

**EMERGENCY RECEIVING EVALUATION TREATMENT FACILITIES**

**16.01 Administration**

(Eff. 8/1/16)

Written policy, procedure and practice document a description of the hospital's clear plan to implement psychiatric and/or substance abuse services.

Reference:

State of Georgia Rules and Regulations for Hospitals Chapter 111-8-40-.37

#	Criteria	Deficient Practice	Effect / Outcome
1	The organization has a service description substantially practiced that clearly outlines a plan for service that complies with the State of Georgia Rules and Regulations for Hospitals Chapter 111-8-40-.37 and delineates, at minimum: (1) the services provided; (2) the lines of authority, responsibility, and accountability; and (3) the provision of adequate staffing to provide patient care according to generally accepted standards of practice.		
2	The organization has a Director of Psychiatric and Substance Abuse Services, responsible for all clinical aspects of the organization and delivery of services, including the evaluation of the effectiveness of the services in coordination with the hospital's quality management program. The Director meets the following qualifications: (1) Licensed physician (2) Member of the medical staff (3) Trained and qualified to supervise the provision of services OR certified in addiction medicine by the American Society of Addiction Medicine or the American Osteopathic Academy of Addiction Medicine.		
3	If the director of the substance abuse services meets the certification requirement but is not board certified in psychiatry, the hospital must have a board eligible or board certified psychiatrist for psychiatric consultation as needed.		
4	The organization has sufficient clinical and support staff to assess and meet the needs of psychiatric and substance abuse patients and to ensure the maintenance of a safe therapeutic environment for patients and staff.		
5	A physician with training and qualifications appropriate to the services offered, is present in the hospital or available on call on a 24 hour basis.		

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6	When psychiatric services are provided for children, the hospital has a board eligible or board certified child psychiatrist on staff.		
7	The hospital has a licensed clinical psychologist available to provide testing and treatment consultation as needed.		
8	Nursing care is supervised by a nursing manager/director with at least 3 years of clinical psychiatric and/or substance abuse experience. Note: Authorization from the Georgia Board of Nursing to practice as a Clinical Nurse Specialist, Psychiatric/Mental Health may substitute for 2 years of the required clinical experience.		
9	There is at least one registered nurse on duty at all times.		
10	Counseling services are supervised by a master's level clinician licensed in social work, marriage and family therapy, professional counseling, or a clinical nurse specialist, psychiatric mental health.		
11	There are rehabilitative and therapeutic activity staff, trained and qualified to meet the needs of the patients as specified in their individualized service plans		

**16.02 Policies & Procedures for Psychiatric & Substance Abuse Services**

**(Eff. 8/1/16)**

The organization develops and implements internal policies and practices that are consistent with hospital policies and federal and state laws.

Reference:

State of GA Rules and Regulations for Hospitals Chapter 111-8-40-.37

#	Criteria	Deficient Practice	Effect / Outcome
1	The organization has policies and procedures in place and substantially practiced that address, at a minimum, the special needs of the population served.		
2	The organization has policies and procedures in place and substantially practiced that address, at a minimum, the admission and discharge criteria that comply with Georgia laws concerning involuntary admission or treatment.		
3	The organization has policies and procedures in place and substantially practiced that address, at a minimum, the safety and security precautions for the prevention of suicide, assault, and patient injury.		
4	The organization has policies and procedures in place and substantially practiced that address, at a minimum, the handling of medical emergencies, including but not limited to suicide attempts, cardiac arrest, aspiration, or seizures.		
5	The organization has policies and procedures in place and substantially practiced that address, at a minimum, any special procedures, such as electro convulsive therapy (ECT) and medical detoxification.		
6	The organization has policies and procedures in place and substantially practiced that address, at a minimum, the use of seclusion and restraint in accordance with O.C.G.A. Chapters 3 and 7 of Title 37 and the State of Georgia Rules and Regulations for Hospitals Chapter 111-8-40-.37.		
7	The organization has policies and procedures in place and substantially practiced that address drug and needle controls.		

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**16.03 Patient's Rights**

(Eff. 8/1/16)

Written policy, procedure and practice safeguard the rights of the patients served.

Reference:

State of GA Rules and Regulations for Hospitals Chapter 111-8-40-.37

#	Criteria	Deficient Practice	Effect / Outcome
1	The organization has measures to ensure that all patients receive treatment using the least restrictive methods.		
2	The organization has measures in place to ensure that any permissible restriction of patient rights, shall be temporary and only imposed in order to protect the health and safety of the patient or others. All restrictions are by written order of a physician or licensed psychologist and reviewed for necessity as required by state law. Documentation in the patient's medical record clearly outlines the nature, extent, and reason for the restriction.		

**16.04 Safety and Security**

(Eff. 8/1/16)

Areas of the hospital that are accessible by patients meet safety requirements.

Reference:

Guidelines for the Design and Construction for Hospitals and Outpatient Facilities:

Security Design Guidelines for Healthcare Facilities:

State of Georgia Rules and Regulations for Hospitals 111-8-40-.37(5)

#	Criteria	Deficient Practice	Effect / Outcome
1	The facility provides the level of security specific for the type of program as well as the age level, acuity and the risk of the patients served (e.g., acute psychiatric, substance abuse or forensic for adult, adolescent or child).		
2	Hospitals providing inpatient psychiatric and substance abuse services have a system for summoning help from within the immediate service area or other areas of the hospital in the event of an emergency.		
3	The facility has perimeter security, as indicated, that is controlled by manual, electric or magnetic locks. Perimeter security deters elopement, contraband smuggling and visitor access control.		

4	The primary access point to the locked unit is through a sally port. The area is large enough to accommodate passage of a bed or laundry cart. Forensic units have either a security vestibule or sally port.		
5	In shared age population facilities, there is no adult and child patient intermix. (This does not exclude the sharing of nursing stations or support areas.)		
6	The facility has no hidden alcoves or blind corners.		
7	Visual control is provided of the nursing unit corridors, dining areas, social areas, activity areas and outdoor areas.		
8	Door closer devices, if used, are mounted on the public side of the door. Time delay door closers are not utilized on locked doors.		
9	Door closers and door and cabinet hardware, including hinges in patient areas, are designed to prevent attachment of other articles and to limit possible patient or staff injury.		
10	Door lever handles that are not anti-ligature hardware point downward in both the latched or unlatched position.		
11	All devices attached to the walls, ceilings and floors and all door and window hardware are tamper-resistant and securely fastened with tamper-proof screws.		
12	Windows are made of break-resistant material that will not shatter. If operational, the windows have a security lock and the size of the opening will not allow a four (4) inch sphere to pass.		
13	Windowsills, curtains and blinds are made to prevent attachments of other articles. Curtains and blinds are constructed to break away with a vertical load of more than 40 pounds.		
14	Handrails are installed on both sides of patient use corridors.		

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15	Ceilings in patient, toilet and shower rooms are of continuous bonded construction. T-bar ceilings with lay-in tiles are not permitted.		
16	Ceiling and air distribution devices, lighting fixtures, sprinkler heads, smoke detectors, and other equipment are designed and installed to be tamper-resistant and non-breakable to prevent the attachment of other articles, and to limit possible patient or staff injury.		
17	The location and installation of fire extinguisher cabinets and fire alarm pull stations prevent inappropriate use.		
18	Mechanical, electrical and plumbing systems other than terminal elements are secured above the ceiling.		
19	Medical gas outlets, if provided, are located or installed to prevent patient access.		
20	If a nurse call alarm system is utilized, provisions are made for easy removal or for covering of the call button outlets.		
21	All exit door hardware has concealed rods that are not removable. Door closure and panic bars do not allow for attachment of other articles.		
22	<i>New Construction:</i> Door openings for patient use is a minimum of 2 ft. 10 inches.		

**16.05 Seclusion and Quiet Rooms**

(Eff. 8/1/16)

Areas of the hospital are accessible by patients and meet safety requirements.

Reference:

Guidelines for the Design and Construction for Hospitals and Outpatient Facilities:

Security Design Guidelines for Healthcare Facilities:

State of Georgia Rules and Regulations for Hospitals 111-8-40-.37(5)

#	Criteria	Deficient Practice	Effect / Outcome
	<i>Seclusion Room(s) meet the following requirements:</i>		
1	There is at least one seclusion room for each 24 beds and each room is designed for 1 patient.		
2	The location of the seclusion room permits observation from the nurses station.		
3	The room is designed and constructed to avoid features that enable patient hiding, escape, injury, or suicide.		
4	The room has a minimum of 60 sq. ft. with a wall length of between 7 to 11 feet. If utilized for restraint, the room must be at least 80 sq. ft.		
5	The ceiling height is at minimum 9 feet and is mono-lithic-single unit without joints or seams.		
6	The entrance to the room provides sufficient space for the staff to manage an aggressive patient being placed in the room.		
7	The room allows for access to the patient from all sides of the bed or mattress and to accommodate emergency life-sustaining equipment.		
8	The room's bed is either a non-adjusting platform bed securely anchored in place with a mattress specifically designed for this environment or just a mattress itself on the floor. Bedding is specifically designed to mitigate the risk of self harm by the patient.		
9	The room's door is at least 2 inches thick and opens outward, with a viewing window that allows direct patient observations.		
10	The doorframe and mounting are constructed to withstand prolonged attack.		
11	The door's locking mechanism is sturdy in construction and capable of locking and unlocking quickly.		

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12	The room is accessed by an anteroom or vestibule that also provides access to a toilet room. The door openings is, at minimum, 3 ft. 8 inches.		
13	The light fixtures, sprinkler heads and HVAC grilles and other equipment are tamper-resistant and designed to prevent injury to a patient.		
14	The room has no electrical switches or receptacles.		
15	The room is equipped with video surveillance cameras that provide a full view of the entire room. Cameras are out of reach of the patient and protected from tampering or image blocking. Image is recorded with live monitoring at the nursing station.		
<i>Quiet Room(s) meet the following requirements:</i>			
16	A quiet room is provided for patients needing alone time but not seclusion. (Note: This room may double as a visitation room as long as it is not also being utilized as a consultation room.) The seclusion room is not utilized as a quiet area.		
17	The room has a minimum of 80 sq. ft.		



**16.06 Patient Care, Treatment, and Activity Areas**

**(Eff. 8/1/16)**

The design of patient care settings shall address the need for a safe treatment environment for those who may present unique challenges and risks as a result of their mental condition.

Reference:

Guidelines for the Design and Construction for Hospitals and Outpatient Facilities:

#	Criteria	Deficient Practice	Effect / Outcome
	<i>Activity/Dining Area(s) meet the following requirements:</i>		
1	There are spaces that allows for social interaction, dining, and group therapy activities.		
2	<i>Adult:</i> There are at least 2 separate social spaces, one appropriate for noisy activities and one for quiet activities. The combined area of these spaces has a minimum of 25 sq. ft. per patient with at least 120 sq. ft. for each of the spaces.		
3	<i>Adult:</i> There is space for dining. The use of the social space for dining is permitted if an additional 15 sq. ft. per patient is added. Otherwise, 20 sq. ft. per patient is required for the dining area.		
4	<i>Children:</i> There must be a designated activity area that is 35 sq. ft. per patient. The total area for social activities and dining is a minimum of 50 sq. ft. per patient. If separate areas are utilized for dining and activities, the dining area must be 15 sq. ft. per patient.		
	<i>Consultation Room(s) meet the following requirements:</i>		
5	There are separate consultation room(s) with a minimum floor area of 100 sq. ft.		
6	There is at least one consultation room for every 12 psychiatric beds or fewer.		
7	Room(s) provide acoustical and visual privacy.		
	<i>Other Areas meet the following requirements:</i>		
8	Group therapy space may be combined with quiet space. Enclosed, private social spaces are permitted for group therapy use when there are less than 13 patients and there are at least 225 sq. ft. of space.		

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9	There is a patient examination room with a minimum of 120 sq. ft. of clear floor area that contains a hand washing station, storage facilities and a desk, counter or shelf space for writing or electronic documentation. The patient examination room may be located in another area or floor of the hospital.		
10	Multipurpose spaces are located on or immediately accessible to the nursing unit.		
11	A visitor room with a minimum of 100 sq. ft. is available for patient to meet with friends and family.		
12	Laundry facilities with automatic washer and dryer are provided.		

**16.07 Staff Support Areas**

(Eff. 8/1/16)

Designated spaces for the use of staff shall be readily accessible to each nursing unit.

Reference:

Guidelines for the Design and Construction for Hospitals and Outpatient Facilities:

#	Criteria	Deficient Practice	Effect / Outcome
<i>Storage areas meet the following requirements:</i>			
1	There is space for the storage of patient's personal belongings and for securing valuables.		
2	There is a staff controlled secured storage area provided for patient belongings determined to be potentially harmful (razors, clippers etc.)		
3	<i>Children:</i> There is storage space for toys, equipment, beds etc.		
4	Equipment and supply storage areas for clean linen storage, wheelchair, emergency equipment and administrative supplies may be located on the nursing unit when they do not present a risk to patients.		
<i>Nursing stations meet the following requirements:</i>			
5	There is a nursing station or administrative center with counter space and at least 1 hand washing station in, next to, or directly accessible to this area.		
6	When open nursing stations are utilized, there is an area immediately adjacent that a staff member can access for safety.		

7	A conference or treatment planning room is provided. Combination of this room with charting room is acceptable.		
8	Non-patient areas, including staff support rooms and mechanical and electrical spaces are secured from patients.		

**16.08 Medication Safety Zones**

(Eff. 8/1/16)

Medication safety zones shall be provided for preparing, dispensing, storing, and administering medications.

Reference:

Guidelines for the Design and Construction for Hospitals and Outpatient Facilities:

#	Criteria	Deficient Practice	Effect / Outcome
1	A medication preparation room, self-contained medication dispensing unit, automated medication-dispensing station, or other such system shall be permitted to serve as a medication safety zone.		
2	Medication safety zones are located out of circulation paths to minimize the potential for distraction and interruption.		
3	The work space is organized and designed so that staff can access information and perform required tasks.		
4	The medication preparation room is under visual control of the nursing staff.		
5	The medication preparation room contains a work counter, handwashing station, lockable refrigerator, lockable storage for controlled drugs, and sharps containers (where sharps are used) placed at a height that allows users to see the tops of the containers.		

**16.09 Patient Rooms**

**(Eff. 8/1/16)**

Patient rooms meet safety and physical plant requirements.

Reference:

Guidelines for the Design and Construction for Hospitals and Outpatient Facilities:

#	Criteria	Deficient Practice	Effect / Outcome
1	Rooms have 100 sq. ft. of clear area for single capacity and 80 sq. ft. per bed/60 sq. ft. per crib for multi-bed capacity. Maximum capacity is 2 adults or 4 children.		
2	Each patient has in their bedroom a separate space (locker, shelves, wardrobe etc. for storing person effects like clothing. (There is no hanging garment arrangement.) The area must be large enough to hold 7 days of clothing.		
3	Each patient room has a window. Windows are not operable and should be made of break-resistant material that will not shatter.		
4	The ceiling and air distribution devices, lighting fixtures, sprinkler heads and other equipment are tamper-resistant.		
<i>Patient Psychiatric Rooms on Medical/Surgical Units meet the following requirements when applicable:</i>			
5	If a medical care bed for a psychiatric patient is provided for close supervision on a medical/surgical unit, the room is for single patient occupancy.		
6	The design of each room minimizes the potential for escape, concealment, injury or suicide.		
7	The location of each room allows staff observation of the room entrance.		
8	Whenever view panels are used for patient observation, the arrangement provides for privacy and prevents casual observation by visitors or other patients.		

**16.10 Patient Toilet and Bathing Rooms**

(Eff. 8/1/16)

Patient toilet and bathing rooms meet safety and physical plant requirements.

Reference:

Guidelines for the Design and Construction for Hospitals and Outpatient Facilities:

#	Criteria	Deficient Practice	Effect / Outcome
	<i>Patient Toilet Room(s) meet the following requirements:</i>		
1	Each toilet room has a toilet and hand washing station.		
2	<i>Adults:</i> The patient has access to a toilet room without having to enter a corridor. (Not applicable in specific patient bedrooms where the use of corridor access is part of the hospital's written clinical risk assessment and management program.)		
3	<i>Children:</i> Each child has access to a toilet room either from the patient room or from the corridor outside the patient room. Where access is provided via a corridor, the toilet is located in the nursing unit or located no more that 150 ft. from the bedroom.		
4	If the toilet room has a swinging door, it must either swing outward or be double swinging. These doors should either not be lockable from within the room or be provided with privacy locks that can be opened by staff with a key or tool. Hardware should be designed to prevent occupants from tying the door closed.		
5	Each toilet room serves no more than 2 patient bedrooms or 4 patients.		
6	When a toilet room is required to be ADA or ANSI-compliant, the threshold is designed to prevent wheelchair tipping, grab bars facilitate use and are ligature-resistant and the doorway provide space for the healthcare provider to transfer the patient to the toilet using portable lifting mechanical equipment.		
7	The ceiling and air distribution devices, light fixtures, fire sprinklers, electrical receptacles and other equipment are tamper resistant.		
8	Grab bars are continuous to the wall so that nothing can pass between the edge of the rail and the wall.		

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9	Grab bars, including those that are part of such fixtures as soap dishes, are anchored to sustain a load of 250 lbs.		
10	Toilet, sink and other plumbing fixture levers, hardware, and accessories, including grab bars and toilet paper holders, are designed to prevent attachment of other articles and removal. Shutoffs are covered and secured to prevent access.		
11	Toilet flush valves are recessed or of the push-button type.		
12	No plumbing pipes are exposed.		
13	Hand-washing station faucet hardware is recessed or of the push-button type.		
14	The toilet is secured and tamper resistant.		
15	Patient mirrors are non-breakable and shatterproof.		
<i>Patient Bathing Areas(s) meet the following requirements:</i>			
16	There is a bathtub or shower for each 6 beds not otherwise served by bathing facilities at patient bedrooms.		
17	Bathing facilities are no more than 150 ft. from any patient room and is within the nursing unit.		
18	Shower, bath, and other plumbing fixture lever, hardware, and accessories, including grab bars, are designed to prevent attachment of other articles and removal. Shutoffs are covered and secured to prevent access.		
19	Towel bars, shower curtains rods and lever handles are specifically designed as anti-ligature.		
20	Overhead rods, fixtures, privacy stalls, supports or protrusions are selected and installed in a manner that mitigates the risk of use as a weapon or for self harm.		
21	Shower heads are recessed, sloped or otherwise designed to prevent attachment of other articles.		

22	The door(s) to the patient shower room do not swing into the shower room. These doors are not lockable from within the room or be provided with privacy locks that can be opened by staff with a key or tool. Hardware should be designed to prevent occupants from tying the door closed.		
23	Grab bars are continuous to the wall so that nothing can pass between the edge if the rail and the wall.		
24	Grab bars, including those that are part of such fixtures as soap dishes are anchored to, sustain a load of 250 lbs.		
25	Light fixtures, fire sprinklers, electrical receptacles and other equipment are tamper resistant.		
26	No plumbing pipes are exposed.		
27	Patient mirrors are non-breakable and shatterproof.		
28	<i>Forensic Units Only:</i> No towel bars, shower curtains rods or lever handles except when a specifically designed anti-ligature lever handle is utilized.		

**16.11 Patient Outdoor Areas**

(Eff. 8/1/16)

Patient outdoor areas meet safety and physical plant requirements.

Reference:

Guidelines for the Design and Construction for Hospitals and Outpatient Facilities:

#	Criteria	Deficient Practice	Effect / Outcome
1	Fences or walls hinder climbing and are 10 ft. in height above area elevation, have tamper-resistant hardware and can withstand the body force of a 350 lb. person.		
2	Any gate or door swings outward and have the hardware installed on the outside of the gate or door.		
3	There are no trees or bushes adjacent to the fence or wall.		
4	Lights are not accessible to patients and any poles supporting the lights can not be climbed.		
5	Any furniture provided is secured to the ground and not able to be used to climb the fence or wall.		
6	Elevated courtyards or outdoor areas above the ground floor do not have skylights, ledges or unprotected walkways.		
7	Outdoor areas should be secured in accordance with the findings of any patient and staff safety assessment.		

**16.12 Patient Assessment & Treatment**

(Eff. 8/1/16)

Written policy, procedure and practice document multi disciplinary assessments supporting stabilization, recovery, care and treatment that are developed based on the needs of the patient.

Reference:

State of Georgia Rules and Regulations for Hospitals Chapter 111-8-40-.37

#	Criteria	Deficient Practice	Effect / Outcome
1	The organization has an assessment process in place that includes, at a minimum, the following: (1) an admission assessment and (2) a psychiatric or substance abuse evaluation as indicated by the reason for admission.		
2	The admission assessment and psychiatric/substance abuse evaluation are completed within 24 hours of admission.		

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3	When the hospital is not able to meet the patient needs as identified, including any acute medical or surgical needs, the hospital assist the patient in locating and accessing services to meet those needs, which may include transfer to another facility.		
4	Progress notes document the patient's status and response to treatment.		
5	There are processes in place following a suicide attempt, where staff are debriefed immediately to identify the events preceding the suicide attempt.		
6	Medications administered or prescribed are only for the purpose of providing effective treatment or habilitation and/or protecting the safety of the patient or others. At no time are medications used for punishment or for the convenience of staff.		

**16.13 Individualized Service Plan**

**(Eff. 8/1/16)**

Written policy, procedure and practice document an individualized service plan developed in collaboration with the patient when possible.

Reference:

State of GA Rules and Regulations for Hospitals Chapter 111-8-40-.37

#	Criteria	Deficient Practice	Effect / Outcome
1	An individualized service plan is developed from a combination of the patient's needs as identified through assessments and the outcomes the individual desires to achieve.		
2	The individualized service plan is initiated within the first 12 hours after admission and updated as needs are identified through assessments.		
3	The service plan reflects the following: (1) organized statement of the proposed treatment process; (2) measurable goals and/or objectives; and (3) established discharge criteria.		
4	There are regular reviews of the patient's progress toward goals and/or objectives in the individualized service plan, with modifications to the plan made in response to progress or lack of progress.		

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5	Measures are in place to make certain that all patients participate, to the extent possible, in the development, implementation, and review of their individualized service plan.		
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**16.14 Discharge/Aftercare Planning**

**(Eff. 8/1/16)**

Written policy, procedure and practice document discharge/aftercare planning based on ongoing assessments of the patient's needs.

Reference:

State of GA Rules and Regulations for Hospitals Chapter 111-8-40-.37

#	Criteria	Deficient Practice	Effect / Outcome
1	A discharge/aftercare plan is prepared for each patient at the time that their treatment plan is developed.		
2	Measures are in place to ensure that patients participate, to the extent possible, in the development of their discharge/aftercare plan.		
3	The discharge/aftercare plan is re-evaluated periodically during the treatment process to update and revise the plan if needed.		