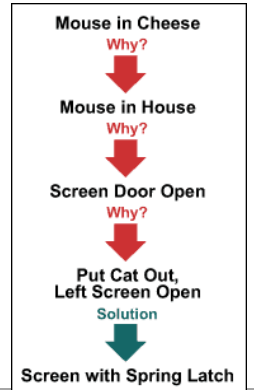


ROOT CAUSE ANALYSIS REPORT



The Cottages

NAME

LOCATION

DATE RCA COMPLETED:

EVENT DETAILS

DESCRIPTION

Describe the event, concern, complaint, or issue.

BACKGROUND SUMMARY

Answer these questions with a brief summary. Attach supporting documents, if available.

Were you aware of any issues or concerns?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	If YES, explain.
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Was there an action or inaction that may have contributed?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	If YES, explain how the actions contributed.
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Did the staff have the correct abilities and skills?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	If NO, explain the perceived inadequacy.
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Was the staff trained to carry out their expected responsibilities?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	If NO, explain the perceived inadequacy.
---	---	--

Were the staffing levels considered adequate?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	If NO, explain why.
---	---	---------------------

Were there any additional staffing factors identified?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	If YES, explain those factors.
--	---	--------------------------------

Was there any inaccurate or ambiguous information that contributed?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	If YES, explain what information and how it contributed.
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Was there any lack of communication or incomplete communication that contributed?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	If YES, explain who, what, and how it contributed.
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Were there any environmental factors that contributed?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	If YES, explain what factors and how they contributed.
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Were there any organizational or leadership factors that contributed?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	If YES, explain what factors and how they contributed.
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Were there any other factors that are considered relevant?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	Describe:
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List the factors considered responsible for the outcome.

Was there a root cause identified?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	If YES, explain the root cause.
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PREVENTION & ACTION

List the recommended actions planned to prevent a future occurrence

DATE	EXPLAIN ACTION TAKEN

APPROVAL

After review of this summary report Dede Blancett will approve or recommend revisions. Following all revisions, the report should be signed prior to submission.

SIGNATURE:	DATE SIGNED:

All information included in this report is considered confidential. It is intended only to promote The Cottages mission to Treat People Right

Forward completed report to Dede Blancett