

Director of Nursing/Designee Section

1. Agree with conclusion of charge nurse, no further investigation necessary. (Skip to #8)
 Further investigation necessary (Complete all items below)
2. Summary of interviews with direct care staff, family members and visitors with client during past 72 hours. (List those interviewed and attach written, signed and dated statements. May summarize family/visitors comments below)

3. Environment, Equipment, Clothing, Supplies checks for unsafe/hazardous features:
 No problems noted
 Potential concerns noted (Describe problem and **immediate corrective action** taken)

4. Client/Record Review for similar injuries and contributing factors. (Summarize relevant findings)

5. Observation of client care which could contribute to injury Yes No N/A
(Describe)

6. Observation of interaction with family/visitors Yes No N/A

7. Conclusion:
 A. Unable to determine cause of injury: Do not suspect abuse/neglect
 B. Unable to determine cause of injury; Suspect abuse/neglect (**Complete investigation and reporting**)
 C. Believe injury probably related to: _____

8. Recommendations to prevent further injury: _____

Signature of DON/Designee _____ Date: _____

Signature of DON _____ Date _____

II. Social Services Section

- A. I have reviewed the report and feel no further action is indicated.
- B. I have reviewed the report and feel that the following action is indicated:

Social Service Signature _____ Date: _____

III. Administrator Section/FOCUS Group

- A. I have reviewed the report and feel no further action is indicated.
- B. I have reviewed the report and feel that the following action is indicated:

Administrator's Signature _____ Date: _____

Focus Group/IDT Signatures/Date:

_____	_____
_____	_____
_____	_____
_____	_____