McLAREN FLINT
Flint, Michigan
RISK MANAGEMENT

CMS DEATH REPORTING REQUIREMENTS

To: Director of Health Information Services

From: Risk Management

Date: _____ / _____ / _____

Re: CMS Death Reporting Requirements

Please file this memo under "Correspondence" in the patient record stated below as verification that CMS was contacted concerning requirements with the use of restraints and death:

Patient Name: _____

Medical Record Number: _____

Financial Number: _____

Date(s) of Hospital Stay: _____

Time and Date of Death: _____

❑ Report made to CMS: _____

Time and Date/Person Reporting to CMS: _____

❑ Recorded on Internal Log: _____

Original copy of this form is kept in Risk Management

PT.

MR.#/P.M.

DR.