DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid
Services 7500 Security Boulevard,
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Maryland 21244-1850

Center for Clinical Standards and Quality

Ref: QSO-20-04-Hospital-CAH DPU

DATE: *September 21, 2026*

TO: State Survey Agency Directors

FROM: *Directors, Quality, Safety & Oversight Group (QSOG) and Survey & Operations Group (SOG)*

SUBJECT: **REVISED:** Electronic Form CMS-10455, *Report of a Hospital Death Associated with Restraint or Seclusion*

Memo Information

Memo revision date: ***2026-09-21***
Memo revision date: ***2020-01-17***
Original release date: ***2019-12-02***

Memorandum Summary

The electronic Form CMS-10455, *Report of a Hospital Death Associated with the Use of Restraint or Seclusion* is *transitioning from the Qualtrics platform to the iQIES platform on September 21, 2026.*

Hospitals and/or Critical Access Hospital (CAH) Distinct Part Units (DPUs) will be able to insert the URL below into any browser and click to access the electronic Form CMS-10455 or navigate from the iQIES Homepage View Resources section.

Direct Link: https://iqies.cms.gov/iqies/public/forms/cms-10455

iQIES Home Page in the View Resources section: https://iqies.cms.gov/iqies

A brief Instructional Video on how to complete and submit the electronic Form CMS-10455 is available on the *Quality, Safety & Education Portal (QSEP) at https://qsep.cms.gov/pubs/CourseMenu.aspx?cid=0CMSRHDRS_ONL.*

The Instructional Slides are attached.

Background

In accordance with the requirements at 42 CFR 482.13(g), *Death Reporting Requirements*, all patient deaths associated with restraint and/or seclusion (except 2-point soft wrist restraints that must be recorded in an internal hospital log or other system) are required to be reported to the Centers for Medicare and Medicaid Services (CMS) Regional Locations using the Form CMS-10455, *Report of a Hospital Death Associated with the Use of Restraint or Seclusion* by all types of hospitals (including Psychiatric Hospitals, Rehabilitation Hospitals, Long Term Care Hospitals, Short Term Acute Care Hospitals) and Critical Access Hospital (CAH) Rehabilitation and/or Psychiatric Distinct Part Units (DPUs). Transitioning from a paper format to an electronic Form CMS–10455 is a more reliable method of report submission reducing hospital and CAH DPU workload burden and improving the triaging process for the CMS Locations' survey determinations. Utilizing the electronic submission process streamlines CMS Locations' decision-making and increases oversight of hospital and CAH DPUs, as well as advances patient healthcare quality and safety due to increased incident data collection.

Form Improvements

The electronic Form CMS-10455 features an automatic submission to the CMS Locations that will ensure more reliable report transmission and timely reporting of instances of death associated with restraints and/or seclusion. Utilizing the electronic submission process streamlines the reporting process and decision making and enables a timely CMS Locations triage process and survey initiation determinations.

The CMS Locations will utilize the enhanced categories of information being reported within the electronic Form CMS-10455, such as: primary diagnosis, the cause of death, reason for the use of restraint/seclusion, events or circumstances leading up to death, circumstances surrounding the death, how restraint and/or seclusion was associated with the death, type of restraint/seclusion used, and length of time in restraint and/or seclusion, etc. to determine whether an onsite survey is indicated to investigate the circumstances surrounding the patient death associated with the use of restraints and/or seclusion. Using the more comprehensive information being reported and the regulatory requirements at 42 CFR 482.13(g), the CMS Locations will be able to determine whether authorization of an onsite survey is warranted and provide rationale for their decisions. This determination to authorize an investigation survey is similar to triggering a complaint investigation (i.e. determining the likelihood that the allegation will result in a Condition-level deficiency and/or termination using the requirements for the specific Condition in question (i.e. 42 CFR 482.13 Patient Rights).)

GO-Live Date

The *QIES* electronic version of Form CMS-10455 is replacing the *Qualtrics electronic version* of Form CMS-10455 ***starting September 21, 2026***.

Completing the Form CMS-10455

Hospitals and/or CAH DPUs will be able to insert the URL below into any browser and click to access the electronic Form CMS-10455 or navigate from the iQIES Homepage View Resources section to launch the form.

Direct Link: https://iqies.cms.gov/iqies/public/forms/cms-10455

iQIES Home Page in the View Resources section: https://iqies.cms.gov/iqies

The hospital or CAH DPU must complete sections A-D of the electronic Form CMS-10455.

Section A. Hospital Information

- Document the complete name of hospital/CAH, CCN, and full address. Use the legal name of the hospital/CAH that is used on the facility's enrollment form (Form CMS-855A).
- Document the name of the person filing the Form CMS-10455 and include their title, contact information, phone number, and email address.

Section B. Patient Information

- List the patient's name and date of birth (DOB).
- List the medical diagnosis(es) and include psychiatric diagnosis(es), if applicable.
- List the date of the patient's admission or presentation for care.
- List the date and time of death.
- List the condition of the patient leading to death -
    - In the text box, document health condition(s) leading, causing, or contributing to death such as hypoxia, hypovolemia, hemorrhage, sepsis, kidney failure, dehydration, infection, temperature elevation, hypoglycemia, electrolyte imbalance, probable drug interaction, etc. as per 42 CFR 482.13(e)10
        - Condition(s) leading, causing, contributing to death - This should be the physician's best medical opinion to include any contributing factors leading to the death.
        - A condition may be listed as "probable" even if it has not been definitively diagnosed. (Cardiac failure or respiratory arrest is not a sufficient answer to this question).
        - Condition of a patient who is restrained must be monitored.
- Document Mortality Review to be completed if applicable per your state requirements – indicate Yes or No.
- Report Submission - The date and time that the Form CMS-10455 report was submitted to CMS must be documented in the patient's medical record. Indicate if this has been documented.

Section C. Restraint Information (Part I)

For restraint and seclusion definitions and death reporting requirements, refer to CMS State Operations Manual (SOM), Appendix A, 42 CFR 482.13(e) Standard: Restraint and Seclusion and 42 CFR 482.13(g) Standard: Death Reporting Requirements:

Hospitals must report deaths associated with the use of seclusion or restraint. https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_a_hospitals.pdf

The hospital/CAH must select one of the following to indicate when the patient's death occurred:

- While in restraint, seclusion, or both
- Within 24 hours of the removal of restraint, seclusion, or both
- Within 1 week (7 days), where the use of restraint, seclusion, or both is reasonable to assume contributed to the patient's death. If the use of restraint or seclusion was not a factor in the patient's death (i.e. no falls, aspiration, became injured by self or others, entanglement, etc.) and the patient's death occurred 2-7 days after the removal of the restraint, the hospital/CAH would not be required to report the death. However, if the use of the restraint or seclusion was a factor (i.e., while being placed in restraint or seclusion or while in restraint, or seclusion, the patient fell, became entangled, became injured by self or others, aspirated, etc.) and the death occurred 2-7 days after the use of restraint, seclusion, or both, the hospital/CAH would be required to report the death.

Section D. Restraint Information (Part II)

- The hospital/CAH must document in the text box titled: Reason(s) for Restraint/Seclusion Use, the circumstances leading up to the use of restraint, seclusion, or both. Examples include patient behavior (e.g. kicking staff, using threatening language, pulling tubes out, moving during a procedure, sliding out of chair), alternative interventions attempted (e.g. sitters in the room, removing underlying causes of agitation or confusion), etc.
- The hospital/CAH must document in the text box titled: Circumstances Surrounding Death, the circumstances or events leading up to the death of the patient and describe how restraint and/or seclusion were associated with the death. Examples include positioning of the patient (e.g. prone, supine), affect of the patient prior to death (e.g. unresponsive, agitated, verbal, non-verbal), medications administered minutes prior (e.g. side effects, reactions), location within the hospital/CAH (e.g. in the hallway, in a private room, in a chair, in bed, on the floor), etc.
- Document the restraint and/or seclusion order details.
    - Date and Time restraint and/or seclusion were applied.
    - Date and Time the patient was last monitored and/or assessed.
    - Total length of time restraint and/or seclusion were applied.
- For drug(s) used as a restraint:
    - List the drug name, drug dose, and time drug was administered (for ALL doses). When a combination of drugs was used that resulted in drugs used as a restraint, enter this information for each drug.
- Document if the restraint and/or seclusion was used as an intervention for violent behavior.
  If NO – Form CMS-10455 documentation is complete at this point.

Submit.
If YES -

- Indicate if the face-to–face evaluation was completed and documented.
- Indicate the date and time the face-to-face evaluation was completed.
- Indicate if the order was renewed at required intervals (age dependent), if applicable.
- If simultaneous restraint and seclusion were ordered, describe in the text box the continuous monitoring method(s) that were used to monitor the patient. (i.e., 1:1 continuous staff monitoring, use of 1:1 staff, as well as video monitoring, etc.).

Hospital/CAH documentation stops here. Submit. Document in patient's medical record. Form CMS-10455 will automatically be sent to the respective CMS Location for review.

Section E. - CMS Locations to Complete this Section of the Form CMS-10455

- Select "Yes" or "No" to indicate if a survey was authorized.
- If a survey was authorized based on reported information, document the date that the State Agency (SA) was notified. Also provide the *iQIES Intake ID*.
- If a survey was not authorized, provide a rationale for this decision. (i.e. explain in the text box why a survey was not indicated based on specific diagnosis, circumstances, restraint/seclusion, etc. after a full review of reported events).
- Select "Yes" or "No" to indicate if the hospital/CAH has had a survey in the past two years based on any Patient's Rights findings pertaining to previous reports of patient death(s) associated with restraint and/or seclusion, and if so, was there a Condition-level or Immediate Jeopardy (IJ) finding.
- If yes, list in the text box the deficiencies cited on those Form CMS-2657s.
- For hospitals/CAHs accredited by an Accreditation Organization (AO), also document in the text box, the date the AO was notified of IJ finding(s).
- The State Protection and Advocacy Agency (P&A) is to be notified only when a survey is authorized AND the P&A has a current Data Use Agreement (DUA). Document in the text box the date the P&A was notified. Send questions regarding whether a P&A has a current DUA to: QSOG_Hospital@cms.hhs.gov.
- If a survey is authorized and the P&A was notified, document the date of the P&A notification in the text box.
- The AO must be notified of IJ and Condition-level findings, if applicable.

A brief Instructional Video on how to complete and submit the electronic Form CMS-10455 is available on the ***Quality, Safety & Education Portal (QSEP) at https://qsep.cms.gov/pubs/CourseMenu.aspx?cid=0CMSRHDRS_ONL.***
The Instructional Slides are attached.

Contact: For questions or concerns relating to this memorandum, please contact QSOG_Hospital@cms.hhs.gov.

Effective Date: Immediately. Please communicate to all appropriate staff within 30

days.

/s/

Karen L. Tritz Director, Survey & Operations Group	*Melissa Daly* *Acting Director, Quality, Safety & Oversight Group*

Attachment(s): *Revised Instructional Slides*

Resources to Improve Quality of Care:

Check out CMS's new Quality in Focus interactive video series. The series of 10–15 minute videos are tailored to provider types and aim to reduce the deficiencies most commonly cited during the CMS survey process, like infection control and accident prevention. Reducing these common deficiencies increases the quality of care for people with Medicare and Medicaid. Learn to:

- *Understand surveyor evaluation criteria*
- *Recognize deficiencies*
- *Incorporate solutions into your facility's standards of care*

See the Quality, Safety, & Education Portal Training Catalog, and select Quality in Focus

Receive email notification for memos: *Get guidance memos issued by going to CMS.gov page and entering your email to sign up. Check the box next to "CCSQ Policy, Administrative, and Safety Special Alert Memorandums" to be notified when we release a memo.*

Report of Hospital Death Associated With the Use of Restraint or Seclusion

Form CMS-10455

Training for Hospitals and Critical Access Hospitals with Rehabilitation and/or Psychiatric Distinct Part Units

Report of a Hospital Death Associated with the Use of Restraint or Seclusion Form CMS-10455

Training Objectives

- Determining which deaths require the Form CMS-10455 to be completed and submitted to the CMS Regional Office.
- Locating and accessing the electronic Form CMS-10455.
- Understanding how to complete and submit the Form CMS-10455.

Training Goal

- Form CMS-10455 will be accurately completed and submitted to the CMS Regional Office within the time requirements.

Training Agenda

1. **Introduction to Form CMS-10455**
    a) Background
    b) Layout of the Form
2. **How to Use The Electronic Form CMS-10455**
    a) Where to access the electronic Form
    b) What information is needed to start the Form
    c) Where to find instructions on completing the Form
    d) How to complete the Form
    e) How to "Submit" the Form
3. **Frequently Asked Questions (FAQs)**

Introduction to Form CMS-10455

Background

The purpose of the electronic Form CMS-10455, *Report of a Hospital Death Associated with Restraint or Seclusion* is to report these deaths to the Centers for Medicare and Medicaid Services (CMS) Regional Offices (ROs). All types of Hospitals (including Psychiatric Hospitals, Rehabilitation Hospitals, Long Term Care Hospitals, Acute Care Hospitals, etc.) and Critical Access Hospitals (CAHs) with rehabilitation and/or psychiatric distinct part units (DPUs) are required to report patient deaths that occurred during or after restraint or seclusion was used.

Reference – CMS State Operations Manual Appendix A, 42 CFR 482.13(g) Standard: Death Reporting Requirements: Hospitals must report deaths associated with the use of restraint or seclusion. https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_a_hospitals.pdf

Reference for Definitions and Requirements

For definitions and requirements, refer to the CMS State Operations Manual (SOM), Appendix A, 42 CFR 482.13(e) Standard: Restraint and Seclusion and 42 CFR 482.13(g) Standard: Death Reporting Requirements: Hospitals must report deaths associated with the use of seclusion or restraint.

https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_a_hospitals.pdf

Layout of the Form CMS-10455

The Form consists of four sections to be completed by the Hospital or Critical Access Hospital (CAH) with Distinct Part Unit(s) (DPU).*

Section A – Hospital Information

Section B – Patient Information

Section C – Restraint Information (Part 1)

Section D – Restraint Information (Part 2)

*In this training the term **Hospital** refers to Hospitals and CAHs with DPUs.

How to Use the Electronic Form CMS-10455

Access to the Form CMS-10455

Insert the URL below into any browser to access the electronic Form CMS-10455

https://iqies.cms.gov/iqies/public/forms/cms-10455

Or Navigate to the iQIES Home Page to access the link in the View Resources section at the bottom of the screen

https://iqies.cms.gov/iqies

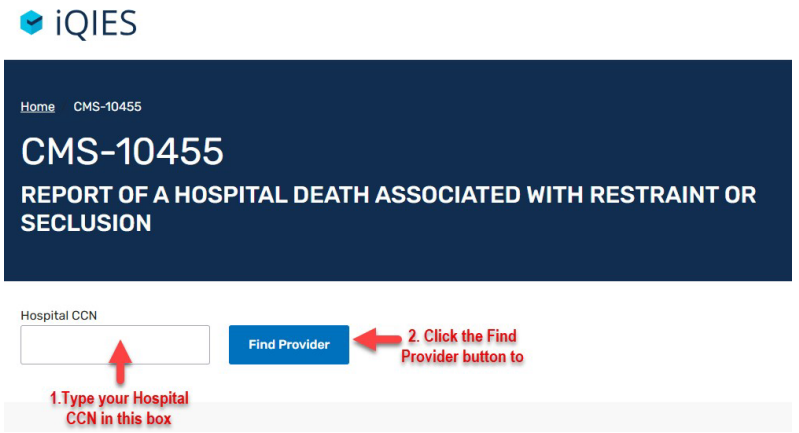
Information Needed to Start the Form

- After accessing the Form using the URL link below

  https://iqies.cms.gov/iqies/public/forms/cms-10455

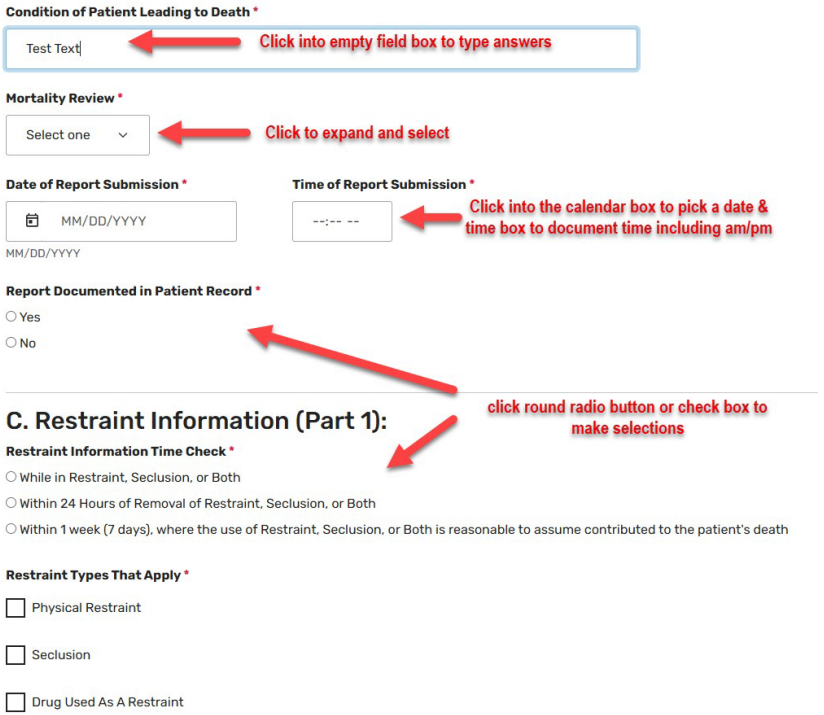
- To start the Form enter your Hospital's CCN into the text box as shown in the screenshot on this slide.

- Click "Find Provider" to advance to the following page.



Completing the Form

- The hospital address and CCN will be pulled in to the form automatically.
- To complete text box questions, click into each empty field (box) and type in the answer.
- To complete date fields, click into the calendar field to make the selection pm the calendar.
- To complete time fields, click into the box and type the time in the HH:MM AM/PM format.
- When presented with multiple choice questions, some questions on the Form may have more than one answer.
- Click each answer that applies to select multiple answers.
- You will not be able to submit the form until all required information has been entered. Required fields are presented with a red asterisk. *



Submitting the Form

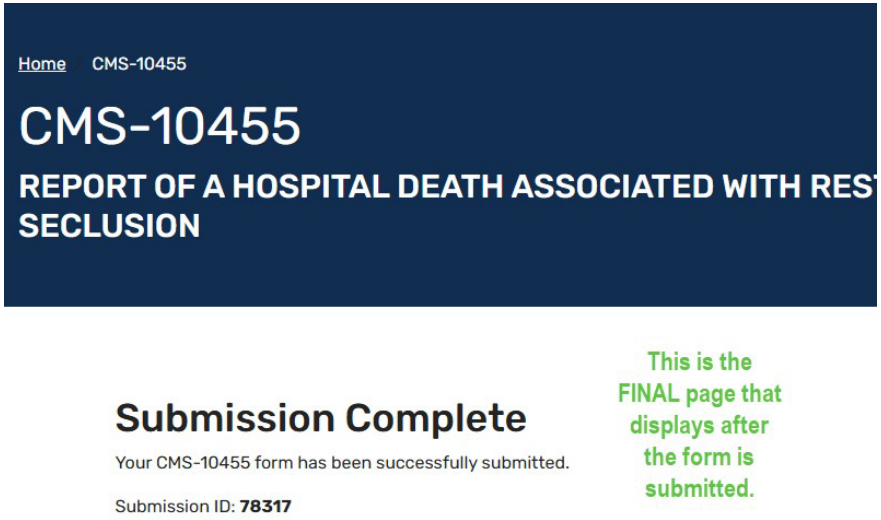
- At the bottom of the page of the Form, click the **"Submit"** button.
- Select Cancel to clear the form and start over.
- The submitted Form automatically sends the information that was entered to your CMS Location, where after their review, a determination to survey will be decided.

Confirmation of Form Submission

Note - The submitted Form automatically sends the information that was entered to your CMS Location where after their review, a determination to survey will be decided.

For Hospital deaths associated with restraint or seclusion:

- A confirmation page containing the Submission ID, Hospital Name, CCN and date and time of submission will display on your computer screen.
- For Hospital deaths associated with restraint or seclusion, the date and time the death was reported to CMS must be documented in the patient's medical record.



Frequently Asked Questions (FAQs)

FAQs

What if additional or different information needs to be added to an already submitted Form?

- After the Form has been submitted, it cannot be amended or changed.
- Reopen the link to the Form: https://iqies.cms.gov/iqies/public/forms/cms-10455
- Complete and submit a new Form.
- Each **submitted** Form is automatically, electronically sent to your CMS Location.

End of Presentation

Any additional questions, contact your Regional Office or email QSOG_hospital@cms.hhs.gov