

ABI DEATH INVESTIGATION CHECKLIST

Name of Client: _____

Date of Death: _____ MAID: _____

Provider: _____ Case Manager: _____

- Conduct an **immediate** investigation and **involve the participant's case manager** in the investigation

Be reported by the provider agency to:

- a. The participant's case manager within **eight (8) hours** of discovery of the incident.
- b. DCBS, **immediately** upon discovery, if involving suspected abuse, neglect, or exploitation in accordance with KRS Chapter 209;
- c. The participant's guardian, if the participant has a guardian, within **eight (8) hours** of discovery of the incident
- d. ABIB, within **eight (8) hours** of discovery, followed by a complete written report of the incident investigation and
- e. Follow-up within **seven (7) calendar days** of discovery.

The ABI provider shall enter mortality data documentation into MWMA within fourteen (14) days of the death:

- (a) The participant's person-centered service plan at the time of death;
- (b) Any current assessment forms regarding the participant;
- (c) The participant's medication administration records (MAR) from all service sites for the past three (3) months along with a copy of each prescription;
- (d) Progress notes regarding the participant from all service elements for the past thirty (30) days;
- (e) The results of the participant's most recent physical exam;
- (f) All incident reports, if any exist, regarding the participant for the past six (6) months;
- (g) Any medication error report, if any exists, related to the participant for the past six (6) months;
- (h) The most recent psychological evaluation of the participant;

- (i) A full life history of the participant including any update from the last version of the life history;
- (j) Names and contact information for all staff members who provided direct care to the participant during the last thirty (30) days of the participant's life;
- (k) Emergency medical services notes regarding the participant if available;
- (l) The police report if available;
- (m) A copy of the participant's advance directive, medical order for scope of treatment, living will, or health care directive if applicable;
- (n) A copy of any functional assessment of behavior or positive behavior support plan regarding the participant that has been in place over any part of the past twelve (12) months;
- (o) A copy of the cardiopulmonary resuscitation and first aid card for any ABI provider's staff member who was present at the time of the incident that resulted in the participant's death
- (p) A record of all medical appointments or emergency room visits by the participant within the past twelve (12) months; and
- (q) A record of any crisis training for any staff member present at the time of the incident that resulted in the participant's death.

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