

Central Report Unit
Additional Information Regarding Death of a Participant

Name of Participant: _____

Date of death: _____ Time of death: _____

Residence at time of death.

- a skilled nursing facility
- an assisted living home/family habilitation home/group home
- a private residence
- other (describe) _____

Location at time of death.

Name of facility: _____

Address: _____

This location is

- a hospital
- a skilled nursing facility
- an assisted living home/family habilitation home/group home
- a private residence
- a community setting
- other (describe) _____

What happened? (Describe the circumstances leading to the death.)

Who was present at the time of death or discovered the death?

Were there health or safety issues that contributed to the death?(Describe recent illnesses, hospitalizations, or accidents.)

Was there an emergency response?(Describe who called 911 or other emergency service and what was done for the participant upon arrival.)

Was the participant taken to an emergency room or clinic prior to death? If so, how was he/she transported?

- by emergency services/ambulance/ Medivac
- by family or other natural supports
- by provider staff or volunteer
- other: _____

Was the participant receiving any of the following at the time of death?

- Hospice services. Name of hospice: _____
- Do-Not-Resuscitate (DNR) order
- Comfort One enrollment

Note: Complete form and upload to main report