PSYCHIATRIC RESIDENTIAL TREATMENT FACILTIES (PRTF) DEATH REPORTING WORKSHEET

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PSYCHIATRIC RESIDENTIAL TREATMENT FACILTIES (PRTF) DEATH REPORTING WORKSHEET

RESTRAINT or SECLUSION INFO	NOT RESTRAINT RELATED
Less restrictive methods of behavior manageme	ent considered:
Restraint/Seclusion order date/time:	
Quote actual restraint or seclusion order(s)	
Was the restraint or seclusion ordered by: Phys	sician Other Licensed Practitioner
Were staff trained in the use of emergency safet	ty interventions: Yes No
Was the resident's treatment team physician co	ntacted (unless same as ordering physician)
Yes No N/A - same as order	ring physician
Was the resident evaluated immediately after re	estraint removed or removed from seclusion?
Yes No NA	
Monitoring method(s), frequency, last date/time	e monitored:
Last date/time of assessment:	
Additional Information/Comments: (NOT RES	STRAINT/SECLUSION RELATED)
Action Information	
Facility Information	
Other agencies the provider notified (SMA, DH	IS, SA, etc.):
Agency/date/time:	
SA Action(s)	
Date of receipt of restraint/seclusion death repo	ort from PRTF:
Date of Survey:	
RO Actions(s)	

PSYCHIATRIC RESIDENTIAL TREATMENT FACILTIES (PRTF) DEATH REPORTING WORKSHEET

RESTRAINT or SECLUSION INFO	NOT RESTRAINT RELATED
Date of receipt of restraint/seclusion death repo	ort from PRTF:
Date sent as a complaint to SA (if applicable)	
CO Audit(s)	
Date of receipt of initial restraint/seclusion dea	th report from RO:
Date of receipt of restraint/seclusion death repo	ort worksheet:
Person recording the information:	

PRA Disclosure Statement

This information is being collected to assist the Centers for Medicare & Medicaid Services (CMS) with monitoring of deaths in psychiatric residential treatment facilities (PRTF) as well as the use of restraints and seclusion. This mandatory information collection (42 U.S.C. 1396a) will be used at an aggregate level to monitor the overall safety of children residing in PRTFs and the appropriate implementation of behavioral interventions and the safe use of restraint and seclusion, only as necessary. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The control number for this project is 0938-0833 (Expires: TBD). Public burden for all of the collection of information requirements under this control number is estimated to range from 5 minutes to 8 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.