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2/26/09
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INCIDENT AND ACCIDENT REPORT

Date & Time Submitted (if known) 01/07/09 Date & Time of Discover 6:13P
Facility Name: Branfield Assisted Living Facility Area Code and Phone # (479) 649-7100
Facility Address: 2300 Pinnacle Oaks Dr Ft-Sm ar 72908
Facility Staff Member Completing Form: Amanda W. Brumfield PCA
Date Incident Reported: 01/07/09 Time: 6:15P AM or (PM) Date and time of Incident: 01/07/09 Time: 6:13P AM or (PM)
Name of Injured Resident: Maurice Sack Brignard Age: 94 Sex: M Race: C Rtn# 411
Social Security #: [REDACTED] Date of Birth: 4/25/15 Ht. _____ Wt. _____
Physician Name: Dr. Henry

Status of Alleged Perpetrator: Facility Employee Family Visitor Other Unknown

Type of Incident: Neglect Misappropriation of Property: Drugs
Abuse: Verbal Personal Property
 Sexual Resident Trust Fund
 Physical
 Emotional/Mental
Fault: X Other: _____ Type: _____

NOTIFICATIONS: Family: YES X NO _____ Name: Peggy + Steve Date/Time 6:15P
hospital Doctor: YES X NO _____ Name: Sparks Date/Time 6:13P
Law Enforcement: YES _____ NO X Resident Service Director: YES _____ NO _____
Administrator: YES X NO _____

Summary of Incident: res. indicated he was putting up his wife's wheel (in the carport) + the closet door frame caused him to fall down

Did incident result in death? YES NO X If yes, date of death: _____

Ambulatory: YES X NO _____ Oriented to: (TIME) (PLACE) (PERSON) (EVENTS) (circle one or all)

Steps taken to prevent continued occurrences: _____

Physical Functional Level/Impairments: High / 10 impairment Mental Functional Level: High

Primary Diagnosis: _____

Staff Reporting: Amanda W. Brumfield Date: 1/07/09

Five Day Follow Up: Resident at Sparks

Directors: Mtg Bailey Date: 1/8/09

