DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL DISABILITIES

CHAPTER 82-3-1
Adult Crisis Stabilization Units

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Cite as Ga. Comp. R. & Regs. 82-3-1-.XX.

82-3-1-.01 Legal Authority

These regulations have been promulgated to ensure that basic statutory licensing requirements to operate Adult Crisis Stabilization Units (CSU) are met and to ensure that organizations providing this service promote the empowerment and recovery of the individuals they serve. These rules are adopted and published pursuant to the Official Code of Georgia Annotated (O.C.G.A) Section 37-1-29. These rules and regulations supersede any and all prior operational standards related to the designation or certification of Crisis Stabilization Units. Authority O.C.G.A. Sec. 37-1-29.

82-3-1-.02 Title and Purpose

1. The purpose of these rules is to establish general licensing procedures, operational requirements and enforcement procedures required by the Department of Behavioral Health and Developmental Disabilities (DBHDD) for CSUs. The issuance of a CSU operating license requires compliance with these rules and regulations and authorizes the licensee to establish services to meet the needs of the individuals in a safe, therapeutic environment and to set forth the minimum requirements for providing short term residential, psychiatric stabilization and detoxification services.
2. Compliance with this chapter does not constitute release from the requirements of other applicable federal, state, or local laws, codes, rules, regulations and ordinances. This chapter must be followed where it exceeds other codes and ordinances.
3. Licensure of the CSU does not constitute an entitlement to any type or level of funding by DBHDD.

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

82-3-1-.03 Definitions

The following words and terms, when used in this chapter, shall have the following meanings, unless the context clearly indicates otherwise:

1. Abuse means any unjustifiable intentional or grossly negligent act, exploitation or series of acts, or omission of acts which causes physical or mental injury or endangers the safety of an individual, including but not limited to, verbal abuse, assault or battery, failure to provide treatment or care, or sexual harassment of the individual.
2. Advanced Practice Registered Nurse means a certified nurse practitioner (NP) or clinical nurse specialist in psychiatric/ mental health (CNS, PMH) who meets the requirements established for this designation and is authorized to practice by the Georgia Board of Nursing.
3. Advanced Practice Nursing means practice by a registered professional nurse who meets educational, practice, certification requirements, or any combination of such requirements, as specified by the Georgia Board of Nursing to be certified as an Advanced Practice Registered Nurse. Practice includes those advanced nursing functions and certain medical acts which include, but are not limited to, ordering drugs, treatments, and diagnostic studies as provided in state law;
4. Adults means individuals age 18 years or older.

5. Certificate of Need as defined in O.C.G.A. Section 31-6-2 means an official determination by the Department of Community Health (DCH), evidenced by certification issued pursuant to an application, that the action proposed in the application satisfies and complies with the criteria contained in the Georgia Code and rules promulgated by DCH.
6. Certified Addiction Counselor means an individual who holds a Bachelor's degree and has three (3) years experience in the practice of chemical dependency/ abuse counseling, including 270 hours of education in the addiction field; and 144 hours of clinical supervision.
7. Charge Nurse means a registered nurse who has the responsibility for coordination and supervision of nursing services during the period of a work shift.
8. Chemical Restraint means an over the counter or prescribed medication or drug that is administered to manage an individual's behavior in a way that reduces the safety risk to the individual or to others that has the effect of reducing the individual's freedom of movement and that is not a standard treatment for the individual's medical or psychiatric condition.
9. Commissioner means the Commissioner of the Department of Behavioral Health and Developmental Disabilities (DBHDD).
10. Contraband means any item or article of property that poses a threat to the security and safety of the CSU, individuals, employees, visitors or public, or other items prohibited by CSU policy or state law.
11. Crisis Stabilization Unit (CSU) means a medically monitored short-term residential program that is licensed by the Department under these rules and designated by the Department as an emergency receiving and evaluating facility to provide emergency disability services that include providing psychiatric stabilization and detoxification services 24 hours a day, seven days a week.
12. Department means the Department of Behavioral Health and Developmental Disabilities (DBHDD).
13. Emergency Disability Services provided in a CSU means services provided to individuals who meet criteria for admission to an emergency receiving and evaluating facility on voluntary or involuntary status.
14. Emergency Receiving Facility means a facility designated by the Department to receive individuals under emergency conditions as provided in Part 1 of Article 3 of Chapter 3 of Title 37 of the Official Code of Georgia Annotated.
15. Evaluating Facility means a facility designated by the Department to receive individuals for evaluations as provided in Part 2 of Article 3 of Chapter 3 of Title 37 of the Official Code of Georgia Annotated.
16. Governing Body means the Board of Trustees, the partnership, the corporation, the association, the person, group of persons or other legal entity that is legally responsible for operation of the CSU.
17. Healthcare Authority means any accredited physical or behavioral healthcare provider.
18. Individual means any person applying to, or receiving services in a CSU.
19. Individualized Recovery Plan (IRP) is the blueprint or roadmap for recovery that is initiated during an individual's admission to the CSU and is continued when the individual is discharged to the next level of care. The development of an IRP proceeds from a synthesis of (a) the reason for admission, (b) the individual's life goals and

choices, (c) treatment and recovery needs as identified by multidisciplinary assessments, and (d) discharge criteria.

20. Involuntary Status: means admission of an individual who has a mental illness or an addictive disorder and who meets clinical criteria for admission, but who is unable or unwilling to provide informed consent for services.
21. Law Enforcement Hold means that an individual is in the custody or control of law enforcement and must be discharged only to the custody of law enforcement.
22. License means the official authorization granted by the Department pursuant to any of the provisions of O.C.G.A. Section 37-1-29 and these rules to operate a CSU physically located in Georgia.
23. Licensed Clinical Social Worker (LCSW) means a person who has earned a Master's Degree in Social Work, plus 3 years of supervised full-time work in the practice of social work after the Master's Degree, and successfully passed the Clinical Social Work licensing examination, and is licensed by the Georgia Professional Counselors, Social Workers and Marriage and Family Therapists Composite Board.
24. Licensed Practical Nurse (LPN) means a person who has met the requirements for licensure and is currently licensed by the Georgia Board of Examiners of Licensed Practical Nurses.
25. Licensed Professional Counselor (LPC) means a person who has a Master's Degree and is licensed by the Georgia Composite Board of Professional Counselors, Social Workers, and Marriage and Family Therapists.
26. Licensing requirements means any provisions of law, rule, regulation, or formal order of the Department which apply to the CSU with respect to initial or continued authority to operate.
27. Manual Hold (also known as Manual Restraint or Personal Hold) means the application of physical force, without the use of any device, for the purpose of restricting the free movement of an individual's body regardless of duration or timeframe.
28. Medical Director means the chief medical officer who is physician with overall responsibility for treatment of individuals receiving services within the CSU or a physician appointed in writing as the designee of such chief medical officer.
29. Nursing Administrator means a full time employee of the CSU who is a registered nurse, represents nursing as a member of the senior leadership team, and is responsible for the management of the nursing staff in the CSU, effective nursing care systems, ensuring continuous quality improvement in care.
30. Physician means a person lawfully licensed in this state to practice medicine and surgery under the provisions of O.C.G.A. Section 43-34-20 et seq.
31. Physician's Assistant means a skilled person who is licensed to a supervising physician and who is qualified by academic and practical training to provide patient services not necessarily within the physical presence but under the personal direction or supervision of the supervising physician pursuant to the Physician's Assistant Act.
32. Proxy Caregiver means, for purposes of these rules, an individual that performs auxiliary services in the care of others when such care and activities do not require the knowledge and skill required of a person practicing nursing as a registered professional nurse and when such care and activities are performed under orders or directions of a licensed physician, licensed dentist, licensed podiatrist, or person licensed to practice nursing as a registered professional nurse pursuant to O.C.G.A.

Section 43-26-12 et seq. Proxy Caregivers are prohibited from providing services in the CSU.

33. Psychiatrist means any physician certified as a diplomat in psychiatry by the American Board of Psychiatry and Neurology, or who has completed three years of an approved residency training program in psychiatry and has had at least two years of full-time practice in this specialty.
34. Registered Professional Nurse (RN) means any person who holds a current license to practice nursing under pursuant to O.C.G.A. Section 43-26-3 et seq.
35. Restraint means any method, device, material or equipment attached or adjacent to the individual's body that the individual cannot easily remove and that restricts freedom of movement or normal access to one's body. This includes use of a manual restraint; manual hold or personal hold; a physical device; a mechanical device; use of material that is any physical matter including cloth or fabric, or use of equipment.
36. Seclusion means the involuntary confinement of an individual alone in a room or area of a room from which the individual is physically prevented from leaving;
37. Transitional Bed means a bed utilized for an individual on voluntary status who is transferred by order of a physician from a crisis bed but who remains within the CSU in a transitional bed during transition into the community.
38. Treatment Facility means a facility designated by the Department to receive individuals for involuntary commitment for treatment ordered by the Probate Court.
39. Voluntary Status means admission of an individual who has a mental illness or an addictive disease who meets clinical criteria for admission, and who is able to understand and exercise the rights and powers of an individual on voluntary status.

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

82-3-1-.04 General Licensing Requirements

1. License required.
   a. No person, corporation or other entity shall offer or provide crisis stabilization services as defined in these rules unless designated as an emergency receiving and evaluating facility and licensed by the Department as a CSU.
   b. An applicant shall obtain a license prior to admitting individuals.
   c. No license shall be issued by the Department unless the CSU is in compliance with these rules and all fees have been paid in full.
   d. Fees will be assessed for the following processing applications for a new license or a change in ownership; initial license fees; annual licensure activity fees to maintain current license; training materials; returned check and mail processing charges; and civil monetary penalties.
2. Where the Department denies an initial license for nonpayment of fees or any other reason, such action may be taken by the Department without an administrative hearing on the denial. The applicant whose license has been denied may obtain an administrative hearing, subsequent to the decision to deny the license, as authorized under Georgia law.
3. All licenses issued by the Department require payment of ongoing licensure activity fees as determined by the Department each state fiscal year, including the state fiscal year that these rules take effect. For continuing licenses, such

ongoing licensing activity fees will be due on the renewal date. The fees shall include the base licensure activity fee and any additional fees incurred during the previous year. Such fees are due and payable to the Department within thirty (30) days of receipt of the licensure activity fee invoice. Fees will be determined by the Department in a manner to help defray the direct and indirect costs incurred by the Department in providing such licensure activities for this program, but in no event shall exceed such costs.

4. The Department may revoke any license if the CSU has failed to pay the licensure activity fees within sixty (60) days of receipt of a written invoice from the Department. The revocation action is subject to written notice of the proposed revocation and a right to receive an administrative hearing on the amount past due and owing prior to the revocation action becoming final.
5. Fees collected by the Department are not refundable, except in extraordinary circumstances as determined by the Department in its sole discretion. The decision of the Department whether to refund a payment is final and may not be appealed. Payment of fees must be by check or money order. No cash payments are accepted by the Department. Refer to Attachment A for the schedule of fees that apply for licensure activities.
6. The CSU shall prominently and conspicuously display the license in a public area of the licensed premises that is readily visible to individuals, employees, and visitors. A CSU license shall not be altered.
7. A CSU license shall not be transferred or assigned and each CSU location shall be separately licensed.
8. The CSU shall obtain approval from the Department in writing for any change in designated crisis or transitional bed capacity;
9. The CSU shall notify the Department in writing at least fourteen (14) days prior to any of the following occurrences:
    a. Any construction, renovation, or modification of the CSU buildings;
    b. Date of cessation of operation of the CSU;
    c. Change in CSU name or telephone number;
    d. Change in ownership; or
    e Change in administrator.
10. The license shall be returned to the Department immediately after the notification date when a CSU ceases to operate, is moved to another location, changes ownership, or the license is suspended or revoked. Failure to return the CSU license to the Department shall not mean the CSU is licensed. If the CSU receives notice from the Department that the license is no longer valid, the CSU shall no longer be considered to be licensed.
11. The Department may deny a person a license for, but not limited to, the following reasons:
    a. The applicant fails to provide the required application or renewal information;
    b. Operation of a CSU that has been decertified or had its contract cancelled under the Medicare or Medicaid program in any state; federal Medicare or state Medicaid sanctions or penalties; federal or state tax liens; unsatisfied final judgments; eviction involving any property or space used as a CSU; unresolved state Medicaid or federal Medicare audit; denial,

suspension, or revocation of a hospital license, belonging to the governing body , owner or operator of an applicant, for a license for any health care facility in any state; a court injunction prohibiting ownership or operation of a facility;

c. Violation of any rules, regulations, local, state and federal laws.

12. Order for immediate license suspension. The Department may suspend a license for 10 days pending a hearing after an investigation where the Department finds that there is an immediate threat to the health or safety of the individuals or employees of a licensed CSU. The Department may issue necessary orders for the individuals' welfare.
13. In lieu of suspending or revoking the license, the Department may schedule the CSU for a probation period of no less than 30 days if the CSU is found in noncompliance and the CSU's noncompliance does not endanger the health and safety of the individuals or staff.

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

82-3-1-.05 Application Requirements

1. An application for a license to provide CSU services shall be submitted on forms made available by the Department in a format acceptable to the Department. No application shall be acted upon by the Department until the application is determined complete by the Department with all required attachments and applicable fees submitted.
2. The applicant shall submit the following documents to the Department no later than ninety (90) calendar days prior to the projected opening date of the CSU:
   a. An accurate and complete application form;
   b. A working budget showing projected revenue and expenses for the first year of operation, including revenue plan;
   c. Documentation of working capital:
      i. Funds or a line of credit sufficient to cover at least 90 days of operating expenses if the applicant is a corporation, unincorporated organization or association, a sole proprietor or a partnership;
      ii. Appropriate revenue if the applicant is a state or local governmental agency, board or commission.
   d. Documentation of authority to conduct business in the State of Georgia;
   e. A 24 hour staffing plan which includes nurses and physicians;
   f. A certificate of occupancy, a floor plan with dimensions and with space and room function designations;
   g. Number of proposed beds, both crisis beds and transitional beds;
   h. Photocopies of operating agreements with treatment facilities for psychiatric, addictive disorder and physical health care needs that are beyond the scope of the CSU;
   i. A program description signed by the Medical Director that includes, consistent with these rules, admission and discharge criteria and procedures, including reasons for denial of admission, for both voluntary and involuntary individuals who do not meet CSU admission criteria;

j. Proposed daily schedule of treatment and education options throughout twelve waking hours each day, to include treatment and educational opportunities responsive to the mental health, physical health and addictive disorder issues represented by individuals receiving services;
k. A copy of a fire safety survey indicating approval by the local fire authority in whose jurisdiction the CSU is based that is dated no earlier than one year prior to the opening date. For new construction, additions, and renovation projects, written approval by the local building Department and local fire authority shall be included in the application;
l. Documentation of accreditation as required by Departmental policy;

3. The Department shall conduct announced or unannounced on-site reviews of all facilities and services to determine compliance with the rules and regulations to operate CSU prior to a license being granted.

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

82-3-1-.06 Issuance of Initial and Renewal of License

1. When the Department determines that the applicant is in compliance with all applicable rules and regulations, the Department shall issue an initial license to the applicant.
   a. The initial license is valid for the first year of operation. The term of the initial license may not exceed one year from the date of issuance.
   b. Prior to expiration of the initial license, the Department shall conduct a review of the CSU for compliance with all applicable rules and regulations.
   c. Pursuant to a satisfactory review, the Department shall issue a license which shall be valid for a period of up to two years.
2. It shall be the responsibility of the CSU to complete and submit a renewal application for licensure, as required by the Department, which is postmarked at least 90 calendar days prior to the expiration date of the current license. If the CSU fails to submit the completed renewal application and fee(s), the Department shall provide notice by certified mail advising that unless the renewal application and licensure review is satisfactorily completed, the CSU is operating without a valid license and is subject to sanctions.

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

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 that includes, but is not limited to:

1. The CSU shall describe its capacity to serve both voluntary and involuntary individuals;
2. The CSU shall clearly state in its policy that it is not a treatment facility designated by the Department;
3. The services offered within the CSU shall be provided in a community based setting, and shall be described as residential services rather than inpatient hospitalization services;

4. The CSU shall not advertise or hold itself out as a hospital nor shall it bill for hospital or inpatient services;
5. The CSU shall be exempt from any requirement of Georgia's Certificate of Need (CON) program;
6. The CSU shall have operating agreements in writing with one or more inpatient hospitals and treatment facilities to provide inpatient treatment to include psychiatric, addictive disorder and physical health care needs that are beyond the scope of the CSU. Operating agreements shall be updated at a minimum every five years as evidenced by date and signatures on the agreement document;
7. The CSU operating agreement with an inpatient treatment facility shall include the agreement that the CSU shall transfer the individual to the treatment facility on the existing involuntary legal document in sufficient time for the treatment facility to evaluate the individual and petition the court for involuntary treatment as necessary;
8. The average annual length of stay in the crisis beds of the CSU shall not exceed eight calendar days;
9. The CSU shall report census and length of stay data as required to the Department for both crisis and transitional beds, respectively;
10. The CSU shall give priority consideration to serving those individuals without private health care coverage;
11. Individuals shall be billed in accordance with Departmental policy on payment for services;
12. The CSU shall not refuse service to any individual who meets criteria for services; and
13. The CSU shall not operate solely as a twenty-four hour residential service offering detoxification.

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. Emancipated minors may be served when their need for stabilization can be met by the CSU, when they do not need specialized adolescent services, and when their life circumstances demonstrate they are more appropriately served in an adult environment. Such admissions must be approved by the Medical Director;
4. Psychiatric stabilization services offered within the CSU shall not exceed services described in Level Six of the Level of Care Utilization for Psychiatric and Addiction Services (LOCUS), Adult Version, published by the American Association of Community Psychiatrists;

5. Residential detoxification services offered within the CSU shall not exceed services described in Level III. 7 of the current American Society for Addiction Medicine Patient Placement Criteria (ASAM);
6. All services offered within the CSU shall be provided under the direction of a physician. Consultation by a psychiatrist shall be available;
7. 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 one hour);
8. 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;
9. The CSU shall have policies and procedures for identifying and managing individuals at high risk of suicide or intentional self-harm;
10. The functions performed by staff whose practice is regulated or licensed by the State of Georgia are within the scope allowed by State law and professional practice acts;
11. The CSU shall have a full time position classified as a nursing administrator;
12. The CSU shall have an RN present within the CSU 24 hours a day, 7 days a week who is the Charge Nurse for the CSU. For every 30 CSU beds there shall be one RN;
13. Staffing shall be established based on the needs of individuals being served as follows:
    a. At all times there shall be at least two staff present within the CSU including the Charge Nurse;
    b. The ratio of nursing staff to individuals shall not be less than 1:8 (including the Charge Nurse);
    c. The ratio of direct care staff to individuals shall increase on the basis of the clinical care needs of the individual, including required levels of observation for high risk individuals;
    d. Utilization of Licensed Practical Nurses (LPN) in CSU's shall be to provide technical support to the Registered Nurse;
14. The CSU shall not utilize staff in the Proxy Caregiver role;
15. 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;
16. The CSU shall have protocols with respect to stabilization and transfer of individuals to a different level of care. The treating physician shall make the determination as to the time and manner of transfer to ensure no further deterioration of the individual during the transfer between facilities, and shall specify the benefits expected from the transfer in the individual's record;
17. The CSU shall designate transitional beds separate from crisis beds. Individuals occupying transitional beds may remain in the CSU beyond clinical stabilization only if the individual is in services or activities in the community on a daily basis. The physician must transfer the individual from the CSU crisis service to a transitional bed. The CSU must record the date of

transfer and the length of stay in the transitional beds for each episode of care. Transitional bed designation shall be made on the following basis:

a. A CSU with up to 16 beds shall designate at least one bed as a transitional bed.
b. A CSU with up to 29 beds shall designate one or two beds as transitional beds;
c. A CSU with up to 39 beds shall designate up to three beds as transitional beds;
d. A CSU with 40 or more beds shall designate up to four beds as transitional beds.

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. The CSU shall not admit individuals presenting with issues listed under "Exclusion Criteria" in the Department's policy on medical exclusion guidelines and criteria. The CSU staff shall ask the referral source for information regarding the medical status of the individual. The CSU physician may waive medical clearance when clinically appropriate or when medical clearance is not available.
3. The CSU shall not refuse to admit an individual solely on the basis of the individual being on a law enforcement hold or living in the community on a court ordered conditional release.
4. Staff shall conduct a search of the individual, his or her clothing, and all personal effects before admission to the unit.
5. 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.
6. The CSU shall conduct a screening for risk of suicide of each individual presenting for admission.
7. 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.
8. The physician shall order clinically appropriate level 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. At a minimum, this IRP shall include:
   a. A problem statement or statement of needs to be addressed;
   b. Goals that are consistent with the individual's needs, realistic, measurable, linked to symptom reduction, and attainable by the individual during the individual's projected length of stay;
   c. Objectives, stated in terms that allow measurement of progress, that build on the individual's strengths;
   d. Specific treatment offerings, methods of treatment and staff responsible to deliver the treatments;
   e. Interventions and preferred approaches that are responsive to findings of past trauma and abuse;
   f. Evidence of involvement by the individual, as documented by his or her signature or refusal to sign;
   g. Development of a wellness recovery action plan (WRAP), if applicable;
   h. Criteria describing evidence of stabilization and discharge planning;
   i. Signatures of all staff participating in the development of the plan.
3. The IRP shall be reviewed frequently to assess the need for the individual's continued stay in the CSU. The IRP shall be updated as appropriate when the individual's condition or needs change.
4. The physician shall, at a minimum:
   a. Conduct the initial assessment of the individual, establish a diagnosis and write care orders;
   b. Document the rationale for medications prescribed;
   c. Assess the individual's response to care and services provided; and
   d. Conduct an assessment of the individual at the time of discharge.
5. Discharge summary information shall be provided to the individual at the time of discharge that includes:
   a. Significant findings relevant to the individual's recovery (strengths, needs, preferences);
   b. Plan of care and course and progress;
   c. Specific instructions for ongoing care;
   d. Recommendations for continued care to include community services, if indicated; and
   e. Contact information for how to access community services.

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, and shall include documents relating to the individual. The clinical record shall include at least the following:

1. Record of evaluation for admission and outcome of the evaluation, including the date, time, name and credentials of the professional conducting the evaluation;
2. Legal status documents for admission and continued stay in the CSU, as detailed in O.C.G.A. Sections 37-3-1 et seq. and 37-7-1 et seq.;
3. Documentation of guardianship, whenever applicable;
4. Assessments, to include psychiatric, nursing and social worker or counselor assessment;
5. Physician orders;
6. Documentation by the physician of the individual's response to care, including rationale for changes in orders or levels of observation;
7. Plan of care which specifies individualized interventions responsive to the needs of the individual;
8. Documentation of implementation of interventions, including the individual's response to the interventions;
9. Location and type of treatment or education provided, including the date and time of treatment or education, the name and credentials of the professional or other staff providing the service, and the response of the individual to the treatment or education;
10. Evidence of progress toward stabilization and recovery, or lack thereof;
11. Documentation of medical testing (if any), medical findings and medical care needs or interventions provided;
12. Nursing staff documentation at least once per shift as to the status of the individual;
13. Documentation of events or incidents that affect care and treatment, including the individual's response;
14. Record of implementation of emergency safety interventions of last resort (seclusion or restraint), if implemented;
15. Name and title of staff providing care and treatment; and
16. Discharge notes and aftercare plans, including the individual's status at discharge, ongoing needs, aftercare plan, and the date, time and method of discharge.

Authority O.C.G.A. Secs. 37-1-29, 37-3-162, 37-3-165, 37-3-166, 37-7-162, 37-7-165, 37-7-166.

82-3-1-.12 Protection and Safety of the Individual and of Others

1. The CSU shall have polices and procedures regarding authorized entry to or exit from the unit.

2. Control of potentially injurious items shall be clearly defined in policy to include, but may not be limited to:
    a. Prohibition of flammables, toxins, ropes, wire clothes hangers, sharp pointed scissors, luggage straps, belts, knives, shoestrings, or other potentially injurious items;
    b. Management of housekeeping supplies and chemicals, including procedures to avoid access by individuals during use or storage. Whenever practical, supplies and chemicals shall be non-toxic or non-caustic;
    c. Safeguarding use and disposal of nursing and medical supplies including drugs, needles and other "sharps" and breakable items.
3. To the fullest extent permitted by law, weapons shall be prohibited at the CSU. The license holder of a weapon may have his or her weapon in his or her control in a locked motor vehicle, compartment of a motor vehicle, container in or firearms rack on a motor vehicle parked at the CSU parking facility. All law enforcement officers or other individuals authorized by law to carry firearms at a mental health facility shall be asked to leave their firearms locked in their vehicles, or placed in a secure lockbox in an area in the CSU which is not accessible to individuals who are being served. The CSU shall have written and posted protocol regarding weapons in place by the entrance to the CSU parking lot and building.
4. 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. The written policies and procedures shall:
    a. Emphasize positive approaches to interventions;
    b. Protect the health and safety of the individual served at all times;
    c. Specify the methods for documenting the use of the interventions; the admission assessment shall contain an assessment of past trauma or abuse, how the individual served would prefer to be approached should he or she become dangerous to him/herself or to others and the findings from this initial assessment shall guide the process for determining interventions.
5. 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:
    a. Seclusion or restraint, as defined in these regulations, shall be used only as an emergency safety intervention of last resort to ensure the physical safety of the individual and others, and shall be used only after less restrictive interventions have been determined to be ineffective;
    b. Seclusion or restraint shall not be used as punishment or for the convenience of staff;
    c. Seclusion and restraint shall not be implemented simultaneously;
    d. All individuals placed in restraints shall be afforded full privacy away from other individuals receiving services;
    e. Chemical restraint shall not be utilized under any circumstances;

f. Staff and individuals shall be debriefed immediately following an episode of seclusion or restraint, identifying the circumstances leading up to the seclusion or restraint;
g. The individual's plan of care shall be 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.

7. The CSU shall develop policies and procedures for implementing suicide preventions addressing: assessments, staffing, levels of observation and documentation.
   a. Policies and procedures shall require constant visual observations of persons clinically determined to be actively suicidal;
   b. A person assessed to be potentially suicidal shall be on a higher level of supervision to include 1:1 staff to individual ratio;
   c. Modifications or removal of suicide preventions shall require clinical justification determined by an assessment and shall be specified by the attending physician and documented in the clinical record;
   d. A registered professional nurse or other qualified mental health professional may initiate suicide preventions prior to obtaining a physician/psychiatrist's order, but in all instances must obtain an order within one (1) hour of initiating the preventions. Telephone orders shall be reviewed and signed by the physician within 24 hours of the initiation:
   e. Staff and individuals shall be debriefed immediately following an episode of a suicide attempt, identifying the circumstances leading up to the suicide attempt;
   f. The individual's plan of care shall be updated following the debriefing of what led to the suicide attempt, including changes that could be made to prevent the situation from reoccurring or better support the individual if future issues do occur.
8. Other high-risk behaviors such as assaultive behavior 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.

82-3-1-.13 Pharmacy Services and Management of Medication

1. All pharmacy operations or services within the CSU must be licensed and under the direct supervision of a Registered Pharmacist or provided by contract with a licensed pharmacy operated by a Registered Pharmacist.
2. The CSU must ensure access to Pharmacy services for prescription medications within eight (8) hours of the physician's order.
3. Stat medication not maintained in the CSU must be available for administration within one hour of the order to give the medication.
4. Any request for exemptions for requirements regarding a pharmacy license must be submitted in writing to the Georgia State Board of Pharmacy.
5. The CSU shall establish and implement policies, procedures and practices that guide the safe and effective use of medications and shall, at a minimum, address the following:

a. Medications and medical care shall be administered upon direct order from a physician or psychiatrist, and the orders for medications and care shall be written and signed by the physician or psychiatrist;
b. Medications shall be used solely for the purposes of providing effective treatment and protecting the safety of the individual and other persons and shall not be used as punishment or for the convenience of staff or as chemical restraint;
c. There shall be no standing orders for any psychotropic medication;
d. Every order given by telephone shall be received by an RN or LPN and shall be recorded immediately with the ordering physician's name, and shall be signed by a physician within 24 hours. Such telephone orders shall include a progress note that an order was made by telephone, and the content of, justification for, and the time and date of the order;
e. Medication management policies and procedures shall follow Federal and State Laws, Rules and Regulations, and shall direct the management of medication ordering, procurement, prescribing, transcribing, dispensing, administration, documentation, wasting or disposal and security, to include the management of controlled substances, floor stock, and physician sample medications;
f. There shall be documented evidence of oversight by the Medical Director for the accounting of and dispensing of sample medications;
g. The CSU shall develop a policy on informed consent on medication, including the right to refuse medication;
h. The CSU shall follow the Department's policies and procedures for Informed Consent and Involuntary Administration of Psychotropic Medication;
i. There shall be a 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;
j. The CSU shall develop and implement policies and procedures that describe actions to follow when drug reactions and other emergencies related to the use of medications occur, and emergency medical care that may be initiated by a registered nurse in order to alleviate a life threatening situation; and
k. The CSU shall conduct and maintain temperature logs for all medication room refrigerators. Temperatures for the refrigerator shall be set between 34°F to 41°F (1°C to 5°C).

Authority O.C.G.A. Secs. 37-1-29, 37-3-162, 37-3-163, 37-3-165, 37-7-162, 37-3-163, 37-7-165.

82-3-1-.14 Laboratory Services

1. Laboratory work and other diagnostic procedures deemed necessary shall be performed as ordered by the physician or psychiatrist.
2. 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.

82-3-1-.15 Food Services

All CSU food service operations shall comply with current federal and state laws and rules concerning food service and shall include:

1. At least three nutritious meals per day shall be served;
2. Nutritional snacks shall be available to each individual;
3. No more than 14 hours may elapse between the end of an evening meal and the beginning of a morning meal;
4. Therapeutic diets shall be provided when ordered by the physician.
5. Under no circumstances may food be withheld for disciplinary reasons;
6. The CSU must have a sufficient designated area to accommodate meal service. This area may double as a group or activity area;
7. The CSU must have a satisfactory food service permit score, if applicable. A copy of the current food service permit must be on file in the CSU;
8. The CSU may utilize meal preparation services from an affiliated or contracted entity 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 service and dietary standards imposed by this rule;
9. If the CSU elects to have meals prepared off-site, the CSU will have a modified kitchen that includes a microwave, a refrigerator, an ice maker and clean-up facilities;
10. The CSU must maintain a daily temperature log for the freezer(s) and refrigerator(s). Temperatures for the refrigerator shall be set between 34°F and 41°F (1°C to 5°C) and the freezer temperature should be set between 0°F and 10°F (-17°C to -15°C);
11. Foods, drinks and condiments shall be dated when opened and discarded when expired;
12. Each CSU shall have seating capacity to reflect the licensed capacity, although individuals may eat or be served in shifts during daily operations;
13. Each CSU shall maintain a three day supply of non-perishable emergency food and water at all times.

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

82-3-1-.16 Infection Control and Prevention

The CSU shall develop and implement policies and procedures for infection control and prevention that include the following:

1. Standard precautions are defined and the use of personal protective equipment when handling blood, body substances, excretions and secretions are outlined;
2. Proper hand washing techniques are outlined;
3. Proper disposal of biohazards, such as potentially infected waste and spills-management, needles, lancets, scissors, tweezers and other sharp instruments is described;

4. Prevention and treatment of needle stick/sharp injuries are outlined;
5. The management of common illness likely to be emergent in the CSU service setting such as, but not limited to Methicillin-Resistant Staphylococcus Aureus (MRSA), colds and influenza, gastrointestinal viruses, pediculosis and tinea pedis, etc. is described;
6. Specific procedures to manage infectious diseases including but not limited to tuberculosis, hepatitis B, Human Immunodeficiency Virus (HIV), Acquired Immune Deficiency Syndrome (AIDS) or other infectious diseases are described;
7. Handling and maintenance of individual care equipment is described;
8. The CSU's infection control risk assessment and plan is reviewed annually for effectiveness and revision, if necessary;
9. The CSU has immediately available a quantity of bed linens and towels, etc., essential for the proper care of individuals at all times. These items are washed, stored, and transported in a manner that prevents the spread of infection;
10. Staff shall be trained in and shall adhere to infection control practices;
11. In relation to individuals who are carriers of an infectious illness, the transfer and the release of confidential information to select unit medical and direct care staff on a need to know basis is addressed; and
12. Hand washing facilities provided in both the kitchen and the bathroom areas shall include hot and cold running water, soap, and clean towels.

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

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

1. The CSU shall safeguard the rights of individuals treated pursuant to applicable state laws and rules and regulations.
2. Each CSU shall maintain a written statement of rights and responsibilities for individuals receiving services.
3. During admission or orientation to the CSU, each individual shall receive a written statement of his or her rights and responsibilities. Receipt of this information shall be documented in the clinical record and validated by the signature of the individual. If the individual is unable or unwilling to sign, this shall be recorded.
4. The CSU shall inform the individual or guardian in writing of any changes in rights and responsibilities.
5. Individual rights related to involuntary or voluntary stay within a CSU shall be maintained.
6. The CSU shall designate and empower at least one person employed or affiliated with the CSU to serve as a Human Rights Officer (HRO). The HRO must, to the extent possible, not have any duties that may conflict with his or her responsibilities as a HRO.
7. The duties of the HRO shall include, but may not be limited to the following:
   a. Ensure that individuals or guardian of the individual served are informed of their rights and responsibilities and given opportunities to receive relevant education;

b. Provide ways for individuals served to have an opportunity to discuss and ask questions about their rights;
c. Train all staff, during orientation, regarding the rights of individuals served as defined in these regulations;
d. Assisting individuals served with exercising their rights; and
e. Monitor the implementation of human rights regulations throughout the CSU.

Authority O.C.G.A. Secs. 37-1-29, 37-3-23, 37-3-44, 37-3-164, 37-3-160 et seq., 37-7-23, 37-7-164, 37-7-160 et seq.

82-3-1-.18 Incident and Complaint Reporting and Investigation Procedures

1. The CSU shall report critical incidents to the Department as defined by the Departmental policy on reporting of incidents.
2. The CSU shall have internal mechanisms to document, investigate and take appropriate action for complaints and incidents which are not required to be reported to the Department.
3. The C & A CSU shall also post in a visible area the appropriate action to be taken to make a complaint directly to the Department.

Authority O.C.G.A. Secs. 37-1-29, 37-3-149, 37-7-149.

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;
   b. Investigations may be unannounced;
   c. Department representatives shall be authorized to enter the premises of a CSU at any time to survey or investigate to ensure compliance with or prevent a violation to ensure the quality and integrity of care of individuals;
   d. The Department shall have complete access to, including but not limited to authorization to examine and reproduce, any records required to be maintained in accordance with contracts, standards, laws, rules and regulations of the Department;
   e. The Department shall maintain the confidentiality of CSU records as specified by federal and state law;
   f. The CSU shall consent to entry and survey or investigation by the Department at any time.
2. The Department shall have the authority to conduct announced or unannounced on-site reviews at its discretion at any time or as part of the investigations of complaints or incidents. The Department shall issue written findings within a reasonable period of time. Based on its findings of the review, the Department may:
   a. Require corrective action that is approved by the Department;
   b. Prohibit admissions to the CSU for a defined period of time;

c. Temporarily suspend the CSU license upon findings determined to be of significant risk to health or safety of individuals; or
d. Revoke the license.

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.
2. 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.
3. The CSU shall ensure that the individual's rights regarding his or her own confidential and protected health information are protected, including but not limited to: access to protected health information, requesting amendment(s) to the clinical record, requesting restriction of disclosure, and requesting an accounting of disclosures that have been made.
4. The CSU shall have a Notice of Privacy Practices regarding confidentiality of the individual's protected health information, which Notice shall comply with the requirements of Health Insurance Portability and Accountability Act (HIPAA).
5. The CSU shall post the Notice of Privacy Practices at all times in the admissions area and in prominent locations where it is reasonable to expect individuals to be able to read the notice. Additional copies must be available for distribution upon request.
6. The CSU shall provide a copy of the Notice of Privacy Practices to the individual and his or her representatives, as defined by state law, upon the individual's admission.
7. The CSU shall have policies, procedures and practices that are compliant with the requirements of HIPAA regarding:
   a. Complaints regarding violation of confidentiality and privacy rights;
   b. Reports of breaches of HIPAA to the Department, and as required by law when applicable to the individual, to the United States Secretary of Health and Human Services, and to the media;
   c. Sanctions of employees for violations of HIPAA; and
   d. Identifying business associates, as defined by HIPAA, of the CSU and obtaining satisfactory assurances of the business associates' compliance with the requirements of HIPAA.
8. The clinical record, information about an individual contained in incident reports and any documents that are not part of the clinical record, and all information about an individual whether oral or written, and regardless of how stored, is confidential.
9. Unless authorized in writing by a valid authorization signed by the individual, or by applicable law, the CSU shall not:
   a. Confirm or deny whether an individual is receiving or has received services from the CSU; or

b. Disclose any confidential or protected health information regarding the individual.

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

82-3-1-.21 Documentation of Legal Status

The legal status of each individual shall be clearly recorded within the clinical record to include:

1. Documenting the legal and clinical basis for the individual's admission to the CSU, whether voluntary or involuntary, consistent with all applicable state laws, rules and regulations;
2. 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;
3. A record of voluntary or involuntary status change, including the date and time of such change;
4. Documentation of the assessment of the individual's capacity to understand and exercise the rights and powers of voluntary admission; and
5. Where specific Departmental legal forms exist to document any of the above mentioned actions, those forms shall be utilized.

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 and update it annually:

1. The quality assurance plan shall address and ensure a comprehensive integrated review of all services and practices which shall include, but shall not be limited to, the following:
   a. High-risk situations and special cases (such as suicide, death, serious injury, violence and abuse of any individual) are reviewed within 24 hours;
   b. Medical emergencies;
   c. Medication variance;
   d. Infection control;
   e. Emergency safety interventions including any instances of seclusion or restraint; and
   f. Environmental safety and maintenance.
2. The quality assurance plan shall use performance measures and data collection that continually assess and improve the quality of the services being delivered;
3. The quality assurance committee shall submit a quarterly report to the Medical Director and governing body for their review and appropriate action;
4. The governing body shall evaluate the CSU's effectiveness in improving performance.

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

82-3-1-.23 Environment of Care

Areas accessible by individuals shall meet the following requirements:

1. The environment of the unit shall be characterized by a feeling of openness with emphasis on natural light and exterior views. The general architecture of the CSU shall provide for optimal line-of-sight observations from the nurses' station throughout the unit, minimizing hidden spots and blind corners;
2. The CSU shall be a locked facility;
3. Interior finishes, lighting, and furnishings shall suggest a residential rather than an institutional setting that shall conform to applicable fire and safety codes;
4. Furnishings shall be of durable materials not capable of breakage into pieces that could be used as weapons and must not present a hanging risk;
5. The ceiling and the air distribution devices, lighting fixtures, sprinkler heads, and other appurtenances shall be of the tamper-resistant type;
6. Blind spots shall be addressed through use of unbreakable convex viewing mirrors that allow visual access by staff;
7. Doors shall not be locked from within and shall be capable of swinging outward. If the CSU is equipped with electronic locks on internal doors or egress doors, the CSU shall ensure that such locks have manual common key mechanical override that will operate in the event of a power failure or fire;
8. All hardware must be incapable of manipulation or removal by an individual;
9. Light switches and electrical outlets shall be secured with non-tamper type screws;
10. Sprinkler heads shall be either recessed or a flush mounted type dispersal head;
11. Security and safety devices shall not be presented in a manner to attract or challenge tampering by individuals;
12. A secured storage area shall be provided for individuals' belongings that are determined to be potentially harmful;
13. The CSU shall maintain the environmental temperature between 65°F and 82°F (18°C to 27°C);
14. The CSU shall be free of offensive odor and noise;
15. The interior of the CSU shall be non-smoking, with a sheltered outside area designated as a smoking area;
16. Lighting within the CSU shall be sufficient for reading;
17. Lighting fixtures shall be recessed and tamper proof with Lexan or other strong translucent materials;
18. Windows shall be protected with Lexan or other shatter resistant material that will minimize breakage;
19. Water temperature for individual usage must be maintained between 110°F and 120°F (43°C and 48°C);
20. The CSU shall have a minimum of one drinking fountain per individual day area;
21. The pre-admission waiting area, including restroom(s), must meet all safety requirements applicable to designated individual areas;

22. The CSU shall have written policies and procedures for the provision of, or arrangement for, services for individuals with physical disabilities in compliance with all Federal rules and regulations.

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 flood, tornado, and hurricane are practiced at least quarterly;
   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 drill and follow-up recommendations for drills that are unsatisfactorily completed.
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.

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

82-3-1-.25 Physical Environment Requirements

The CSU shall at a minimum have the following designated areas within its facility:

1. A screening area which shall be a separate locked room adjacent to the waiting area where a search may be conducted of the individual and his or her belongings. This area shall have one or more windows to provide visual access into the room from the nursing station or common staff area;
2. Exam room(s);
3. Bedrooms:
   a. Beds and other heavy furniture capable of use to barricade a door shall be secured to the floor or wall;
   b. The use of beds with springs, cranks, rails or wheels, including hospital beds, rollaway beds, cots, bunk beds, stacked, hide-a beds and studio couches is prohibited;
   c. Rooms utilized for more than one individual shall have a minimum of 60 sq ft per individual; a private room shall not be less than 100 sq ft;
   d. Windows may be textured to provide privacy without the use of curtains or blinds;
4. Bathrooms:
   a. The CSU shall have gender specific bathrooms with proper ventilation;
   b. Exposed plumbing pipes shall be covered to prevent individual access;

c. The CSU shall have a minimum ratio of one shower for each eight individuals receiving services and one toilet and lavatory for each six individuals receiving services;
d. Individual shower stalls and dressing areas shall be provided;
e. The CSU shall have a bathroom of sufficient size for use by individuals with physical disabilities. It shall include toilet, lavatory, shower and flush-mounted safety grab bars;
f. Access to a bathroom shall not be through another individual's bedroom;
g. The shower head shall be recessed or have a smooth curve from which items cannot be hung;
h. There shall be no overhead rods, fixtures, privacy stalls supports or protrusions capable of carrying more than a 30 pound load;
i. The toilet shall be a flushometer-type, not residential with water tank and cover; and
j. Mirrors shall not be common glass. A polycarbonate mirror, fully secured and flat mounted to the wall is required. Polished metal mirrors shall not be permitted;

5. Each CSU shall have at least one designated room for use for seclusion or restraint that is away from the common area but visible to staff. One additional space shall be identified and available that can be used for seclusion or restraint that meets the same regulations. A CSU with 36 beds or more shall have two designated seclusion rooms:
   a. At least one identified room used for restraint shall have a bed commercially designed for use with restraints that is bolted to the floor and without sharp edges. The surface of the bed must be impermeable to resist penetration by body fluids;
   b. The walls, flooring and door to the seclusion room shall be free of sharp edges or corners and be strongly constructed to withstand repeated physical assaults;
   c. The floors and walls, up to a height of three feet, shall be coated with an impermeable finish to resist penetration of body fluids;
   d. The seclusion room shall have a minimum of 70 square feet with one wall of the room no less than nine feet in length;
   e. The ceiling height shall be at least nine (9) feet;
   f. The door to the room shall open outward;
   g. The bed placement in the seclusion room shall provide adequate space for staff to apply restraints and shall not allow individuals to access the lights, smoke detectors or other items that may be in the ceiling of the room;
   h. Rooms used for seclusion or restraint must provide staff full visual access to the individual:
      i. Use of a bubble-shaped shatter proof vision panel installed in the door is preferred;
      ii. Blind spots in the seclusion or restraint room shall be addressed through use of unbreakable convex mirrors; and
      iii. Where the interior of the seclusion treatment room is padded with combustible materials, these materials shall be of a type acceptable to the local fire safety authority;

6. Fenced Recreational Area:
    a. The CSU shall have an outdoor area enclosed by a fence no less than six (6) feet high, where individuals may have access to fresh air and exercise. It must provide privacy from public view and shall not provide access to contact with the public;
    b. This area shall be constructed to retain individuals inside the area and minimize elopements from the area;
    c. The fenced area shall be designed without blind corners to be readily visible by one staff individual standing in a central location; and
    d. If desired, the fence maybe topped with a 45 degree inward slanting restraining type wire. The use of barbed wire and other sharp injurious materials is prohibited;
7. Additional requirements:
    a. The CSU shall provide a means of locked storage for any individual's valuables or personal belongings, upon request;
    b. The CSU shall provide laundry facilities on the premises for the individual's personal laundry;
    c. Entrances and exits, sidewalks, and escape routes shall be constantly maintained free of all impediments and hazards;
    d. All furnishings of the CSU shall be maintained in good condition, intact, and functional;
    e. The CSU shall have at least one operable, non-pay telephone which is private and accessible at reasonable times for use by the individual; and
    f. The CSU shall have facilities accessible to and usable by physically disabled individuals which meet the minimum requirements of Section 504 of the Rehabilitation Act of 1973. CSUs shall install required alterations or modifications in accordance with the 1984 Law of Georgia regarding Access to and Use of Public Facilities by Physically Handicapped Persons O.C.G.A. Section 30-3-1 et. seq.
8. The CSU shall maintain safety equipment to include an Automated External Defibrillator (AED) and all other necessary medical safety supplies.

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

82-3-1.26 Human Resources

1. The CSU shall develop and implement policies and procedures that address the hiring, training, promotion and termination of staff.
2. The CSU shall define the responsibilities, qualifications, competencies of staff for all positions.
3. The CSU shall ensure that the type and number of professional staff attached to the unit are:
    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.

4. Paraprofessionals working in mental health, addictive diseases and co-occurring disability services must complete the standard training requirements for paraprofessionals.
5. The CSU shall have procedures for verifying licenses, credentials, experience and competence of staff:
   a. The CSU shall document implementation of these procedures for all staff attached to the CSU; and
   b. Licenses and credentials shall be current as required by the field.
6. The CSU shall ensure that all persons providing services comply with all applicable laws, rules and regulations regarding professional or non-professional licenses and qualifications required to provide the services.
7. The CSU shall comply with all applicable laws, rules and regulations governing criminal history records checks.
8. The CSU shall have mandatory disqualifications from employment policies, procedures, and practices in accordance with all applicable laws, rules and regulations.
9. The CSU shall have processes for managing personnel information and records.
10. The CSU shall have provisions for sanctioning or removing staff when:
    a. Staff are determined to have deficits in required competencies; or
    b. Staff are accused of abuse, neglect or exploitation.
11. The CSU shall ensure that, prior to providing direct care to individuals, all staff, volunteers, and contactors shall be trained and show evidence of competence in all areas required by the Standards found in the Department's Provider Manual.
12. The CSU shall ensure that, within the first sixty days of providing direct care to individuals, all staff, volunteers and contractors having direct contact with individuals shall receive training in all areas required by the Department's community standards as outlined in the Provider Manual.
13. The CSU shall ensure that all employees are tested for tuberculosis prior to direct contact with individuals and are retested at least annually, thereafter.

Authority O.C.G.A. Sec. 37-1-20, 37-1-29.

82-3-1-.27 Enforcement

The Department shall have the authority to impose any one or more of the sanctions enumerated in Rule 82-3-1.28 and Rule 82-3-1.29 upon a finding that an applicant or licensee has:

1. Knowingly made any verbal or written false statement of material fact either in connection with the application for a license, on documents submitted to the Department as part of any inspection or investigation, or in the falsification or alteration of facility records made or maintained by the facility;
2. Failed or refused, without legal cause, to provide the Department with access

to the premises subject to regulation or information pertinent to the initial and continued licensing of the facility;
3. Failed to comply with any licensing requirements of this state; or
4. Failed to comply with the provisions of state law or with any provisions of these rules.

Authority O.C.G.A. Secs. 37-1-20, 37-1-29.

82-3-1-.28 Sanctions and Penalties

1. Sanctions against Licensees. When the Department finds that any licensee has violated any provision of these rules and regulations, the Department, subject to notice and opportunity for a hearing, may impose any one or more of the sanctions in subparagraphs (a) through (f) below:
   a. Administer a Public Reprimand. If the sanction of public reprimand is finally imposed, as defined by a final adverse finding, the public reprimand shall consist of a notice prepared by the Department that the CSU has been reprimanded; such notice shall include a written report of the Department's findings along with the CSU's response and corrective action plan;
   b. Suspend any License. The Department may suspend any license for a definite period or for an indefinite period in connection with any condition which may be attached to the restoration of said license;
   c. Prohibit Persons in Management or Control. The Department may prohibit a licensee from allowing a person who previously was involved in the management or control of any CSU which has had its license revoked or application denied within the past twelve (12) months to be involved in the management or control of such CSU. Any such person found by the Department to have acted diligently and in good faith to ensure correction of violations in a CSU which has had its license revoked or denied, however, shall not be subject to this prohibition if that person became involved in the management or control of the CSU after the CSU was notified by the Department of violations of licensing requirements giving rise to a revocation or denial action. This subparagraph shall not be construed to require the Department to obtain any information that is not readily available to it regarding any person's involvement with a CSU. For the purpose of this Rule, the twelve (12) month period will begin to run from the date of any final adverse finding or the date that any stay of enforcement ceased, whichever occurs first;
   d. Revoke any License. The Department may revoke any license. If the sanction of license revocation is finally imposed, as defined by a final adverse finding, the Department shall effectuate it by requiring the CSU to return its license to the Department;
   e. Impose a Civil Penalty Fine. The Department may impose a civil penalty fine, not to exceed a total of $25,000, of up to $1,000 per day per violation of a law, rule, regulation, or formal order related to the initial or continued licensing of a CSU. If a violation is found on two (2) consecutive inspections, there shall exist a rebuttable presumption that the violation continued throughout the period of time between each inspection;

f. Limit or Restrict any License. The Department may limit or restrict any license as the Department deems necessary for the protection of the public (a provisional or temporary time-limited license granted by the Department shall not be considered to be a limited or restricted license).

2. Sanctions against Applicants. When the Department finds that any applicant for a license has violated any provision of these rules, the Department, subject to notice and opportunity for a hearing, may impose any one or more of the following sanctions in subparagraphs (a) through (c) below:
   a. Refuse to Grant License. The Department may refuse to grant (deny) a license and the Department may do so without first holding a hearing prior to taking such action:
      i. The Department may deny an application for a license where the CSU has failed to demonstrate compliance with licensing requirements. Additionally, the Department may deny an application for a license where the applicant or alter ego of the applicant has had a license denied, revoked, or suspended within one year of the date of an application, or where the applicant has transferred ownership or governing authority of a CSU within one year of the date of a new application when such transfer was made in order to avert denial, revocation, or suspension of a license;
      ii. For the purpose of determining the one year denial period, the period shall begin to run from the date of the final adverse finding, or the date any stay of enforcement ceased, whichever occurs first. In further determining whether to grant or deny a license, the Department may consider the applicant's overall record of compliance with licensing requirements;
   b. Prohibit Persons in Management or Control. The Department may prohibit an applicant from allowing a person who previously was involved in the management or control of any CSU which has had its license revoked or application denied within the past twelve (12) months to be involved in the management or control of such CSU. Any such person found by the Department to have acted diligently and in good faith to ensure correction of violations in a CSU which has had its license revoked or denied, however, shall not be subject to this prohibition if that person became involved in the management or control of the CSU after the CSU was notified by the Department of violations of licensing requirements giving rise to denial action. This subparagraph shall not be construed to require the Department to obtain any information that is not readily available to it regarding any person's involvement with a CSU. For the purpose of this rule, the twelve (12) month period will begin to run from the date of any final adverse finding or the date that any stay of enforcement ceased, whichever occurs first.
   c. Limit or Restrict any License. The Department may limit or restrict any license as it deems necessary for the protection of the public (a provisional or temporary time-limited license granted by the Department shall not be considered to be a limited or restricted license).
3. Standards for Taking Sanctions. In taking any of the actions pursuant to

this rule, the Department shall consider the seriousness of the violation or violations, including the circumstances, extent, and gravity of the prohibited act or acts or failure to act, and the hazard or potential hazard created to the physical or emotional health and safety of the public and/or the individuals served.

4. Non-Compliance with Sanctions. Failure on the part of any CSU to abide by any sanction, including payment of a fine, which is finally imposed against it, shall constitute grounds for the imposition of additional sanctions, including revocation.
5. Settlements. With regard to any contested case instituted by the Department pursuant to this Chapter or other provisions of law or regulation which may now or hereafter authorize remedial or disciplinary grounds and action, the Department may, in its discretion, dispose of the action so instituted by settlement. In such cases, the Department, the CSU, and those persons deemed by the Department to be successors in interest to any settlement agreement, shall be bound by the terms specified therein. Violation thereof by any applicant or licensee, their agents, employees, or others acting on their behalf, shall constitute grounds for the imposition of any sanctions enumerated in this Chapter, including revocation.

Authority O.C.G.A. Secs. 37-1-20, 37-1-29.

82-3-1-.29 Extraordinary Sanctions Where Imminent and Substantial Danger

Where the Commissioner of the Department determines that individuals in the care of CSU subject to licensure are subject to an imminent and substantial danger, the Commissioner may order any of the extraordinary sanctions listed in any part of this rule to take effect immediately unless otherwise specified in the order, without notice and opportunity for hearing prior to the order taking effect:

1. Content of the Order. The order shall contain the following:
   a. The scope of the order;
   b. Reasons for the issuance of the order;
   c. Effective date of the order if other than the date the order is issued;
   d. Person to whom questions concerning the order are to be addressed; and
   e. Notice of the right to obtain a preliminary hearing and an administrative hearing after the issuance of the order regarding the emergency order as a contested case;
2. Emergency Relocation. The Commissioner may order emergency relocation of the individual of any CSU subject to licensure to the nearest appropriate. Prior to issuing an emergency order, the Commissioner may consult with persons knowledgeable in the field of psychiatric care and a representative of the CSU to determine if there is a potential for greater adverse effects on the individual or the individual's care as a result of the proposed issuance of an emergency order. The Commissioner shall provide notice to the individual, his or her next of kin or guardian and his or her physician of the emergency relocation and the reasons therefore; relocation to the nearest appropriate CSU designed to ensure the welfare and, when possible, the desires of the individual;

3. Emergency Placement of Monitor. The Commissioner may order the emergency placement of a monitor in a CSU subject to licensure when conditions at the CSU require immediate oversight for the safety of the individuals;
4. Emergency Prohibition of Admissions. The Commissioner may order the emergency prohibition of admissions to a CSU when such CSU has failed to correct a violation of Departmental permit rules within a reasonable period of time, as specified in the Department's corrective order, and the violation could either jeopardize the health and safety of any individuals if allowed to remain uncorrected or is a repeat violation over a twelve (12) month period, which is intentional or due to gross negligence;
5. Emergency Suspension of Admissions. The Commissioner may order admissions to a CSU be suspended until the Department has determined that the violation has been corrected or until the Department has determined that the CSU has undertaken the action necessary to effect correction of the violation;
6. Preliminary Hearing. The CSU affected by the Commissioner's emergency order may request that the Department hold a preliminary hearing within the Department on the validity of the order and the need for its continuation. Such hearing shall occur within ten (10) days following the request;
7. Cumulative Remedy. The Department shall not be limited to a single emergency action under these rules, nor is the Department precluded from other actions permitted by other law or regulations during the time an emergency order is in force.

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

82-3-1-.30 Waivers and Variances

The Department may, in its discretion, grant waivers and variances of specific rules upon application or petition being filed on forms provided by the department. The department may establish conditions which must be met by the program in order to operate under the waiver or variance granted. Waivers and variances may be granted in accordance with the following considerations:

1. Variance. A variance may be granted by the department upon a showing by the applicant or petitioner that the particular rule or regulation that is the subject of the variance request should not be applied as written because strict application of the rule would cause undue hardship. The applicant or petitioner must also show that adequate standards affording protection for the health, safety and care of individuals exist and will be met in lieu of the exact requirements of the rule or regulations in question;
2. Waiver. The department may dispense entirely with the enforcement of a rule or regulation by granting a waiver upon a showing by the applicant or petitioner that the purpose of the rule or regulation is met through equivalent standards affording equivalent protection for the health, safety and care of individuals;
3. Experimental Variance or Waiver. The department may grant waivers and variances to allow experimentation and demonstration of new and innovative

approaches to delivery of services upon a showing by the applicant or petitioner that the intended protections afforded by the rule or regulation which is the subject of the request are met and that the innovative approach has the potential to improve service delivery.
Authority O.C.G.A. Sec. 37-1-29.

82-3-1-.31 Transportation

The CSU shall provide transportation in compliance with the Department's Standards for All Providers for individuals in transitional beds who are otherwise unable to access services in the community while in the transitional bed.
Authority O.C.G.A. Sec. 37-1-29.

82-3-1-.32 Severability

In the event that a rule, sentence, clause or phrase of any of these rules and regulations may be construed by any court of competent jurisdiction to be invalid, illegal, unconstitutional or otherwise unenforceable, such determination or adjudication shall in no manner affect the remaining rules or portions thereof. The remaining rules or portions thereof shall remain in full force and effect, as if such rule or portions thereof so determined, declared or adjudged invalid or unconstitutional were not originally a part of these rules.
Authority O.C.G.A. Sec. 37-1-29.

82-3-1-.33 Fees

The initial, renewal and change of ownership fees associated with licensure pursuant to these rules shall be $200.00 per bed.
Authority O.C.G.A. Sec. 37-1-29.