LUNA HOME CARE LLC

INCIDENT AND MALTREATMENT NEGLECT REPORT

Identifying data
Participant:

Phone: Address:

Type of incident or emergency (check all that apply)

☐ Serious injury*	☐ Any mental health crisis that requires a call to 911 or a mental health crisis intervention team	☐ Behavior that creates an imminent risk of harm to the participant or another
☐ Death of participant	☐ A participant's unexplained absence	☐ Neglect, Abuse financial exploitation
☐ Any medical emergency, unexpected serious illness, or significant unexpected change in a participant's illness or medical condition that requires a call to 911, physician treatment, or hospitalization	☐ An act or situation involving a participant that requires a call to 911, law enforcement, or the fire department	☐ Maltreatment of a vulnerable adult

* Serious injury is defined by ME Statutes, section 22 MRS §3477 or 22 MRS §4011-A The definition can be found in the *Policy and*
Procedure on Incident Response and Reporting.

Date of incident: Time of incident: (indicate am or pm)

Location of incident:

Describe the incident including the effect on the participant

Describe the response to the incident

_____ _____
Name and title of support worker who responded Date

LUNA HOME CARE LLC

Required notifications: completed as soon as possible after occurrence:

Legal representative: ☐ **N/A**	Date:	Time:	am/pm	☐ Left message
Participant's representative: ☐ **N/A**	Date:	Time:	am/pm	☐ Left message
Case manager: ☐ **N/A**	Date:	Time:	am/pm	☐ Left message
Other: ☐ **N/A**	Date:	Time:	am/pm	☐ Left message
MAARC (for maltreatment of vulnerable adults) or the local county social service agency (for maltreatment of minors) ☐ **N/A** Name of intake worker:	Date:	Time:	am/pm	

_____ _____

Name of supervising professional Date

Supervising Professional Review

1. Was the person's *PSS/PCA Service Delivery Plan* implemented as applicable?
   ☐ Yes ☐ No: if no address in the corrective action section of this review

   Were provider agency policies and procedures implemented as applicable?
   ☐ Yes ☐ No: if no address in the corrective action section of this review

2. Identification of patterns:

3. Is corrective action necessary based upon the review? ☐ Yes ☐ No: if yes, what corrective action will be implemented as necessary to reduce occurrences:

_____ _____

Supervising professional or designee Date

Commented [AH1]: Is this required?