

**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<br>(     ) |                   |
| ADDRESS                | CITY, STATE, ZIP     |                             |                   |
| <b>CLIENT'S NAME</b>   | 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 \_\_\_\_\_