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Applicability: DDSN Regional Centers, DSN Boards, and Contracted Service Providers

## I. Introduction

The purpose of this document is to establish procedures to be followed in the event of the impending death or death of a person receiving services from a Department of Disabilities and Special Needs (DDSN) sponsored program.

Staff should always remain aware of the feelings and emotions of families whose loved one is critically ill or has just passed away. All contact with the family should be made in a sensitive and respectful manner. If available, the physician should contact the family to answer questions and to assist them in understanding the person's medical condition or cause of death. If the physician is not available, the Facility Director/Executive Director/CEO should contact the family. Residential or Case Management staff who have worked closely with the critically ill or deceased person and family are also important in assisting the family and are generally the primary contact for the family.

### DISTRICT I

P.O. Box 239  
Clinton, SC 29325-5328  
Phone: (864) 938-3497

Midlands Center - Phone: 803/935-7500  
Whitten Center - Phone: 864/833-2733

### DISTRICT II

9995 Miles Jamison Road  
Summerville, SC 29485  
Phone: 843/832-5576

Coastal Center - Phone: 843/873-5750  
Pee Dee Center - Phone: 843/664-2600  
Saleeby Center - Phone: 843/332-4104

## **II. Impending Death**

Should a person's death become imminent due to accident or serious illness, and the person is residing in a DDSN sponsored residence, the physician or the Facility Director/Executive Director/CEO should inform the parents/next-of-kin of the critical nature of the illness. The residence social worker or Case Manager along with the physician will maintain contact with the family during the period the person remains in danger. If the family desires, a pastor or other religious person of their choice will be located to minister to the needs of the person and the family.

## **III. Reporting the Death of Persons Supported by DDSN**

In order to provide quality assurance oversight, DDSN tracks relevant information on the deaths of all persons who reside in DDSN sponsored residential services, or whose death occurs at a DDSN Regional Center or provider location (e.g., day program) or while under the supervision of a DDSN Regional Center or board/provider staff person (e.g., individual rehabilitation supports).

- A. DEATHS OF PERSONS AGE 17 AND UNDER IN DDSN OPERATED HOMES OR THOSE HOMES CONTRACTED FOR OPERATION BY DDSN
1. Facility Administrators/Executive Directors/CEOs or their designee will report the death to DDSN using the Death Reporting function on the Incident Management System as soon as possible, but no later than 24 hours or the next business day.
  2. A report must be made to DDSN, even if the child dies in a location other than his/her DDSN sponsored home (e.g., hospital). The report to DDSN must be submitted on the Incident Management System.
  3. If the death was unexpected or suspicious in nature, the Facility Administrator/Executive Director/CEO or their designee must call the DDSN District Director or their designee immediately. Immediately means within two (2) hours of the death. The DDSN District Director will then notify the Associate State Director-Operations and the State Director. The Death Reporting function on the Incident Management System must be completed as soon as possible, but no later than 24 hours, or the next business day. If there is any reason to believe that abuse or neglect may have occurred, the provider will also need to complete a corresponding ANE Report on the Incident Management System.
  4. All child deaths in ICFs/IID facilities must be reported in writing by the Facility Administrator/Executive Director/CEO or their designee to the Health Licensing Division of DHEC at the same time a report is made to DDSN.

5. The physician, Facility Administrator/Executive Director/CEO or their designee shall notify the county coroner's office immediately of all child deaths unless the death occurred in a hospital setting.
6. An internal review by management will be conducted of all child deaths. However, **the review should never interfere with any outside investigation if applicable.** Results of all reviews must be submitted to DDSN and to DHEC, as applicable, within ten (10) working days of the death. The results of the review must be documented in the Report of Death-Final Report, located within the Death Reporting function of the Incident Management System. The Facility Administrator/Executive Director/CEO or their designee will submit the final report.

B. DEATHS OF PERSONS AGE 18 AND ABOVE IN DDSN OPERATED HOMES OR THOSE HOMES CONTRACTED FOR OPERATION BY DDSN

Facility Administrators/Executive Directors/CEOs or their designee will report the death to the South Carolina Law Enforcement Division (SLED) immediately using SLED's toll free number: 1-866-200-6066. In addition, the Initial Report of Death Form located in the Death Reporting function of the Incident Management System, must be completed as soon as possible, but no later than 24 hours, or the next business day.

1. A report must be made to DDSN and SLED even if the person dies in a location other than his/her DDSN sponsored home (e.g., hospital). The report to DDSN must be submitted on the Incident Management System. For persons recently discharged from a DDSN residential service location, SLED must be contacted by the former DDSN residential provider if the death occurs within 30 days of the discharge date.
2. If the death was unexpected or suspicious in nature, the Facility Administrator/Executive Director/CEO or their designee must call the DDSN District Director or their designee and SLED immediately. Immediately means within two (2) hours of the death. The DDSN District Director will then notify the Associate State Director-Operations and the State Director. The Report of Death function on the Incident Management System must be submitted to DDSN as soon as possible, but no later than 24 hours, or the next business day. If there is any reason to believe that abuse or neglect may have occurred, the provider will also need to complete a corresponding ANE Report on the Incident Management System.
3. All deaths in ICFs/IID and CRCFs must be reported in writing by the Facility Administrator/Executive Director/CEO or their designee to the Health Licensing Division of DHEC at the same time a report is made to DDSN.

4. The physician, Facility Administrator/Executive Director/CEO or their designee shall notify the county coroner's office immediately of all deaths unless the death occurred in a hospital setting.
  5. An internal review by management will be conducted of all deaths. However, **the review should never interfere with the investigation of death conducted by SLED.** Results of all reviews must be submitted to DDSN within ten (10) working days of the death. The results of the review must be documented in the Report of Death-Final Report, located within the Death Reporting function of the Incident Management System. The Facility Administrator/Executive Director/CEO or their designee will submit the final report.
- C. DEATHS OF PERSONS OF ANY AGE OTHER THAN THOSE LIVING IN A RESIDENTIAL PROGRAM OPERATED BY OR CONTRACTED FOR OPERATION BY DDSN WHILE AT A DDSN REGIONAL CENTER OR PROVIDER LOCATION (E.G., DAY PROGRAM) OR WHILE UNDER THE SUPERVISION OF DDSN REGIONAL STAFF OR BOARD/PROVIDER STAFF PERSON (E.G., INDIVIDUAL REHABILITATION SUPPORTS)
1. Facility Administrators/Executive Directors/CEOs or their designee will report the death to DDSN using the Death Reporting function of the Incident Management System as soon as possible, but no later than 24 hours, or the next business day.
  2. If the death was unexpected or suspicious in nature, the Facility Administrator/Executive Director/CEO or their designee must call the DDSN District Director or their designee immediately. Immediately means within two (2) hours of the death. The DDSN District Director will then notify the Associate Director-Operations and the State Director. The Report of Death function on the Incident Management System must be sent to DDSN as soon as possible, but no later than 24 hours, or the next business day. If there is any reason to believe that abuse or neglect may have occurred, the provider will also need to complete a corresponding ANE Report on the Incident Management System.
  3. The physician, Facility Administrator/Executive Director/CEO or their designee shall notify the county coroner's office immediately of all deaths unless the death occurred in a hospital setting.
  4. An internal review by management will be conducted of all deaths. However, **the review should never interfere with any outside investigation if applicable.** Results of all reviews must be documented within ten (10) business days in the Report of Death-Final Report, located within the Death Reporting function of the Incident Management System. The Facility Administrator/Executive Director/CEO or their designee will submit the final report.

#### **IV. Notification Procedures**

For those persons living in a DDSN sponsored residential setting, the family/guardian or primary correspondent will be notified of the death by the method they have identified in the person's plan such as by phone, personal visit or by notifying their minister who would then notify the family. If the family has made no prior arrangements, the attending physician will inform the family of the death of their family member as soon as possible after the death. Permission for an autopsy should be sought at that time as indicated by law. The Case Manager will also contact the family to help with funeral and burial arrangements. When gathering information on the death of a DDSN consumer, care must be taken to respect the feelings of survivors. The staff person should express condolences, indicate the importance of gathering key information for the benefit of other individuals with disabilities, and proceed to fill out the "Report of Death" form by retrieving information from all appropriate sources. If family members are unwilling/unable to participate in filling out the form, then the staff person should proceed with the form using information from other sources.

#### **V. Autopsy**

An autopsy will be performed following the death of a person when requested by the coroner or SLED and should also be done when:

- a) death is an unexpected or unexplained outcome as determined by the attending physician and/or medical director, and/or Executive Director, or;
- b) requested by the family. (*Costs for an autopsy requested by the family, but not required by the Coroner or SLED, will be the financial responsibility of the family*).

If the circumstances of the death do not require an autopsy (i.e., not ordered by the Coroner's Office or SLED), but one is sought, the attending physician will seek permission from the next of kin or correspondent. If permission is denied, this objection will be honored and the denial recorded in the chart by the requesting physician/medical director or Executive Director.

#### **VI. Disposition of Remains**

The remains of the deceased will be released according to the wishes of the person as specified in a pre-need document or to the parents or other responsible relative or guardian of record. If no responsible person is known or if such person refuses to accept custody of the remains, the Facility Administrator/Executive Director/CEO or their designee will arrange for burial or other appropriate disposition of the remains.

If possible, persons should be buried in accordance with their documented preferences or, if none, in their home community. If no family member or relative can be located to help make arrangements for the burial in the home community, the Facility Administrator/Executive Director/CEO can arrange for the burial at an appropriate community or church cemetery. In

these cases, burials will be the financial responsibility of the DDSN Regional Center or board/provider responsible for the person after all other resources have been utilized.

### **VII. Personal Funds**

At the time of death, all funds conserved for the person are frozen, and no disbursements will be made without legal authority of the Probate Court. Should this pose a problem for families needing immediate access to the person's funds for funeral expenses, the provider will cooperate with the family to assure the burial is handled in a reasonable manner in accordance with the family's wishes.

The Facility Administrator/Executive Director/CEO or designee will file the Affidavit for Collection of Personal Property Pursuant to Small Estate Proceeding available on the judicial website <http://www.judicial.state.sc.us/forms/> – quick links (Probate Court Form 420PC). The Probate Court will issue an order permitting payment to the proper persons.

### **VIII. Quality Management**

All DDSN Regional Centers, DSN Boards and Contracted Service Providers must follow DDSN Directive 100-28-DD: Quality Assurance, to ensure continuous quality improvement in all services and supports provided to DDSN service recipients. Providers are expected to promptly comply with any requests for information from the Vulnerable Adult Fatality Committee or from the SLED Vulnerable Adult Investigations Unit. In addition, DDSN will participate in the Vulnerable Adult Fatalities Review Committee and the Children's Fatalities Review Committee to improve service quality and to develop and implement measures to prevent future deaths from similar causes from occurring if at all possible.



Susan Kreh Beck, Ed.S., NCSP  
Associate State Director-Policy  
(Originator)



Beverly A. H. Busconi, Ph.D.  
State Director  
(Approved)

#### Related Directives or Laws:

Child Protection Reform Act, S.C. Code Ann. § 20-7-480, et seq.  
Omnibus Adult Protection Act, S.C. Code Ann. § 45-35-35, et seq.

100-28-DD: Quality Assurance and Management  
200-02-DD: Financial Management of Personal Funds  
200-12-DD: Management of Funds for Individuals Participating in Community Residential Programs