

## Incident Form Script Death

**From the Consumer Rights and Services toll-free (800) 458-9858 main menu, press 5 and then option 3 to access this incident form script.**

- 1 You have selected the incident script for reporting resident or consumer deaths. The script will begin after the tone. Please talk slowly and clearly and answer in complete sentences. Once you have provided a response, press # to move to the next query.

Please state and spell your name and state your title.

- 2 What is the name and physical address of the facility and the facility ID # [commonly known as the vendor number]?
- 3 What is the facility's phone number, including area code?
- 4 What is an alternate number where you can be reached?
- 5 State the date, time and location when the death occurred, indicate whether or not an autopsy will be conducted, and if known at the time of this report, provide the cause of death.
- 6 What is the name, social security number, and date of birth or age of the resident or consumer? Please be sure to spell their name.
- 7 Provide a brief narrative about the resident's or consumer's health status and indicate whether or not they experienced or were being treated for a change in condition prior to death.
- 8 Provide a brief narrative of relevant details about how the resident or consumer was discovered, when they were last observed by staff and whether or not emergency medical treatment was provided immediately prior to the pronouncement of death.
- 9 State who the facility notified about the incident. Example: physician, DFPS, police. Please include the DFPS or police report number.
- 10 Please provide a brief narrative describing any other immediate actions the facility took as a result of the incident.

- 11 At this time you may provide any additional information you believe to be relevant to this report or add to the information already recorded. When you are finished, press #.
- 12<sup>1</sup> An Intake Specialist will call back and will provide the intake ID number for this incident report to be referenced on your provider investigation report form.

Remember to fax the facility's completed investigation report to Consumer Rights and Services toll free fax number (877) 438-5827. Backup fax numbers are (512) 438-2722 or (512) 438-2724. Or mail to Complaint Intake Unit Post Office Box 149030, Mail code E (for east) 249, Austin, Texas 78714 dash 9030. Do not mail a copy if a copy is faxed.

Thank you for using the incident form reporting system.

When you hang up your report will be submitted.

---

<sup>1</sup> Exit Mailbox Announcement <2099>