REPORT TO OFFICE OF LICENSING

SERIOUS INJURIES OR DEATHS IN A LICENSED PROGRAM

MAIL/FAX THIS REPORT TO YOUR LICENSING SPECIALIST WITHIN 24 HOURS OF THE SERIOUS INJURY or DEATH

Organization and Address: _____

Service name and number where death/injury occurred: _____

Consumer Name: _____ Date of Birth _____/_____/_____

Date of death/injury _____/_____/_____ Date of Discovery of death/injury _____/_____/_____

Did the incident involve (check all that apply)?

☐Seclusion? ☐Restraint? ☐Abuse Allegation? ☐Neglect Allegation? ☐Assault by Client?
☐Self-injurious Behavior? ☐Unexplained? ☐Other? _____

COMPLETE FOR SERIOUS INJURIES ONLY

Did the incident involve?

☐Loss of consciousness resulting from a serious injury?

☐Other serious injury:

Type of medical attention required: _____

Status of medical resolution: _____

COMPLETE FOR DEATHS ONLY

Cause (from death certificate) _____

Is autopsy to be performed? ☐Yes ☐No If yes, status _____

Was death (check all that apply)?

☐Expected? ☐Unexpected? ☐Suicide? ☐ Referred to Medical Examiner?

State other known facts regarding injury or death (attach additional notes, if necessary):

_____

_____

_____

_____

_ Was an internal investigation initiated? ☐Yes ☐No If yes, indicate date begun: ____/_____/_____

External notifications made (check all that apply):

☐DSS
☐Local Law Enforcement agency
☐State Police
☐Dept. of Health Professions
☐Dept. of Health
☐Other (please specify): _____

REPORTABLE DEATH-Death that occurs during the time an individual is receiving services in the program.
SERIOUS INJURY- Serious body injury or loss of consciousness requiring medical attention by a physician.
Mail/Fax this form to your Licensing Specialist.