

Death Associated with the Use of Restraints/Seclusion

	Patient	Death type	Reported	Date of Death	Date of Birth		Setting	
1	OSCAR TATE	01 - Restraint	07/21/2011	02/15/2011	09/06/1938	Modify	Urban	Dele
2						Modify		Dele

Request RO Determination Date // ▾

Deficiencies (automatically set based on survey/investigation information)

Federal Deficiencies Unrelated Federal Deficiencies State Deficiencies Unrelated State Deficiencies

Death Associated with the Use of Restraints/Seclusion

	Patient	Death type	To P & A	RO Notify	CO Notify	SA Notify
1	OSCAR TATE	01 - Restraint				
2						

Request RO Determination Date // ▾

RO Determination 04 RO Authorized ▾ Date 07/22/2011 ▾

Death Associated with the Use of Restraints/Seclusion - Intake <OH00061636>

Patient Medicaid Number Date of Birth

Was a Two-point-Soft Wrist Restraint used alone, without seclusion or chemical restraint or any other type of physical restraint?

Death Type

When did patient die

Cause of Death

Date of Death Time a.m. p.m.

Reported SA Notify

Facility Sent to P&A

RD Notify CD Notify

Restraint Type of Restraint

Drug Used as Restraint
Drug Name
Dosage

For This Current Episode

Restraint/Seclusion First Applied Time a.m. p.m.

Patient Last Monitored Date Time a.m. p.m.

Length of Time In Restraints/Seclusion Hours Minutes

Monitor Method

Last Face to Face Evaluation Time a.m. p.m.

Destructive Behavior

Was restraint/seclusion used to manage violent or self destructive behavior?

One hour face to face evaluation documented?

Was the order renewed at appropriate intervals based on the patient's age? (every 4 hours)

Physical Restraint(s)

- 08-Take-downs
- 09-Other Physical Holds
- 10-Enclosed Beds
- 11-Vest Restraints**
- 12-Elbow Immobilizers

Reasons for Restraint/Seclusion

Circumstances surrounding the death must be entered in the Allegation Detail section.

OK

Cancel

OK

Cancel

Help