

<b>DEATH REPORTING WORKSHEET - PRTFS</b>	
<b>CONTACT INFORMATION</b>	
RO contact's name	
Date of RO contact	
RO contact's phone number	
Facility contact	
Facility contact's phone number	
<b>PROVIDER INFORMATION</b>	
PRTF Name	
Medicaid Number	
Address	
Zip Code	
<b>PATIENT INFORMATION</b>	
Name	
Date of Birth/Age	
Medicaid Number	
Admitting Diagnoses	
Date of Admission	
Date/time of Death	
Cause of Death	
Did the facility conduct a root cause analysis	
<b>NOTE: PRTFs may provide the following information over the telephone, or to the SA during its investigation</b>	
Length of Time in restraints/Seclusion	
Circumstances Surrounding the Death:	
_____	
_____	
Results of any facility investigation: _____	
_____	
_____	
<b>RESTRAINT/SECLUSION INFO</b>	
Type of Restraint	Personal
	Mechanical
	Seclusion

	Drug used as Restraint
Restraint Method	
Reason(s) for Restraint/Seclusion use: _____	
Less restrictive methods of behavior management considered: _____	
Restraint/Seclusion order date/time: _____	
Quote actual restraint/seclusion order(s) _____	
Restraint/seclusion ordered by: Physician _____ Other Licensed Practitioner _____ and Trained in the use of emergency safety interventions: Yes _____ No _____	
Was the resident's treatment team physician contacted (unless same as ordering physician) Yes _____ No _____	
Was the resident evaluated immediately after restraint removed/removed from seclusion? Yes _____ No _____	
Monitoring method(s), frequency, last date/time monitored: _____	
Last date/time of assessment: _____	
Additional Information/Comments: _____	
_____	
_____	
_____	
_____	
<b>Action Information</b>	
_____	
<b>Facility notifications</b>	
Other agencies the provider notified: (SMA, SA, etc.)	
Agency/date/time: _____	
Agency/date/time: _____	
Agency/date/time: _____	
Agency/date/time: _____	
<b>SA Action(s)</b>	
Date of receipt of restraint/seclusion death report from PRTF: _____	
Date of Survey: _____	
<b>RO Actions(s)</b>	

Date of receipt of restraint/seclusion death report from PRTF: _____	
Date sent as a complaint to SA (if applicable) _____	
<b>CO Action(s)</b>	
Date of receipt of initial restraint/seclusion death report from RO: _____	
Date of receipt of restraint/seclusion death report worksheet: _____	
Person recording the information: _____	