SENIOR CARE & ASSISTED LIVING · RISK AND COMPLIANCE OPERATIONS

Incident reporting and documentation

This workflow automates incident reporting and documentation in senior care facilities, ensuring timely capture, proper classification, regulatory compliance, and family notification. It streamlines the entire process from initial incident detection to final regulatory filing and follow-up care plan adjustments.

01 WORKFLOW TRIGGER

Staff member submits incident report form or sensor detects fall/emergency event

BLUEPRINT OVERVIEW

What this workflow accomplishes

This workflow connects Point Click Care, MatrixCare, CareVoyant, Yardi Senior Living Suite, SimpleLTC and AL Advantage so an incident moves from the floor to the resident chart, the family, and the state without retyping. Automation handles severity tagging, notification dispatch, form population, care plan edits and archiving. The charge nurse, DON and administrator retain authority over severity, who gets called, what the state sees, and what the care plan becomes.

01

OUTPUTS

Filed incident report, survey ready, Revised care plan and safety protocols, Family and physician notification log, QA trend reporting by unit

02

SUCCESS MEASURES

Occurrence to documentation time, Reportable events filed on time, Family communication satisfaction, Repeat incidents per resident

03

CORE SYSTEMS

Point Click Care, MatrixCare, CareVoyant, Yardi Senior Living Suite, SimpleLTC, AL Advantage

HOW TO USE THIS BLUEPRINT

Executive directors: confirm which incident types trigger state reporting in your license category before go live.

Directors of nursing: own the severity override and the care plan revision; nothing files without your sign off.

Implementation teams: map each state form field to the source system field and test with three closed historical incidents.

End-to-end stage map

Seven stages carry an incident from first report at the bedside to a closed, auditable file. The decision point at stage three governs whether the event stays an internal report or becomes a reportable event with family, physician and state notification clocks running.

IMPLEMENTATION DETAIL

Stage-by-stage breakdown

Each stage states the operational intent, the human control point, and the systems likely to take part. System names are examples, not a required architecture.

01 TRIGGER

Capture incident details

Staff submits incident report through mobile app or automated sensors detect emergency events like falls. Initial incident data including time, location, resident involved, and basic details are captured.

CONTROL POINT

The charge nurse on shift verifies the reporting staff member's entry against the resident's condition and adds a witnessed narrative before the report leaves the unit.

SYSTEMS Point Click Care · CareVoyant

02 ACTION

Auto-classify incident severity

AI system analyzes incident details and automatically categorizes severity level and type (fall, medication error, behavioral, etc.). System flags high-priority incidents requiring immediate attention.

CONTROL POINT

The DON or designated nurse manager reviews the assigned severity and can override the classification; overrides are logged with a reason.

SYSTEMS MatrixCare · CareVoyant

03 DECISION

Determine notification requirements

System evaluates incident severity and type to determine if immediate family notification, physician contact, or regulatory reporting is required. Routes workflow based on compliance requirements.

CONTROL POINT

Human control: the administrator confirms the reportable determination before any state submission clock is treated as started.

SYSTEMS Point Click Care · SimpleLTC

04 ACTION

Send automated notifications

Dispatches appropriate notifications to family members, physicians, administrators, and regulatory bodies based on incident classification. Includes incident details and current resident status.

CONTROL POINT

The charge nurse makes the first family call by phone and marks the automated message as follow up, not substitute.

SYSTEMS MatrixCare · Yardi Senior Living Suite

COMPLETION AND MEASUREMENT

Closing stages and results

The closing stages preserve the chart record, the care plan change and the audit trail that a surveyor will ask to see.

05 ACTION

Generate compliance documentation

Creates standardized incident reports, regulatory forms, and care plan updates automatically. Ensures all documentation meets state and federal compliance requirements.

CONTROL POINT

The DON reads the generated state form line by line and signs it; unsigned forms cannot be transmitted.

SYSTEMS SimpleLTC AL Advantage

06 ACTION

Update care plans

Automatically adjusts resident care plans, medication schedules, or safety protocols based on incident type and outcomes. Schedules follow-up assessments if needed.

CONTROL POINT

The interdisciplinary team accepts or rejects each proposed care plan change, and the physician signs any order or medication schedule change.

SYSTEMS Point Click Care MatrixCare

07 OUTPUT

Archive completed documentation

Files all incident documentation in resident records, compliance databases, and quality assurance systems. Creates audit trail and schedules quality review meetings if required.

CONTROL POINT

The QA coordinator confirms the chart, compliance database and trend log all carry the same final version and schedules the quality review.

SYSTEMS SimpleLTC AL Advantage

DELIVERABLES

- Filed incident report, survey ready
- Revised care plan and safety protocols
- Family and physician notification log
- QA trend reporting by unit

KEY METRICS

- Occurrence to documentation time
- Reportable events filed on time
- Family communication satisfaction
- Repeat incidents per resident

IMPLEMENTATION CHECKS

- PHI access limited by role
- State reporting clocks configured per license
- DON approval routing before filing
- Immutable audit trail on edits
- Retention matched to state schedule

NEXT STEP

Turn this blueprint into an implementation plan.

Map each stage to your own systems, permissions, and approval routing before selecting tools or building automation.

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