

FY 2012 CRISIS STABILIZATION PROGRAM LICENSING REVIEW TOOL

DEPARTMENT OF BEHAVIORAL HEALTH and DEVELOPMENTAL DISABILITIES 2012 ADULT CSU RULES OF DBHDD, CHAPTER 82-3-1

CSU Rules	Policy	Practice	Review Element/Comments
82-3-1-.07 OPERATIONAL SCOPE OF SERVICES			
Each CSU shall have a detailed description of the scope of services under which the CSU operates.			
1. The CSU shall not refuse service to any individuals who meet criteria for services. Authority O.C.G.A. Secs. 37-1-29, 37-2-11.			
82-3-1-.08 PROGRAM DESCRIPTION			
Each CSU shall have a description of services which shall clearly state the following:			
1. The CSU is designed to serve as a first line community based alternative to hospitalization, offering psychiatric stabilization and detoxification services on a short term basis.			
2. Target population is adults (18 years or older) who meet admission criteria for the CSU. Individuals may also have other co-occurring diagnoses.			
3. The physician or psychiatrist shall be on call 24-hours a day and shall make rounds seven days a week. The physician is not required to be on site 24 hours a day; however, the physician must respond to staff calls immediately (delay not to exceed an hour).			
4. The CSU shall provide emergency receiving, screening, and evaluation services 24-hours a day, 7 days a week and shall have the capacity to admit and discharge seven days a week.			
5. The CSU shall have policies and procedures for identifying and managing individuals at high risk of suicide or intentional self-harm;			
6. Education and program offerings are designed to meet the stabilization needs of each individual, including needs arising from co-occurring mental illness and substance abuse and other co-occurring illnesses. Authority O.C.G.A. Secs. 37-1-29, 43-26-12 et.seq.			
82-3-1-.09 ADMISSIONS			
1. The CSU must have written protocols for screening individuals for admission to the CSU. If screening results in an individual not being offered services or admitted to the CSU, the CSU shall maintain documentation of the rationale for the denial of services or referral of the individual.			
2. Staff shall conduct a search of the individual, his or her clothing and all personal effects before admission to the unit.			
3. Personal searches of individuals (e.g. strip searches) are to be performed only for cause and shall be ordered by the physician. The rationale for the personal search must be clearly documented in the order. Sequential steps of the search, including documentation of staff involved by name and title, must be recorded in the progress			

notes section of the clinical record. Mandatory removal of clothing or standing orders for personal searches are not permitted.			
4. A physician, advanced practice registered nurse or physician's assistant must assess each individual within 24 hours of admission, and document appropriate orders for care; an assessment for risk of suicide will be made by a physician.			
5. The physician shall order clinically appropriate level s of observation of the individual, taking into account the initial physician or nursing assessment. Authority O.C.G.A. Secs.37-1-29, 37-3-143, 37-3-162, 37-7-143, 37-7-162.			
82-3-1-.10 PROVISION OF INDIVIDUALIZED CARE			
1. An individualized Recovery Plan (IRP) shall be developed and written within 72 hours of admission on the basis of assessments conducted by the physician, registered nurse and professional social work or counseling staff. A major goal of each IRP shall be the individual's stabilization and recovery. For individuals with both substance abuse and mental health diagnoses, the IRP shall address issues relative to both diagnoses.			
2. Discharge summary information shall be provided to the individual at the time of discharge Authority O.C.G.A. Secs. 37-1-29,37-3-64,37-3-162,37-7-64,37-7-162.			
82-3-1-.11 DOCUMENTATION OF CARE			
The CSU shall maintain a clinical record for each individual, which may be recorded manually or electronically. The clinical record shall contain chronological information on all matters relating to the admission, care and treatment, discharge and legal status of the individual,			
82-3-1-.12 PROTECTION AND SAFETY OF THE INDIVIDUAL AND OF OTHERS			
1. Discharge notes, aftercare plans; including the individual's status at discharge, ongoing needs and method of discharge are included in the record. Authority O.C.G.A. Secs. 37-1-29, 37-3-162, 37-3-165, 37-3-166, 37-7-162, 37-7-165.			
2. CSU shall have policies and procedures regarding authorized entry to or exit from the unit.			
3. Control of potentially injurious items shall be clearly defined in policy.			
4. To the fullest extent of the law, weapons shall be prohibited at the CSU.			
5. The CSU shall develop and implement policies and practices, consistent with Departmental policy, that describe interventions to prevent crises and minimize incidents when they do occur, that are organized in a least to most restrictive sequence.			
6. The CSU shall develop and implement internal policies and practices for use of Seclusion or restraint that are consistent with Federal and State laws, and Federal and State Rules and Regulations:			
7. The CSU shall develop policies and procedures for implementing suicide preventions Addressing : assessments, staffing, levels of observation and documentation:			

<p>8. Other high risk behaviors such as assaultive behaviors shall be addressed in the CSU policies and procedure. Authority O.C.G.A. Secs. 16-11-127, 37-1-29, 37-3-162, 37-3-165, 37-7-162, 37-7-165.</p>			
<p>82-3-1-.13 PHARMACY SERVICES AND MANAGEMENT OF MEDICATION</p>			
<p>1. Must be licensed and under the direct supervision of a Registered Pharmacist or contracted with a licensed pharmacy operated under a pharmacist</p>			
<p>2. Policies and procedures will guide the safe practice and effective use of medications</p>			
<p>3. There are no standing orders for psychotropic medication</p>			
<p>4. Anti-psychotic medications must be prescribed by a Psychiatrist, Psychiatric Nurse Practitioner, or Physician Assistant.</p>			
<p>5. Anti-psychotic medications must be prescribed by a Psychiatrist, Psychiatric Nurse Practitioner, or Physician Assistant.</p>			
<p>6. There is documented oversight by the Medical Director for the accounting and dispensing of sample medications.</p>			
<p>7. Anti-psychotic medications must be prescribed by a Psychiatrist, Psychiatric Nurse Practitioner, or Physician Assistant.</p>			
<p>8. Policy for the right to refuse medication. Policy for Involuntary administration of psychotropic medication. Policy for drug reactions and other medical emergencies procedure. Authority O.C.G.A. Secs. 37-1-29, 37-3-162, 37-3-165, 37-7-162, 37-3-163, 37-7-165.</p>			
<p>82-3-1-.14 LABORATORY SERVICES</p>			
<p>1. Any CSU that processes laboratory tests on –site shall provide documented evidence of a current clinical Laboratory Improvement Amendment waiver. Authority O.C.G.A. Sec 37-1-29.</p>			
<p>82-3-1-.15 FOOD SERVICES</p>			
<p>1. Where food service is available, required certifications related to health, safety and sanitation are available and satisfactory.</p>			
<p>2. A three day supply of non-perishable emergency food and water is available for all individuals supported in residences;</p>			
<p>3. There must be a designated area to accommodate food service. a. Seating capacity must reflect the licensed capacity. b. Individuals may be served in shifts.</p>			
<p>4. The CSU may utilize meal preparation services from an affiliated or contracted identity with a current food service permit. There shall be a formal contract between the CSU and the contracted food entity containing assurances that the contracted food entity will meet all food services and dietary standards imposed by this rule; a. Refrigerator between 34-41F(1-5C) b. Freezer 0-10F(-17 to -15C)</p>			
<p>5. Foods, drinks and condiments shall be dated when opened and discarded when expired.</p>			

82-3-1-.16 INFECTION CONTROL AND PREVENTION

1. Universal Precautions are outlined;
 - a. Hand washing facilities are provided in both the kitchen and the bathroom areas and include hot and cold running water, and individual soap and towels.
2. Proper disposal of biohazards, such as needles, lancets, scissors, tweezers, and other sharp instruments.
3. Management of common illness likely to be emergent in the particular service such as, but not limited to:
 - a. Methicillin- resistant Staphylococcus Aureus(MRSA)
 - b. Colds
 - c. Influenza
 - d. GI virus
 - e. Pediculosis and tinea pedis
4. Special procedures to manage infectious disease including but not limited to:
 - a. Tuberculosis
 - b. Hepatitis B
 - c. HIV
 - d. AIDS
5. In relation to carriers of an infectious illness;
 - a. Transfer and release of confidential information to select units and direct care staff are on a need to know basis.
 - b. Handling and maintenance of individual care equipment is described.

82-3-1-.17: Rights and Responsibilities of Individuals

1. The CSU shall safeguard the rights of individuals treated pursuant to applicable state laws, rules and regulations. www.dbhdd.gov

82-3-1-.18 INCIDENT AND COMPLAINT REPORTING AND INVESTIGATION PROCEDURES
82-3-1-.19 DEPARTMENT COMPLAINT AND INCIDENT INVESTIGATION PROCEDURES

1. The Department shall be authorized to conduct investigations:
 - a. Investigations shall be conducted to ensure compliance with all applicable laws, rules and regulations;

Authority O.C.G.A. Secs. 37-1-29, 37-2-11.2.

82-3-1-.20 CONFIDENTIALITY

1. The CSU shall have records management policies, procedures and practices to manage and to protect the confidentiality and protected health information of individuals' records, to include electronic records.

1. The CSU's records management policies shall support secure, organized records and shall be consistent with all applicable policies and procedures and federal and state laws and regulations.

Authority O.C.G.A. Secs. 37-1-29, 37-3-166, 36-7-166.

2.

82-3-1-.21 DOCUMENTATION OF LEGAL STATUS

1. Legal status and record must be clearly visible within the clinical record to include:
 - a. Clinical basis for admission.
 - b. Voluntary /Involuntary status including dates, times, and signatures.
 - c. Clinical basis for continued admission
 - d. Documentation of the assessment of the individual's capacity to understand and exercise the rights and powers of voluntary admission.
 - e. Use of all legal forms.

Authority O.C.G.A. Sec. 37-1-29, 37-3-1, et seq., 37-3-24, 37-7-1 et seq., 37-7-24.

82-3-1-.22 PERFORMANCE IMPROVEMENT PLAN AND ACTIVITIES

The CSU shall develop a quality assurance plan.

Authority O.C.G.A. Sec. 37-1-29.

82-3-1-.23 ENVIRONMENT OF CARE
See Environment of Care Checklist

Authority O.C.G.A. Sec. 37-1-29.

82-3-1-.24 FIRE PREVENTION AND SAFETY REQUIREMENTS

1. Each CSU shall have an emergency fire and disaster plan that includes the following:
 - a. Protocols for and documentation of practice of monthly fire drills rotated so that all shifts have had at least one drill quarterly;
 - b. Disaster drills protocols ,such as floods, tornados and hurricanes, are practiced at least quarterly;

<ul style="list-style-type: none"> c. Directions for evacuation of the CSU utilizing posted evacuation routes; d. Preparation of the individuals for evacuation; e. Documentation of monthly fire equipment inspection; f. Provision for annual review and revision of the Fire and Emergency Safety Plan; g. Procedures for training staff on all emergency and disaster drills; h. Documentation of fire drills including time taken to complete the drills and follow-up recommendations for drills that are un-satisfactorily completed. 			
<p>2. The CSU shall comply with all federal and local fire safety standards. Local fire codes with more stringent standards or additional requirements shall take precedence over the minimum requirements set forth in this rule.</p> <p>Authority O.C.G.A. Sec. 37-1-29.</p>			
<p>82-3-1-.25 PHYSICAL ENVIRONMENTAL REQUIREMENTS See Physical Environmental Checklist</p> <p>Authority O.C.G.A. Sec. 37-1-29.</p>			
<p>82-3-1-.26 HUMAN RESOURCES</p>			
<p>1. The CSU shall develop and implement policies and procedures that address the hiring, training, promotion and termination of staff.</p>			
<p>2. The CSU shall have procedures for verifying licenses credentials, experience and competence of staff.</p>			
<p>3. The CSU shall define the responsibilities, qualifications, competencies of staff for all positions</p>			
<p>4. Paraprofessionals working in mental health, addictive diseases and co-occurring disability services must complete the standard training requirements for paraprofessionals.</p>			
<p>5. The CSU shall comply with all applicable laws, rules and regulations governing criminal history records checks;</p>			
<p>1. The CSU shall ensure that the type and number of professional staff attached to the unit are:</p> <ul style="list-style-type: none"> a. Properly licensed or credentialed in the professional field as required; b. Present in numbers to provide adequate supervision to staff; c. Present in numbers to provide services, supports, care and treatment to individuals as required; d. Experienced and competent in the profession they represent; and e. At least one staff trained in Basic Cardiac Life Support (BCLS) and first aid shall be on duty at all times. In addition, one staff trained in the use of the Automated External Defibrillator (AED) equipment shall also be on duty. 			
<p>6. The CSU shall have processes for managing personnel information and records</p> <p>Authority O.C.G.A. Secs. 37-1-20, 37-1-29.</p>			