

INCIDENT INVESTIGATION - MEDICATION

EMPLOYEE/INVESTIGATION INFORMATION

Date of Med Incident _____ Time Reported: _____ a.m./p.m.
(circle one)

Facility _____ Consumer _____

Employee Assisting with Meds _____

Employee Finding Med Incident _____

TYPE OF MEDICATION INCIDENT

- Wrong Meds
- Missed Meds
- Found Meds
- Refused Medication
- No Meds Available
- Other

CAUSE OF MEDICATION INCIDENT

- Inadequate job training
- Lack of adequate supervisory training
- Distractions, consumers, other staff
- Lack of safe job procedures
- Faulty equipment (explain): _____

- Any other cause (explain): _____

- Immediate follow up taken by staff: _____

- Last minute staff changes
- Taking shortcuts to save time
- Improper lighting
- Other

Corrective action proposed: _____

Date completed: _____

Lead

Director, Day or Residential Services

Director, Consumer Services