

# AFC LICENSING DIVISION - INCIDENT / ACCIDENT REPORT

Michigan Department of Licensing and Regulatory Affairs

Name of Facility/Home	License Number	Name of Person Directly Involved	<input type="checkbox"/> Resident <input type="checkbox"/> Employee <input type="checkbox"/> Visitor
Facility Address		Address	
Facility Phone		City/State/Zip Code	
Licensee Name		Phone	Case Number (if applicable)

## OTHER PERSON(S) INVOLVED / WITNESSES:

Name	<input type="checkbox"/> Resident <input type="checkbox"/> Employee <input type="checkbox"/> Visitor	Name	<input type="checkbox"/> Resident <input type="checkbox"/> Employee <input type="checkbox"/> Visitor
Name	<input type="checkbox"/> Resident <input type="checkbox"/> Employee <input type="checkbox"/> Visitor	Name	<input type="checkbox"/> Resident <input type="checkbox"/> Employee <input type="checkbox"/> Visitor

## FACTS OF THE INCIDENT (ATTACH ADDITIONAL PAGES AS NEEDED):

Date of Incident	Time: <input checked="" type="radio"/> AM : <input type="radio"/> PM	Name of Employee Assigned to Resident (if Applicable)	Location of Incident (Kitchen, Yard, etc.)
Explain What Happened / Describe Injury (if any) (Attach separate sheet if necessary):			
Action taken by Staff / Treatment Given (Attach separate sheet if necessary):			
Corrective Measures Taken to Remedy and/or Prevent Recurrence (Attach separate sheet if necessary):			
Name of Treating Physician / Health Care / Medical Facility / Hospital	Phone Number	Date Care Given	Time: <input checked="" type="radio"/> AM : <input type="radio"/> PM
Physician's Diagnosis of Injury, Illness or Cause of Death, if known			

## PERSON(S) NOTIFIED:

Adult Protective Services (if applicable)	Notification Date / Time Written Notice / Date	Office of Recipient Rights (if applicable)	Notification Date / Time
Physician or RN (if applicable)	Notification Date / Time	Law Enforcement Agency (if applicable)	Notification Date / Time
Responsible Agency	Notification Date / Time Written Notice / Date	Other (please specify)	Notification Date / Time
Designated Representative / Legal Guardian	Notification Date / Time Written Notice / Date		Notification Date / Time

## SIGNATURE(S):

Signature of Person Completing Report	Print Name and Title	Date
Signature of Licensee / Licensee Designee / Administrator	Print Name and Title	Date

**Incident notification, incident records. (R 400.1416a for Family Homes, R 400.14311 for Small Group Homes, R 400.15311 for Large Group Homes)**

(1) If a resident has a representative identified in writing on the resident's care agreement, a licensee shall report to the resident's representative within 48 hours after any of the following:

- (a) Unexpected or unnatural death of a resident.
  - (b) Unexpected and preventable inpatient hospital admission.
  - (c) Physical hostility or self-inflicted harm or harm to others resulting in injury that requires outside medical attention or law enforcement involvement.
  - (d) Natural disaster or fire that results in evacuation of residents or discontinuation of services greater than 24 hours.
  - (e) Elopement from the home if the resident's whereabouts is unknown.
- (2) If an elopement occurs, staff shall conduct an immediate search to locate the resident. If the resident is not located within 30 minutes after the elopement occurred, staff shall contact law enforcement.
- (3) An incident must be recorded on a department-approved form and kept in the home for a period of not less than 2 years.
- (4) The department may review incident reports during a renewal inspection or special investigation. This does not prohibit the department from requesting an incident report if determined necessary by the department. If the department does request an incident report, the licensee shall provide the report in electronic form within 24 hours after the request. The department shall maintain and protect these documents in accordance with state and federal laws, including privacy laws.

**R 400.2404a Incident notification, incident records. (For Congregate Homes Only)**

Rule 404a. (1) As used in these rules:

- (a) "Department" means the department of licensing and regulatory affairs.
  - (b) "Elopement" means a resident that has a service plan that requires notice or arranged supervision to leave the facility and is absent without notice or supervision.
  - (c) "Incident" means, consistent with the incident recordkeeping requirement in this rule, an intentional or unintentional event where a resident sustains physical or emotional harm, an unexpected or unnatural death, is displaced by a natural disaster, or elopes.
- (2) If a resident has a representative identified in writing on the resident's care agreement, the licensee shall report to the resident's representative within 48 hours after any of the following:
- (a) Unexpected or unnatural death of a resident.
  - (b) Unexpected and preventable inpatient hospital admission.
  - (c) Physical hostility or self-inflicted harm or harm to others resulting in injury that requires outside medical attention or law enforcement involvement.
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- (5) The department may review incident reports during a renewal inspection or special investigation. This does not prohibit the department from requesting an incident report if determined necessary by the department. If the department does request an incident report, the licensee shall provide the report in electronic form within 24 hours after the request. The department shall maintain and protect these documents in accordance with state and federal laws, including privacy laws.

**R 400.2405 Deaths of residents. (For Congregate Homes only)**

Rule 405. When a resident dies, a congregate facility licensee or administrator shall notify immediately the resident's physician, the next of kin or legal guardian and the person or agency responsible for placing and maintaining the resident in the congregate facility. Statutes applicable to the reporting of sudden or unexpected death shall be observed. The death shall be reported to the department within 72 hours.