

Office of Licensing -DBHDS ID/DD DEATH MORTALITY REVIEW COMMITTEE REQUIRED DOCUMENTS/REVIEWS

Individual's Name:	DOD:	TYPE OF RESIDENCE:
Provider:	CHRIS #:	OLIS INVESTIGATION #:

REQUIRED MRC DOCUMENTS for unexplained or unexpected ID/DD deaths – Place a check mark in at least one of the boxes to the right for each document to indicate how all document were	Reviewed	Submitted to	Pending	
acted upon.		СО	(Responsible party & Date of Completion)	Unavailable/N/A
DOCUMENTS: WITH CHECKLIST ONLY: YES NO				
Medical records for the three months preceding the individual's death				
2. Physician case notes for the three months preceding the individual's death				
3. Nurses notes for the three months preceding the individual's death				
4. All incident reports for the three months preceding the individual's death				
5. Most recent individualized service plan (ISP) -plus PCP, assessment, quarterlies, daily docs,				
MARs, discharge summary, etc.				
6. The most recent physical examination records				
7. Any Case Management Notes, PCP, etc.				
8. Autopsy report, if done and available				
9. Death certificate, if obtained				
10. Any evidence of maltreatment related to the death				
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INVESTIGATION: REQUIRED NOT REQUIRED				
1. Interview, as warranted, any persons having information regarding the individual's care				
2. Had provider read DBHDS Safety and Quality Alerts? YES NO				
3. Were there any regulatory violations? YES NO				
4. Was a CAP issued? YES NO				
5. Was OL Investigation Summary Report completed & entered in OLIS? YES NO				
Tarik Mansouri, Data, Analyst Asst. MORTALITY REVIEW COMMITTEE DOCUMENTS DBHDS, Office of Licensing 1220 Bank Street, 1st Floor Richmond, VA 23218	Completed By Specialist's Na Email: Contact numb Date Investiga Date MRC doo	eme: per: ation Closed:		

<u>4/1/2017</u>