



# Unexpected Fatality Review DOC Corrective Action Plan

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## Unexpected Fatality UFR-22-028 Report to the Legislature

As required by RCW 72.09.770

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DOC Corrective Action, Publication Number 600-PL001

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## DOC Corrective Action Plan

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### **Legislative Directive**

Engrossed Substitute Senate Bill [5119](#) (2021)

### **Unexpected Fatality Review Governance**

[RCW 72.09.770](#) requires the Department of Corrections (DOC) to convene an Unexpected Fatality Review (UFR) committee and meeting in any case “in which the death of an incarcerated individual is unexpected, or any case identified by the Office of the Corrections Ombuds.” The department is also required to issue a report on the results of the review within 120 days of the fatality and, within 10 days of completion of the review, develop an associated corrective action plan to implement any recommendations made by the review team. The statute took effect July 25, 2021.

The “primary purpose of the unexpected fatality review shall be the development of recommendations to the department and legislature regarding changes in practices or policies to prevent fatalities and strengthen safety and health protections for prisoners in the custody of the department.”

“‘Unexpected fatality review’ means a review of any death that was not the result of a diagnosed or documented terminal illness or other debilitating or deteriorating illness or condition where the death was anticipated and includes the death of any person under the jurisdiction of the department, regardless of where the death actually occurred. A review must include an analysis of the root cause or causes of the unexpected fatality, and an associated corrective action plan for the department to address identified root causes and recommendations made by the unexpected fatality review team under this section.”

## Unexpected Fatality Review Committee Report

The department issued the UFR committee report 22-028 on December 13, 2022 (DOC publication 600-SR001). This document includes the required corrective action plan. The department is required to implement the corrective actions within 120 days of the publication of the committee report.

### Corrective Action Plan

<b>CAP ID Number:</b>	UFR-22-028-1
<b>Finding:</b>	The incarcerated individual was not referred for a substance use disorder assessment or offered sobriety support services.
<b>Root Cause:</b>	Current medical and case management services lack clear direction for when to refer an individual for services.
<b>Recommendation:</b>	Review and refine the current substance use disorder referral process to provide clear direction for staff to follow when assisting an individual who reports a history of illicit substance use in maintaining their sobriety.
<b>Corrective Action:</b>	Schedule a Value Stream Mapping for stakeholders to evaluate and make process recommendations for assisting individuals with a history of illicit substance use in maintaining their sobriety.
<b>Expected Outcome:</b>	Individuals will have support maintaining their sobriety during incarceration and after their return to the community.

<b>CAP ID Number:</b>	UFR-22-028-2
<b>Finding:</b>	The incarcerated individual tested positive for fentanyl on urine drug screens for seven consecutive days, and only one positive test result was addressed.
<b>Root Cause:</b>	There is no clear process for staff to follow when an individual has a positive drug screen while living in a reentry center. Staff assumed the positive results were from the same drug ingestion instead of being an indication of continued use.
<b>Recommendation:</b>	The case plan for incarcerated individuals who receive a positive drug screen should be reviewed with the supervisor as soon as possible to discuss options and the plan documented.
<b>Corrective Action:</b>	Develop and implement a process that requires a supervisory level of review for individuals who have positive drug screens. The meeting will be documented in the case management plan and will include a review of their substance use history, a person-centered intervention plan, the risk posed to themselves and the community, the decision to refer for community substance use disorder assessment or to return the individual to full confinement for their safety.
<b>Expected Outcome:</b>	Staff will have a clear process and direction to follow when dealing with positive drug screen results.