Ohio Department of Mental Health
Adult Care Facility (ACF) / Adult Foster Home Notification of Incident
Standards Development & Administrative Rules
This information is subject to public record request

Provider Generated Incident No.:	Date Submitted to ODMH:	Date of Discovery:	Date of Incident:	Time of Incident:

Provider/Facility Name: License Number _____

Provider/Facility Address (street, city, state, zip)

Name of Facility Contact:	Phone Number:	Email Address:

Notifications Made:
- ☐ ADAMH/CMH Board
- ☐ Ombudsman
- ☐ Law Enforcement
- ☐ Other Protective Agency
- ☐ Family/Guardian
- ☐ Other, _____
- ☐ ODMH

Persons Involved in the Incident

A = Asian B = Black/African American H = Hispanic I = Alaskan Native M = Bi/Multiracial
N = Native American/American Indian P = Native Hawaiian/Other Pacific Islander W = White U = Unknown

Resident(s) Involved/HIPAA Identifer (Please use Initials & NO Resident Names):	Age:	Gender: M = Male F = Female	Race: (see codes above)	P = Perpetrator V = Victim

Non-Resident(s) Involved (Initials - No Names Please):	S = Staff V = Visitor O = Other	P = Perpetrator V = Victim

Type of Incident

Alleged Abuse of Resident:
- ☐ Physical
- ☐ Neglect
- ☐ Verbal
- ☐ Defraud
- ☐ Sexual

Medical Emergency:
- ☐ Accidental Injury
- ☐ Resident Fall with Injury
- ☐ Self-Injurious Behavior
- ☐ Unknown Cause
- ☐ Illness, _____

Death of Resident:
- ☐ Homicide of Resident
- ☐ Natural Cause
- ☐ Suicide
- ☐ Accidental
- ☐ Other, _____

Temporary Relocation of Resident(s) to another facility/location (24 hr or more):
- ☐ Fire
- ☐ Mechanical Failure: _____
- ☐ Disaster

- ☐ **Homicide Committed by Resident**
- ☐ **Attempted Suicide**
- ☐ **Sexual Assault by non-staff, including visitor, resident or other**
- ☐ **Physical Assault by non-staff, including visitor, resident or other**
- ☐ **Other,** _____

- ☐ **Medical Events Impacting Facility Operations**
- ☐ **Involuntary/Termination without Notice (Eviction)**
- ☐ **Unauthorized use of Seclusion or Restraint**
- ☐ **Medication Error**
- ☐ **Adverse Drug Reaction**

Additional Information (No names please):

Name of Person Completing Report, if different than person identified above:

Submit to: ODMH - Community Client Safety Manager
30 East Broad Street, 8th Floor
Columbus, Ohio 43215

Fax: 614-485-9737
Email: incidentreport@mh.ohio.gov