



**ASSISTED LIVING AND SHARED HOUSING  
INCIDENT AND ACIDENT REPORT  
PLEASE PRINT/WRITE LEGIBLY!!!**

**INSTRUCTIONS:** This form should be completed and faxed to the Illinois Department of Public Health, Division of Assisted Living at 217-557-2432 **WITHIN 24 HOURS OF THE INCIDENT OR ACCIDENT WHERE RESIDENT IS SENT OUT FOR UNPLANNED MEDICAL CARE**

Name of Establishment \_\_\_\_\_

Full Establishment Address \_\_\_\_\_

ESTABLISHMENT E-MAIL ADDRESS \_\_\_\_\_

Contact/Title Name \_\_\_\_\_ Ph#: \_\_\_\_\_ Fax #: \_\_\_\_\_

Incident/Accident Date \_\_\_\_\_ Accident/Incident Time \_\_\_\_\_

Resident Name \_\_\_\_\_ Age: \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

Location of Incident/Accident \_\_\_\_\_

Description of Incident/Accident, including impact on resident (use additional page, if necessary)  
\_\_\_\_\_  
\_\_\_\_\_

Description of Action Taken by Establishment as Result of Incident/Accident (use additional page, if necessary)  
\_\_\_\_\_  
\_\_\_\_\_

**DID RESIDENT GO TO THE HOSPITAL?** YES \_\_\_ NO \_\_\_ (If NO, do **NOT** submit this form to IDPH, **UNLESS** there has been a significant issue such as an elopement, abuse, medication error/omission, Norovirus outbreak, electrical outages, flooding, etc).

Was the Resident Hospitalized?  
Yes \_\_\_ Name of Hospital \_\_\_\_\_ Diagnosis \_\_\_\_\_  
No \_\_\_ (If No, explain) \_\_\_\_\_

Was the Resident's M.D. Notified? Yes \_\_\_ No \_\_\_  
Resident's Family/Representative Notified? Yes \_\_\_ No \_\_\_

**FAX THIS REPORT TO 217-557-2432**