



This tool outlines criteria reviewed during compliance reviews conducted by the Department of Behavioral Health and Developmental Disabilities for Crisis Stabilization Units as outlined in policy.

[CSU: General Certification Requirements, 01-326](#)

AREAS REVIEWED
Staffing Requirements
Environment of Care
Fire or Disaster Safety Requirements
Infection Control
Performance Improvement Plan and Activities
Food Service
Documentation of Legal Status
Protection and Safety of the Individual and Others
Seclusion or Restraints
Suicide Prevention
Provision of Individualized Care
Medication Management
Medication Orders and Informed Consent
Medication Administration
Medication Administration Records

Criteria Chapter	Number	Criteria
11.01	1	In the Adult CSU – For every 30 beds, there is one RN present at all times.
11.01	2	In the Adult CSU - The ratio of nursing staff and unlicensed assistive personnel to individuals is not less than 1:8, excluding the charge nurse.
11.01	3	In the Adult CSU – there are at least 3 staff (with at least one being an RN) present within the CSU.
11.01	4	In the Adult CSU - The ratio of nursing staff and unlicensed assistive personnel to individuals increases on the basis of the clinical care needs of the individual, including required levels of observations for high-risk individuals.
11.01	5	In the Child & Adolescent and Autism CSUs - At all times, there are at least three staff present within the CSU, including the charge nurse.
11.01	6	In the C&A and ASD CSUs -There are no more than 4 individuals for every one staff, including the charge nurse.
11.01	7	In the C&A CSU (not ASD CSU) -There is one RN present for every 16 beds in a C&A CSU.

11.01	8	In the C&A and ASD CSUs – There is a licensed/credentialed practitioner (or a supervised S/T) on staff and available to provide individual, group, and family therapy.
11.01	9	If a nursing staff is assigned a 1:1 support role, then he/she is not counted in the required ratio. An additional RN is required during the 1:1 time period.
11.01	10	The physician or psychiatrist is on call 24 hours a day and makes in-person rounds for every admitted individual 7 days a week. The physician or psychiatrist responds to calls within an hour.
11.01	11	The CSU has a full-time nursing administrator who is an RN. In the Child and Adolescent CSU, the nursing administrator has training or experience with treating children and youth.
11.01	12	The CSU has an RN present, 24 hours a day, 7 days a week who is the charge nurse for the CSU. If the charge nurse is an APRN, he/she may not simultaneously serve as the accessible physician during the same shift.
11.01	13	Functions performed by Physician Assistants, Nurse Practitioners, Clinical Nurse Specialists, Registered Nurses, and Licensed Practical Nurses must be performed within the scope of practice allowed by State Law and Professional Practice Acts.
11.01	14	For ASD CSU, a BCBA or licensed psychologist supervises behavior intervention programs. Effective 3/24/2021, a BCBA and/or BCaBA (under the supervision of the lead BCBA) supervises behavior intervention programs.
11.01	15	For ASD CSU, for every eight (8) beds, there is one (1) nurse present at all times. The first nurse must be an RN. The second nurse may be either an RN or a Licensed Practicing Nurse (LPN).
11.01	16	For ASD CSU, a BCBA must provide oversight to direct care staff during awake hours (first and second shift, 7 days a week). Functions performed by the BCBA must be within the scope of their practice and aligned with their professional standards. Effective 3/24/2021, a BCaBA may also provide oversight to direct care staff during awake hours (first and second shift, 7 days a week). Functions performed by the BCaBA must be performed within the scope of their practice and aligned with their professional standards. The BCaBA must receive supervision from lead BCBA on staff.
11.01	17	ASD CSU services must be provided by a physician or physician extender under the supervision of a physician, practicing within the scope of State law. All services provided within the CSU must be delivered under the direction of a physician.
11.01	18	ASD CSU employs a full-time-equivalent (FTE) BCBA who serves as the lead for all Applied Behavior Analysis (ABA) aspects of treatment
11.01	19	For the ASD CSU, RBTs must be supervised by either the BCBA or BCaBA on staff. Effective 7/1/21 QASP-Ss, QASPs, and ABATs must be supervised by the BCBA on staff.

11.01	20	For the ASD CSU, there is a dedicated staff member whose primary role is to plan the appropriate discharge of the youth from the ASD CSU.
11.02	1	The CSU maintains an environment that is clean, in good repair, safe, and free of items that could be used for self-harm.
11.02	2	The CSU provides for optimal line-of-sight observation from the nurses' station throughout the unit. Hidden spaces and blind corners are mitigated.
11.02	3	The CSU is a locked facility.
11.02	4	Furnishings, hardware, fixtures, and protrusions are intact, functional, and tamper resistant.
11.02	5	Lighting fixtures are recessed and tamper resistant with Lexan or other strong translucent materials.
11.02	6	The ceiling and air distribution devices, light fixtures, and sprinkler heads are tamper resistant. For CSUs who apply for certification after 3/29/15, sprinklers are flush mounted on ceilings less than 9 feet. Sprinklers have institutional heads that are recessed and drop down when activated.
11.02	7	Light switches and electrical outlets are secured with tamper-resistant type screws.
11.02	8	Security and safety devices are mounted, installed, and secured in a manner that mitigates the risk of use as weapons or for self-harm, prevents interference, and prevents any attempt to render inoperable with its purpose as a security device.
11.02	9	The temperature is maintained between 65 degrees F and 82 degrees F.
11.02	10	The CSU is non-smoking. In Child and Adolescent units, the grounds are also non-smoking. Adult CSUs that offer smoking have a sheltered, outside space as a smoking area.
11.02	11	Internal or egress doors equipped with electronic locks have manual common key mechanical override that will operate in the event of a power failure or fire.
11.02	12	Windows are protected with Lexan or other shatter-resistant material that will minimize breakage. Bedroom windows may be textured to provide privacy without the use of curtains or blinds.
11.02	13	Hot water for individuals' use is maintained between 110 degrees and 120 degrees. The CSU checks and documents the temperature of the water at various outlets throughout the CSU and corrects variances as needed.
11.02	14	The CSU has consistently available drinking water for individuals' access using mechanisms that provide for infection control.
11.02	15	The CSU has facilities accessible to and usable by physically disabled individuals.
11.02	16	The CSU/BHCC maintains safety equipment to include an Automatic External Defibrillator (AED) and all other necessary medical safety supplies.
11.02	17	Entrances and exits, sidewalks and escape routes are constantly maintained free of all impediments and hazards.

11.02	18	The CSU has at least one operable, non-pay telephone that is private and accessible at reasonable times for use by the individual.
11.02	19	The CSU has a pre-admission waiting area, including restrooms, that meets all safety requirements applicable to designated individual areas.
11.02	20	The CSU has a secure area where individuals, including those being evaluated on an involuntary basis, can be held awaiting evaluation and/or observation prior to an admission determination being made.
11.02	21	The CSU has a screening area with the capacity to be locked where searches can be done in a private and safe manner, respecting individuals' rights, and privacy.
11.02	22	The CSU has an exam room where examinations and lab procedures are conducted safely while respecting the individuals' confidentiality.
11.02	23	Beds and other heavy furniture capable of use to barricade a door are secured to the floor or wall.
11.02	24	Rooms used for more than one individual have a minimum of 60 square feet per individual. Private rooms have a minimum of 80 square feet per individual.
11.02	25	Child and Adolescent CSUs have sleeping areas that are gender specific.
11.02	26	Bathrooms are gender specific and have proper ventilation.
11.02	27	Exposed plumbing pipes are covered to prevent individuals' access.
11.02	28	The CSU has a minimum of one shower, one toilet and one lavatory for each of six individuals. Individual shower stalls and dressing areas are provided.
11.02	29	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 (handing, cutting, etc.). If the physical plant space of the CSU is prohibitive of this, there are written policies and protocols to monitor and reduce this risk with supporting evidence of compliance to these policies and protocols. The toilet is secured and tamper resistant.
11.02	30	At least one bathroom is accessible for use by individuals with physical disabilities. It includes a toilet, lavatory, shower, and flush-mounted safety grab bars.
11.02	31	Mirrors are not common glass and are fully secured and flat mounted to the wall.
11.02	32	The CSU has an outdoor area that is: (1) age appropriate; (2) enclosed by a privacy fence no less than 6 feet high that provides privacy from public view and does not provide access to contact with the public; (3) constructed to retain individuals inside the area and minimize elopement; and, (4) designed for safety without blind corners to be readily visible by one staff standing in a central location.
11.02	33	Except as otherwise provided by law, weapons are prohibited at the CSU. The facility posts notices regarding the prohibition of weapons at all entrances and has written protocols addressing the same.

11.02	34	The CSU provides laundry facilities on the premises for the individual's personal laundry.
11.03	1	The CSU clearly defines in policy and exercises control of potentially injurious contraband items. Such control includes, but may not be limited to: 1) prohibition of flammables, toxins, ropes, wire clothes hangers, sharp-pointed scissors, luggage straps, belts, knives, shoestrings, glass or other potentially injurious items; 2) management of housekeeping supplies and chemicals, including procedures to avoid access by individuals during use or storage; 3) safeguarding use and disposal of nursing and medical supplies including drugs, needles, and other "sharps" and breakable items. 4) For the Autism CSU only, special exceptions will apply to therapeutic items on an individual basis that are typically excluded from a CSU environment, provided the following are implemented: a. Ongoing assessment to reflect clinical necessity and appropriateness of use b. Risk Mitigation procedures to include but not limited to: when, where, and how the item(s) will be used, with documentation in the IRP/IBSP and evidence of staff training c. Documented inspection of each item after use (checking for any wear and tear, and safety hazards) d. Documented protocols and processes for initial sanitization and ongoing sanitization of all items and, e. Storage of each item under lock and key when not in use f. Items considered a ligature risk (e.g. strings, belts, ropes) remain excluded from use in the ASD CSU
11.03	2	The CSU/BHCC provides a means of locked storage for any individual's valuables or personal belongings.
11.03	3	Personal searches of individuals (e.g. strip searches) are performed only for cause and if ordered by the physician. The order includes the rationale for a personal search. Sequential steps of the search, including documentation of staff involved by name and title, are recorded in the progress notes section of the clinical record. Neither the CSU nor the physician may require mandatory removal of clothing for all individuals or allow standing orders for personal searches of all individuals.
11.03	4	Staff conducts a pat-down search of each individual, his or her clothing, and all personal effects before admission to the unit.
11.03	5	All physical searches (whether pat-down searches or personal/strip searches) are conducted by staff members who are trained in search procedures.
11.03	6	Incidents and Safety Plans are entered into the incident database within the time frames outlined in DBHDD policy.
11.04	1	For CSUs who apply for certification after 3/29/15, the privacy of the person is protected by the seclusion or restraint room location either being not visible from the common areas or, if visible, having restricted visibility to the interior of the room.
11.04	2	At least one identified room used for seclusion or restraint has a bed commercially designed for use with restraints that are bolted to the floor and without sharp edges. The surface of the bed is impermeable to resist penetration by body fluids.

11.04	3	The floors and walls, up to a height of 3 feet, are finished to resist penetration of body fluids and are constructed of high impact sheet rock.
11.04	4	For CSUs who apply for certification after 3/29/15, the seclusion or restraint room has a minimum of 70 square feet.
11.04	5	For CSUs who apply for certification after 3/29/15, the ceiling height is at least 9 feet.
11.04	6	The door to the room opens outward and is not locked from within.
11.04	7	The bed placement provides adequate space for staff to apply restraints and does not allow individuals to access the lights, smoke detectors or other items that may be in the ceiling of the room.
11.04	8	Staff have full visual access to the individual. There is a vision panel installed in the door.
11.04	9	Where the interior is padded, the padding is in good repair and is intact.
11.04	10	The room is maintained at a comfortable temperature, properly vented, and free of respiratory irritants. The room is free from hazardous conditions.
11.04	11	Mechanical restraint devices are in proper working order, clean and sanitary. Restraints are cleaned according to the manufacturer's recommendations.
11.04	12	The CSU uses the restraint devices specific to the individual's height, weight, and body mass.
11.04	13	Only beds suitable and appropriate for use with restraints are utilized in conjunction with mechanical restraints. The restraint devices are designed to be used on the restraint bed. When a restraint bed is in use, there are no bed linens.
11.04	14	Emergency safety interventions are performed in a manner that is safe, proportionate, and appropriate to the severity of the behavior as well as the individual's chronological and developmental age, size, gender, physical, medical, psychiatric condition, and personal history.
11.04	15	A physician or other Licensed Independent Practitioner authorizes all orders for the utilization of seclusion or any form of restraint. The physician/LIP conducts an assessment prior to the initiation and authorization of seclusion or restraint and documents the assessment using the required DBHDD form.
11.04	16	When seclusion or restraint is initiated in an emergency safety situation without an order for a physician/LIP, the order will be obtained within 30 minutes.
11.04	17	The use of seclusion or restraint is discontinued at the earliest time that the behavioral criteria are met, and it is safe to discontinue. Orders never exceed 2 hours for individuals age 9 and older, or one hour for children under age 9.
11.04	18	For individuals aged 21 and over, with the approval of the Medical Director, orders for 2-point wrist to waist restraints may be ordered for up to 8 hours as the only option to avoid having the individual in prolonged seclusion or non-ambulatory restraints. The individual must be re-assessed every 2 hours.

11.04	19	Staff maintain one-to-one observation of the individual during seclusion or restraint.
11.04	20	Staff and individuals are debriefed immediately following an episode of seclusion or restraint, identifying the circumstances leading up to the seclusion or restraint.
11.04	21	The following restraint practices are prohibited: a. The use of chemical restraint for any individual b. The combined use of seclusion and mechanical, and/or manual restraint (effective 7/1/21) c. Standing orders for seclusion or any form of restraint d. PRN orders for seclusion or any form of restraint e. Prone manual or mechanical restraints f. Transporting an individual in a prone position while being carried or moved g. Use of seclusion or restraint at part of a BSP or IRP (BSP effective 7/1/21) h. The use of handcuffs for an individual not under the jurisdiction of the criminal justice system. The use of medication as a chemical restraint
11.04	22	For ASD CSU, the individual's IRP and PBSP are updated following the debriefing of what led to a seclusion or restraint episode, including changes that could be made to prevent the situation from reoccurring or better support the individual if future issues do occur
11.05	1	The CSU documents the legal and clinical basis of the individual's admission to the CSU, whether voluntary or involuntary, consistent with all applicable State laws, rules, and regulations.
11.05	2	The CSU ensures the documentation of the legal and clinical basis for continued admission to the CSU for purposes of evaluation when consistent with all applicable State laws, rules, and regulations.
11.05	3	The CSU maintains a record of voluntary or involuntary status change, including the date and time of such changes.
11.05	4	The CSU ensures the documentation of the assessment of the individuals' capacity to understand and exercise the rights and powers of voluntary admission.
11.05	5	Where specific DBHDD legal forms exist to document any of the above-mentioned actions, those forms are utilized.
11.05	6	For individuals transferred to transitional beds in a CSU, the date of transfer must be documented in a progress note and filed in the individual's record.
11.06	1	All individuals who are present at services are assessed for suicide risk using the most appropriate C-SSRS tool. The C-SSRS is used to complete the Suicide Item on the Child and Adolescent Needs and Strengths (CANS) assessment tool.
11.06	2	Any "yes" answer on questions 1 and 2, either recent or lifetime, automatically disqualifies the individual from being categorized as "low risk" and means the individual is given the full C-SSRS screener.
11.06	3	Any time there are indicators of suicidal ideation or behavior, a C-SSRS is conducted, a Safety Plan Intervention is developed, and further assessment and triage is conducted if necessary.
11.06	4	A person assessed to be potentially suicidal is on a higher level of supervision.

11.06	5	An RN or other licensed/certified clinician may initiate suicide prevention interventions prior to obtaining a physician/psychiatrist's order, but in all instances must obtain an order within 1 hour of initiating the intervention.
11.06	6	The individual's IRP is updated following the debriefing of what led to the suicide attempt, including changes that could be made to prevent the situation from reoccurring or to better support the individual if future issues do occur.
11.06	7	Staff is debriefed immediately following a suicide attempt, identifying the circumstances leading up to the suicide attempt.
11.07	1	Program offerings for the Adult and C&A CSUs (not ASD CSU) are designed to meet the biopsychosocial stabilization needs of each individual, and the therapeutic content of the program (group and individual therapy/training, education support, etc.) is annually approved by a licensed/certified clinician. The content is captured in a master file which has the licensed clinician's approval, signature, and date of review.
11.07	2	The Adult and C&A CSU (not ASD CSU) does not admit individuals presenting with issues listed under "Exclusion Criteria" according to DBHDD policy 01-350, CSU: Medical Evaluation Guidelines and Exclusion Criteria for Admission to CSUs.
11.07	3	The individual is assessed by the physician within 24 hours of admission, with documentation of findings and orders for care. Orders for care include the clinically appropriate level of observation for the individual.
11.07	4	The admission assessment includes an assessment of past trauma or abuse, and how the individual served would prefer to be approached should he or she become dangerous to him or herself or others. The findings from the assessment guides the process for determining interventions.
11.07	5	The IRP is developed within 72 hours of admission on the basis of assessments conducted by the physician, RN, or professional social work or counseling staff.
11.07	6	For Adult and C&A CSU (not ASD CSU), the IRP is reviewed at a minimum of every 72 hours by the treatment team to assess the need for the individual's continued stay in the CSU. The plan is updated as appropriate when the individual's condition or needs change.

11.07	7	For Adult and C&A CSU (not ASD CSU), the IRP is developed in collaboration with the individual, and includes the following: 1) a problem statement or statement of needs; 2) Goals that are realistic, measurable, consistent with the identified needs, linked to symptom reduction, and attainable by the individual during the individual's projected length of stay; 3) Measurable objectives; 4) Specific treatment offerings, methods of treatment, and staff responsible for delivery; 5) Interventions and preferred approaches that are responsive to findings of past trauma and abuse; 6) Evidence of involvement by the individual, as documented by his/her signature, or by documentation of the individual's inability or refusal to sign; 7) Signatures of all staff participating in the development of the plan; 8) Involvement of the legal guardian documented by signature or refusal to sign (for children and adolescents).
11.07	8	For children and adolescent, an LCSW, LPC, LMFT, Physician, Physician Assessment, Clinical Nurse Specialist, Nurse Practitioner or Psychologist conducts an assessment within 48 hours of admission.
11.07	9	An RN documents at least once per day as to the status of the individual.
11.07	10	Laboratory and other diagnostic procedures must be performed as ordered by a physician.
11.07	11	When laboratory tests are processed on-site, there is documented evidence of a current Clinical Laboratory Improvement Amendment waiver.
11.07	12	The physician conducts an assessment of the individual at the time of discharge.
11.07	13	For Adult and C&A CSU (not ASD CSU), discharge summary information is provided to the individual at the time of discharge and includes criteria describing evidence of stabilization and discharge planning, significant findings relevant to the individual's recovery, specific instructions for ongoing care, individualized recommendations for continued care, and contact information on acquiring access to community services.
11.07	14	The total length of stay in a C&A CSU (not ASD CSU) does not exceed 14 calendar days for any one episode of care.
11.07	15	The CSU has a documented operating agreement and referral mechanism for psychiatric disorders, addictive disorders, and physical healthcare needs that are beyond the scope of the CSU and that require inpatient treatment. Operating agreements must delineate the type and level of service to be provided by the private or public inpatient hospital or treatment facility. These agreements must specifically address the criteria and procedures for transferring an individual to a designated treatment facility when the CSU is unable to stabilize the individual.

11.07	16	For ASD CSU - If there is a parental/caregiver affirmation that an actual diagnosis of ASD exists, documentation of this diagnosis must be confirmed and acquired by the CSU provider within one (1) week of admission; OR if an actual diagnosis of ASD cannot be confirmed, the CSU provider must arrange for a full diagnostic workup resulting in a confirmed and documented diagnosis of ASD within two (2) weeks of admission. If a diagnosis of ASD is not confirmed within these timeframes, the provider immediately begins arranging for transfer of the youth to services more appropriate for his/her needs.
11.07	17	The total length of stay in the ASD CSU does not exceed thirty (30) calendar days for any one episode of care.
11.07	18	For ASD CSU, program offerings for the CSU are designed to meet the biopsychosocial and behavioral stabilization needs of each individual, and the therapeutic content of the program (group and individual therapy/training, education support, etc.) is annually approved by a licensed/certified clinician. The content is captured in a master file which has the licensed clinician's approval, signature, and date of review.
11.07	19	For ASD CSU - A daily activity schedule (per shift) is posted in the ASD CSU. A significant portion of the daily schedule consists of structured activities and treatment targeted toward reduction of maladaptive behaviors, acquisition of adaptive behaviors, and mitigation of any co-occurring behavioral health symptoms related to the emanating crisis.
11.07	20	For ASD CSU, a physician conducts an assessment of new admissions, address issues of care, and write orders as required.
11.07	21	For ASD CSU no more than 30% of all youth's waking hours (except educational schooling, mealtimes, and ADL times) should be spent in milieu activities
11.07	21	For ASD CSU no more than 30% of all youth's waking hours (except educational schooling, mealtimes, and ADL times) should be spent in milieu activities
11.07	22	For ASD CSU - A functional behavior assessment administered by the CSU's BCBA is used to determine the level and type of behavior interventions to be used with the individual in the ASD CSU to address ASD-related needs. The FBA must begin within 36 hours of admission to develop the individualized Crisis Intervention Plan and PBSP. If clinically indicated, an Adaptive behavior assessment can be completed during the initial assessment by the appropriate credentialed provider (ABAS-3, Vineland Adaptive Behavior Scales, AFLS etc.). Effective 3/24/21, a BCaBA may also complete the FBA; however, it must be reviewed and approved by the BCBA on staff.
11.07	23	For ASD CSU, a BCBA conducts an FBA for the individual in accordance with the clinical operations section... Effective 3/24/21, a BCaBA may conduct the FBA.

11.07	24	For ASD CSU - Within 36 hours of admission, an individual's crisis plan must be developed (or updated if one already exists) and implemented for each youth served.
11.07	25	For ASD CSU - Within three (3) days of admission, a provisional PBSP must be developed (which is primarily focused on the crisis-related behavior) and implemented.
11.07	26	For ASD CSU - Within five (5) days of admission, a finalized PBSP must be fully implemented
11.07	27	For ASD CSU - the dedicated discharge staff completes the following: 1. Upon admission, begins to develop an individualized discharge/transition plan, to include coordination and continuity of post-discharge services and supports, assists each youth and caregiver/family with identifying and accessing needed services/supports post discharge, and updates/coordinates with existing supporting providers and key stakeholders 2. Research available community resources and OP providers to meet the individual and caregiver/guardian needs, including financial resources and preferences for location 3. Discusses transition options with the guardian/caregiver and youth engaging in the process, as appropriate 4. Develops a transition plan, clearly outlining the recommended, continued treatment plan and responsibilities of the guardian/caregiver 5. Performs all tasks related to placing the youth with the OP providers 6. Conducts at least one (1) follow-up call within seven (7) days of discharge to ensure needed community support connections have been made and that the discharge plan is being implemented.
11.07	28	For ASD CSU - Training is provided to the youth's caregivers resulting at a minimum of the following: 1. Comprehensive knowledge on the child's complete diagnosis 2. Competence in the behavior plan developed on the unit 3. Knowledge on how to respond to challenging behaviors 4. Knowledge on how to prevent challenging behaviors 5. Knowledge on how to advocate for the child's needs; and 6. Knowledge on how to respond and implement the crisis safety plan.
11.07	29	ASD CSU - There is an individualized daily schedule in each child/youth's clinical record. The daily activities are consistent with each youth's needs as identified in their PBSP and IRP.

11.07	30	ASD CSU - The PBSP includes the following elements: 1. Background and Statement of Problem 2. Relevant Medical History/Medical Necessity 3. Functional Behavioral Assessment 4. Reinforcer Identification 5. Baseline Data 6. Rationale for Current Plan and Procedures 7. Behavioral Objectives/Behavior Goals 8. Alterations to Interactions and the Environment 9. Replacement Behavior Teaching & Skill Acquisition Training 10. Reinforcement Procedures 11. Strategies for Decreasing Inappropriate Behaviors 12. Data Recording/Fidelity Monitoring 13. Generalization, Maintenance, Fading Strategies 14. Staff Training/Caregiver Training 15. Program Monitoring 16. Risks and Benefits 17. Consent 18. Data Collection Forms - Challenging, replacement behavior & skill acquisition 19. Monitoring Forms/Fidelity Checklists 20. Staff Training Records/Plan.
11.07	31	ASD CSU - For youth who have an active PBSP from another service provider, the CSU uses those interventions to inform the development of the interventions to be implemented during the crisis stabilization process
11.07	32	ASD CSU - All children/youth have an individualized Crisis Intervention Plan that includes the following elements: 1. Operational Definition of behaviors 2. Description of situations in which the challenging behavior typically occurs 3. Common warning signs and/or precursor behaviors that indicate a crisis is imminent 4. Identification of staffing needed to carry out crisis curriculum procedures 5. Identification of equipment necessary 6. Contact information for additional staff that may be available for assistance 7. Specific crisis curriculum techniques to use for each challenging behavior 8. Protocols to access community-based crisis services to include the Georgia Crisis Response System, access emergency room care or law enforcement, if the acute crisis presents a substantial risk of imminent harm to self and others must be included in the crisis intervention plan provided upon discharge 9. Procedures for debriefing and documentation - a functionally appropriate debriefing should occur.
11.07	33	ASD CSU - There is detailed documentation of interventions that were identified in the PBSP and that these were both attempted and exhausted before initiating crisis interventions.
11.07	34	ASD CSU - The CSU maintains documentation of: 1) Qualitative data, graphs and narrative analysis of behavior change programs, replacement behaviors, skill acquisition, and medication changes related to behavior intervention and the emanating crisis behaviors 2) fidelity monitoring regarding implementation of the PBSP and interventions 3) Behavior support plan and intervention competency training of staff and caregivers.

1.07	35	ASD CSU - The IRP is developed in collaboration with the individual, and includes the following: 1) a problem statement or statement of needs; 2) Goals that are realistic, measurable, consistent with the identified needs, linked to symptom reduction, and attainable by the individual during the individual's projected length of stay; 3) Measurable objectives; 4) Specific treatment offerings, methods of treatment, and staff responsible for delivery; 5) Interventions and preferred approaches that are responsive to findings of past trauma and abuse; 6) Evidence of involvement by the individual, as documented by his/her signature, or by documentation of the individual's inability or refusal to sign; 7) Signatures of all staff participating in the development of the plan; 8) Involvement of the legal guardian documented by signature or refusal to sign (for children and adolescents); 9) a PBSP that includes the following components: a) Operational definition of each behavior and the goal needs, b) Operationally defined and measurable goals and objectives, c) Description of data collection procedures and methods, including the staff responsible for data collection, d) Specific behavior management procedures for reduction of maladaptive behaviors and acquisition of adaptive behaviors, methods of treatment, and staff responsible to deliver the treatments, e) Evidence of involvement by the individual, as documented by his or her signature, or by documentation of the individual's inability or refusal to sign, f) Signatures of all staff participating in the development of the plan.
11.07	36	ASD CSU - The IRP and PBSP are reviewed at a minimum every three (3) business days by the treatment team to assess the need for the individual's continued stay in the CSU. These plans are updated as appropriate when the individual's condition or needs change.
11.07	37	ASD CSU - Discharge summary information is provided to the individual at the time of discharge and includes: 1. Criteria describing evidence of stabilization and discharge planning 2. Significant findings relevant to the individual's recovery (strengths, needs, preferences). Behavior data to support the determination that the individual met behavioral goals identified in the PBSP, or the need for a different level of care 3. Specific instructions for ongoing care 4. Individualized recommendations for continued care to include recovery support, behavior support, and community services (if indicated); and 5. Contact information on acquiring access to community services.
11.08	1	The CSU ensures access to pharmacy services for prescription medications within eight (8) hours of the physician's order.
11.08	2	STAT medication not maintained in the CSU must be available for administration within one (1) hour of the order to give the medication.
11.08	3	CSUs may keep emergency drug kits in accordance with Georgia Rules and Regulations Chapter 480-24-.08.
11.08	4	Standing orders are not permitted for any psychotropic medication ("standing order" means a physician's order that can be exercised by other health care workers when predetermined conditions have been met).

11.08	5	The medication room refrigerator temperature is 34-41 degrees and recorded daily.
11.08	6	Controlled substances are double locked. Refrigerated controlled substances are double locked. A daily inventory of all controlled medications is maintained. Each individual dose is signed out and recorded on the controlled count sheet by the staff administering the medication. At least 2 staff account for the accuracy of the controlled substances inventory when there is a change of the staff responsible for the controlled substances.
11.08	7	The CSU substantially adheres to its process to identify, track and correct deviations in medication prescribing, transcribing, dispensing, administration, documentation, or drug security of ordering or procurement of medication that results in a variance.
11.08	8	There is documented oversight by the medical director for the accounting of and dispensing of sample medications.
11.09	1	Medications are ordered by an appropriately licensed professional (MD, PA, NP). Each medication being administered has an active order on file that is dated and signed. Verbal orders are signed within 24 hours. Each physician's order must contain the individual's name, name of the medication, dose, route, frequency, special instructions (if needed) and the physician's signature.
11.09	2	The organization maintains documentation of the individual's informed consent for all psychotropic medications including antipsychotic, anti-manic, antidepressant, anti-anxiety, and anti-obsessive drugs as well as other medications employed as treatment of psychiatric disorders.
11.09	3	AIMS testing is documented as indicated by the physician for all individuals who receive psychotropic medications or medications known to have risks (e.g., Reglan).
11.09	4	Routinely, up to a 5-day supply of medications is prescribed and dispensed when individuals are discharged from the CSU. Less than a 5-day supply may be given only when there is documentation by the discharging physician of a safety issue and/or a verified outpatient physician appointment is scheduled within 5 days of discharge and transportation for this appointment is assured.
11.1	1	Right Person: The organization utilizes 2 identifiers to identify individuals. Staff check the name on the order and match it to the individual.
11.1	2	Right Medication: Each time the medication is administered, the label on the medication is compared to the physician's order and the Medication Administration Record. Each medication has a label affixed by a licensed pharmacist, dentist, or physician.
11.1	3	Right Time: Medications are administered at the correct time and in accordance with the medication's special instructions.
11.1	4	Right Dose: Each time the medication is administered, the dosage on the medication label, order and MAR are compared to ensure they are identical.

11.1	5	Right Route: Medications are administered via the route indicated by the physician's order. The route is documented for each medication on the MAR.
11.1	6	Right Position: The individual is in the correct anatomical position for the medication route, including for tube feedings.
11.1	7	Right to Refuse: Any medication refusal by the individual is documented and reported timely according to agency policy.
11.1	8	Right Documentation: All aspects of the medication administration are documented on the MAR immediately after each medication is administered.
11.11	1	An MAR is in place for each calendar month that an individual takes or receives medication. Each MAR is for a full calendar month.
11.11	2	A listing of all medication (standing and PRN) is documented on the MAR in full replication of the physician's order to include name of medication, dose as ordered, route as ordered, time of day as ordered, and special instructions if needed.
11.11	3	If a medication is taken more than once daily, each time of the day has a corresponding line that permits as many entries as there are days in the month.
11.11	4	All lines presenting days and times preceding the beginning or ending of an order for medications are marked through with a single line.
11.11	5	When medication is added or discontinued, a single line is marked through dates and times not ordered by the physician. When discontinued, "d/c" and the date is clearly documented.
11.11	6	PRN medications are documented in a separate portion of the MAR from standing medications. The date and time the medication is taken or received is documented for each use. When PRN medication is used, the effectiveness is clearly documented on the MAR.
11.11	7	The MAR includes a legend that clarifies the identity of staff using a full signature and title. The MAR has a legend that clarifies medications not given or otherwise not received by the individual.
11.12	1	The CSU documents monthly fire drills rotated so that each shift has at least one drill quarterly. Documentation includes the time taken to complete the drills and follow-up recommendations for drills that are unsatisfactorily completed. The fire prevention plan is reviewed annually.
11.12	2	The CSU documents quarterly disaster drills for disasters such as floods, tornadoes, and hurricanes. Disaster drill protocols are reviewed at least annually.
11.12	3	The CSU has evacuation routes posted, and prepares individuals served for evacuation.
11.12	4	Fire extinguishers are inspected monthly and recharged as indicated.
11.12	5	There is an annual inspection of sprinklers, smoke alarms, emergency lights, kitchen range/hood, etc.

11.13	1	At least 3 nutritious meals per day are served. No more than 14 hours may elapse between the end of the evening meal and the beginning of the morning meal.
11.13	2	Nutritional snacks are available for all individuals between meals.
11.13	3	The CSU has a sufficient designated area to accommodate meal service. The eating area may double as a group or activity area.
11.14	3	The CSU has collection, sorting, and cleaning procedures which are designated to prevent cross-contamination of the environment, individuals served, and personnel.
11.13	4	Under no circumstances is food withheld for disciplinary reasons.
11.13	5	Therapeutic diets are provided when ordered by a physician.
11.13	6	CSUs maintain a daily temperature log for refrigerators (set between 34 degrees F and 41degrees F) and freezers (set between 0 degrees F and 10 degrees F).
11.13	7	Foods, drinks, and condiments are dated when opened and discarded when expired.
11.13	8	The CSU maintains a three-day supply of non-perishable emergency food and water at all times for the maximum bed capacity.
11.13	9	When food is prepared on site, the CSU has a satisfactory food service permit score. A copy of the food service permit is on file at the CSU.
11.13	10	When food is prepared off site, the CSU has a modified kitchen that includes a microwave, refrigerator, ice maker, and clean-up facilities. There is a formal written contract between the CSU and the contracted food service entity, containing assurances that the contracted food service entity meets all food service and dietary standards set forth in the policy.
11.14	1	The CSU has an infection control risk assessment and plan that is reviewed annually and includes: 1) standard precautions including personal protective equipment; 2) proper handwashing technique; 3) proper disposal of biohazards; 4) prevention and treatment of needle stick (sharps) injuries; 5) the prevention and management of common illnesses such as MRSA, colds, influenza, gastrointestinal viruses, pediculosis and tinea pedis; and 6) the management of infectious diseases including tuberculosis, hepatitis B, HIV/AIDS.
11.14	2	The CSU has an immediately available quantity of clean bed linens and towels essential for the proper care of individuals at all times.
11.14	3	The CSU has collection, sorting, and cleaning procedures which are designated to prevent cross-contamination of the environment, individuals served, and personnel.
11.14	4	Hand washing facilities provided in both the kitchen and bathroom areas include hot and cold running water, soap dispensers, disposable towels and/or hand blowers.
11.15	1	The CSU has a performance improvement plan that is updated at least annually.

11.15	2	The performance plan addresses: 1) High risk situations and special cases (suicide, death, serious injury, violence, and abuse of any individual) are reviewed within 24 hours; 2) Medical emergency; 3) Medication management; 4) Infection control; 5) Emergency safety interventions including any instances of seclusion or restraint are reviewed within 24 hours; 6) Environmental safety and maintenance, including an environment scan which assesses risk for individuals and personnel, and also assesses identified strategies and subsequent plans for mitigating those risks; 7) Clinical outcome measures in Child and Adolescent CSUs; 8) Appropriate utilization of personnel to include competency, qualifications, numbers and type of staff, and staff to individual ratios; 9) Unexpected or unusual circumstances or trends that lead to health and safety issues or noncompliance with DBHDD standards; and, 10) Use of internal mechanisms to document, investigate and take appropriate action for complaints and incidents which are not required to be reported to DBHDD.
11.15	3	The performance improvement plan uses performance measures and data collection that continually assess and improve the quality of services being delivered.
11.15	4	The CSU has a standard records review form. Quarterly records reviews are conducted and kept on file for at least two years.
11.15	5	The CSU has a performance improvement committee which submits a quarterly report to the nursing administrator, medical director, agency CEO, and governing body for their review and appropriate action, and such appropriate action is conducted timely.
11.01	5	The ASD CSH has one or more Board Certified Behavior Analysts (BCBAs) to equal one FTE and whose time may be split between the two homes.