to immediate oral or written notice of termination of services. If oral notice is given, agency's Direct Client Care Representative must provide the client with written confirmation of termination of services. Keeping client's best interest in mind, Representative will also provide the client with a referral to a more appropriate service provider.

If the incident identified represents a 'trend' or recurring problem, the Agency committee will evaluate current Policies and Procedures to determine the appropriate action. Should it be decided that a new policy must be implemented, the appropriate form will be generated, dated and signed by all principals to ensure proper adherence to new policy.

Avast In Home Care

Daily Progress Notes

Caregiver: All Caregivers to check daily ADL's-IADL's (1 form per client per week).

Client Name: _____

Week Beginning: _____

Policy Number: _____

Day/Date	Sat.	Sun.	Mon.	Tue.	Wed.	Thu.	Fri.
Time In	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
Time Out	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM

Please initial any Assistance of Daily Living you give to the Client

Personal Care:							
Tub Bath/Shower Assistance							
Bed Bath/Sink Bath							
Shampoo Hair							
Shave Client							
Mouth Care							
Dressing Assistance							
Eating:							
Feed Client							
Toileting:							
Urinal/Bedpan							
Transfer to toilet/commode							
Diaper							
Activity:							
Walks without help							
Uses cane/walker/crutch/wheelchair							
Needs hands on help with walking							
Assistance with transfer to chair/wheelchair/bed							

Please check which Instrumental Activities of Daily Living you give to the Client only

Prepare or serve meal							
Grocery shopping							
Cleaning							
Laundry							
Transportation (where?)							
Errands (where?)							
Hours out of home							

I certify that the care listed is an accurate account of the care given and received.

Client Signature: _____

Date: _____

Company Representative: _____

Date: _____

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