



## OFFICE OF THE KENDALL COUNTY CORONER

JACQUIE PURCELL D-ABMDI, CORONER

804 W. John Street, Suite A, Yorkville, Illinois 60560

Phone: (630)553-4200 | Fax: (630)553-4116

staff@kendallcoroner.org | www.kendallcoroner.org

### GUIDELINES FOR NURSING HOME / ASSISTED LIVING IN-FACILITY DEATHS

1. This document is meant as a guide to reporting in-facility deaths, however will not apply to all circumstances. Depending on the facts surrounding the death, the facility may elect to contact 9-1-1 for emergency acute care rather than simply reporting the death to the Coroner's Office.
2. The patient must be a resident of the reporting facility.
3. To comply with this guideline, death must be confirmed by absence of vital signs. Confirmation should occur by; manual pulse check, check for respirations, and blood pressure check. Pulse and respirations may also be obtained via stethoscope.
4. If the death is attended by a healthcare provider below Registered Nurse (e.g. CNA or LPN), an on-call registered nurse should be contacted and given all relevant information. The on-call registered nurse will then be responsible for ensuring all information is complete prior to contacting the Coroner's Office.
5. The time the patient was found **AND** the time that absence of vital signs were confirmed should be recorded made available to the Coroner's Office.
6. In-Facility Deaths **MUST** be reported to the Coroner's Office as soon as possible, and prior to contacting a funeral home. The Coroner's Office can be reached by calling 630-553-4200. If there is no answer, follow the prompts for reporting a death and you will be transferred to the KenCom Dispatch Center. Advise the dispatcher that you have a death that needs to be reported to the Coroner's Office and need to speak with the on-call coroner. The coroner or deputy coroner on-call will be paged and will respond to the caller within 15 min.
7. The representative from the Coroner's Office will ask for all of the information on the Kendall County Nursing Home / Assisted Living form. This information should be available for the nurse to relay to the responding on-call Coroner at the time of notification. The nurse must have permission from the on-call coroner prior to releasing the body to the funeral home.
8. Please note that at the time of death, the Kendall County Coroner maintains jurisdiction over the decedent and can facilitate any changes to guidelines deemed necessary (including, but not limited to formal on-scene investigations involving police, fire, responding coroner, etc.).
9. If you have any questions, please do not hesitate to contact the office at 630-553-4200

# NURSING HOME / ASSISTED LIVING FACILITY IN-FACILITY DEATH REPORTING FORM

**Patient Information:**

Name of Patient: \_\_\_\_\_  
Gender: \_\_\_\_\_ Ethnicity: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

**Facility Information:**

Facility Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Date of Admission: \_\_\_\_\_

**Next of Kin Information:**

Name: \_\_\_\_\_  
Relationship to Patient: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Contact Phone Number: \_\_\_\_\_

**Medical Information:**

Date/Time Found: \_\_\_\_\_  
Date/Time Vitals: \_\_\_\_\_  
Attending Physician: \_\_\_\_\_  
Physician Phone: \_\_\_\_\_  
Medical Condition(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has the patient fallen w/ injury in the last 90 days? \_\_\_\_\_

**Funeral Home:** \_\_\_\_\_