COLLINGTON HEALTH SERVICES OG SITUATION REPORT FORM

Identify the date, time, unit and staff person(s) involved, and sign the form.

The purpose of this form is to describe an adverse situation. However, if you wish to compliment the staff, please use the other side of this form to describe the occasion.

Date:_____ Time: _____ a.m./p.m.

Staff person(s) involved_____

Place:
___Your Apartment/Cottage
___Clinic
___Brandywine 3rd Floor
___Arbor 3rd Floor
_____Potomac 4th Floor
_____Chesapeake 4th Floor
_____Shenandoah 4th Floor
_____Other (Specify)

Describe your situation/complaint and outline what steps you have taken regarding it: (use other side as needed)

Please list which staff members you have spoken to regarding your situation:

___ Spoken with involved Staff Member
____Spoken with Director of Nursing
____Other

Please send your Situation Form to Denise Bunting (OG Lead) #2109 x7274

Informed Consents:

1) **I permit the Health Services OG to review and investigate this Situation Report, to speak with appropriate staff and to confidentially log the Group's findings and conclusions.**
2) **I permit the Ombudsman Group to review my medical records which contain my Protected Healthcare Information (PHI) under HIPPA regulations.**
3) **I also understand that a confidential redacted summary from this review will be tabulated and reported to the Health Services Committee.**

Resident:_____ _____ _____
Print Name **Signature** **Date**

OG Member: _____ _____ _____
Print Name **Signature** **Date**

OG Members: Denise Bunting #2109, x7274 RoAnne Dahlen-Hartfield #105, x7386
Ann Davie #3110, x7325 Peter Fielding #5111, x5096 Sheila Given #331, x5071
Pat Johns #128, x7504 Peter Pfund #3005, x7303 Faith Torsani #5009, x5144

Continued from front

PLEASE STATE FAVORABLE COMMENTS (COMPLIMENTS) HERE:

Resident: _____ _____ _____
Print Name Signature Date

Revised: DB 10/18