DEATH INVESTIGATION CHECKLIST

Name of Client: ______________________

Date of Death: ___________  MAID: _____________

Provider: ______________________  Case Manager: ______________________

☐ Be Immediately investigated by the provider agency, and the investigation shall involve the case manager or support broker; and

3. Be reported by the provider agency to:

☐ a. The case manager or support broker within eight (8) hours of discovery;

☐ b. DCBS, immediately upon discovery, if involving suspected abuse, neglect, or exploitation in accordance with KRS Chapter 209;

☐ c. The guardian within eight (8) hours of discovery; and

☐ d. ABIB, within eight (8) hours of discovery, followed by a complete written report of the incident investigation and

☐ Follow-up within seven (7) calendar days of discovery. If an incident occurs after 5 p.m. EST on a weekday or occurs on a weekend or holiday,

(3) The following documentation with a complete written report shall be submitted for a death:

☐ (a) A current plan of care;

☐ (b) A current list of prescribed medications including PRN medications;

☐ (c) A current crisis plan;

☐ (d) Medication Administration Review (MAR) forms for the current and previous month;

☐ (e) Staff notes from the current and previous month including details of physician and emergency room visits;

☐ (f) Any additional information requested by the department;

☐ (g) A coroner’s report; and

☐ (h) If performed, an autopsy report.