

## CRITICAL ACCESS HOSPITALS

| Patient Rights-Effective January 1, 2023   |                          |                          |                          |               |          |
|--|--------------------------|--------------------------|--------------------------|---------------|----------|
| Self-Assessment Questions  | YES                      | NO                       | N/A                      | Date/Initials | Comments |
| Does the CAH must protect and promote each patient's rights.<br>§ 485.614  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |               |          |
| Does the CAH have a process to inform each patient, or when appropriate, the patient's representative (as allowed under state law) of the patient's rights, in advance of furnishing or discontinuing patient care whenever possible.<br>§ 485.614(a)(1)     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |               |          |
| Does the CAH have established a process for prompt resolution of patient grievances?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |               |          |
| Does the CAH inform each patient whom to contact to file a grievance.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |               |          |
| Has the CAH's governing body approved and are they responsible for the effective operation of the grievance process?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |               |          |
| Does the CAH's governing body review and resolve grievances?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |               |          |
| Has the CAH's governing body delegated the grievance review responsibility in writing to a grievance committee?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |               |          |
| Does the written grievance process must include a mechanism for timely referral of patient concerns regarding quality of care or premature discharge to the appropriate Utilization and Quality Control Quality Improvement Organization?<br>§ 485.614(a)(2) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |               |          |
| Does the CAH have a written procedure which clearly explains to patient how to submit a written or verbal grievance to the CAH?<br>§ 485.614(a)(2)(i)  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |               |          |
| Does the CAH's written grievance process define and specify time frames for the review of each grievance and provision of a response?<br>§ 485.614(a)(2)(ii)   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |               |          |
| Does the CAH, during the resolution of the grievance provide the patient with a written notice of its decision?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |               |          |

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| <p>Does that written notice provide the following information:</p> <p>a. name of hospital contact</p> <p>b. steps take on behalf of patient to investigate the grievance.</p> <p>c. the results of the grievance process</p> <p>d. date of completion</p> <p>§ 485.614(a)(2)(iii)</p>   | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> |               |          |
| <p>Does the patient participate (if desired) in the development and implementation of their plan of care?</p> <p>§ 485.614(b)(1)</p>  | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>   |               |          |
| <p>Is the patient or representative (as allowed by state law) provided with information in order to make informed decisions regarding their care?</p> <p>a. is the patient informed of their health status?</p> <p>b. is the patient informed of their right to be involved in care planning and treatment?</p> <p>c. is the patient informed of their ability to request or refuse treatment?</p> <p>§ 485.614(b)(2)</p> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>                             | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>                             | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>                             |               |          |
| <p>Has the patient been given the right to formulate advance directives and have hospital staff and practitioners who provide them with care comply with these directives?</p> <p>Does the rights to formulate advance directives comply with <a href="#">§§ 489.100, 489.102, and 489.104 of this chapter.</a></p> <p>§ 485.614(b)(3)</p>  | <input type="checkbox"/><br><input type="checkbox"/>   | <input type="checkbox"/><br><input type="checkbox"/>   | <input type="checkbox"/><br><input type="checkbox"/>   |               |          |
| <p>Has the patient been informed of their right to have a family member or other representative of their choice notified promptly of their admission to the CAH?</p> <p>§ 485.614(b)(4)</p>   | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>   |               |          |
| <p>Has the patient been informed of their right to have their own physician notified promptly of their admission to the CAH?</p> <p>§ 485.614(b)(4)</p>   | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>   |               |          |
| <p>Does the CAH ensure each patient's personal privacy is protected?</p> <p>§ 485.614(c)(1)</p>   | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>   |               |          |

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| Does the CAH ensure each patient receives care in a safe setting?<br>§ 485.614(c)(2)   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |               |          |
| Does the CAH ensure that each patient is free from all forms of abuse or harassment?<br>§ 485.614(c)(3)  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |               |          |
| Does the CAH ensure the confidentiality of each patient's clinical records?<br>§ 485.614(d)(1)   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |               |          |
| Does the CAH have procedures in place to ensure the patient has the right to access their medical records, including current medical records, upon an oral or written request and in the form and format requested by the individual, if it is readily producible in such form and format (including in an electronic form or format when such medical records are maintained electronically)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |               |          |
| If medical records are not in the form and format request by the patient, does the hospital ensure the medical record is available in a readable hard copy form or such other form and format as agreed to by the facility and the individual, and within a reasonable time frame.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |               |          |
| Does the CAH enable access to individuals to gain access to their own medical records and actively seek to meet these record requests as quickly as its record keeping system permits?<br><br>§ 485.614(d)(2)  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |               |          |
| Does the CAH promote and protect each patient's right to be free from physical or mental abuse and corporal punishment?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |               |          |
| Does the CAH promote and protect each patient's right to be free from restraint or seclusion of any form imposed as a means of coercion, discipline, convenience or retaliation by staff?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |               |          |
| Does the CAH ensure that restraint or seclusion is only imposed to ensure the immediate physical safety of the patient, a staff member or others?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |               |          |
| Does the CAH ensure that restraint or seclusion is discontinued at the earliest possible time?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |               |          |

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| § 485.614(e)   |                          |                          |                          |               |          |
| Does the CAH have a policy/procedure which defines what constitutes a restraint either physical or drug related?<br>§ 485.614(e)(1)(i)(A)(B)   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |               |          |
| Does the CAH have a policy/procedure which defines what physical devices are not considered restraints?<br>§ 485.614(e)(1)(i)(C )  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |               |          |
| Does the CAH have a policy/procedure defining seclusion and appropriate usage is only for the management of violent or self-destructive behavior?<br>§ 485.614(e)(1)(ii)   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |               |          |
| Do CAH staff only use restraints or seclusion when less restrictive interventions have been determined to be ineffective to protect the patient, a staff member or others from harm?<br>§ 485.614(e)(2)  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |               |          |
| When restraints or seclusion are used, is the type used, the least restrictive intervention that will be effective to protect the patient, a staff member or others from harm?<br>§ 485.614(e)(3)  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |               |          |
| Does the CAH have written policies and procedures regarding the use of restraints and seclusion that are consistent with current standards of practice?<br>§ 485.614(e)(4)   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |               |          |
| Does the CAH use trained staff to ensure that the patient has the right to safe implementation of restraint or seclusion?<br>§ 485.614(f)  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |               |          |
| Does the CAH provide a patient-centered, trauma informed, competency-based training and education for CAH personnel and staff, including medical staff and as applicable contracted personnel on the use of restraints and seclusion?<br>§ 485.614(f)(1) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |               |          |
| Does the training program include alternatives to the use of restraints or seclusion?<br>§ 485.614(f)(2)   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |               |          |

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| Does the CAH have a system in place to report deaths associated with restraint/seclusion usage?<br>§ 485.614(g)  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |               |          |
| Does the CAH report all deaths (except those deaths while in soft wrist restraints only) to CMS by electronic means (see helpful hints) no later than the close of business on the next business day following knowledge of death?<br>The following deaths must be reported:<br>a. each death that occurs while a patient is in restraint or seclusion.<br>b. each death that occurs within 24 hours after the patient has been removed from restraint or seclusion.<br>c. each death known to the hospital that occurs within 1 week after restraint or seclusion where it is reasonable to assume that use of restraint or placement in seclusion contributed directly or indirectly to a patient's death, regardless of the type(s) of restraint used on the patient during this time. "Reasonable to assume" in this context includes, but is not limited to, deaths related to restrictions of movement for prolonged periods of time, or death related to chest compression, restriction of breathing, or asphyxiation.<br>§ 485.614(g)(1)(i)(ii)(iii) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |               |          |
| Does the CAH record in an internal log or other system, when a patient death occurs in those circumstances, when no seclusion has been used and when the only restraints used on the patient are those applied exclusively to the patient's wrist(s), and which are composed solely of soft, non-rigid, cloth-like materials and when:<br>a. the patient died while in soft wrist restraints?<br>b. the patient died within 24 hours after removal from soft wrist restraints?<br>§ 485.614(g)(2)(i)(ii)   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |               |          |
| Does the CAH record in the patient's medical record the date and time:<br>a. the death was reported to CMS?<br>b. the excepted death was recorded into the internal log?<br>§ 485.614(g)(3)(i)(ii)   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |               |          |

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| <p>Does the internal log for deaths occurring while in soft wrist restraints or death within 24 hours of removal of soft wrist restraints document:</p> <p>a. each entry must be made not later than seven days after the date of death of the patient?</p> <p>b. each entry must document the patient's name, date of birth, date of death, name of attending physician or other licensed practitioner who is responsible for the care of the patient, medical record number, and primary diagnosis(es)?</p> <p>§ 485.614(g)(4)(i)(ii)</p>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |               |          |
| <p>Is the CAH internal log information available immediately in either written form to CMS upon request?</p> <p>§ 485.614(g)(3)(i)(ii)</p>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |               |          |
| <p>Do policies and procedures regarding visitation rights of patients include</p> <p>a. the right of patients to have visitors?</p> <p>b. assurances that the CAH does not restrict, limit or otherwise deny visitation privileges on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation or disability?</p> <p>c. assurances that all visitors enjoy full and equal visitation privileges consistent with patient preferences?</p> <p>d. only restrictions on visitation that are clinically necessary?</p> <p>e. explanations of the clinical rationale for any restrictions or limitations??</p> <p>f. how patients or support person are informed of their visitation rights including restrictions?</p> <p>g. how patients are informed of their ability to consent or deny to receive designated visitors?</p> <p>h. how the CAH identifies and trains staff who play a role in access of visitors to patients?</p> <p>§ 485.614(h)(1)(2)(3)(4)</p> <p>See C1054 for examples of clinical limitations for visitation and 191.1400 RSMo guidance.</p> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |               |          |
| <p>Does the written notice of visitation rights provided to each patient or support person and documented in the medical record include the following:</p>   |                          |                          |                          |               |          |

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| a. CAH's visitation policy including any limitations or restrictions, such as visiting hours, numbers of visitors, unit-specific restrictions and clinical rationale for such limitations?<br>b. the right of the patient to consent orally or in writing and receive designated visitors, including but not limited to a spouse, a domestic partner, another family member, or a friend.<br>c. the right to withdraw or deny consent to visitation?<br>§ 485.614(h)(1)(2)(3)(4)   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |               |          |
| Does the CAH have written policies and procedures in compliance with Missouri Compassionate Care regulations?<br>191.1400 RSMo   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |               |          |
| Do the compassionate care visitation policies and procedures accommodate:<br>a. end-of-life situations, including making decisions regarding end-of-life care during in-person contact or communication with the compassionate care visitor?<br>b. adjustment support or communication support, including, but not limited to, assistance with hearing and speaking?<br>c. emotional support?<br>d. physical support after eating or drinking issues, including weight loss or dehydration?<br>e. social support?<br>191.1400 RSMo | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |               |          |
| Do compassionate care visitation policies allow at least 2 visitors simultaneously during visiting hours?<br>191.1400 RSMo   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |               |          |
| Do the compassionate care visitation policies allow 24-hour attendance by visitor when reasonably appropriate?<br>191.1400 RSMo  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |               |          |
| Do the compassionate care visitation policies define visitation hours to be no less than 6 hours daily and include evenings, weekends and holidays?<br>191.1400 RSMo   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |               |          |

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| Does the CAH place additional restrictions on children under the age of 14 who are with other compassionate care visitors?<br>191.1400 RSMo  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |               |          |
| Does the CAH provide patients or residents with effective communication supports or other reasonable accommodations in accordance with federal and state laws to assist in remote personal contact; and comply with the provisions of the Americans with Disabilities Act of 1990, 42 U.S.C. Section 12101 et seq.?<br>191.1400 RSMo                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |               |          |
| How does the CAH inform the patient if, in the clinical judgment of the patient's or resident's attending physician, the presence of visitors would be medically or therapeutically contraindicated to the health or life of the patient or resident, and the attending physician attests to such in the patient's or resident's chart.<br>191.1400 RSMo | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |               |          |

### Helpful Hints

- As of March 2023, CMS has not published interpretative guidelines for CAH Patient Rights. The acute hospital regulations and interpretative guidelines mirror the new CAH regulations. CAH can find this guidance at [https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/som107ap\\_a\\_hospitals.pdf](https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/som107ap_a_hospitals.pdf) and use for initial guidance.
- [Missouri Compassionate Care Visitation Act guide](#)
- Note interpretative guidelines for visitation were previously found at tags C1054-C1058 under the March 2020 Appendix W Interpretative guidelines.

### Key Resources and Links

- [CMS Conditions of Participation and Interpretative Guidelines](#)
- [CMS CAH Page \(including crosswalk\)](#)
- [CMS CAH Basic Training](#)