

Little Creek

BEHAVIORAL HEALTH

CONFIDENTIAL INCIDENT REPORT THIS IS NOT PART OF THE MEDICAL RECORD

GENERAL INFORMATION

Name: [REDACTED]
Date of Incident: [REDACTED]
Time of Incident: 1855
Type of Incident: Patient Attacked Other Patients
Incident Location: Unit C1

NOT ACCEPTED

DESCRIPTION OF INCIDENT

SUMMARY OF INCIDENT (Please be legible, specific, objective, factual and brief):

Staff brought pt into new unit. Staff inappropriately pushed pt into floor. Based on witness statements and interviews of staff. The staff was terminated and incident was phone to Arkansas State hotline.

ASSESSMENTS / INTERVENTIONS / ACTIONS TAKEN

NURSING ASSESSMENT

No injuries

INTERVENTIONS / ACTIONS TAKEN

Based on witness statement. The allegation proven to be substantiated by interviews with patient and staff. Staff was terminated due to zero policy violation and pt assessed.

ADDITIONAL INFORMATION

Was the patient injured?

If yes, additional Information:

YES NO

Was the patient taken to the emergency room?

YES NO

Were police notified? Faulkner County Sheriff- did not intervene

YES NO

Was family or others notified?

YES NO

Name of Person Contacted: [REDACTED]

Relationship: Caseworker

Risk Manager Signature and Date