

HCHV Contract Residential Care Program Incident Report

(To be completed and faxed to the VA HCHV Contract Residential Care Liaison within 24 hours of an incident occurring.)

Name of Veteran: _____

Social Security No.: _____

Agency / Facility: _____

Contract No.: _____

Description of the Incident

Date of Incident: _____ Time of Incident: _____

Location of Incident: _____

Type of Incident:

- ☐ Death (N)
- ☐ Fire (N)
- ☐ Drug / Police Raid (N)
- ☐ Suicide / Suicide Attempt
- ☐ 911 Call (Police / Fire Dept. / Paramedics / Other)
- ☐ Severe Medical Illness / Emergency
- ☐ Severe Psychiatric Illness / Emergency
- ☐ Sexual Assault
- ☐ Act of violence by veteran against other resident(s) or staff
- ☐ Abusive behavior by veteran against staff
- ☐ Act of violence by other resident(s) or staff against veteran
- ☐ Abusive behavior by staff against veteran
- ☐ Accident (Specify: _____)
- ☐ Medication Problem:
 - ◇ Medication not sent
 - ◇ Incorrect medication sent
 - ◇ Missing medications
 - ◇ Adverse drug reaction
 - ☐ Other (Specify: _____)

Brief Description of the Incident (please include circumstances leading up to the incident, names of witnesses, if any, and outcomes; attach additional pages as needed):

Action(s) taken by Contract Provider:

Name of VA Staff Contacted:

Report Completed By:

Title: _____ **Date:** _____

Signature:

Phone:

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For VA HCHV Contract Residential Care Liaison

Additional information and actions taken including date(s):

Report filed:

Sent to: _____

Date: _____

Follow Up Required (if any):

VA Liaison:

Signature: _____ **Date:** _____