



**Tufts Health Plan Senior Care Options Incident Report**

<b>Member Name:</b>	<b>ID:</b>
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<b>1.</b>	<b><u>When did the incident come to SCO's attention – how, and to whom:</u></b>
<b>2.</b>	<b><u>Is there an investigation underway:</u></b>  <b>1. Summary of the incident:</b> <b>2. Facility analysis of the issue:</b> <b>3. Status of the investigation:</b> <b>4. Any steps which may have been taken to avoid the incident in this case:</b> <b>5. Any systems of process improvements the facility has made to avoid such incidents occurring in the future:</b>
<b>3.</b>	<b><u>Time and date of the incident and description with timeframes; who was involved (SCO staff, members, non-members, staff at facility):</u></b>
<b>4.</b>	<b><u>Snapshot of member from CER (age, sex, top diagnoses, whether member is long-term or short-term care at time of enrollment and presently):</u></b>
<b>5.</b>	<b><u>Status of member when the incident occurred (LTC or short-term):</u></b>
<b>6.</b>	<b><u>Any actions taken as a result of the incident:</u></b>
<b>7.</b>	<b><u>Have there been any media inquiries:</u></b>