

Sentinel Events Incident Report

Substance Use Disorder Residential Services for LRP Clients

Note: This report must be faxed to the CMHSP providing funding as well as the CMHSP for the county in which the provider is located within 48 hours of the occurrence.

Residential Provider:

Person Completing Report:

Client Name:

Client ID#:

Client's County of Residence:

Funding Source:

Date Sentinel Event occurred:

Time Sentinel Event occurred:

Briefly describe the Sentinel Event that occurred. (Definitions and categories of Sentinel Events are provided in the Provider Manual.)

Is this event being investigated? Yes ☐ No ☐

Please Explain:

Could this event have been prevented? Yes ☐ No ☐

If yes, what steps are being taken to prevent further occurrence of the Sentinel Event?

For CMHSP Use Only: The CMHSP must send a copy of this report to the Lakeshore Regional Partners (LRP).