Paper Event Form
(to be used during system downtime)

General Event Type (select one)

❑Fall Circle: alleged assumed witnessed Person was (choose one): able to get up on their own, lowered to the floor, observed on the floor, observed on the mat/bed extension, other:	❑Medication/Fluid Error -List Drug Name and dosage:	
❑Lab/Diagnostic Test	❑Good Catch	❑ Deficiency by DOH F or Above
❑Safety/Security/Conduct	❑Environment	❑Safety Concern Event
❑Diagnosis/Treatment	❑Complaint/Grievance	❑Concern Report
❑Skin/Tissue	❑Reportable Request for Medical Record	❑ Care/Service Coordination
❑Missing/Damaged Items – Describe item:	❑Covid-19 – Reason for testing:	❑Call Response Event – Name of Person who called 911, if applicable:

❑Elopement/Wandering

Time Reported Missing:	Time Resident was located:
Where was resident located:	Date Located:
Who Located the resident:	Has the resident eloped before:
Assessed as wander/elopement risk: ❑yes ❑no ❑unsure	Was elopement prevention care planned: ❑yes ❑no ❑unsure

Classification of Person Affected (select one)

❑Resident/Client/Member (Circle Level of Care below):

Adult Day Services	Assisted Living/Personal Care	Adult Foster Care
Independent/Residential Living	In-Service Member/In Home Care	Skilled Nursing/Healthcare

❑Affiliate/Provider/Childcare	❑Location/Person Not Applicable
❑Volunteer	❑Visitor/Guest

If there was an Injury, complete this section

Degree of Injury

❑No Injury, no treatment required	❑Slight Injury, no treatment required	❑Mild Injury, First Aid Required
❑Moderate Injury, Treatment Required	❑Possible Injury, Sent to ER/Hospital	❑Severe Injury, Treatment/Hospitalization Required
❑Death		

Location of Injury on Body:

Nature of Injury (circle)

Abrasion, adverse reaction, aggravation of pre-existing condition, allergic reaction, anaphylaxis, bite-animal, bite-human, bite-insect, bleeding/hemorrhage, blister, blister-friction, bruise/contusion, burn, cardiopulmonary arrest, chipped tooth, crush, death, dehiscence, dislocation, eardrum puncture, electrocution, emotional distress, excoriation, exposure to body fluids, exposure to other, hazardous material, foreign body, fracture, head injury, hypoglycemia, hypotension, infection, inflammation, laceration/cut/tear, loss of consciousness, loss of limb/appendage/amputation, no injury, open lesion, other skin disease/disorder, others, pain, poisoning, possible, fracture, puncture, rash, respiratory condition/distress, scald, scratch, soft tissue injury, strain/sprain, swelling

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For Skin/Tissue Events, please select

❑Condition worsened ❑No apparent change ❑No apparent change in condition ❑Unsure

MD/NP Examination

❑Declined ❑No ❑Unsure
❑Yes: Findings:

Equipment Involved/Malfunction

❑Unknown ❑No ❑Yes, please list:

Person Information

Last Name:	First Name:
❑Male ❑Female	Date of Birth (optional):

Mental Status at the time of the event (please choose one):

❑agitated ❑alert/oriented ❑cognitive impairment ❑comatose ❑combative
❑confused ❑disoriented ❑sedated ❑Unknown/unable to determine

Ambulatory Status at Time of the Event (please choose one):

❑unlimited ❑unlimited with assistive device ❑limited with person assist ❑non-ambulatory

Event Details

Event Date:	Event Time:

Shift ❑Day ❑Evening ❑Night ❑not applicable/unknown

General Location/Event Location (please be as specific as possible – complete as though you are creating this in PEER)

Prepared By:	Entered Date:	Reported Date:	Reported Time:

Name of Reporter:

❑Affiliate ❑Agency Rep ❑CNA/STNA/GNA ❑Companion/Aide
❑Employee (general) ❑Family ❑LPN ❑Manager/Dept Head
❑Med Aide ❑Nurse ❑Other ❑PCA
❑Pharmacist ❑Physician - Attending ❑Power of Attorney ❑Provider Employee
❑Resident/Member/Client ❑Resident Assistant ❑Responsible Party/Guardian ❑RN
❑Student nurse ❑Visitor ❑Volunteer

Witness Name:	Witness Phone:	Witness Type (use list above):

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Specific Event Details:
Specific Event Type or Call Response Sub-type:
Safety Precautions at time of the event:
Contributing Factors:
Immediate Actions Taken:
Description of Environment, if checked:

Reported Event Severity

- ❑Security Level 0-Good Catch/Potential Harm/Damage
- ❑Security Level 1-No Harm/Damage
- ❑Security Level 2-Temporary Minor Harm/Damage
- ❑Security Level 3-Serious Injury/Damage
- ❑Security Level 4 – Death
- ❑Security Level 5 – Elopement/Wandering Event
- ❑Security Level 6 – Level F Deficiency or greater
- ❑Severity Level 7- Suicide of resident
- ❑Severity Level 8- Assault, Rape, Homicide of Res.
- ❑Security Level 9 – Stage 3 or 4 Pressure Ulcer
- ❑Security Level 10 – Reportable Request for Records

Event Description:

Briefly describe the event that occurred or unsafe condition: