44:04:04:11.02. Restraints. There must be written policies and procedures for all restraint use, including emergency restraints, bedrails, and locked doors. The use of restraints must be based on a comprehensive assessment of the patient’s or resident’s physical and cognitive abilities, evaluation and effectiveness of less restrictive alternatives, and an involvement of the patient or resident in weighing the benefits and consequences. Restraint use requires a physician’s order including specific time frames. Continued use of the restraint and reorders may be given only on review of the patient’s or resident’s condition by the physician and the interdisciplinary team. Restraints must be checked every 30 minutes by nursing personnel. Patients or residents under restraint must be given the opportunity for motion and exercise for not less than 10 minutes at intervals as necessary based on the patient’s or resident’s condition, but at least every two hours.

Restraints must not be used to limit mobility, for convenience of staff, for punishment, or as a substitute for supervision. Restraints must not hinder evacuation of the patient or resident during fire or cause injury to the resident.


44:04:17:09. Quality of life. A facility must provide care and an environment that contributes to the resident’s quality of life, including:

(3) Freedom from physical or chemical restraints imposed for purposes of discipline or convenience;

(4) Freedom from verbal, sexual, physical, and mental abuse and from involuntary seclusion, neglect, or exploitation imposed by anyone, and theft of personal property...