DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

Form Approved
OMB No. 0938-1210

REPORT OF A HOSPITAL DEATH ASSOCIATED WITH THE USE OF RESTRAINT OR SECLUSION

CMS-10455 (Revised)

***If a Two Point Soft Wrist Restraint was used alone without use of seclusion, drug used as restraint, or other physical restraint,*
DO NOT SEND REPORT OF DEATH TO THE RO. Documentation of this death must be entered in the hospital/CAH internal log or tracking system as well as in the patient's medical record, per 42 CFR § 482.13(g).
If any other combination of restraint and/or seclusion was used, ***COMPLETE SECTIONS A-D***

A. Hospital Information:

Hospital Name		CCN
Address		
City	State	Zip Code
Name of Person Filing the Report		Filer's Phone Number
Title of Person Filing the Report		

B. Patient Information:

Name		Date of Birth
Primary Diagnosis(es) / Psychiatric Diagnosis(es) if applicable:		
Date of Admission	Date of Death	Time of Death
Condition Leading to Death		

Mortality Review to be Completed: ☐ Yes ☐ No Report Submission Documented in Medical Record ☐ Yes ☐ No

C. Restraint Information Part I *(check only one)* - Patient Death Occurred:

☐ While in Restraint, Seclusion, or Both
☐ Within 24 Hours of Removal of Restraint, Seclusion, or Both
☐ Within 1 Week, Where Restraint, Seclusion or Both is **REASONABLE TO ASSUME** Contributed to the Patient's Death

Type *(check all that apply)*:
☐ Physical Restraint ☐ Seclusion ☐ Drug Used as a Restraint

If Physical Restraint(s), Type *(check all that apply)*:

☐ Two Point, Hard Wrist
☐ Two Point, Soft Wrist
☐ Four Point, Soft
☐ Four Point, Hard
☐ Side Rail (x4)
☐ Soft Ankle ☐ (x1) ☐ (x2)
☐ Forced Medication Hold
☐ Therapeutic Hold
☐ Take-down
☐ Enclosed Bed
☐ Vest Restraint
☐ Elbow Immobilizer
☐ Bilateral Secured Mitten
☐ Bilateral Unsecured Mitten
☐ Roll Belt
☐ Lap Belt
☐ Drug Used as Restraint/Violent Behavior
☐ Spit hood
☐ Other Restraint Type: _____

D. Restraint Information Part II:

1. Reason(s) for Restraint/Seclusion use:

2. Circumstances Surrounding Death:

3. Restraint/Seclusion Order Details:

   a. Date & Time Restraint/Seclusion Applied: _____

   b. Date & Time Patient Last Monitored: _____

   c. Total Length of Time in Restraint/Seclusion: _____

   d. Drug: Name/Route/Dose/Time: _____

4. Was restraint/seclusion used to manage violent or self-destructive behavior? If **NO**, stop here. ☐ Yes ☐ No

   a. If **YES**, was 1 hour face-to-face evaluation documented? ☐ Yes ☐ No

   b. Date/Time of Last Face-to-face Evaluation: _____

   c. Was the order renewed at appropriate intervals based on patient's age? ☐ Yes ☐ No

5. If simultaneous restraint and seclusion ordered, describe continuous monitoring method(s):

For Regional Office to Complete:

E. RO Action(s):

1. Was a survey authorized? ☐ Yes ☐ No

   If **YES**, date SA received authorization for investigation: _____

   If **NO**, provide brief rationale: _____

2. In the past two years, has a survey related to a restraint/seclusion death at this hospital resulted in finding condition-level or IJ patients' rights deficiencies? ☐ Yes ☐ No

3. If applicable, what deficiencies were cited related to Restraint/Seclusion or patient rights:

4. If an Immediate Jeopardy (IJ) was cited, was the Accrediting Organization notified (if deemed)? _____

5. Does Protection & Advocacy (P&A) have a current Data Use Agreement (DUA): (Do not notify the P&A unless a survey was authorized) ☐ Yes ☐ No

6. If answer to E1 and E5 is **YES**, date RO notified P&A