

**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		
<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 \_\_\_\_\_