



QUALITY IMPROVEMENT – CRITICAL INCIDENT & ABUSE REPORT

Check the Appropriate Service

- MSSP LTC/SNF

Date of Notification: _____

Member Name:		
Member DOB (MM/DD/YYYY):		CIN #:
Gender (M/F)	Health Network	Diagnosis

PHYSICIAN/PROVIDER Name: License #: DOI (Date of Incident) (MM/DD/YYYY)	ADDRESS (where incident occurred) Name: Address:
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Name of Staff Reporting Incident: _____

CRITICAL INCIDENT
[Any actual or alleged event or situation that creates a significant risk of substantial or serious harm to the physical or mental health, safety or well-being of a member.]

(Check Appropriate Box)

<input type="checkbox"/> Mental anguish caused by willful use of offensive, abusive or demeaning language by caretaker	<input type="checkbox"/> Use of bodily or chemical restraints on an individual which is not in compliance with federal or state laws and administrative regulations
<input type="checkbox"/> Knowing, reckless or intentional acts of failures to act which cause injury or death to an individual or which places that individual at risk of injury or death	<input type="checkbox"/> OTHER (please describe)
<input type="checkbox"/> Rape or assault	<input type="checkbox"/> Unauthorized use or the use of excessive force in the placement of bodily restraints on an individual
<input type="checkbox"/> Corporal punishment or striking of an individual	

SUMMARIZE THE INCIDENT

Attach related records and supporting documentation including reports made to others.

INCIDENT SUMMARY:

CASE REFERRED TO:

PLEASE FORWARD TO:

CalOptima Quality Improvement Department
 505 City Parkway West, Orange, CA 92868
 Email: qualityofcare@caloptima.org / FAX: 657-900-1615