

DEATH REPORT

LICENSEE MUST REPORT THE DEATH OF A CLIENT OF ANY CAUSE, REGARDLESS OF WHERE THE DEATH OCCURRED.

INSTRUCTIONS : NOTIFY LICENSING AGENCY, PLACEMENT AGENCY AND RESPONSIBLE PERSONS, IF ANY, BY NEXT WORKING DAY.
SUBMIT WRITTEN REPORT WITHIN 7 DAYS OF OCCURRENCE.
RETAIN COPY OF REPORT IN CLIENT'S FILE.

NAME OF FACILITY		FACILITY FILE NUMBER	TELEPHONE NUMBER ()
ADDRESS		CITY, STATE, ZIP	
CLIENT'S NAME	D.O.B.	SEX	DATE OF ADMISSION
DATE AND TIME OF DEATH	PLACE OF DEATH		

DESCRIBE IMMEDIATE CAUSE OF DEATH *(IF CORONER REPORT MADE, SEND COPY WITHIN 30 DAYS)*:

DESCRIBE CONDITIONS PRIOR TO OR CONTRIBUTING TO DEATH:

EXPLAIN WHAT IMMEDIATE ACTION WAS TAKEN *(INCLUDE PERSONS CONTACTED)*:

MEDICAL TREATMENT NECESSARY? YES NO IF YES, GIVE NATURE OF TREATMENT:

NAME OF ATTENDING PHYSICIAN		NAME OF MORTICIAN	
REPORT SUBMITTED BY:	NAME AND TITLE	DATE	
REPORT REVIEWED/APPROVED BY:	NAME AND TITLE	DATE	

AGENCIES/INDIVIDUALS NOTIFIED *(SPECIFY NAME AND TELEPHONE NUMBER)*

LICENSING _____ ADULT/CHILD PROTECTIVE SERVICES _____

LONG TERM CARE OMBUDSMAN _____ PARENT/GUARDIAN/CONSERVATOR _____

LAW ENFORCEMENT _____ PLACEMENT AGENCY _____