

**Resident to Resident**

<b>Date:</b> _____	<b>Date of Occurrence:</b> _____
<b>Facility:</b> _____	<b>City</b> _____
<b>Reporter</b> _____	<b>Title:</b> _____ <b>Phone Number:</b> _____

**Please submit the following information along with this page: Current care plan related to behaviors/behavior management and medical notes if seen by a medical practitioner.**

1. Calling for the facility? Yes \_\_\_\_\_ No \_\_\_\_\_  
Reported to APS? Yes \_\_\_\_\_ No \_\_\_\_\_  
When was the Administrator/Director of Nursing notified: Date: \_\_\_\_\_ Time \_\_\_\_\_

2. Resident(s) involved; Perpetrator \_\_\_\_\_  
Victim \_\_\_\_\_

3. Describe the incident:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Was there injury? Yes \_\_\_\_\_ No \_\_\_\_\_ If injury list type: (if bruises or skin tears, list the location and the size of the areas)  
\_\_\_\_\_  
\_\_\_\_\_

5. Was staff involved and/or witnessed? Yes \_\_\_\_\_ No \_\_\_\_\_  
Name(s) \_\_\_\_\_ Title: \_\_\_\_\_ License Number: \_\_\_\_\_

6. Immediate steps taken to protect the resident(s):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Do the residents reside on a Special Care Unit? Yes \_\_\_\_\_ No \_\_\_\_\_  
Was this an isolated event: Yes \_\_\_\_\_ No \_\_\_\_\_  
Reoccurrence of the same resident: Yes \_\_\_\_\_ No: \_\_\_\_\_  
If yes, Date of the last incident and explain the incident: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Preventative measure put into place by the facility: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The completed report must be faxed to the following information along with this sheet to Health Facility investigations: 402-471-1679 within 5 working days from the date of the allegation/incident. If you have any questions please call the main intake line at 402-471-0316

Allegations of resident to resident abuse that are isolated, not preventable or foreseeable by facility staff do not need to be reported unless there is physical injury.