State of Alaska • Department of Health and Social Services • Senior and Disabilities Services

SDS Critical Incident Report

Send form to hss.dsdsqa@alaska.gov or Fax to (907) 269-3690 within 72 hours of, or 3 business days after, a reportable incident or notice of such an incident. This report cannot substitute for mandatory reports to Adult Protective Services or the Office of Children's Service, or for required reports to other agencies.

| A list of incidents requiring an SDS Incident Report follow | s. Please check all categories which describe the incident. |
|---|---|
| ☐ Missing person | ☐ Medication error requiring medical intervention |
| Harm to self or others | Law enforcement response |
| Death of recipient | Other |
| Accident/incident with medical intervention | _ 0.000 |
| Recipient information | |
| Nama | |
| | Medicaid Number: |
| Contact information | |
| • | |
| Date of this report: | |
| Name of incident reporter. | |
| Provider agency responsible for report: | |
| Provider agency contact: Telephone number: | Emoil: |
| Telephone number. | Eman |
| Incident information (Please write "Not Applicable" wh | ere an item does not pertain to the incident.) |
| Date of incident: | Γime of incident: |
| Location of incident (include address): | |
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| Names of individuals/staff involved in or witness to the | ne incident: |
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| Names of other agencies involved in the incident: | |
| ivalies of other agencies involved in the incident. | |
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| Describe the incident including circumstances or even | ts leading to the incident: |
| Describe the metaone metaoning cheanistances of even | to the metablic |
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