***Before entering any information, SAVE the file, (e.g. L3 John Doe), and complete by clicking into each section and typing the answer.***

Recover Care is built on a foundation of service to others and services of the highest quality. When there is an incident – the event is reviewed and the evaluator determines what, if anything, we might change to improve the services provided. When there is a death, whether expected or unexpected, there is also a review of services provided.

|  |  |  |  |
| --- | --- | --- | --- |
| **A. Date of Death:** |       | **B. Office:** |       |
| **C. Name of Client Involved:**  |  | **Age:** |       |
| **D. Name /Title of Staff involved (if applicable):**  |       | **Title:** |       |
| **E. If a complaint is registered: Name of Complainant:**  |       |
| **F. Individual completing report:** |       | **G. Title:** |       |
| H: Name & Title of Individual  Reviewing Chart – Minimum of the  Preceding Week (1wk – 4wk if applicable) |       |
| **I. Legal Rep (if applicable) Name/Type** **(Legal Guardian or HCPOA/ Activated)** | **Name:**         |   **Type:**        |
| **J. Name of Administrator or Clinical Supervisor reviewing report & implementing changes as needed:**  |       | **G. Title:** |       |

***In Section H (*above*), document a brief description of the situation: e.g., Death preceded by fall and hospitalization***

***Document Review of the Chart Below (rows will expand as needed)***

| Item: | **L. Review & Evaluation** |
| --- | --- |

|  |  |
| --- | --- |
| Client Diagnosis: |       |
| Services Provided by RC: |       |
| Status of Client Prior to Death: |       |
| Physician Notification & Any Changes in Orders: |       |
| Dates of Any Missed Visits: |       |
| Physician Notification of Any Missed Visits: |       |
| Review of Services: Were all provided as written in the care plan?  |       |
| Review of Meds & Treatments: |       |
| Was Client Hospitalized - Why? |       |
| Result of Hospitalization |       |