

## Administrative Policy No. 9.03

**Subject:** Administrative Review - Death of a Residential Client

**Information Contact:** Chief Risk Officer, Office of the Secretary  
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**Authorizing Source:** Chapter 26.44 RCW,  
Chapter 68.50 RCW,  
Chapter 70.124 RCW, and  
Chapter 74.34 RCW

**Reference:** [Administrative Policy 2.08, Media Relations](#)  
[Administrative Policy 9.01, Major Incident Reporting](#)

**Effective Date:** August 1, 1989

**Revised:** August 5, 2021<sup>1</sup> Housekeeping update 2/6/2026

**Approved:** **Original signed by Lori Melchiori**  
Senior Director, Office of Policy and Rules

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### Purpose:

This policy establishes a quality assurance review process to be implemented upon the death of a client served by the Department of Social and Health Services (DSHS) in state-operated residential or treatment facilities, state hospitals, and state institutions.

### Scope:

This policy applies to DSHS administrations and divisions providing services in state-operated residential or treatment facilities, state hospitals, or state institutions.

### Definitions:

**Administration** means the Developmental Disabilities Administration and the Behavioral Health Administration.

**Residential client** means a person residing in a state-operated residential or treatment facility, state hospital, or state institution.

**Expected death** means a death resulting from a diagnosed terminal illness or other debilitating or deteriorating illness or condition where death is anticipated.

**Independent review process** means contracting with a qualified individual or agency external to and independent of DSHS (e.g., law enforcement, forensics investigators, medical examiner, or a medical specialist) to conduct an independent review of the causes and circumstances surrounding the death of a client when an independent review outside of DSHS is not already occurring (e.g. law enforcement investigation or autopsy).

**Suspicious death** means there is no medically reasonable explanation for the cause of death or it is possible that criminal activity, substandard care, negligence, or abusive treatment may have caused or was a factor in the death.

**Unexpected death** means a death not resulting from a diagnosed terminal illness or other debilitating or deteriorating illness or condition where death is anticipated.

**Policy:**

- A. Each administration or division must establish and implement procedures for reviewing, investigating, and documenting the specific events and situations surrounding the death of a residential client. The administration or division must ensure such procedures include:
1. Timely reporting of a death to the appropriate DSHS personnel using the reporting procedures in [Administrative Policy 2.08, Media Relations](#), and [Administrative Policy 9.01, Incident Reporting](#), and as required by this policy.
  2. A preliminary review to determine if the death was expected, unexpected, or suspicious must be conducted within one business day.
  3. A process for maintaining accurate and complete records of the death investigation while protecting the confidentiality of all records, as appropriate.
  4. A report to the appropriate assistant secretary or deputy assistant secretary no more than 30 days after the death and subsequent follow-up reports as needed until the final report is submitted.
  5. Once complete, the final report must be submitted to the secretary and the appropriate assistant secretary or deputy assistant secretary.
- B. Each administration must establish procedures to ensure the following actions are

taken.

**1. Expected deaths.**

- a. If the preliminary investigation determines a residential client's death was expected, no additional investigation is required.
- b. The reasoning for determining the death of a residential client as "expected" will be clearly documented in the preliminary investigation.

**2. Unexpected deaths.**

- a. If an unexpected death occurs after business hours, the assistant secretary must notify the director of communications and the secretary's office by 9:00 a.m. on the following business day.
- b. No more than one business day after a preliminary investigation determines a residential client's death was unexpected, the reporting administration or division must initiate a thorough internal review of the circumstances surrounding the death if an independent review has not been otherwise initiated or planned (e.g. autopsy or post mortem).
- c. The internal review must include:
  - i. A comprehensive description and chronology of the background events and apparent cause of death;
  - ii. An evaluation, completed by a physician other than the client's attending physician, of the medical, health care, and emergency services provided to the client on the premises where residential services were provided; and
  - iii. Copies of the available records of any acute care hospital or community health care provider related to the death.
- d. If an unexpected death is deemed to be suspicious at any time during the internal review process, the requirements laid out in the suspicious deaths section of this policy must be followed.

**3. Suspicious deaths.**

- a. Immediately report a suspicious death to the appropriate law enforcement agency and to Adult Protective Services (APS), Child Protective Services (CPS), or the Residential Care Services Complaint Resolution Unit (CRU), as appropriate.
- b. If a suspicious death occurs after business hours, the assistant secretary must notify the director of communications and the secretary's office by 9:00 a.m. on the following business day.
- c. No more than one business day after notification of a suspicious death of

a client, the reporting administration or division must initiate an independent review process if an independent review has not been otherwise initiated or planned (i.e. criminal investigation through Washington State Patrol or autopsy by a medical examiner). The qualifications of the independent review contractor and the nature and contents of the report must be in accordance with the statement of work in the contract negotiated by DSHS and the contractor.

- d. The independent review must not take precedence over investigations being conducted by APS, CPS CRU, or law enforcement.
- e. The independent review contractor must submit a report to the secretary no more than 30 days after the beginning of the contracted review process. If the contracted review process cannot be completed within the stated timeline, follow-up reports must occur according to contract specifications.

4. **All deaths – expected, unexpected, and suspicious.**

- a. The reporting administration or division must immediately notify:
  - i. The secretary verbally or via text message;
  - ii. The assistant secretary verbally; and
  - iii. The chief of staff, deputy chief of staff, senior director of communications, and the chief risk officer via e-mail.
- b. No more than one business day after the death, the reporting administration or division must submit a written report to the:
  - i. Secretary;
  - ii. Assistant secretary;
  - iii. Chief of staff;
  - iv. Deputy chief of staff;
  - v. Senior director of communications; and
  - vi. Chief risk officer.

C. The assistant secretary or designee must initiate corrective action when warranted and ensure that corrective action includes:

- 1. Identifying immediate remedial measures necessary to prevent reoccurrence of circumstances that may have contributed to the death; and
- 2. Evaluating the recommendations resulting from the investigations or independent review, and implementing final remedial measures as indicated.

<sup>1</sup> Update links to AP SharePoint.