

ENCOMPASS HEALTH HOME
INCIDENT REPORT FOLLOW-UP FORM

Care
Management

Agency: _____

Date of Original Report: _____ Today's Date: _____

Name/Title of Person Reporting Follow-Up: _____

Name of Client: _____ CIN#: _____ Age: _____

Date Investigation Completed: _____

Incident Category: _____

Incident Required Re-Classification: Yes No

New Category: _____

Describe Investigation Process/Outcome and Additional Follow-Up/Corrective Action Taken Since Initial Report.

Include additional external reporting and notifications if applicable:

Signature of Staff

Health Home Review:

Appropriate Resolution

Follow Up/Corrective Action Recommended (See below)

Health Home Signature: _____

Date: _____