

**WHISPER RIDGE BEHAVIORAL HEALTH SYSTEM
Internal Incident Report**

Date of Incident: 14 Jan 06 Time of Incident: 2:50pm () AM (X) PM

Involving [Redacted] (Name of Resident/Visitor/Other)

Age: [Redacted] Sex: [Redacted] Address/Phone Number: _____
(If other than a resident)

Type of Incident: Resident/Visitor () Medication Error () Environment of Care

Location of Incident - Check all that apply:
 100 Hall 200 Hall 300 Hall 400 Hall 500 Hall Gym Cafeteria
 Courtyard Classroom Off Grounds Therapist's Office Bedroom
 Medication Room Other: _____

Narrative Description of the facts of the incident - Include who, what, when, how the incident occurred and any injuries.

Resident allegedly went into Peers room provoking them to fight.
 Resident allegedly struck peers with a closed fist. Peers surrounded the resident and struck him numerous of times.
 Staff intervened by breaking up the chaos on the unit.
 Resident then was escorted off the unit and taken to the Nurse Station

Intervention:

What was the staff involvement/intervention or actions taken?

Staff intervened by breaking up the chaos and by removing Resident off of the unit

Physical Hold Yes No If yes, complete physical hold packet

Notifications:

Position	Name	Date	Time	By:
Shift Leader	Russell Carter	14 Jan 06	2:52	Rayshad Brown
Administrator on Call	M. Sargeant	1/14/06	3:30	R. Carter
Nurse	Wendy	14 Jan 06	2:55	Shift Leader Russell Carter
Physician				
Parent/Guardian				
CEO				
Other				

Witnesses:	Title
Rayshad Brown	MHS
Sweetie Ashby	MHS

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Signature of Person Completing Report: [Signature]
 Date: 14 Jan 06 Time: 4:15 pm

~~scribble~~ 1-14-06 2:50 p

Shift Leader's Review:

AOL notified, progress note reviewed & on file

Signature: R. Carter

Date: 1/18/06 ^{late entry} Time: 11:20

Medical Review (if applicable):

Signature: _____ Date: _____ Time: _____

Review in Operations Meeting

Report to Licensure/Human Rights	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Investigation - Risk Manager Informed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Property Damage - Maintenance Informed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
EOC - Dir. of Support Services Informed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Policy/Procedure Violation - CEO Informed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Med Error - Nurse Manager Informed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Refer to PEACE Group	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Recommendations and Findings:

dismiss to Therapy

Signature of DCS: [Signature] Date: 1/16/06 Time: 0900

Classifications By Risk Manager Only

Resident Incident Code Number: 13 Severity Index Number: 2

PSI Form 080106 will be completed for all incidents requiring investigation.

PSI 24 hour incident report completed and sent if applicable: No

Yes Date: _____

Notes: _____

Risk Manager's Signature [Signature] Date: 2/7 Time: 9

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