

**INSTRUCTIONS
DHS 1147i**

INCIDENT REPORT

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| Reportable Incident: | Check appropriate Box (es). |
| 1. Facility Name: | Self-explanatory |
| 2. Resident Name: | Self-explanatory |
| 3. Sex: | Self-explanatory |
| 4. Birthdate: | Self-explanatory |
| 5. Acuity Level at Time of Incident: | Check the appropriate level. If you check "Other", specify the level; e.g., Subacute. |
| 6. Diagnosis(es): | List major diagnoses. |
| 7. Date & Time of Incident: | Self-explanatory. |
| 8. Place of Incident: | Self-explanatory. |
| 9. Description of Incident: | Describe how the incident occurred. Include names and titles of persons involved. |
| 10. Description of the Kind & Extent of Medical Intervention: | Describe fully. If unable to provide result(s) of Diagnostic test(s) on the Incident Report, explain why. Results should then be submitted as soon as possible. |
| 11. Corrective Action: | Specify corrective measures done or put in place to ensure that such incident(s) will not recur and indicate how the facility will monitor its corrective actions. |

12. Reported to Other Agency(ies): Check “YES” or “NO”. If “YES”, specify the agency(ies) reported to.
13. Name and Title of Reporter: Self-explanatory.
14. If NO reportable incidents have occurred in the facility from January–June or July–December, please complete the information below and submit it by the 15th of the month following the end of the reporting period: Self-explanatory.