

CRISIS STABILIZATION UNITS / BEHAVIORAL HEALTH CRISIS CENTERS

11.01 Staffing Requirements

(Eff. 2/1/16)

Written policy, procedure and practice demonstrate that the organization has adequate staff to meet the needs of the individuals served.

Reference:

DBHDD Policy 01-329, CSU: Program Description

#	Criteria	Deficient Practice	Effect / Outcome
	<i>In the Adult CSU, the following staffing ratios are maintained:</i>		
1	At all times, there are at least two nursing staff present within the CSU, including the charge nurse. If the charge nurse is an APRN, he/she may not simultaneously serve as the accessible physician during the same shift.		
2	The ratio of nursing staff to individuals is not less than 1:8, including the charge nurse.		
3	The ratio of nursing staff to individuals increases on the basis of the clinical care needs of the individual, including required levels of observations for high risk individuals.		
4	If a nursing staff is assigned a 1:1 support role, then he/she is not counted in the 1:8 ratio.		
5	There is one RN present for every 30 beds in the adult CSU.		
6	The physician or psychiatrist is on call 24 hours a day and makes rounds 7 days a week; and responds to calls within an hour.		
7	The CSU has a full time nursing administrator		
8	The CSU has an RN present, 24 hours a day, 7 days a week.		

NOTE: This Compliance Review Report provides explanations of only the deficient practices identified during this review. The criteria deemed “not applicable” or “not evaluated” are not identified and not included in the scoring.

	<i>In the Child and Adolescent CSU, the following staffing ratios are maintained:</i>		
9	At all times, there are at least three staff present within the CSU, including the charge nurse. If the charge nurse is an APRN, he/she may not simultaneously serve as the accessible physician during the same shift.		
10	There are no more than 4 individuals for every one staff, including the charge nurse.		
11	If a nursing staff is assigned a 1:1 support role, then he/she is not counted in the 1:4 ratio.		
12	There is one RN present for every 16 beds in a C&A CSU.		
13	The physician or psychiatrist is on call 24 hours a day and makes rounds 7 days a week; and responds to calls within an hour.		
14	The CSU has a full time nursing administrator		
15	The CSU has an RN present, 24 hours a day, 7 days a week.		

11.02 Environment of Care

(Eff. 2/1/16)

Areas in CSUs/BHCCs accessible by individuals meet DBHDD safety and physical plant requirements.

Reference:

DBHDD Policy 01-342, CSU: Environment of Care

DBHDD Policy 01-333, CSU: Protection and Safety of the Individual and Others

#	Criteria	Deficient Practice	Effect / Outcome
1	The organization has a policy in place and substantially practiced that includes, at a minimum, the following: (1) locking doors in bedrooms and bathrooms that will address an individual's privacy and safety and which addresses staff access at all times to supervise and monitor that individual's clinical status and safety; (2) risk management protocols to address situations in which an attempt might be made to prevent access to any area; (3) routinely checking and documenting the hot water temperature at various outlets and correcting any variance from the standard temperature; and, (4) the provision of, or arrangement for, services for individuals with physical disabilities, including those with sensory impairments.		
2	The CSU/BHCC maintains an environment that is clean and in good repair.		
3	The CSU/BHCC provides for optimal line-of-sight observation from the nurses' station throughout the unit. Hidden spaces and blind corners are mitigated.		
4	The CSU/BHCC is a locked facility.		
	<i>Furnishings, hardware, fixtures and protrusions are:</i>		
5	Made of materials that mitigate the risk of use as weapons or for self-harm		
6	Intact and functional		
7	Maintained in good condition		
8	Tamper resistant		
9	Lighting fixtures are recessed and tamper resistant		

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10	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	Light switches and electrical outlets are secured with tamper-resistant type screws.		
12	Security and safety devices are mounted, installed and secured in a matter 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.		
13	The temperature is maintained between 65 degrees F and 82 degrees F.		
14	The CSU/BHCC is non-smoking. In Child and Adolescent units, the grounds are also non-smoking. Adult CSUs/BHCCs that offer smoking have a sheltered, outside space as a smoking area.		
15	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.		
16	Windows are protected with shatter-resistant material that will minimize breakage.		
17	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.		
18	The CSU has consistently available drinking water for individuals' access using mechanisms that provide for infection control.		
19	The CSU/BHCC has facilities accessible to and usable by physically disabled individuals.		
20	The CSU/BHCC maintains safety equipment to include an Automatic External Defibrillator (AED) and all other necessary medical safety supplies.		
21	Entrances and exits, sidewalks and escape routes are constantly maintained free of all impediments and hazards.		

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22	In the CSU, there is at least one operable, non-pay telephone that is private and accessible at reasonable times for use by the individual. In the CSC/Temp Obs, there is at least one additional operable, non-pay telephone which is private and accessible at reasonable times for use by the individual and is not located within the CSU.		
23	The CSU has a pre-admission waiting area, including restrooms, that meets all safety requirements applicable to designated individual areas.		
24	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.		
25	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.		
26	The CSU has an exam room where examinations and lab procedures are conducted safely while respecting the individuals' confidentiality.		
27	Beds and other heavy furniture capable of use to barricade a door are secured to the floor or wall.		
28	Beds do not have springs, cranks, rails or wheels, and are not hospital beds, rollaway beds, cots, bunk beds, stacked, hide-a-beds or studio couches.		
29	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.		
30	Child and Adolescent CSUs have sleeping areas that are gender specific.		
31	Bathrooms are gender specific.		
32	Exposed plumbing pipes are covered to prevent access.		
33	The CSU has a minimum of one shower, one toilet and one lavatory for each six individuals. Individual shower stalls and dressing areas are provided.		

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34	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. Shower heads are recessed or have a smooth curve from which items cannot be hung. The toilet is secured and tamper resistant.		
35	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.		
36	Access to a bathroom is not through another individual's bedroom.		
37	Mirrors are not common glass and are fully secured and flat mounted to the wall.		
38	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		
39	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.		

11.03 Searches and Individuals' Belongings

(Eff. 2/1/16)

Written policy, procedure and practice address the identification, detection, handling and storage of individuals' belongings.

Reference:

DBHDD Policy 01-342, CSU: Environment of Care

DBHDD Policy 01-330. CSU: Evaluations and Admissions

#	Criteria	Deficient Practice	Effect / Outcome
1	The organization has a policy in place and substantially practiced that includes, at a minimum, the following: (1) the identification, detection, handling and storage of individuals' belongings that are determined to be contraband and potentially harmful; and, (2) the locked storage of individuals' valuables or personal belongings.		
2	The CSU/BHCC provides a means of locked storage for any individual's valuables or personal belongings.		
3	The CSU/BHCC detects and stores individuals' belongings that are determined to be contraband and potentially harmful.		
4	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. There are no standing orders for personal searches of all individuals or mandatory removal of clothing for all individuals.		
5	Staff conducts a pat-down search of each individual, his or her clothing, and all personal effects before admission to the unit.		
6	All physical searches (whether pat-down searches or personal/strip searches) are conducted by staff members who are trained in search procedures.		

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11.04 Seclusion or Restraints

(Eff. 2/1/16)

The CSU develops and implements internal policies and practices for use of seclusion or restraint that are consistent with federal and state laws.

Reference:

DBHDD Policy 03-510, Seclusion or Restraint

DBHDD Policy 01-333, CSU: Protection and Safety of the Individual and Others

DBHDD Policy 01-342, CSU: Environment of Care

#	Criteria	Deficient Practice	Effect / Outcome
1	The organization has a policy in place and substantially practiced that includes, at a minimum, the following: (1) interventions to prevent crisis and minimize incidents when they do occur, that are organized in a least to most restrictive sequence; (2) assessment upon admission to minimize the use and reduce risks associated with seclusion or restraint; (3) provision of notification and education to individuals/family/guardian; (4) safety factors when implementing seclusion or restraint; (5) procedures to be used with seclusion or any form of restraint; (6) care of individual during and after seclusion or restraint; (7) clinical record documentation; (8) debriefing; (9) training; and, (10) performance improvement.		
2	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.		
3	At least one identified room used for seclusion or restraint has a bed commercially designed for use with restraints that is bolted to the floor and without sharp edges. The surface of the bed is impermeable to resist penetration by body fluids.		
4	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 sheetrock.		
5	For CSUs who apply for certification after 3/29/15, the seclusion or restraint room has a minimum of 70 square feet.		
6	For CSUs who apply for certification after 3/29/15, the ceiling height is at least 9 feet.		

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7	The door to the room opens outward.		
8	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.		
9	Staff have full visual access to the individual. There is a vision panel installed in the door.		
10	Where the interior is padded, the padding is in good repair and is intact.		
11	The room is maintained at a comfortable temperature.		
12	Mechanical restraint devices are in proper working order, clean and sanitary. Restraints are cleaned according to the manufacturer's recommendations.		
13	Seclusion or restraint is used only as an emergency safety intervention of last resort to ensure the physical safety of the individual and others, and is used only after less restrictive interventions have been determined to be ineffective.		
14	A physician authorizes all orders for the utilization of seclusion or any form of restraint.		
15	The use of seclusion or restraint is discontinued at the earliest time that the behavioral criteria are met and it is safe to discontinue. Seclusion or restraint is not used as punishment or for the convenience of staff.		
16	Staff maintain one-to-one observation of the individual.		
17	Staff and individuals are debriefed immediately following an episode of seclusion or restraint, identifying the circumstances leading up to the seclusion or restraint.		
18	The individual's IRP is 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.		

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11.05 Documentation of Legal Status

(Rev. 10/15/16)

Written policy, procedure and practices demonstrate that the legal status of each individual served by the CSU is clearly recorded within the clinical record.

Reference:

DBHDD Policy 01-340, CSU: Documentation of Legal Status

DBHDD Policy 01-325, Behavioral Health Certification and Operational Requirement for Crisis Stabilization Units (CSUs)

DBHDD Policy 01-332, CSU: Documentation of Care

DBHDD Policy 01-338, CSU: Rights and Responsibilities of Individuals

#	Criteria	Deficient Practice	Effect / Outcome
1	The organization has a policy in place and substantially practiced that addresses documentation of the legal status in the clinical record of each individual served.		
2	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.		
3	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.		
4	The CSU maintains a record of voluntary or involuntary status change, including the date and time of such changes.		
5	The CSU ensures the documentation of the assessment of the individuals' capacity to understand and exercise the rights and powers of voluntary admission.		
6	Where specific DBHDD legal forms exist to document any of the above mentioned actions, those forms are utilized.		
7	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.		

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11.06 Suicide Prevention

(Eff. 2/1/16)

The CSU and any associated CSC and/or Temp Obs develops policies and procedures for implementing suicide prevention interventions addressing screening, crisis safety plan, assessments, staffing, levels of observation and documentation

Reference:

DBHDD Policy 01-333, CSU: Protection and Safety of the Individual and Others

#	Criteria	Deficient Practice	Effect / Outcome
1	The organization has a policy in place and substantially practiced that includes, at a minimum, the following: (1) constant visual observations of persons clinically determined to be actively suicidal; (2) a person assessed to be potentially suicidal is on a higher level of supervision; (3) modifications or removal of suicide prevention interventions require clinical justification determined by an assessment and are specified by the attending physician and documented in the clinical record; and, (4) updating of the IRP following a suicide attempt.		
2	A person assessed to be potentially suicidal is on a higher level of supervision.		
3	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.		
4	Modifications or removal of suicide prevention interventions require clinical justification determined by an assessment and are specified by the attending physician and documented in the clinical record.		
5	Staff is debriefed immediately following a suicide attempt, identifying the circumstances leading up to the suicide attempt.		
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.		

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