

**Multnomah County – Residential Services  
Incident Report**



**Incident:**

Any occurrence in or out of the residential facility that causes or could potentially cause harm to persons or property or violates rules/policies.

**Facility Name:** \_\_\_\_\_ **Date of Incident:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **AM / PM**

**Resident Involved:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Staff:** \_\_\_\_\_

**Peers:** ☐ Peer 1 ☐ Peer 2 ☐ Peer 3 ☐ Peer 4 (Attach peer IRs) \_\_\_\_\_

**Persons**

**Involved:**

- ☐ Resident to Staff
- ☐ Resident to Resident
- ☐ Staff to Resident
- ☐ Single Resident
- ☐ Not Applicable
- ☐ Other (Please explain) \_\_\_\_\_

**Medication Incident**

- ☐ Wrong Drug
- ☐ Wrong Dose
- ☐ Wrong Time
- ☐ Med Refusal
- ☐ Missed Med
- ☐ MAR Error
- ☐ Med Count Discrepancy
- ☐ Adverse Reaction
- ☐ Other Med Error

**Type of Incident**

**Behavior/Health Incident**

- ☐ Assault
- ☐ Drug/Alcohol
- ☐ Contraband
- ☐ Elopement
- ☐ Fall
- ☐ Personal Injury
- ☐ Self-Harm
- ☐ Threats/Intimidation
- ☐ Medical Change

☐ Clinical/Behavioral Change

☐ Inappropriate Behavior

☐ Medical Emergency

☐ Property Harm/Theft/Loss

**Exploitation:** ☐ Sexual ☐ Financial

**Facility Incident / Other Incidents**

☐ Unlocked doors/windows

☐ Unsecured equipment/ supplies

☐ Other Incident (Please explain below)

**CRITICAL INCIDENT:** ☐ YES ☐ NO

**Was anyone injured:** ☐ yes ☐ no **Who:** \_\_\_\_\_

**Describe incident:** \_\_\_\_\_

**Action taken:** \_\_\_\_\_

**Who was notified:** ☐ Administrator ☐ Case Manager ☐ Call Center ☐ County Residential Specialist  
☐ Physician ☐ Family/Guardian ☐ 911 ☐ Non-Emergency Police ☐ County Adult Protective Services  
☐ Other Staff ☐ Other (Name) \_\_\_\_\_

**Reporting Staff Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Administrator Comments/Follow-up:** \_\_\_\_\_

**Administrator Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Sent to: \_\_\_\_\_, RS at Mult. Co. on \_\_\_\_\_  
Phone: (503) 988-5464 x \_\_\_\_\_ Fax: (503) 988-3335 421 SW Oak, Suite 520, Portland, OR 97204

(ECMU Residents Only) Sent to: \_\_\_\_\_, ECMU contact at State on \_\_\_\_\_  
Phone: (503) 945-9719 Fax: (503) 947-5546 500 Summer St NE E86, Salem, OR 97301

(PSRB Residents Only) Sent to: Mary Claire Buckley, PSRB contact at State on \_\_\_\_\_  
Phone: (503) 229-5596 Fax: (503) 229-5085 620 SW 5<sup>th</sup> Avenue, Suite 907, Portland OR 97204

*Original: Facility File*

*Copy: Consumer Chart*

*Copy: Residential Specialist / ECMU / PSRB*

# RESIDENTIAL INCIDENT REPORT

## DEFINITIONS – TYPES OF INCIDENT

### MEDICATION INCIDENTS

**Med errors:** Typical med errors include giving the wrong medication, such as giving one resident's med to another resident or giving a PRN instead of the scheduled med ("**Wrong Med**"); administering med at wrong time/not within med window ("**Wrong Time**"); administering incorrect dosage ("**Wrong dose**"); documentation errors on MAR ("**MAR Error**") or in narcotic med count ("**Med Count Discrepancy**"). See also **Missed Med**, below.

**Missed med:** Includes the following circumstances—

- ❖ Failure to administer scheduled medication within med window due to staff error.
- ❖ Resident missing meds due to being out-of-facility (O-O-F).
- ❖ Meds not available (not due to staff error, such as if pharmacy is waiting to receive prior authorization from prescriber).

**Med refusal:** Resident is offered medication(s) and refuses to take them. Includes refusing to get out of bed/ignoring prompts from staff to take meds. Does not include instances where resident is out-of-facility (O-O-F) during med times (see "Missed Med"), unless client deliberately refuses to take packed meds with them before leaving facility.

**Adverse reaction:** Resident reaction or side effects to taking medication should be reported, including follow-up care in ER or physician appt.

**Other med error:** Includes dropping/spilling meds while administering meds; meds later found on floor.

### BEHAVIOR/HEALTH INCIDENTS

**Threats/intimidation:** Language or behavior that menaces or intimidates residents, staff or members of the public. Includes violent or abusive language, throwing or breaking objects, menacing body language or contact that falls short of physical assault.

**Medical change:** A significant change in resident's physical health or medical condition that prompts an incident report. If the resident's condition resulted in the resident being taken to hospital or ER, categorize as "**Medical Emergency**" on the incident report.

**Clinical/behavioral change:** A significant change in resident's behavior, mental or emotional condition that prompts an incident report. Includes sudden escalation of symptoms or new atypical behavior that may be related to mental health issues.

**Inappropriate behavior:** Language or behavior that is significantly offensive or upsetting to others, and violates rules or norms of the residence or community where the behavior takes place (including residential plan of care or PSRB expectations). Examples: spitting or other unsanitary behavior, public nudity, panhandling, non-menacing shoving/tripping, setting off fire alarms, calling 911, etc.

### OTHER INCIDENTS

Miscellaneous incidents that don't fit into other categories. Includes staff incidents that do not involve residents, such as accidental staff injuries.