

# LONG TERM CARE ADMINISTRATION

Living Choice

Medically Fragile

## CRITICAL INCIDENT REPORT: INVESTIGATION

<b>Participant Name</b>				<b>SoonerCare ID</b>	
	<i>Last</i>	<i>First</i>	<i>MI</i>		
<b>Name of Person Reporting</b>					

### A. CRITICAL INCIDENT

(Describe Critical Incident)

### B. EVIDENCE COLLECTED

(Describe evidence collected – Types of evidence include: testimonial; documentary; demonstrative, and physical)

### C. ASSESSMENT OF EVIDENCE

(What is the root cause of the Critical Incident?)

### D. CONCLUSIONS AND RECOMMENDATIONS

(What are your conclusions? What are your recommendations to resolve this issue and assure the Participant's future health and welfare?)

### E. QUALITY IMPROVEMENT IMPLICATIONS

(How will the conclusions and recommendations from Section D enhance your organization's continuous quality improvement system?)

### F. SUPERVISORY REVIEW

TC/CM Supervisor has reviewed Critical Incident Report Investigation:  Yes  No

Date Critical Incident Report Investigation was reviewed?

TC/CM Supervisor Signature:

Comments: