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, <u>DO NOT SEND REPORT OF DEATH TO THE RO. Documentation of this death must be entered in the hospital/CAH internal</u> <u>log or tracking system as well as in the patient's medical record, per 42 CFR § 482.13(g).</u>

If any other combination of restraint and/or seclusion was used, **<u>COMPLETE SECTIONS A-D</u>**

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 a	applicable:			·
Date of Admission	Date of Death			Time of Death
Condition Leading to Death				
Mortality Review to be Completed:Yes	No	Report Submissi	on Documente	d in Medical RecordYesNo
C. Restraint Information Part I (check only o	one) - Patient	Death Occurred:		
U While in Restraint, Seclusion, or Both				
Within 24 Hours of Removal of Restraint,	Seclusion, or	Both		
□ Within 1 Week, Where Restraint, Seclusion of	or Both is RE	ASONABLE TO A	ASSUME Contr	ributed to the Patient's Death
Type (check all that apply):				
□ Physical Restraint □ Seclusion □ Drug Use	ed as a Restra	aint		
If Physical Restraint(s), Type (check all that app	ly):			
Two Point, Hard Wrist		Vest Restrain	nt	
Two Point, Soft Wrist		Elbow Immo	bilizer	
🗆 Four Point, Soft		Bilateral Secu	ured Mitten	
🗆 Four Point, Hard		Bilateral Uns	ecured Mitten	
Side Rail (x4)		🗆 Roll Belt		
□Soft Ankle (x1)□(x2)		🗆 Lap Belt		
\Box Forced Medication Hold		Drug Used as	Restraint/Viol	ent
Therapeutic Hold		Behavior Spit	t hood	
🗆 Take-down		Other Restra	int Type:	
Enclosed Bed				

D. Restraint Information Part II:
1. Reason(s) for Restraint/Seclusion use:
2. Circumstances SurroundingDeath:
3. Restraint/Seclusion Order Details:
a. Date & Time Restraint/Seclusion Applied:
b. Date & Time Patient LastMonitored:
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?YesNo
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? <u> </u>
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? <u> </u>
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) YesNo
6. If answer to E1 and E5 is YES , date RO notified P&A

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