

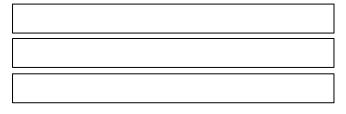
LIBERTY HEALTHCARE CORPORATION AND AFFILIATES SENTINEL EVENT REPORT

Program Name (Select):

. Date of incident/event:	2. Time of incident/event:	AM/PM	3. Location of incident/event:
. Name of Client(s) Directly In	volved:		
. Person completing report (In	clude job title and discipline):		
. Date Sentinel Event Reported	l to Licensing Agency:		
. Description of the incident/ev	vent•		

8. Persons directly involved in the incident/event:

(Employees, Liberty contracted staff, etc.). Please include their written statements now or when the investigation is complete.



Signature of the person completing Part I of form. Include job title and discipline. After applying the signature. Save the file under a <u>NEW FILE NAME</u> before sending to Part II recipient.

Part I Signature

Date

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Part II - Investigation (to be completed within 10 calendar days of event and submitted to VPO and VPQP

9. Witness(es): Please include and attach their written statements.

10. Precipitating Factors: Review of precipitating factors that Might have influenced or caused the incident/event. List any facts, conditions and/or occurrences that precipitated the incident/event and Might have contributed to the occurrence, duration, or course of the incident (Root Cause Analysis "Why, Why, Why" questions – to include medical and behavioral issues).

11. Investigation Finding: Describe, in detail, the facts/findings determined during the course of the investigation. Include a description of the actions taken during the investigation.

12. Analysis of findings and the incident/event: Include a description of any injury or disruption in Liberty business that has occurred as a result of this incident/event. Identify risk points/potential improvements.

Signature of person completing Part II of form. Include job title and discipline After applying the signature. Save the file under the <u>SAME FILE NAME</u> before sending to Part III recipient;

Part II Signature

Date

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Part III – Follow-up of Corrective Action Plan (if applicable, to be completed within 90 days calendar days of event and submitted to VPO and VPQP

13. Follow-up to Corrective Action Plan:

Signature of person completing Part III of form. Include job title and discipline. After applying the signature. Save the file under **<u>SAME FILE NAME</u>**.

Part III Signature Date

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