

RESIDENTIAL CARE CENTER STATUTORILY REPORTABLE DEATH

Use of form: Reporting of certain deaths to the Department of Health and Family Services is required by Wisconsin State Statute 48.60(5). This form shall be used for that purpose. Failure to report these deaths may result in a citation of non-compliance by the Department. The information obtained will be used for investigative and statistical purposes and personally identifiable information will be available only to those persons authorized to access resident records.

I. DETERMINATION

Name – Resident	Birthdate (mm/dd/yyyy)	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Date – Death (mm/dd/yyyy)
Name – Residential Care Center (RCC)	Number – RCC 23	Date – Admission (mm/dd/yyyy)	
Address – RCC (Street, City, State, Zip Code)		RCC License ID Number	
Ethnicity – Check One. <input type="checkbox"/> Black – Not Hispanic <input type="checkbox"/> Hispanic – Mexican, Puerto Rican, Cuban <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> White – Not Hispanic <input type="checkbox"/> American Indian / Alaskan Native		<input type="checkbox"/> Yes <input type="checkbox"/> No Is this death reportable to coroner / medical examiner? <input type="checkbox"/> Yes <input type="checkbox"/> No Is this death reportable to law enforcement?	
Name – Resident Emergency Contact		Relationship to Resident	
Address – Resident Emergency Contact (Street, City, State, Zip Code)		Telephone Number	
Name – Individual First Reporting the Death		Title	
Address – Individual First Reporting (Street, City, State, Zip Code)		Telephone Number	

- Instructions:**
1. A death must be reported to the Department within 24 hours of the death or of learning of the death of a resident, if there is cause to believe the death was related to the use of physical restraint / seclusion, psychotropic medications or is a suicide.
 2. When in doubt if the death was due to physical restraints / seclusion, psychotropic medications or suicide, report the death.
 3. Attach a copy of the progress notes or other documentation which provide additional information to determine if there is reasonable cause to believe that the death was due to the use of physical restraints / seclusion, psychotropic medications or is a suicide.
 4. Check "Yes" or "No" for each item in section A – C. For assistance, see guidelines on pages 3 and 4.
 5. Submit the completed form to the appropriate Bureau of Regulation and Licensing Regional Licensing Chief.

Yes No

A. SUICIDE

- | | | | |
|--------------------------|--------------------------|----|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. | Was there evidence that the resident was having suicidal thoughts during the last month? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. | Did the resident make any suicide threats or statements during the last month? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. | Did the resident make a suicide attempt in the past year? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. | Did the resident give away personal possessions within the last month? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. | Was the resident found in a position or circumstance which might indicate the death was due to suicide; e.g., hanging, drowning, drug overdose, asphyxiation (being found in a car with the engine running), fell off a bridge or down stairs, a self-inflicted wound, a single car accident with good road conditions, self-immolation (burning)? |

B. PSYCHOTROPIC MEDICATION

- | | | | |
|--------------------------|--------------------------|-----|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. | Was the resident on three or more psychotropic medications? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. | Was the resident on two or more psychotropics in the same class? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. | Did the physician discontinue a psychotropic medication within the last seven days? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. | Did the resident refuse psychotropic medications within the last seven days? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. | Was the resident changed to a different psychotropic medication within the last seven days? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. | Did the resident's medical / psychiatric condition change in the last seven days, based on observed symptoms and behaviors? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. | Did the resident receive any drug(s) to which he / she has a known allergy or adverse drug reaction as documented in his / her record within the last seven days? |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. | If the resident was on Clozapine, did the known adverse reactions of this medication contribute to the death of the resident? |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. | Did the resident present any signs which would indicate the possibility of neuroleptic malignant syndrome (NMS)? |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. | Was a psychotropic medication given with no valid diagnosis for the drug? |

C. PHYSICAL RESTRAINTS AND SECLUSION

- | | | | |
|--------------------------|--------------------------|----|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. | Did the resident die while in restraint or seclusion? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. | Did the restraint / seclusion have a direct relationship to the resident's death? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. | Did the resident sustain any injury while in restraint or seclusion? |

Reason for Reporting

Name – Residential Care Center Case Manager	Telephone Number
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SIGNATURE – Person Completing Form	Date Signed
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Title – Person Completing Form	Telephone Number
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TO BE COMPLETED BY THE LICENSING SPECIALIST

Name (Print)	Telephone Number
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SIGNATURE – Licensing Specialist	Date this CFS-2183 is forwarded to BRL Child Welfare Program Specialist (mm/dd/yyyy)
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II. RESIDENT DEATH DETERMINATION GUIDELINES

The following guidelines, which are not all inclusive, are listed to assist the Residential Care Center in determining if there is reasonable cause to believe the resident death was due to the use of restraint / seclusion, the use of psychotropic medications or is a suicide.

1. **Physical restraint** means any manual method or physical or mechanical device, material or equipment attached or adjacent to the resident's body that he or she cannot easily remove that restricts freedom of movement or normal access to one's body.
2. **Chemical restraint** means a drug or medication used to control behavior or to restrict the resident's freedom of movement and is not a standard treatment for the resident's medical or psychiatric condition.
3. **Seclusion** means the involuntary confinement of a person in a room or an area where the person is physically prevented from leaving.

A. SUICIDE

Presence of one or more of the following risk factors in the resident profile:

1. Clinical syndromes of depression, psychosis, impulsivity and / or intoxication.
2. Symptomatic or psychological predictors such as hopelessness, recent losses along with the experience of loss and / or panic levels of anxiety.
3. Demographic factors which puts resident in moderate or greater risk category for suicide; e.g., among the seriously mentally ill; male gender, previous suicide attempts, a recent (within the last six months) acute psychotic or affective episode, first decade and particularly the first five years of the illness and AODA problems.
4. Recent behaviors that suggest that the resident is acting differently; e.g., making final plans, "tidying up" personal affairs, obtaining the means for suicide and seeking out help more often (often with no clear complaint); "happy" or "content" behavior following a period of depression or hopelessness.
5. Lethality – The resident's mental intent to die or to kill oneself (including the individual's view of life after death and what relief or reward it offers); specificity and imminence of a suicide plan; availability and lethality of the means for suicide and the opportunity in the suicidal plan for rescue.
6. The absence of positive social supports or the presence of ones that are not helpful or that are harmful; e.g., critical or rejecting.

B. PSYCHOTROPIC MEDICATIONS

1. Psychotropic medications: A psychotropic medication is any drug used to treat, manage or control psychiatric symptoms or disordered behavior, including but not limited to antipsychotic, antidepressant, mood stabilizing, or anti-anxiety agents. Medications which may be used either for more general medical purposes or for their effect on psychiatric symptoms would be considered psychotropic medications when they were being used to obtain a psychiatrically related benefit.
2. Presence of one or more of the following psychotropic drug interactions and / or conditions in the resident profile:
 - a. Any anaphylactic reactions
 - b. Tricyclic antidepressant overdose
 - c. Lithium overdose
 - d. Combination of any psychotropic medication(s) and alcohol
 - e. Bone marrow suppression, especially with clozapine, but also with other neuroleptics and tricyclic antidepressants
 - f. Hypertensive crisis with monoamine oxidase inhibitors (MAOIs)
 - g. Cardiac arrhythmias as a result of an antidepressant medication
 - h. Any drug overdose
 - i. Any blood level of a drug higher than accepted therapeutic drug level
 - j. After starting on antipsychotic medication, the resident complains of an increased temperature and muscular rigidity
 - k. Fatal heatstroke, especially if resident is on Thorazine
 - l. History of epilepsy that has been difficult to control
 - m. Jaundiced skin and sclera
 - n. Any medication error in proximity to time of resident death
3. Resident experienced the following three operational criteria for a diagnosis of neuroleptic malignant syndrome (NMS):
 - a. Hyperthermia: a high temperature in the absence of known etiology.
 - b. Severe extrapyramidal effects characterized by two or more of the following: lead-pipe muscle rigidity, pronounced cogwheeling, sialorrhea, oculogyric crisis, retrocollis, opisthotonos, trismus, dysphagia, choreiform movements, festinating gait, and flexor extensor posturing.

- c. Autonomic dysfunction characterized by two or more of the following: hypertension, tachycardia, prominent diaphoresis, and incontinence.

In retrospective diagnosis, if one of these three items (3a – 3c) has not been specifically documented, a probable diagnosis is still permitted if the remaining two criteria are clearly met and the resident displays one of the following characteristic signs: clouded consciousness as evidenced by delirium, mutism, stupor or coma; leukocytosis (more than 15,000 white blood cells/mm); serum creatine kinase level greater than 1,000 IU/ml.
(Source: The Manual of Clinical Psychopharmacology – 2nd Edition)

C. PHYSICAL RESTRAINTS AND SECLUSION

1. Presence of one or more of the following indicators:
 - a. Resident found suspended by / from restraint.
 - b. Resident found sliding from bed / wheelchair / chair.
 - c. Resident's neck / head found under / between side rails.
 - d. Resident found in tipped wheelchair with a restraint intact.
 - e. Autopsy report indicates asphyxiation or possible asphyxiation.
2. Position of actual restraint:
 - a. Restraint under resident's ribs exerting pressure.
 - b. Restraint across chest and conforming to body in a tight appearing fashion.
 - c. Restraint across throat area.
3. Physical hold by staff utilized in proximity to time of death of resident.
4. Resident found expired in seclusion / locked room.
5. Presence of one or more of the following physical signs:
 - a. Discolored areas on skin
 - b. Red markings on skin
 - c. Swollen tongue