

Office Of licensing - DBHDS

MORTALITY REVIEW SUBMISSION CHECKLIST FOR REQUIRED RECORDS

(PLEASE READ PRIOR TO SENDING RECORDS)

Provider Name:

Date of Death:

CHRIS #:

Individual's Last Name:

First Name:

Admission Date:

**Each individual's record should be scanned and saved using the below naming convention:**

**Provider name\_ Last name\_First name\_Title of document category**

**Example: ABCGroupHome\_Doe\_Jane\_MedicalRecords**

- **Each completed packet must include the INDIVIDUAL RECORD SUBMISSION CHECKLIST to verify the documents that are included in that scanned submission.**
- To verify the number of scanned record sets for each individual (multiple scanned sets may be required due to size of the individual's record), complete Part \_\_\_\_ of \_\_\_\_\_. If an individual's complete record (all documents listed below as applicable) is included in one scanned submission; this section should indicate Part 1 of 1. If multiple scanned submissions are required for one individual's record, then this checklist should be completed with each submission and the section should indicate Part 1 of 2, Part 2 of 2 etc., to ensure that we have received the complete record submission.

Submit scanned records for all identified individuals via encrypted email to:

[MRC\\_Documents@dbhds.virginia.gov](mailto:MRC_Documents@dbhds.virginia.gov) **no later than 10 business days following a death.**

Document(s)	Included: Yes/No/Not Applicable(N/A)
<p><b>Most recent annual Individual Support Plan (ISP) <u>all sections, all providers and updates</u></b></p> <ul style="list-style-type: none"> <li>• All sections of ISP (Part I, II, III, IV, etc.)</li> </ul>	
<p><b>Assessments:</b></p> <ul style="list-style-type: none"> <li>• Current Provider Specific Assessment;</li> <li>• Current SIS;</li> <li>• Current Vides; and</li> <li>• Any other applicable current assessments</li> </ul>	
<p><b>Quarterly Report:</b> Last quarterly report (Individual Support Plan review)</p>	
<p><b>Progress Notes:</b> Most recent <b><u>3 months</u></b> of progress notes for applicable service: case manager notes, residential progress notes, day support progress notes, etc.</p>	

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<p><b>Medical records for past 3 months preceding death:</b></p> <ul style="list-style-type: none"> <li>• Provider medical visit summary forms;</li> <li>• Hospital discharge summaries;</li> <li>• Physician case notes and nurses notes;</li> <li>• MARs (Medication Administration Records);</li> <li>• Any provider specific treatment forms (bowel movement forms, nutrition/fluid tracking sheets, repositioning forms, etc.);</li> <li>• Providers medical visit summary forms; and</li> <li>• Task analysis/support logs</li> </ul>					
<p><b>Annual Physical Exam:</b> Most current physical exam</p>					
<p><b>Incident Reports:</b> All Level I, II, and III incident reports for the three months preceding the individual’s death, and documentation of any analyses into the circumstances of the incident and improvement actions taken.</p>					
<p><b>Discharge Summary if available</b></p>					
<p>Please check the box with either a “yes” or “no” to indicate if an autopsy is planned/requested (if known).</p>	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/></td> <td style="width: 50%; border: none;">Yes</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;">No</td> </tr> </table>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes				
<input type="checkbox"/>	No				