

Risk Call Template

Falls

Name	# of falls In past 6 months	Injury?	MD notified	Family notified/ concerns expressed?	Investigation and Root cause documented	Care plan updates

New FAPI **Total number of in-house Pressure** _____

Name	Location	MD notified	Family notified/ concerns expressed?	Investigation and root cause documented	Care plan updates

Worsening or stalled Wounds

Name	Location?	MD notified	Family notified/ concerns expressed?	Validate TAR completion, order change, Wound MD aware etc	Care plan updates

AMA or Non- return from Hospital/ Medical Records Requests

Name	Prior grievance or concerns expressed	If non- return, who reached out to family	Any opportunities- ie.. call light complaints- have call light audits been completed and documented, ADL concerns- like residents queried etc

Significant Grievances

Name	Nature of concern	Concern resolved	Follow up with res/RP	Opportunities identified

Abuse allegations/ res to res etc

Name	Injury?	MD notified	Family notified/ concerns expressed?	Investigation completed/ outcome	Care plan updates	Follow up charting

Current PNC/ ACTION plan

PNC	Like residents evaluated	Education completed including agency	Addressed in QAPI	Audits up to date?

Unexpected Deaths

Name	Code go as expected	MD notified	Family notified/ concerns expressed?