

PATIENT RIGHTS

Self-Assessment Questions	YES	NO	N/A	Date/Initials	Comments
Note: Additional information is also found in Survey and Cert Letter 07-28 , Survey and Cert Letter 08-07 and Survey and Cert Letter 11-36 .					
Has the hospital established and implemented a mechanism and policy to assure that the patient's rights are protected? CSR 30-20.084(1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
If your facility is a physician-owned hospital, do you have a policy and provide written notice to all patients at the earliest possible encounter for an inpatient stay or outpatient visit that the hospital is physician-owned and that a list of the physician owners or investors is available upon request? A-0131 COP §482.13(b)(2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
If there is not physician coverage 24/7 at a minimum of one location or campus, do you provide written notice of this to all patients at the earliest possible encounter for an inpatient stay or outpatient visit? A-0131 COP §482.13(b)(2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the notice indicate how you will meet the medical needs of a patient who develops an emergency medical condition when there is no physician on-site? A-0131 COP §482.13(b)(2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the hospital's policy for notifying all patients of their rights include both inpatients and outpatients? A-0117 COP §482.13(a)(1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does your facility inform each patient, or patient's representative, of the patient's rights in advance of furnishing or discontinuing patient care whenever possible? 19 CSR 30-20.84(1)(E) A-0117 COP §482.13(a)(1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does your hospital have an alternative means, such as written materials, signs or interpreters to communicate patient rights to all patients including individuals who need assistive devices or translation services? A-0117 COP §482.13(a)(1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are all Medicare inpatients given the notice "An Important Message (IM) from Medicare" within 2 days of admission? a. are all IMs signed and dated by the patient/representative?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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b. for inpatients whose discharge occurred more than 2 days after the initial IM was given, is a second IM given within 2 days of discharge? NOTE: See also SAQs for Discharge Planning and Social work. A-0117 COP §482.13(a)(1) NOTE: 42 CFR 489.27(a) is the actual regulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the hospital provide a hospital-issued notice of non-coverage to any fee-for-service Medicare beneficiary that expresses dissatisfaction with an impending discharge? A-0120 COP §482.13(a)(2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the patient rights' policy include the patient and patient's representative's right to:					
a. participate in the development and implementation of his/her plan of care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
b. make informed decisions regarding his/her care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
c. be informed of his/her health status, including diagnosis and prognosis?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
d. be involved in care planning and treatment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
e. request or refuse treatment? (Note: This right must not be construed as a mechanism to demand treatment or services deemed medically unnecessary or inappropriate.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
f. formulate advance directives and have hospital staff and practitioners comply with these directives including:					
- providing information on ADs to inpatients?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
- documenting in the patient record whether or not the patient has an AD?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
- placing in the medical record a copy of the AD?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
- complying with state laws? See RSMo 459.010 to 459.055.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
- informing patients of right to file a complaint in regard to AD with state agency?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
- providing community education on ADs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
- having a process for patients to update AD?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
g. be informed about any aspects of an advanced directive that the hospital will not implement due to institution-wide or individual physician conscientious objection(s) including:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
- the authority that permits such	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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objections? - the range of medical conditions or procedures affected by the conscientious objection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
h. have a family member or representative of his/her choice and his/her own physician promptly notified of his/her admission to the hospital?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
i. personal privacy including:					
- privacy during personal hygiene activities, medical/nursing treatments?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
- release or disclosure of patient information?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
- confidentiality of his/her clinical records?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Note: Review A-0143 and A-014 for specific examples and acceptable incidental use and disclosure.					
j. care in a safe setting?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
k. assurance that staff will follow current standards of practice for patient environmental safety, infection control and security?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
l. be free from all forms of abuse or harassment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
n. be free from restraints of any form that are not medically necessary?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
o. participate in the patient's discharge planning, including being informed of service options that are available to the patient and a choice of agencies which provide the service?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
19 CSR 30-20.015(9)(C)					
19 CSR 30-20.84(1)(A)(B)(C)(D)(G)(I)(J)					
A-0130 COP 482.13(b)(1)					
A-0131 COP 482.13(b)(2)					
A-0132 COP 482.13(b)(3)					
A-0133 COP 482.13(b)(4)					
A-0143 COP 482.13(c)(1)					
A-0144 COP 482.13(c)(2)					
A-0145 COP 482.13(c)(3)					
A-0147 COP 482.13(d)					
A-0154 COP 482.13(e)					
RSMo 459.010 to 459.055					

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To protect patient rights, does the hospital:					
a. maintain adequate staff on duty at all times?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
b. provide appropriate security protections to prevent abduction of infants and children?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
c. curtail unwanted visitors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
d. ensure hospital security policies/procedures are being followed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
e. provide employees during orientation and ongoing training on information on abuse and neglect, reporting requirements, prevention, intervention and detection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
f. conduct criminal background checks of new hires?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
g. check the Employee Disqualification list upon hire and quarterly so that disqualified persons are not employed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
h. check the Family Care Safety Registry to see if home health, in-home service or LTC unit employees are registered?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
i. take a proactive approach to identifying events and occurrences that may contribute to abuse and neglect?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
j. notify appropriate agencies regarding incidences of abuse and neglect?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
k. protect patients from abuse during investigation of any allegations of abuse, neglect or harassment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
l. investigate allegations in a timely and thorough manner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
m. promptly report and analyze incidents of abuse, neglect or harassment in accordance with applicable laws?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
n. protect personal possessions that have been brought to the hospital?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
o. limit access to all information regarding patients to those individuals designated by law, regulation and policy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
p. apply the hospital's confidentiality process to both central records and clinical record information that may be kept at other locations in the hospital such as radiology, data system, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
q. prevent unauthorized persons from reading or removing information from the patient's medical record?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
r. ensure the patient's right to access his/her clinical record information within a reasonable time frame and to receive copies of the record at a reasonable photocopy fee?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
A-0144 COP 482.13(c)(3)					
A-0145 COP 482.13(c)(3)					
A-0147 COP 482.13(d)(1)					

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A-0148 COP 482.13(d)(2) A-0441 COP 482.24(b)(3) 19 CSR 30-20.084(1)(F)(H) RSMo 192.2490 RSMo 192.2495					
GRIEVANCES					
Do hospital's policies identify those circumstances as stated in federal HIPAA privacy standards, when information may be withheld from the patient? A-0148 482.13(d)(2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the hospital have a process for prompt resolution of patient grievances? 19 CSR 30-20.84(1)(L) A-0118 COP 482.13(a)(2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Do hospital's policies and procedures assure its grievance process encourages all personnel to alert appropriate staff concerning any patient grievance? A-0118 COP 482.13(a)(2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does your hospital define a grievance as the following: a written or verbal complaint (when the verbal complaint about patient care is not resolved at the time of the complaint by staff present) by a patient, or the patient's representative, regarding the patient's care, abuse or neglect, issues related to the hospital's compliance with the CMS HospitalCoP, or a Medicare beneficiary billing complaint related to rights and limitations provided by 42 CFR §489? A-0118 COP 482.13(a)(2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are all written, faxed and email complaints considered grievances? A-0118 COP 482.13(a)(2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are all verbal and written complaints regarding abuse, patient harm or compliance with CoPs considered grievances? 19 CSR 30-20.84(1)(L) A-0118 COP 482.13(a)(2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the hospital provide the patient or representative a phone number/address for lodging a grievance with the state hospital licensure agency? A-0118 COP 482.13(a)(2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Do patients and /or representatives know that they have a right to file a complaint with a state agency as well as or instead of utilizing the hospital's grievance process? A-0118 COP 482.13(a)(2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the hospital have a procedure for clearly explaining to the patients the internal process for	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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submitting written or verbal grievances including who to contact? 19 CSR 30-20.84(1)(K) A-0118 COP 482.13(a)(2)					
Is data collected R/T patient grievances as well as other complaints incorporated in the hospital QAPI program? A-0118 COP 482.13(a)(2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the hospital's governing body, or a committee (must be more than one individual) designated in writing by the governing body, review and assure resolutions of grievances? A-0119 COP 482.13(a)(2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is the hospital's grievance policy approved by the governing body? A-0119 COP 482.13(a)(2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are beneficiaries aware of their right to seek review by the <i>Quality Improvement Organization (QIO)</i> for quality of care issues, coverage decisions, and to appeal a premature discharge? A-0120 COP 482.13(a)(2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the grievance procedure assure that the review of the grievance and the provision of a written response usually is completed within seven days of the filing of the grievance? A-0122 COP 482.13(a)(2)(ii)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
If the grievance cannot be resolved within seven days, does the hospital notify the person filing the complaint that the hospital is still working to resolve the complaint and provide a completion date for the resolution? 19 CSR 30-20.84(1)(L) A-0122 COP 482.13(a)(2)(ii)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the written notice to the patient of the grievance resolution include the name of the hospital contact person, the steps taken on behalf of the patient to investigate the grievance, the results of the grievance process and the date of completion? 19 CSR 30-20.84(1)(L) A-0123 COP 482.13(a)(2)(iii)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the hospital maintain documentation of grievances' resolutions? A-0123 COP 482.13(a)(2)(iii)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the hospital provide each patient an opportunity to submit to administration complaints, comments, and suggestions related to the care they received or their personal observations related to the quality of care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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provided? RSMo 197.158					
RESTRAINT AND SECLUSION					
Does the hospital have clear and concise policies that assure:					
a. a patient’s right to be free from physical or mental abuse and corporal punishment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
b. a patient’s right to be free from restraint or seclusion, of any form, imposed as a means of coercion, discipline, convenience or retaliation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
c. restraint or seclusion is only imposed to ensure the immediate physical safety of the patient, staff or others?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
d. restraint or seclusion is ended at the earliest possible time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
A-0154 COP 482.13(e)					
Do hospital policies:					
a. define a restraint as:					
1. any manual method, physical or mechanical device, material or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body or head freely?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2. any drug when it is used as a restriction to manage the patient’s behavior or restrict the patient’s freedom of movement and is not a standard treatment or dosage for the patient’s condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
b. define seclusion as the involuntary confinement of a patient alone in a room or area from which the patient is physically prevented from leaving?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
A-0159 COP 482.13(e)(1) A-0160 COP 482.13(e)(1)(i)(B) A-0162 COP 482.13(e)(1)(ii)					
<p>Note: A restraint does not include devices, such as orthopedically prescribed devices, surgical dressings or bandages, protective helmets, or other methods that involve the physical holding of a patient for the purpose of conducting routine physical exams or tests. A restraint does not include devices that protect the patient from falling out of bed or permit the patient to participate in activities without the risk of physical harm (this does not include a physical escort).</p> <p>A-0161 COP 482.13(e)(1)(i)(C)</p> <p>CMS considers a drug to be a “standard treatment” for a patient’s condition and therefore not a restraint, if the drug order:</p> <ol style="list-style-type: none"> 1. is within parameters approved by the FDA and manufacturer 2. follows national professional practice standards 3. treats a specific patient’s clinical condition <p>A-0160 COP 482.13(e)(1)(i)(B)</p>					

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management of violent or self-destructive behavior. A-0162 COP 482.13(e)(1)(ii)					
The following questions only apply to non-violent and non-self-destructive patients in restraints.					
Are restraint orders:					
a. authorized by a physician or other licensed independent practitioner who is responsible for the care of the patient and permitted by the hospital to order restraints?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
b. authorized prior to the intervention whenever possible?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
c. never written as a standing order or on an as needed basis?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
d. always followed by consultation with the patient's attending physician as soon as possible if the restraint was not ordered by the patient's attending physician?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
e. written for time limits and renewed as specified by hospital policy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
A-0168 COP 482.13(e)(5) A-0169 COP 482.13(e)(6) A-0170 COP 482.13(e)(7) A-0171 COP 482.13(e)(8)(iii)					
The following questions only apply to violent and self-destructive patients in restraints and seclusion.					
1. Are restraint or seclusion orders:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
a. authorized by a physician who is responsible for the care of the patient and permitted by the hospital to order restraints?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
b. authorized prior to the intervention if possible?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
c. never written as a standing order or on an as needed basis?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
d. always followed by consultation with the patient's attending physician as soon as possible if the restraint was not ordered by the patient's attending physician?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
e. and renewals limited to 4 hours for adults, 2 hours for ages 9-17 and 1 hour for under age 9?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
f. only renewed for a maximum of 24 hours?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2. Within one hour after initiation of the intervention, does a physician or specially trained R.N., P.A. or other LIP perform a face-to-face assessment to evaluate the patient?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3. Does this evaluation include an assessment of the patient's:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
a. immediate situation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
b. reaction to the intervention?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
c. medical and behavioral condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
d. the need to continue the intervention?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4. If the assessment is conducted by a R.N. or	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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prisoner receives appropriate assessment and provision of care? k. assure that if a non-hospital employee or contracted law enforcement officer brings a prisoner wearing handcuffs or other restraints into the hospital for care, that the officer remains responsible for monitoring and maintaining the custody of the prisoner (the hospital's patient)? l. address restraint and seclusion training requirements based on patient population needs? A-0154 COP 482.13(e) A-0167 COP 482.13(e)(4)(ii) A-0168 COP 482.13(e)(5) A-0174 COP 482.13(e)(9) A-0175 COP 482.13(e)(10) A-0176 COP 482.13(e)(11)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the use of a restraint or seclusion trigger a written modification to the patient's plan of care? A-0166 COP 482.13(e)(4)(i)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the plan of care or treatment reflect a process of assessment, intervention and evaluation when restraint or seclusion is used? A-0166 COP 482.13(e)(4)(i)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is there evidence of assessment of the identified problem or of an individual patient assessment? A-0166 COP 482.13(e)(4)(i)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the patient's plan of care a. reflect the assessment? b. state the goal of the intervention c. describe the intervention d. designate who is responsible for implementation A-0166 COP 482.13(e)(4)(i)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Was the patient informed of the changes in his or her treatment plan or plan of care? A-0166 COP 482.13(e)(4)(i)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Did the physician or other LIP write orders that included a time limit? Were these orders incorporated into the plan of care? A-0166 COP 482.13(e)(4)(i)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
After the discontinuation of the restraint or seclusion intervention, was this information documented in an update of the plan of care or treatment plan? A-0166 COP 482.13(e)(4)(i)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the medical record include documentation of: a. the patient's behavior and the intervention(s) used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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<p>Are staff trained and able to demonstrate competency:</p> <ul style="list-style-type: none"> a. techniques related to the specific patient populations being served? <input type="checkbox"/> b. in the application of restraints? <input type="checkbox"/> c. implementation of seclusion? <input type="checkbox"/> d. monitoring, assessing and providing care for a patient in restraints or seclusion? <input type="checkbox"/> e. before performing restraint or seclusion, as part of their orientation and on a periodic basis consistent with the hospital's policy? <input type="checkbox"/> <p>A-0196 COP 482.13(f)(1)(i)-(iii) A-0199 COP 482.13(f)(2)(i)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<p>Does training include the following:</p> <ul style="list-style-type: none"> a. techniques to identify staff and patient behaviors, events and environmental factors that may trigger restraint or seclusion use? <input type="checkbox"/> b. use of nonphysical intervention skills? <input type="checkbox"/> c. choosing the least restrictive intervention based on individualized assessment? <input type="checkbox"/> d. safe application of restraint or seclusion, including how to recognize and respond to physical and psychological distress? <input type="checkbox"/> e. identification of behavioral changes that indicate that restraint or seclusion is no longer necessary? <input type="checkbox"/> f. monitoring physical and psychological well-being of patient (e.g., respiratory and circulatory status, skin integrity, vital signs) and any special requirements specified by hospital policy associated with the one-hour face-to-face evaluation? <input type="checkbox"/> g. first aid and current CPR certification? <input type="checkbox"/> h. more in-depth training in the areas included in the regulation for staff members who routinely provide care to patients who exhibit violent or self-destructive behavior (e.g., staff who work in the emergency department or psychiatric unit)? <input type="checkbox"/> i. restraint and seclusion death reporting requirements? <input type="checkbox"/> <p>A-0199 COP 482.13(f)(2)(i) A-0200 COP 482.13(f)(2)(ii) A-0201 COP 482.13(f)(2)(iii) A-0202 COP 482.13(f)(2)(iv) A-0204 COP 482.13(f)(2)(v) A-0205 COP 482.13(f)(2)(vi) A-0206 COP 482.13(f)(2)(vii) A-0213 COP 482.13(g)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<p>Does hospital policy specify physicians and LIP training?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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A-0199 COP 482.13(f)(2)					
At a minimum, are physicians and LIPs who are authorized to order restraint and seclusion have a working knowledge of the hospital's restraint and seclusion use policies? A-0199 COP 482.13(f)(2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are trainers qualified by education, training and experience? A-207 COP 482.13(f)(3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are training and competency documented in staff records? A-0208 COP 482.13(f)(4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the hospital report to CMS any patient death that occurs: a. during restraint or seclusion? b. within 24 hours after removal from restraint or seclusion? c. within one week after restraint and seclusion where it is reasonable to assume that use of restraint and seclusion directly or indirectly contributed to a death? Note: If patient was in soft, cloth-like two-point wrist restraints and death is not reasonably assumed to be related to restraint usage, the hospital does not have to report directly to CMS. A-0213 COP 482.13(g)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Note: "Reasonable to assume" includes but not limited to deaths related to restrictions of movement, death related to chest compression, restriction of breathing or asphyxiation. A-0213 COP 482.13(g)					
Are reports made by phone, facsimile, or electronically, to the CMS' regional office by close of the next business day following knowledge of the patients death? A-0213 COP 482.13(g)(1) & (3)(i)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is the date and time of the call recorded in the medical record? A-0213 COP 482.13(g)(1) & (3)(i)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
When no seclusion has been used and when the only restraints used were soft, cloth-like two point wrist restraints, and a patient death occurs while the patient is in restraints OR within 24 hours after a patient has been removed from such restraints, is there a process in place to record these deaths on an internal log? A-0214 COP 482.13(g)(2)(i)(ii)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the internal log contain the: a. patient name b. date of birth c. date of death, medical record number, primary diagnosis and the d. name of attending physician or other LIP who	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		

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Self-Assessment Questions	YES	NO	N/A	Date/Initials	Comments
is responsible for the care of the patient A-0214 COP 482.13(g)(4)(ii)					
Is the internal log entry made within seven days after the date of death of the patient? A-0214 COP 482.13(g)(4)(i)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is the patient's medical record updated with the time and date that the restraint log entry was made? A-0214 COP 482.13(g)(3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Can you demonstrate that this log could be made available to CMS immediately upon request? A-0214 COP 482.13(g)(4)(iii)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are all staff aware of the death reporting requirements? A-0214 COP 482.13(g)(2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does hospital policy address responsibilities and systems for identifying restraint/seclusion associated deaths that must be recorded on the internal log? A-0214 COP 482.13(g)(2), (3)(ii) & (4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are all provisions of the patient rights policies included in the QA/PI program for your hospital? (IS THIS SPECIFIC TO RESTRAINT?) IF NOT WHAT REG TO REFERENCE? A-0154 COP 482.13(e)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are there mechanisms in place to assure monitoring and enforcement of these patient rights policies included reporting compliance to the governing body? (IS THIS SPECIFIC TO RESTRAINT?) IF NOT WHAT REG TO REFERENCE?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Helpful Hints

- [KEPRO](#) QIO is now handling all Medicare beneficiary appeals.
- For more information on EDL, family care, safety registry and criminal background checks, see [DHSS website](#) and MHA's [Background Check Advantage](#).

Key Resources and Links

- [19 CSR 30-20.084](#)
- [19 CSR 30-20.096](#)
- [19 CSR 30-20.015](#)
- [COP §482.13](#)
- [COP 482.24](#)
- [42 CFR §489](#)
- [RSMo 192.2490](#)
- [RSMo 192.2495](#)
- [RSMo 197.158](#)
- [RSMo 459.010-.055](#)