

Berrien Mental Health Authority
Office of Recipient Rights
REPORT OF UNUSUAL INCIDENT

BASIC INCIDENT INFORMATION

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| Recipient Name: Anne Simpson | Recipient Case #: 012345 | Age: 67 | Sex: Female |
| Reporting Facility Name: Birch | Reporting Agency Name: Turning Leaf | Report Date: 9/1/2022 | Time: 8:45 AM |
| Date of Incident: 8/31/2022 | Time of Incident: Unknown | Where did the Incident happen? Community- Walmart | |
| Date Incident Noticed: (If different than incident date) | | Time Incident Noticed: (If different than incident time) | |
| Person Completing Form/Author: (PRINT) Leanne Stewart | | | |
| Employee Involved: Leanne Stewart | | Other Employees involved/present: Tasha Adams | |
| Recipient(s) Involved: Anne Simpson | | Other Recipient(s) involved/present: None | |

DESCRIPTION/FACTS OF THE INCIDENT AND ACTION TAKEN (COMPLETED BY AUTHOR)

Described what was happening **before the incident** occurred or the possible cause of the incident (if applicable):
 Be detailed, what was going on, what was everyone doing?

Describe **the incident**, injury, and or property destruction (if applicable):
 Be detailed. If there is an injury describe it. If there is a bruise, how large is it? What color is it?

Action taken or treatment given.
 Action taken by any and all staff. If it required medical treatment or first aid, detail it here.

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| During the incident, were any physical management techniques used? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, for what amount of time, in minutes? _____ | Please describe the physical management used. Include the type of training (MANDT, CPI), what technique was used and why you chose it: |
| Was there EMS (Emergency Medical Services) involvement? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Name of EMS Provider: _____ | If yes, please describe the type of EMS involvement: |
| Was there police involvement? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Report Number (if applicable): <u>MI 43785</u> | If yes, please describe the type of police involvement: The police were called and Anne was told by Officer Adams that if her purse was found she would be contacted. |
| Treating Medical Physician/Facility: | Diagnosis/Recommendations/Outcome: | |

Signature Person Completing Form/Author: Leanne Stewart

CORRECTIVE MEASURES TAKEN (COMPLETED BY SUPERVISOR)

Corrective measures taken to remedy and/or prevent recurrence. If action is taken with specific staff member(s), list the staff.

Supervisor should detail what was done to remedy or prevent this from happening again. Include any action that is taken.

INCIDENT NOTIFICATION

This report is due to the BMHA – Riverwood Center ORR within 24 hours. Please make sure to notify all other appropriate agencies as statutorily required.

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| NAME OF CASE MANAGER/PRIMARY CLINICIAN: MUST BE NOTIFIED Michelle Pleadwell | Date Notified: 9/1/2022 |
| OFFICE OF RECIPIENT RIGHTS: Tasha Stewart/Anne Simpson | Date Notified: 8/31/2022 |
| OTHER: | Date Notified: |
| OTHER: | Date Notified: |
| OTHER: | Date Notified: |

SUPERVISOR SIGNATURE

Miss Supervisor
Printed Name

Miss Supervisor
Signature

9/1/2022
Date