REPORT TO OFFICE OF LICENSING

SERIOUS INJURIES OR DEATHS IN A LICENSED PROGRAM

FAX THIS REPORT TO THE CENTRAL OFFICE (804-692-0066) 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.
REPORTABLE SERIOUS INJURY- Serious body injury, state, condition, episode or loss of consciousness requiring medical attention by a physician, physician assistant, nurse practitioner,
Fax this form to the Central Office (804-692-0066)