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Aspen State Regulation Set: C 2.01 CSU and SRT FACILITIES

ST - C0000 - INITIAL COMMENTS

Title INITIAL COMMENTS

Type Memo Tag

Regulation Definition

Interpretive Guideline

These guidelines are meant solely to provide guidance to surveyors in the survey process.

Add the most current Baker Act Regulation Set to the survey if the CSU is a designated Baker Act Receiving Facility. To generate a list, use AHCA's Florida Health Finder website <http://www.floridahealthfinder.gov/facilitylocator/FacilitySearch.aspx> and filter by provider type and check the box at the bottom for "Baker Act Receiving Facility".

ST - C0001 - License Required

Title License Required

Type Rule

394.875(2), FS; 65E-12.104(1) FAC

Regulation Definition

394.875(2) The requirements of part II of chapter 408 apply to the provision of services that require licensure under ss. 394.455-394.903 and part II of chapter 408 and to entities licensed by or applying for such licensure from the Agency for Health Care Administration pursuant to ss. 394.455-394.903. A license issued by the agency is required in order to operate a crisis stabilization unit, a residential treatment facility, or a residential treatment center for children and adolescents, or to act as a crisis stabilization unit, a residential treatment facility, or a residential treatment center for children and adolescents in this state.

Interpretive Guideline

When surveying a CSU, use these instruments, as well as those for 394, Part I, F.S. and Chapter 65E-5, F.A.C.

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65E-12.204 Licensing Procedure.

(1) Every CSU and SRT is required to obtain a license from the AHCA unless specifically excluded from licensure under the provisions of Section 394.875(5), F.S. Compliance with Chapter 394, Part I, F.S., shall be a condition of licensure.

ST - C0002 - Definitions

Title Definitions

Type Memo Tag

65E-12.103 FAC

Regulation Definition

65E-12.103 Definitions.

(1) "Crisis Stabilization Unit," referenced herein as CSU, is a state-supported mental health service or program and is a short-term alternative to inpatient psychiatric hospitalization and an integrated part of a designated public receiving facility under the authority of Chapter 394, F.S. A CSU provides brief intensive services for individuals who are presented as acutely mentally ill on a 24-hour-a-day, 7-day-a-week basis, under the licensing authority of the department. The purpose of a CSU is to examine, stabilize and redirect people to the most appropriate and least restrictive treatment settings consistent with their needs.

(2) "Short-term Residential Treatment Program," referenced herein as SRT, is a state-supported acute care 24-hour-a-day, 7-day-a-week residential alternative service, generally of 90 days or less, and which is an integrated part of a designated public receiving facility and receiving state mental health funds under the authority of Chapter 394, F.S. The purpose of an SRT is to provide intensive short-term treatment to individuals who are temporarily in need of a 24-hour-a-day structured therapeutic setting in a less restrictive, but

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longer-stay alternative to hospitalization.

(3) "Receiving Facility" means a facility designated by the department to receive individuals under emergency conditions or for psychiatric evaluation and to provide short-term treatment, and also means a private facility when rendering services to a private individual pursuant to Chapter 394, Part I, F.S.

(4) "Client" means an individual diagnosed as having a mental illness, either voluntarily seeking admission or for whom involuntary admission is sought pursuant to Section 394.463, F.S., who receives screening, evaluation or treatment services from an agency that is operated, funded, or regulated by the department.

(5) "Treatment" means the clinical care of a person who has been determined to have a mental illness.

(6) "Comprehensive Service Plan" is a written statement of the long-term view, goals and objectives to be achieved with the person receiving services and the means for attaining those objectives. Not all persons admitted to a facility will have a comprehensive service plan already developed.

(7) "Discharge Plan" is a written plan related specifically to the person's release from the CSU or SRT, describing and justifying the proposed setting where the individual will reside and aftercare treatment. The discharge planning process begins at the time of admission and involves the person receiving services, family, case manager and other individuals or agencies in accordance with the person's needs.

(8) "Emergency Screening" is the process whereby a person receives a preliminary determination as to type, extent and immediacy of the treatment needs.

(9) "Nursing Assessment" is a general physical assessment, begun immediately upon admission and completed within 24 hours, conducted by a registered nurse as defined under Section 464.003, F.S., known as Nurse Practice Act, and is a procedure which is a preliminary part of the initial admission

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process which is not intended to serve as the physical examination required under Section 394.459(2)(c), F.S., unless it is performed as a physical examination by an advanced registered nurse practitioner as provided under Section 464.012, F.S.

(10) "Physical Examination" is a physical evaluation performed by a licensed physician or by an advanced registered nurse practitioner under the supervision of a licensed physician as provided under Section 464.012, F.S., or by a physician's assistant under the supervision of a licensed physician as provided under Section 458.347, F.S.

(11) "Mental Health Professional" is a psychiatrist, psychiatric nurse, clinical psychologist or clinical social worker as defined under Section 394.455, F.S.

(12) "Physician" means a medical practitioner licensed pursuant to Chapter 458 or 459, F.S., who has experience in the diagnosis and treatment of mental and nervous disorders.

(13) "Psychiatrist" means a medical practitioner licensed pursuant to Chapter 458 or 459, F.S., who has primarily diagnosed and treated mental and nervous disorders for a period of not less than 3 years, inclusive of psychiatric residency.

(14) "Registered Nurse" is defined under Section 464.003(4), F.S.

(15) "Licensed Practical Nurse" is defined under Section 464.003(5), F.S.

(16) "Mental Health Treatment Staff" means direct care workers who are responsible for daily care of persons receiving services and specified treatment and rehabilitative activities, as specified in policies and procedures, under the supervision of a mental health professional or registered nurse.

(17) "Consultant Pharmacist" is a licensed pharmacist as defined under Section 465.003(3), F.S.

(18) "Dispense" is the transfer of medications as provided under Section 465.003(5), F.S.

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(19) "Drugs" are preparations as defined under Section 465.003(7), F.S.

(20) "Policies and Procedures" are written standards, methods, and guidelines that govern the operation of the program, assure compliance with these rules and applicable statutes, and insure the coordinated delivery of quality acute care treatment services that are designed to improve treatment outcomes.

(21) "Rehabilitative Services" is an educationally based process which provides the opportunities for persons diagnosed mentally ill to attain the physical, emotional and intellectual skills needed to live, learn, work or socialize in their own particular environments. The process includes developing the resources needed to support or strengthen their level of functioning in these environments.

(22) "Quality Assurance" is a program designed to evaluate the quality of care of the program and to promote efficient and effective screening, evaluation, and treatment services. CSUs and SRTs that are a part of a community mental health center, as defined in Section 394.907(1), F.S., may be included in that agency's quality assurance program. A quality assurance program includes:

(a) "Peer Review" which is the review of a staff member's professional work by comparably trained and qualified individuals performing similar tasks; and

(b) "Utilization Review" which is the process of using predefined criteria to evaluate the necessity and appropriateness of services and allocated resources to ensure that the program's services are necessary, cost-efficient, and effectively utilized.

(23) "Mechanical Restraint" is the use of physical devices for the purpose of restraining a person's limbs, head, or body. Devices might include straps, cuffs, harnesses, mittens, and camisoles.

(24) "Seclusion" is the use of a security, seclusion, or quiet room designed to isolate and contain those persons who are

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determined by a physician or psychiatrist as posing an imminent threat of physical harm to themselves or others. The room incorporates features which substantially reduce the likelihood of persons doing harm to themselves or leaving the room without authorization. Seclusion rooms will not be included in a facility's bed capacity.

(25) "Advisory or Governing Board" is a formally constituted group of citizens who advises or directs a program regarding policy. Facilities that are a part of a community mental health center may use the center board for this purpose.

(26) "Department" is the Department of Children and Family Services.

(27) "District" is a regional or local office of the department.

(28) "Agency for Health Care Administration," referenced herein as AHCA, is the agency with the responsibility for receiving license applications and for coordinating licensing survey activities.

(29) "Usable Client Space" is the sum, in gross square feet, of all rooms, interior wall to interior wall, that are part of a CSU and SRT facility. Mechanical and electrical rooms, administrative and staff offices, screening areas, nurses' station, visitor and reception area, crawl space and attic space are excluded.

(30) "Service Plan Manager" is a person assigned the responsibility of coordinating the development and implementation of the comprehensive service plan and service implementation plan. For individuals eligible for case management status, this will always be the case manager. For others, this will be a person other than a case manager.

(31) "Service Implementation Plan" is a plan which includes objectives and action steps to the attainment of the goals identified on the comprehensive service plan.

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ST - C0003 - Licensing Procedure - Annual Licensure

Title Licensing Procedure - Annual Licensure

Type Rule

65E-12.104(7) FAC

Regulation Definition

(7) Annual Licensure. One license shall be secured annually to operate a CSU or an SRT program within any Department of Children and Family Services district. The license shall be posted in a conspicuous place on the premises and shall state the type of service to be performed and the maximum bed capacity of the premises.

Interpretive Guideline

Tour the unit to ensure the license is posted as required.

ST - C0004 - Licensing Procedure - Program Closure

Title Licensing Procedure - Program Closure

Type Rule

65E-12.104(9-10) FAC

Regulation Definition

(9) Program Closure. If closure of a CSU or an SRT program by the licensee is pending, the licensee shall notify the AHCA in writing at least 90 days prior to such closure. The program which is closing, with the assistance of the department and the AHCA, shall attempt to place all persons receiving services, with their valid lawful consent, in other programs to which respective clinical records shall be transferred.

(10) Program Closure Following Receivership Proceedings. By accepting a license under this chapter, every CSU and SRT agrees to cooperate with the department and the AHCA in

Interpretive Guideline

Verify that the date notice was received by AHCA was at least 90 days prior to the anticipated date of program closure. If 90 days has not been given, the CSU is subject to sanctions under s.394.879(4), F.S.

Interview the administrator to determine whether or not they accepted any adversely affected individuals from another closed program.

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accepting the adversely affected individuals when closure of a program follows receivership proceedings as defined in Section 394.903, F.S.

ST - C0005 - Certification of Authorized Beds

Title Certification of Authorized Beds

Type Rule

65E-12.104(8) F.A.C.

Regulation Definition

(8) Certification of Authorized Beds.

. . . Any changes in the number or location of licensed beds will require the prior approval of the planning council and district administrator and notification of the Mental Health Program Office. Proof of approval must accompany the application for licensure.

Interpretive Guideline

ST - C0010 - Minimum Staffing Standards

Title Minimum Staffing Standards

Type Rule

65E-12.105(1) FAC

Regulation Definition

Minimum Staffing Standards.

(1) Each facility shall designate an individual who is responsible for the overall management and operation of a CSU or SRT and whose qualifications and duties are defined in the individual's job description. The job description shall ensure that other job responsibilities will not impede the operation and administration of the CSU or SRT. The

Interpretive Guideline

Identify the person with overall management responsibility no later than the entrance conference.

Review the person's job description to ensure no conflicting duties exist and the Director's resume to ensure he or she meets the minimum training required.

Obtain a copy of the person's license or the license number to verify currency.

Review the organizational chart to verify line of authority.

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occupant of this position shall possess experience in acute mental health and hold at least a bachelor's degree in the human services field or be a registered nurse.

ST - C0011 - Minimum Staffing Standards

Title Minimum Staffing Standards

Type Rule

65E-12.105(2) FAC

Regulation Definition

(2)(a) Every CSU and SRT shall have at least one psychiatrist as primary medical coverage as defined in section 394.455(24), F.S. Back-up coverage may be a physician who will consult with the psychiatrist. The psychiatrist or physician shall be on call 24-hours-a-day and will make daily rounds. Counties of less than 50,000 population may utilize a licensed physician for on-call activities and daily rounds as long as the physician has postgraduate training and experience in diagnosis and treatment of mental and nervous disorders.

(b) The psychiatrist shall be responsible for the development of general medical policies, prescription of medications, and medical treatment of persons receiving services. Each person shall be provided medical or psychiatric services as considered appropriate and such services shall be recorded by the physician or psychiatrist in the clinical record.

Interpretive Guideline

- a) Obtain the name and resume of the psychiatrist that provides primary medical coverage at the facility. Review the psychiatrist's job description or contract to ensure it accurately describes the required responsibilities.
- b) Review policies for prescription medications and medical treatment of persons receiving services. Review sample clinical records to ensure services are documented in client charts.

ST - C0012 - Minimum Staffing Standards

Title Minimum Staffing Standards

Type Rule

65E-12.105(3) FAC

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Regulation Definition

(3) Sufficient numbers and types of qualified staff shall be on duty and available at all times to provide necessary and adequate safety and care. The program policies and procedures shall define the types and numbers of clinical and managerial staff needed to provide persons with treatment services in a safe and therapeutic environment.

Interpretive Guideline

At times, there may need to be more than the minimum number of staff on duty to ensure client safety. Minimum staffing may not be sufficient staffing, should the acuity of the clients require one-on-one supervision of a particular client or the mix of clients requires extraordinary levels of care. The CSU/SRT should have procedures to call in additional staff for such situations.

Review the number and types of staffing on all shifts to ensure it meets the minimum requirements of CSU/SRT Tag 0013 or more staffing if the acuity of the clients requires it. This should be the actual numbers of persons working, not just the number of positions allocated.

Interview staff to ensure they feel safe and in control of the unit. Interview clients to ensure they feel safe on the unit.

Review incident reports to assess adequacy of unit control and safety of clients.

ST - C0013 - Minimum Staffing Standards

Title Minimum Staffing Standards

Type Rule

65E-12.105(4-6) FAC

Regulation Definition

(4) At least one registered nurse shall be on duty 24-hours-a-day, 7-days-a-week.

(5) At no time shall the minimum on-site available nursing coverage and mental health treatment staff be less than the following for shifts from 7:00 a.m. until 11:00 p.m. to assure the appropriate handling and administration of medication and the completion of nursing assessments:

Number of Beds	Registered Nurses	Mental Health Treatment Staff
	CSU	SRT
	SRT	CSU
		SRT

Interpretive Guideline

Review the facility staffing to ensure at least one RN is on duty at all times.

Observe and interview staff to ensure there is at least one RN on duty at all times.

Review the facility's staffing and document the number and type of staff on duty for each shift.

Select 5 to 7 days sampling of staff coverage immediately prior to the date of the survey, on all three shifts and weekends, to verify adequate numbers and types of staff.

The minimum staffing coverage for CSUs and SRTs cannot be met by use of Emergency Screeners.

If questions remain, examine employee's time cards or employer's pay records, observe and interview staff to verify staffing.

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1-10	1	1	1	1
11-20	1	1	2	2
21-30	2*	1	3	2

*Licensed Practical Nurse may substitute for one registered nurse

(6) At no time shall on-site available nursing coverage and mental health treatment staff be less than the following for both CSUs and SRTs for shifts from 11:00 p.m. until 7:00 a.m. to assure the appropriate handling and administration of medication and the completion of nursing assessments:

Number of Beds	Registered Nurses	Mental Health Treatment Staff
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1-10	1	1
11-20	1	1
21-30	1	2

ST - C0016 - Minimum Staffing Standards

Title Minimum Staffing Standards

Type Rule

65E-12.105(7) FAC

Regulation Definition

(7) A person with a minimum of a master's degree in psychology, social work, psychiatric nursing, counseling education, or mental health counseling, and has received clinical training, shall regularly provide staff consultation and treatment services to the CSU and SRT as described in the facility's policies and procedures.

Interpretive Guideline

Review the staffing pattern to ensure a qualified professional is available to provide regular staff consultation.

Examine personnel records for the following:

1. Current license,
2. Qualifications, and

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3. Education and experience.

Interview staff about availability of clinical backup and ongoing support. See Personnel Worksheet.

ST - C0017 - Minimum Staffing Standards

Title Minimum Staffing Standards

Type Rule

65E-12.105(8) FAC

Regulation Definition

(8) Rehabilitative services shall be made available to the SRT.

Interpretive Guideline

"Rehabilitative Services" is an educationally based process which provides the opportunities for persons diagnosed mentally ill to attain the physical, emotional and intellectual skills needed to live, learn, work or socialize in their own particular environments. The process includes developing the resources needed to support or strengthen their level of functioning in these environments.

ST - C0018 - Minimum Staffing Stds - Emergency Screening

Title Minimum Staffing Stds - Emergency Screening

Type Rule

65E-12.105(9)(a) FAC

Regulation Definition

(9)(a) The following requirement shall apply to all persons who assume emergency screening responsibilities after the effective date of this rule. Staff who have the responsibility of conducting emergency screening for possible admission to the CSU shall have a master's degree in psychology, social work, counseling education, mental health counseling, psychiatric nursing; or be a registered nurse; or be a person with a bachelor's degree, in a human services field, with a minimum of 1 year of work experience in a mental health related field.

Interpretive Guideline

"Emergency Screening" is the process whereby a person receives a preliminary determination as to type, extent and immediacy of the treatment needs.

Review the personnel record of each person who performs admission screenings at the facility to ensure they have no less than the required training and experience. See Personnel Worksheet

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ST - C0019 - Minimum Staffing Stds - Emergency Screening

Title Minimum Staffing Stds - Emergency Screening

Type Rule

65E-12.105(9)(b) FAC

Regulation Definition

(9)(b) All emergency screeners assuming emergency screening responsibilities after the effective date of this rule shall complete a course in emergency screening prior to or within 3 months of assuming emergency screening responsibilities.

This course shall include 12 contact hours of training in emergency screening, including clinical assessment, mental status examination, crisis intervention, Baker Act admission criteria, and the American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Revised, Washington, DC, American Psychiatric Association, 1994, which is incorporated by reference and may be obtained from the American Psychiatric Association, 1400 K Street, N.W., Washington, DC 20005. Completion of the training course shall be documented.

Persons who deliver training curriculum for emergency screening shall be mental health professionals, physicians, or mental health counselors licensed under chapter 491, F.S., or under the supervision of a mental health professional, physician, or mental health counselor.

Interpretive Guideline

Review the personnel record of each emergency screener to ensure the documentation of training completion within three months of beginning duty is present.

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ST - C0020 - Minimum Staffing Stds - Emergency Screening

Title Minimum Staffing Stds - Emergency Screening

Type Rule

65E-12.105(9)(c-d) FAC

Regulation Definition

(9)(c) Face-to-face consultation shall be available from a mental health professional or a mental health counselor licensed under chapter 491, F.S., at all times for newly employed emergency screeners who have not completed the required training. They shall also receive intensive supervision and on the job training until successful completion of the training course.

(9)(d) Emergency screeners shall, at all times, be under the supervision of a mental health professional or a mental health counselor licensed under Chapter 491, F.S. The extent and type of supervision provided to emergency screeners shall be specified in the CSU's policy and procedures manual.

Interpretive Guideline

Review the staffing pattern to ensure the licensed professional is available at all times for supervision of emergency screeners.

If possible, interview new emergency screening staff and licensed professional staff to ensure they have face-to-face access to licensed professional staff at all times.

Review the facility's policies and procedures to ensure the extent and type of supervision are prescribed.

Interview screeners and person providing supervision to verify extent of supervision provided.

ST - C0022 - Minimum Staffing Stds - Emergency Screening

Title Minimum Staffing Stds - Emergency Screening

Type Rule

65E-12.105(9)(e) FAC

Regulation Definition

(9)(e) All emergency screening staff shall have 10 documented contact hours of relevant staff development and training each calendar year.

Interpretive Guideline

Review the personnel records of emergency screeners to ensure the required annual training is documented.

Interview emergency screeners about the annual training received.

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Title Minimum Staffing Stds - Emergency Screening

Type Rule

65E-12.105(9)(f) FAC

Regulation Definition

(9)(f) The CSU will include a training plan in their policy and procedures manual that will reinforce the initial training curriculum and be responsive to their quality assurance findings.

Interpretive Guideline

Review the policy and procedures manual to ensure the presence of a training plan for new emergency screeners.

ST - C0024 - Minimum Staffing Stds - Emergency Screening

Title Minimum Staffing Stds - Emergency Screening

Type Rule

65E-12.105(9)(g) FAC

Regulation Definition

(9)(g) Personnel comprising the minimum CSU staff, as specified in section 65E-12.105, F.A.C., shall not function as emergency screeners at the same time as working on the CSU.

Interpretive Guideline

Review the staffing pattern for the CSU to ensure that none of the required staffing is satisfied by use of emergency screeners; nor are CSU staff used as emergency screeners.

ST - C0025 - Minimum Staffing Stds - Emergency Screening

Title Minimum Staffing Stds - Emergency Screening

Type Rule

65E-12.105(10) FAC

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Regulation Definition

(10) Each CSU and SRT shall develop policies and procedures to ensure adequate minimum staffing. These policies shall address double shifting, use of temporary registered nurses, use of regular part-time registered nurses and licensed practical nurses. Policies shall ensure that nursing staff are not used in dual capacity or in ancillary areas which compromise minimum unit staffing requirements, except as expressly provided for by this rule.

Interpretive Guideline

Review the facility's policy and procedures manual to ensure sufficient numbers of qualified nurses (RN's and LPN's) are required to meet minimum staffing patterns.

ST - C0030 - Minimum Program Stds - Advisory /Gov. Board

Title Minimum Program Stds - Advisory /Gov. Board

Type Rule

65E-12.106(1) FAC

Regulation Definition

Common Minimum Program Standards.

(1) Advisory or Governing Board. The CSU or SRT shall have either a formally constituted advisory or governing board for the CSU or SRT or operate under the agency board which has ultimate authority for establishing policy and overseeing the operation of the CSU or SRT. The board shall operate under a mission statement and a set of bylaws governing its operation.

(a) Selection and Terms of Office. If an advisory or governing board exists, the method of selection of members and terms shall be specified in the corporate bylaws of the corporation. The membership of such an advisory or governing board shall include broad representation from the professional disciplines and the community, including a consumer and a consumer's family member, and shall meet quarterly.

Interpretive Guideline

"Advisory or Governing Board" is a formally constituted group of citizens who advises or directs a program regarding policy. Facilities that are a part of a community mental health center may use the center board for this purpose.

Review the board's mission statement and bylaws. The bylaws should prescribe the method of selecting members, composition, and frequency of meetings.

Request and review a roster of board members to ensure the composition of the board reflects that required by these rules as well as by its own bylaws. Review minutes of the board meetings to ensure meetings occur at least quarterly, have a quorum, and that issues are addressed.

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(b) Records. Records of the agency with an advisory or governing board shall include the name, address, and terms of office of members; written minutes of meetings; attendance; and specific recommendations or decisions of the board.

ST - C0031 - Minimum Program Stds - Personnel Policies

Title Minimum Program Stds - Personnel Policies

Type Rule

65E-12.106(2) FAC

Regulation Definition

(2) Personnel Policies. Personnel policies shall be made available in writing to all personnel. Policies shall include rules governing the ethical conduct of staff and volunteers, rights and confidentiality of information regarding persons receiving services.

Interpretive Guideline

Review the facility's personnel policies to ensure they include the required information and confirm from personnel interviews that the policies have been communicated to staff.

ST - C0032 - Minimum Program Stds - Personnel Policies

Title Minimum Program Stds - Personnel Policies

Type Rule

65E-12.106(2)(a) FAC

Regulation Definition

(2)(a) Performance Evaluation of Staff. An annual performance evaluation of all personnel shall be conducted. The program shall provide for the signature of the employee or volunteer acknowledging receipt of the evaluation.

Interpretive Guideline

Review personnel charts to ensure that an annual performance evaluation has been completed and signed by the employee or volunteer. See Personnel Worksheet.

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ST - C0033 - Minimum Program Stds - Personnel Policies

Title Minimum Program Stds - Personnel Policies

Type Rule

65E-12.106(2)(b) FAC

Regulation Definition

(2)(b) Personnel Records. Records on all employees and volunteers shall be maintained by the agency. Each employee record, available for employee review shall contain:

1. The individual's current job description with minimum qualifications for the position;
2. The employment application or resume with evidence that references were checked prior to employment;
3. The employee's annual evaluations;
4. A receipt indicating that the employee has been trained and understands program policies and procedures, patient rights as stated in section 394.459, F.S., ethical conduct, and confidentiality of information regarding persons receiving services;
5. Documentation that the employee has been trained and understands the legal mandate under Section 415.103, F.S., to report suspected abuse and neglect as well as the use of the Florida Abuse Registry; and
6. Documentation that the individual has been fingerprinted and screened, if appropriate, in accordance with section 394.4572, F.S.

Interpretive Guideline

Obtain a list of employees and volunteers. Request a minimum of five employee personnel records.

Review personnel charts to ensure that one exists for each employee. Confirm that the charts contain no less than the required elements. See Personnel Worksheet.

7. Chapter 381, F.S. relates to AIDS/HIV training.

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7. Documentation of training as required by section 381.0035, F.S., for all non-licensed staff.

ST - C0034 - Minimum Program Stds - Personnel Policies

Title Minimum Program Stds - Personnel Policies

Type Rule

65E-12.106(2)(c) FAC

Regulation Definition

(2)(c) Fingerprint Screening. All mental health personnel, as defined in section 394.4572, F.S., who have direct contact with unmarried persons under the age of 18 years shall be screened in accordance with section 394.4572, F.S. Each CSU and SRT shall maintain fingerprint screening records as follows:

1. A current list, which identifies, by position title, all positions, which require fingerprint screening.
2. A continuously updated record of all active personnel which identifies for each person his position title and indication if the position requires fingerprint screening. If fingerprint screening is required the record shall indicate the date of employment or transfer to the position, date of fingerprint card and information submission to the department, and receipt date of the individual's written assurance of compliance from the department.

Interpretive Guideline

Review the list of positions that are required to be fingerprinted. Sample a minimum of five personnel charts for employees who fill such positions to ensure that each employee has undergone background screening as required. Review the list the facility is required to maintain; however, if staff are working without Level 2 background screening, cite Z815/Z816. If facility does not maintain the list, cite 0034.

Review the continuously updated record of all active personnel for identification of each employee's position title, indication if position requires fingerprint screening, date of employment or transfer to the current position, date of fingerprint card and submission to the department, and receipt date of employee's affidavit of compliance to ensure the record is updated in a timely manner. If continuously updated list is not reflective of current staff, cite this 0034. If there is no written assurance of compliance refer to Z816 (core BGS tag).

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ST - C0035 - Minimum Program Stds - Personnel Policies

Title Minimum Program Stds - Personnel Policies

Type Rule

65E-12.106(3) FAC

Regulation Definition

(3) Staff Development and Training. Each CSU and SRT shall provide staff development and training for facility staff, part-time and temporary personnel, and volunteers, and shall develop policies and procedures for implementing these activities. Policies and procedures shall be reviewed annually. There shall be a qualified and experienced staff person responsible for staff development and training who is, under the supervision of, or receives consultation from, a mental health professional or a mental health counselor licensed under chapter 491, F.S. All staff development and training activities shall be documented and shall include activity or course title; number of contact hours; instructor's name, position and credentials; and date. The participation of each employee shall be documented in accordance with systemic procedures either in the employee's personnel file or staff development and training file.

Interpretive Guideline

Review the staff development and training policies and procedures. Confirm that the policies and procedures have been reviewed annually.

Determine which facility employee is responsible for staff development and training and ensure that the person meets the required training or is supervised by a person who does.

Review a list of training events that have been held, containing all required information.

Review a list of those employees who attended each training event and sample the personnel charts of these employees to ensure the chart documents their attendance.

ST - C0036 - Minimum Program Stds - Financial Records

Title Minimum Program Stds - Financial Records

Type Rule

65E-12.106(4) FAC

Regulation Definition

(4) Financial Records. Financial records that identify all

Interpretive Guideline

Since each CSU is funded under contracted with DCF, consult with the DCF district office program specialist to

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income by source, and report all expenditures by category, shall be maintained in a manner consistent with chapter 65E-14, F.A.C.

document that financial records are kept properly.

ST - C0037 - Minimum Program Stds - Confidentiality

Title Minimum Program Stds - Confidentiality

Type Rule

65E-12.106(5) FAC

Regulation Definition

(5) Confidentiality and Clinical Records. Every CSU and SRT shall maintain a record on each person receiving services, assuring that records and identifying information are maintained in a confidential manner, and securing valid lawful consent prior to the release of information in accordance with Sections 394.459(3) and 394.4615, F.S. All staff shall receive training as part of staff orientation, with periodic update on file, regarding the effective maintenance of confidentiality of clinical records. It shall be emphasized that confidentiality includes oral discussions regarding persons receiving services inside and outside the CSU or SRT and shall be discussed as part of employee training.

Interpretive Guideline

Review client clinical records to determine clients were provided the opportunity to consent to release information.

Observe where and how records are stored and who has access.

Review personnel charts to confirm that staff have received the required training on confidentiality at the time of orientation and updated after that time.

ST - C0038 - Minimum Program Stds - Confidentiality

Title Minimum Program Stds - Confidentiality

Type Rule

65E-12.106(5)(a) FAC

Regulation Definition

(5)(a) Clinical Record System. Each CSU and SRT shall have policies and procedures, in accordance with sections

Interpretive Guideline

Review the facility's policies and procedures governing clinical records.

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394.459(3) and 394.4615, F.S., for a clinical record system. The clinical record is the focal point of treatment documentation and is a legal document. Entries placed in the clinical record to document the individual's progress or facility's actions must be objective, legible, accurate, dated, timed when appropriate, and authenticated with the writer's legal signature, title and discipline. The clinical record shall be organized and maintained for easy access. Clinical record services shall be the responsibility of an individual who has demonstrated competence and training or experience in clinical record management. Adequate space shall be provided for the storage and retrieval of the records. The records shall be kept secure from unauthorized access, and each program shall adopt policies and procedures which regulate and control access to and use of clinical records.

Review a sample of clinical records for program compliance but, at the same time, note accuracy, legibility, organization, and quality of recording.

Determine from the staffing pattern which employee has responsibility for overseeing clinical record management and document their training or experience to perform this function.

Observe the location where open and closed records are maintained to ensure that the area is secure. Review the facility's policies and procedures for the storage and retrieval of records.

ST - C0039 - Minimum Program Stds - Confidentiality

Title Minimum Program Stds - Confidentiality

Type Rule

65E-12.106(5)(b) FAC

Regulation Definition

(5)(b) Record Retention and Disposition. A person's complete clinical record shall be retained for a minimum period of 7 years following discharge, as provided by section 95.11(4)(b), F.S.

Interpretive Guideline

Review the facility's policies and procedures to ensure a seven-year retention schedule. Review clinical records of persons who have been discharged within the seven-year period if the records are kept on site. If not, seek documentation that such records are easily available from archives.

ST - C0040 - Minimum Program Stds - Confidentiality

Title Minimum Program Stds - Confidentiality

Type Rule

65E-12.106(5)(c) FAC

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Regulation Definition

(c) Content of Clinical Records. The required signature of treatment personnel shall be original as opposed to the facsimile. Policies and procedures shall require the clinical record to clearly document the extent of progress toward short-term objectives and long-term view. Clinical record documentation for each order or treatment decision shall include its respective basis or justification, actions taken, description of behaviors or response, and staff evaluation of the impact of the treatment on the individual's progress. Clinical records shall contain:

1. The individual's name and address;
2. Name, address, and telephone number of guardian, or representatives in accordance with Chapter 65E-5, F.A.C.;
3. The source of referral and relevant referral information;
4. Intake interview and initial physical assessment;
5. The signed and dated informed consent for treatment as mandated under Sections 394.459(3) and 394.4615, F.S.;
6. Documentation of orientation to program and program rules;
7. The medical history and physical examination report with diagnosis;
8. The report of the mental status examination and other mental health assessments as appropriate, such as psychosocial, psychological, nursing, rehabilitation and nutritional;

Interpretive Guideline

Review a sample of clinical records for original signatures. Scanned copies and electronic signatures are acceptable. -- see NOTE below.

Review the facility's policies and procedures manual governing clinical records to ensure that each required element is also required in the manual.

NOTE: The Rule requires no 'facsimile' however technology has advanced since this language was promulgated. Surveyors should ensure that clinical records reflect an 'actual signature' was obtained.

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9. The original service implementation plan, dated and signed, by the person receiving services and treatment staff, which contains short-term treatment objectives that relate to the long-term view in the comprehensive service plan, if the person has one, and description and frequency of services to be provided;
10. The signed and dated service implementation plan reassessments and reviews;
11. Examination, diagnosis and progress notes by physician, nurses, mental health treatment staff and other mental health professionals that relate to the service implementation plan objectives;
12. Laboratory and radiology results, if applicable;
13. Documentation of seclusion or restraint observations, if utilized;
14. A record of all contacts with medical and other services;
15. A record of medical treatment and administration of medication, if administered;
16. An original or original copy of all physician medication and treatment orders;
17. Signed consent for the release of information, if information is released;
18. An individualized discharge plan;
19. All appropriate forms mandated under Chapter 65E-5, F.A.C.;

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20. A current, originally authorized HRS-MH Form 3084, October 1984, "Public Baker Act Service Eligibility," which is herein incorporated by reference for all persons receiving services; and

21. Documentation of case manager contacts if the person receiving services has a case manager.

ST - C0041 - Minimum Program Stds - Consent to Treatment

Title Minimum Program Stds - Consent to Treatment

Type Rule

65E-12.106(6) FAC

Regulation Definition

(6) Consent to Treatment. Any CSU or SRT rendering treatment for mental illness to any individual pursuant to Chapter 394, F.S., and Chapter 65E-5, F.A.C., shall have on file a valid and signed informed consent for treatment HRS-MH Form 3042, to be rendered by the program, and as mandated by Rule 65E-5.050, F.A.C., or an emergency treatment order initiated pursuant to Section 394.459(3), F.S.

Interpretive Guideline

THIS IS A MAJOR CLIENT RIGHTS ISSUE

Review clinical records to determine that an authorization for treatment was signed by the client or legally authorized substitute decision-maker prior to the administration of any medications. Such consent must be based upon full disclosure about the nature of the treatment, side effects, alternative treatment modalities, and anticipated length of treatment. If there is no signed consent, review for a signed emergency treatment order initiated pursuant to Section 394.459(3), FS.

Review policy and procedures to ensure the facility has provided for obtaining express and informed consent before any treatment is provided.

Interview staff to verify their understanding of the requirements for express and informed consent.

"Express and informed consent" means consent voluntarily given in writing, by a competent person, after sufficient explanation and disclosure of the subject matter involved to enable the person to make a knowing and willful decision without any element of force, fraud, deceit, duress, or other form of constraint or coercion.

"Incompetent to consent to treatment" means that a person's judgment is so affected by his or her mental illness that the person lacks the capacity to make a well-reasoned, willful, and knowing decision concerning his or her medical or

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mental health treatment.

Note: HRS-MH Form 3042 remains in current Rule; however, the form was updated by DCF and is now CF-MH 3042A General Authorization for Treatment Except Psychotropic Medications (Baker Act) and is available at <https://eds.myflfamilies.com/DCFFormsInternet/Search/DCFFormSearch.aspx>

ST - C0042 - Minimum Program Stds - Admission/Discharge

Title Minimum Program Stds - Admission/Discharge

Type Rule

65E-12.106(7) FAC

Regulation Definition

(7) Admission and Discharge Criteria. Each CSU and SRT shall develop and utilize policies and procedures pursuant to Chapter 394, F.S., for the intake, screening, admission, referral, disposition, and notification of guardians or representatives of individuals seeking treatment. There shall be adequate intake procedures to ensure that individuals being received from an emergency room, agency, facility, or other referral source shall have all the required paperwork and documentation for admission. If an individual has a case manager, he shall be notified and shall provide appropriate information and participate in the development of the discharge plan. Persons receiving services, or significant others, shall be informed of their eligibility or ineligibility status for publicly paid CSU or SRT services, either at admission or shortly thereafter, pursuant to Chapters 65E-5 and 65E-14, F.A.C.

Interpretive Guideline

Review the facility's policies and procedures to ensure the presence of material on all required elements. See Policies and Procedures Worksheet.

Review the facility's policy and procedures manual to ensure that it describes the information needed to accompany the client to the facility. Also confirm that the client's case manager, if any, is notified of the admission and treatment/discharge planning events as desired by the client.

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ST - C0043 - Minimum Program Stds - Admission/Discharge

Title Minimum Program Stds - Admission/Discharge

Type Rule

65E-12.106(7)(a) FAC

Regulation Definition

(7)(a) Mental Illness Criteria. All individuals admitted shall meet the criteria defined under Section 394.455(18), 394.4625, or 394.463, F.S.

Interpretive Guideline

Review clinical records to confirm that persons meet the criteria for being mentally ill and other factors incorporated in either the voluntary or involuntary admission provisions of the Baker Act.

To be voluntary, must be mentally ill, competent to provide express and informed consent, and be suitable for treatment.

"Mental illness" means an impairment of the emotional processes that exercise conscious control of one's actions or of the ability to perceive or understand reality, which impairment substantially interferes with a person's ability to meet the ordinary demands of living, regardless of etiology. For the purposes of this part, the term does not include retardation or developmental disability as defined in Chapter 393, intoxication, or conditions manifested only by antisocial behavior or substance abuse impairment.

To be involuntary, must be mentally ill, and because of the mental illness, is refusing or unable provide express and informed consent to the examination, and

(a) Without care or treatment, is likely to suffer from self-neglect which poses a real and present threat of substantial harm; and it is not apparent that such harm may be avoided through the help of willing family members or friends or the provision of other services; or

(b) There is a substantial likelihood that without care or treatment the person will cause serious bodily harm to self or others in the near future, as evidenced by recent behavior.

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ST - C0044 - Minimum Program Stds - Admission/Discharge

Title Minimum Program Stds - Admission/Discharge

Type Rule

65E-12.106(7)(b) FAC

Regulation Definition

(7)(b) Supervisory Clinical Review. The program policies and procedures shall specify administrative procedures for the ongoing review of clinical decisions regarding admission, treatment, and disposition. This shall include staffings, individual supervision, and record reviews.

Interpretive Guideline

Review the facility's policy and procedures manual to confirm supervisory clinical oversight of direct care personnel, including the review of clinical records.

ST - C0045 - Minimum Program Stds - Admission/Discharge

Title Minimum Program Stds - Admission/Discharge

Type Rule

65E-12.106(7)(c) FAC

Regulation Definition

(7)(c) Orientation to Program and Abuse Reporting. Each CSU and SRT shall conduct and document an orientation session with each person receiving services and significant others, if applicable, regarding admission and discharge standards, rules, procedures, activities and concepts of the program. A written copy of the above shall be provided to persons receiving services and their guardians. Persons receiving services shall be informed in writing of protection standards, possible searches and seizures, in-house grievance protocol, function of the human rights advocacy committee and current procedures for reporting abuse, neglect, or exploitation to the central abuse registry as required by

Interpretive Guideline

Interview staff and clients to confirm that such an orientation session occurred and what material was covered in the session. Confirm clients' understanding of their rights and the abuse reporting procedures.

Review clinical records to determine if it contains documentation of receipt of all the required information.

See Staff and Client Interview Worksheets.

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Section 415.1034, F.S. Programs shall not discourage or prevent anyone from contacting the central abuse registry.

ST - C0046 - Minimum Program Stds - Individual Protection

Title Minimum Program Stds - Individual Protection

Type Rule

65E-12.106(8) FAC

Regulation Definition

(8) Protection of Persons Receiving Services. Unless abridged by a court of law, the rights of individuals who are admitted to CSU and SRT programs shall be assured as mandated under Chapter 394, Part I, F.S., and Chapter 65E-5, F.A.C. Each CSU and SRT shall be operated in a manner that protects the individual's rights, life, and physical safety while under evaluation and treatment. In addition to all rights granted under Chapter 394, Part I, F.S., individuals shall be:

(a) Assigned a primary therapist or counselor; and

(b) Assured that any search or seizure is carried out in a manner consistent with program policies and procedures and only to insure safety and security and is consistent with therapeutic practices.

1. Searches and Seizures. Whenever there is a reason to believe that the security of a facility or the health of anyone is endangered or that contraband or objects which are illegal to possess are present on the premises, a search of an individual's person, room, locker, or possessions shall be conducted if authorized by the program director or designee, as defined in program policies and standards.

2. Presence of Client. Whenever feasible, the individual shall

Interpretive Guideline

THIS IS A MAJOR STANDARD AND EACH FACILITY MUST BE CAREFULLY SURVEYED FOR COMPLIANCE.

a) Review facility's policy and procedure manual to ensure that each client is to be assigned a primary therapist or counselor. Review clinical records to determine if such a primary therapist or counselor is designated.

b) Review facility's policy and procedure manual to ensure that any searches and seizures of clients, their possessions, or room are conducted as required by Rule. Inquire of staff whether such a search had occurred with any current clients. If so, review that client's clinical record to ensure that a written report of the incident is present.

c) Review facility's policy and procedure manual to ensure that the policy prohibits any retaliation or reprisal against clients and staff for reporting. Check to make sure this policy is posted in a common area and provided to the client upon request.

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be present during a search.

3. Absence of Client. When it is impossible to obtain the individual's physical presence, the individual shall be given prompt written notice of the search and of any article taken.

4. Documentation. Written reports of all searches shall be placed in the individual's clinical record. A written inventory of items confiscated shall be forwarded to the program director or designee.

(c) Assured that facility policy prohibits any retaliation or reprisal against either the individual or against staff for reporting suspected abuse, neglect or exploitation, or violations of the individual's patient's rights. A copy of this facility policy shall be posted in a common patient area and provided to the patient upon request.

ST - C0047 - Minimum Program Stds - Quality Assurance

Title Minimum Program Stds - Quality Assurance

Type Rule

65E-12.106(9)(a) FAC

Regulation Definition

(9) Quality Assurance Program. Every CSU and SRT shall comply with the requirements of Section 394.907, F.S.

(a) Inclusions. Every CSU and SRT shall have, or be an active part of, an established multidisciplinary quality assurance program and develop a written plan which addresses the minimum guidelines to ensure a comprehensive integrated review of all programs, practices, and facility services, including the following: facilities safety and maintenance; care and treatment practices; resource utilization review; peer

Interpretive Guideline

THIS IS A MAJOR STANDARD FOR ALL FACILITIES AND MUST BE SURVEYED TO ENSURE COMPLIANCE.

"Quality Assurance" is a program designed to evaluate the quality of care of the program and to promote efficient and effective screening, evaluation, and treatment services. CSUs and SRTs that are a part of a community mental health center, as defined in Section 394.907(1), F.S., may be included in that agency's quality assurance program.

Review the facility's policy and procedure manual to confirm that it incorporates the program's quality assurance program and all its required elements.

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review; infection control; records review; maintenance of clinical records; pharmaceutical review; professional and clinical practices; curriculum, training and staff development; and incidents with appropriate policies and procedures. The quality assurance program must include:

Request to review a list of members of the Quality Assurance Committee membership.

Request to review the minutes of the Quality Assurance Committee meetings for the last year to determine the frequency of meetings, attendance, and content of meetings.

1. Composition of quality assurance review committees and subcommittees, purpose, scope, and objectives of the quality assurance committee and each subcommittee, frequency of meetings, minutes of meetings, and documentation of meetings;
2. Procedures to ensure selection of both difficult and randomly selected cases for review;
3. Procedures to be followed in reviewing cases and incident reports;
4. Criteria and standards used in the review process and procedures for their development;
5. Procedures to be followed to assure dissemination of the results and verification of corrective action;
6. Tracking capability of incident reports, pertinent issues and actions; and
7. Procedures for measuring and documenting progress and outcome of persons served.

ST - C0048 - Minimum Program Stds - Quality Assurance

Title Minimum Program Stds - Quality Assurance

Type Rule

65E-12.106(9)(b) FAC

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Regulation Definition

(9)(b) Process. The quality assurance program shall conduct two separate complementary review processes on a monthly basis to include peer review and utilization review. The effects of the peer and utilization reviews shall ensure the following:

1. The admission is necessary and appropriate.
2. The services are the least restrictive means of intervention.
3. Individual rights are being protected.
4. Family or significant others are involved in the treatment and discharge planning process as much as feasible with the consent of the person receiving services.
5. The service implementation plan is comprehensive, relative to the full range of the needs of the person receiving services at the CSU or SRT.
6. Minimal standards for clinical records are being met as required by section 65E-12.106(5), (6), of this Rule.
7. Medication is prescribed and administered appropriately. All medication errors shall be reported under the agency's incident reporting system and subject to internal review by the agency's quality assurance program.
8. There has been appropriate handling of medical emergencies.
9. Special treatment procedures, for example, seclusion and restraints, emergency treatment orders, and medical emergencies, are conducted according to facility policy.
10. High risk situations and special cases are reviewed within

Interpretive Guideline

A quality assurance program includes:

- (a) "Peer Review" which is the review of a staff member's professional work by comparably trained and qualified individuals performing similar tasks; and
- (b) "Utilization Review" which is the process of using predefined criteria to evaluate the necessity and appropriateness of services and allocated resources to ensure that the program's services are necessary, cost-efficient, and effectively utilized.

Review minutes of the Quality Assurance Committee minutes to confirm that the reviews included all required elements.

Interview the facility staff responsible for quality assurance about their QA program.

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24 hours. These shall include suicides, death, serious injury, violence, and abuse of any person.

11. All incident reports are reviewed by the facility director within 2 working days.

12. The length of stay is supported by clinical documentation.

13. Supportive services are ordered and obtained as needed.

14. Continuity of care is provided for priority clients through case management.

15. Delay in receiving services is minimal.

ST - C0049 - Minimum Program Stds - Quality Assurance

Title Minimum Program Stds - Quality Assurance

Type Rule

65E-12.106(9)(c) FAC

Regulation Definition

(9)(c) The quality assurance committee shall submit a quarterly report to the agency director and board of directors for their review and appropriate action.

Interpretive Guideline

Request and review the quarterly reports provided by the Quality Assurance Committee in the past 12 months to the Agency Director and board.

Review the QA reports for:

1. Verification of inclusion of peer and utilization review
2. Results and findings
3. Recommendations and interventions
4. Timeliness

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5. Implementation plan as indicated.

Review Governing Body minutes and verify that problems identified were in fact addressed and resolved.

ST - C0050 - Minimum Program Stds - Event Reporting

Title Minimum Program Stds - Event Reporting

Type Rule

65E-12.106(10) FAC

Regulation Definition

(10) Event Reporting. Every CSU and SRT shall report events according to HRS Regulation No. 215-6, "Comprehensive Client Risk Management," June 1, 1990.

(a) Every CSU and SRT shall develop policies and procedures for reporting to the department major events within 1 hour of their discovery or in accordance with the reporting provisions of an applicable district operating procedure.

(b) Only major types of events shall be reported. Every CSU and SRT shall develop a list, subject to district alcohol, drug abuse and mental health program office approval, that shall include the following: any death, serious injury or illness, any event involving recent non-admission or discharge, a felony crime, fire, natural or other disaster, epidemic, escape, riot, elopement, sexual harassment, sexual battery, or any situation which may evoke public reaction or media coverage.

Interpretive Guideline

Review the facility's policy and procedure manual to confirm inclusion of event reporting as required.

Request to review the list of required events but do not make copies of the list for removal from the premises.

Interview staff responsible for incident reporting.

Note: HRS Regulation 215-6 remains in current Rule; however, it was updated on April 1, 2013 by DCF to CFOP 215-6 INCIDENT REPORTING AND ANALYSIS SYSTEM (IRAS) and is located at [https://www.def.state.fl.us/admin/publications/cfops/CFOP 215-xxSafety/CFOP 215-6, Incident Reporting and Analysis System \(IRAS\).pdf](https://www.def.state.fl.us/admin/publications/cfops/CFOP 215-xxSafety/CFOP 215-6, Incident Reporting and Analysis System (IRAS).pdf)

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ST - C0051 - Minimum Program Stds - Data

Title Minimum Program Stds - Data

Type Rule

65E-12.106(11) FAC

Regulation Definition

(11) Data. Every CSU and SRT shall participate in reporting data as mandated under Sections 394.77 and 20.19(13), F.S.

Interpretive Guideline

Contact the district DCF Program Specialist to confirm facility compliance with requirements to report service and financial information.

ST - C0052 - Minimum Program Stds - Food Services

Title Minimum Program Stds - Food Services

Type Rule

65E-12.106(13)(a) FAC

Regulation Definition

(13)(a) At least three nutritious meals per day and nutritional snacks, shall be provided each individual. No more than 14 hours may elapse between the end of an evening meal and the beginning of a morning meal. Special diets shall be provided when an individual requires it. Under no circumstance may food be withheld for disciplinary reasons. Menus shall be reviewed and approved in advance at least quarterly by a Florida registered dietitian.

Interpretive Guideline

Florida licenses dietitians, however, the registration process is federal.

Review documentation that a Florida Registered dietitian had approved the menus at least quarterly. Verify qualifications and current registration.

Review menus for nutritional value and variety.

Interview clients to determine their satisfaction with the quality, quantity, variety, and timeliness of food provided. Also ensure that special requests and needs are complied with as appropriate. See Client Interview form.

Observe clients' meal times for:

1. Degree of expressed satisfaction;
2. Method of serving;

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3. Assistance provided as needed; and
4. Consistency of posted menu with food served.

Ensure that no more than 14 hours elapse between the end of dinner and the beginning of breakfast.

ST - C0053 - Minimum Program Stds - Food Services

Title Minimum Program Stds - Food Services

Type Rule

65E-12.106(13)(b) FAC

Regulation Definition

(13)(b) For food service areas with a capacity of 13 or more persons, all matters pertaining to food service shall comply with the provisions of Chapter 64E-11, F.A.C.

Interpretive Guideline

Review the food service inspection report completed by the Department of Health. If any deficiencies have been cited, there should be a follow-up report verifying correction.

If the food is prepared by the agency operating the CSU, even off-site, surveyors should tour and survey the kitchen and food preparation areas for cleanliness and compliance with standards for food preparation and storage.

If problems are identified during the survey that fall within the authority of Chapter 64E-11, F.A.C., make a referral to the Department of Health.

ST - C0054 - Minimum Program Stds - Food Services

Title Minimum Program Stds - Food Services

Type Rule

65E-12.106(13)(c) FAC

Regulation Definition

(13)(c) Third Party Food Service. When food service is provided by a third party, the provider shall meet all conditions stated in this section, and shall comply with chapter

Interpretive Guideline

The third party contractor should provide a copy of its food service and sanitation inspection reports as proof of compliance with Chapter 64E-11, F.A.C. This is not an AHCA survey item; refer it to DOH.

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64E-11, F.A.C. There shall be a formal contract between the facility and provider containing assurances that the provider will meet all food service and dietary standards imposed by this rule. Sanitation reports and food service establishment inspection reports shall be on file in the facility.

Confirm that there is a formal contract between the facility and provider containing assurance that the provider meets all food service and dietary standards imposed by 65E-12, F.A.C.

Request and review the sanitation reports and food service establishment inspection reports of the preparation site are on file with the serving agency.

If problems are identified during the survey that fall within the authority of Chapter 64E- 11, F.A.C., make a referral to the Department of Health.

ST - C0055 - Minimum Program Stds - Housekeeping/Maint

Title Minimum Program Stds - Housekeeping/Maint

Type Rule

65E-12.106(14) FAC

Regulation Definition

(14) Housekeeping and Maintenance. Every CSU and SRT shall have housekeeping and maintenance standards. Assurance of the following must be provided:

(a) Facilities shall be clean, in good repair, and free of hazards such as cracks in floors, walls, or ceilings; warped or loose boards, tile, linoleum, hand rails or railings; broken window panes; and any similar type hazard.

(b) The interior and exterior of the building shall be painted, stained, or maintained so as to keep it reasonably attractive. Loose, cracked or peeling wallpaper or paint shall be promptly replaced or repaired to provide a satisfactory finish.

(c) All furniture and furnishings shall be attractive, clean and in good repair, and contribute to creating a therapeutic environment.

(d) An adequate supply of linen shall be maintained to provide

Interpretive Guideline

Non-compliance with this standard may require the CSU/SRT to develop and implement a cleaning checklist and schedule. Obtaining photographic evidence of interior/exterior disrepair is good practice.

Tour the facility and observe whether the requirements have been met, including disposal of sharps and biohazardous waste.

Interview clients and staff about the availability of clean linens.

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clean and sanitary conditions for each person at all times.

(e) Mattresses and pillows shall have fire retardant covers or similar protection for fire safety and sanitation purposes.

ST - C0056 - Minimum Program Stds - Compliance

Title Minimum Program Stds - Compliance

Type Rule

65E-12.106(15) FAC

Regulation Definition

(15) Compliance with Statutes and Rules. The program director or administrator shall ensure that the program complies with Chapter 394, F.S., and Chapters 65E-5 and 65E-14, F.A.C., and these Rules.

Interpretive Guideline

Ch. 394, FS Mental Health
65E-5 Mental Health Act Regulation
65E-14 Community Substance Abuse and Mental Health Services Financial Rules

ST - C0057 - Minimum Program Stds - Client Register/Census

Title Minimum Program Stds - Client Register/Census

Type Rule

65E-12.106(16) FAC

Regulation Definition

(16) Client Register and Census. An admission and discharge logbook shall be maintained which lists persons admitted sequentially by name with identifying information about each including age, race, sex, county of residence, disposition, and the actual location to which the individual was discharged or transferred. A daily census record shall be maintained which includes the name of individuals on the unit and on authorized pass.

Interpretive Guideline

Request and review the facility admission and discharge logbook to ensure that all required information is present.
Request a copy of the daily census record to ensure it contains all clients. Use this list and information about each client to determine which clinical records to review.

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ST - C0058 - Minimum Program Stds - Pharmaceutical Svcs

Title Minimum Program Stds - Pharmaceutical Svcs

Type Rule

65E-12.106(17) FAC

Regulation Definition

(17) Pharmaceutical Services.

(a) Every CSU and SRT shall handle, dispense or administer drugs in accordance with Chapters 465, 499, and 893, F.S.

(b) The professional services of a consultant pharmacist shall be used in the delivery of pharmaceutical services. Standards, policies and procedures shall be established by the consultant pharmacist for the control and accountability of all drugs kept at the program.

(c) Medication Orders. All orders for medications shall be issued by a Florida licensed physician.

Interpretive Guideline

(a) The statutes referenced here are as follows: Chapter 465, F.S. governs pharmacists. Chapter 499, F.S. governs drugs, including their labeling, storage and handling. Chapter 893, F.S. governs drug abuse prevention and control, including controlled substances.

Tour medication storage area to verify that drugs are stored in a secure area, that the area is accessible to authorized personnel only, and that controlled substances are stored in a locked area.

Review medication administration record to verify that drugs are ordered and dispensed in compliance with medication standards, noting:

Route;

Time;

Dosage; and

Type

Observe medication pass to verify compliance with medication protocols.

(b) A consultant pharmacist license is a specialized type pharmacist's license that requires additional training and CEUs. Ask to see the license of the consulting pharmacist to verify that the pharmacist is actually licensed as a consultant pharmacist. Document the name and license number of the consultant pharmacist in survey notes.

If there is a contract with the consulting pharmacist, ask to review it. Consulting pharmacists are required by their licensing law Ch. 465.0125, F.S. to maintain all drug records required by law and to establish drug handling procedures for the safe handling and storage of drugs. Review the policies and procedures established by the consultant pharmacist.

Determine that the facility uses the services of a consultant pharmacist. Review any reports or recommendations made to the facility. Has the facility implemented the recommendations made?

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ST - C0059 - Minimum Program Stds - E.M.S.

Title Minimum Program Stds - E.M.S.

Type Rule

65E-12.106(18) FAC

Regulation Definition

(18) Emergency Medical Services. Every CSU or SRT shall have written policies and procedures for handling medical emergency cases which may arise subsequent to a person's admission. All staff shall be familiar with the policies and procedures.

Interpretive Guideline

Review medical equipment and supplies kept accessible on the unit and determine appropriateness of their maintenance schedule, and capability of unit staff to use in an emergency.

Review the facility's policy and procedure manual to confirm presence of information on handling medical emergencies.

Interview staff to determine their familiarity with the medical emergency procedures.

ST - C0060 - Minimum Program Stds - E.M.S./Treatment Order

Title Minimum Program Stds - E.M.S./Treatment Order

Type Rule

65E-12.106(18)(a) FAC

Regulation Definition

(18)(a) Emergency Treatment Orders. Policies and procedures shall be written to address the use of emergency treatment orders as specified in Chapter 394, Part I, F.S. They shall address the following:

1. Emergency treatment orders shall be initiated only upon direct order of a physician or psychiatrist;
2. The clinical justification shall be documented in the clinical record; and

Interpretive Guideline

Review the facility's policy and procedure manual regarding emergency treatment orders. Ensure that policies required all such orders only be issued by a physician and that use of standing orders for emergency treatment is prohibited.

Review clinical records of clients for whom emergency treatment was ordered to confirm that the orders were by a physician and that there was clinical justification for the orders.

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3. The use of standing or routine orders for emergency treatment orders is prohibited.

ST - C0061 - Minimum Program Stds - E.M.S.- C.P.R

Title Minimum Program Stds - E.M.S.- C.P.R

Type Rule

65E-12.106(18)(b) FAC

Regulation Definition

(18)(b) Cardiopulmonary Resuscitation and Choke Relief. All nurses and mental health treatment staff shall be trained to practice basic cardiopulmonary resuscitation (CPR) and choke relief technique at employment or within 6 months of employment and have a refresher course at least every 2 years. There shall be one person on the premises at all times who is CPR certified and proficient in choke relief techniques. Training shall be documented in the personnel record of the employee. Consent for referral and the disclosure of vital information is not required in life-threatening situations.

Interpretive Guideline

Review the personnel charts of clinical staff to confirm documentation of CPR training within the allowable time periods. Note which person on each shift has the required certifications.

Review the personnel charts of clinical staff to confirm documentation of training in choke relief techniques.

Review staffing patterns to confirm that one such staff member is on duty at all times.

ST - C0062 - Minimum Program Stds - Med. Kit/Emerg. Info.

Title Minimum Program Stds - Med. Kit/Emerg. Info.

Type Rule

65E-12.106(18)(c) FAC

Regulation Definition

(18)(c) Medical Kit and Emergency Information. A physician, psychiatrist, consultant pharmacist and registered nurse, designated by the program director or administrator, shall select drugs and ancillary equipment to be included in an

Interpretive Guideline

Verify that the kit is maintained and safeguarded at the program. Request to see the emergency medical kit to confirm that its contents remain current.

Review policy and procedures manual to document:

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emergency medical kit. The kit shall be maintained at the program and safeguarded in accordance with laws and regulations pertaining to the specific items included. A list of emergency programs and poison centers shall be maintained near a telephone for easy access by all staff.

1. Professionals designated to participate in the selection of kit contents.
2. Training of personnel.
3. Content
4. Maintenance and restocking procedure.

Request to see the list of emergency programs and poison centers that should be posted near the staff telephone.

ST - C0063 - Minimum Program Stds - Client Protection

Title Minimum Program Stds - Client Protection

Type Rule

65E-12.106(19)(a) FAC

Regulation Definition

(19) Client Protection

(a) Unauthorized Entry or Exit. Each CSU and SRT shall have policies and procedures regarding unauthorized entry to or exit from the unit.

Interpretive Guideline

Units will be locked to control entrance and egress and to restrict unauthorized persons and hazardous contraband from the unit.

Review the facility's policy and procedure manual to document presence of any off-premises activities.

Tour facility and observe if:

1. The facility is locked.
2. Pathways are locked when clients are moved to other areas.
3. There is a common key.
4. Locks have quick releasing and single turn mechanisms.
5. Staff escorts are provided when clients are moved to other areas.

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ST - C0064 - Minimum Program Stds - Client Protection

Title Minimum Program Stds - Client Protection

Type Rule

65E-12.106(19)(b) FAC

Regulation Definition

(19) Client Protection
(b) Control of potentially injurious items.

1. Policies and procedures shall prohibit the transmittal onto or carrying onto the unit sharps, flammables, toxins, weapons, caustic chemicals, rope or other items potentially injurious to persons on the unit.
2. Therapeutic activities materials shall also exclude similarly potentially hazardous items such as bats, paddles, mallets, knives, ropes, cords, wire clothes hangers, wire, sharp pointed scissors, luggage straps and sticks.
3. Housekeeping supplies and chemicals shall, whenever practical, be non-toxic or non-caustic. The unit shall implement procedures to avoid access by persons receiving services during use or storage.
4. Nursing and medical supplies including drugs, sharps and breakables shall be safeguarded from access by persons receiving services through storage, use and disposal processes.

Interpretive Guideline

Policies and procedures must identify precautions to be taken that will prevent the introduction of prohibited and potentially injurious items onto the unit.

- 1) Review the facility's policy and procedure manual to confirm prohibition of allowing harmful items or substances onto the unit. Conspicuously posted signs at public entrances shall warn that introduction of weapons or other contraband is illegal.
- 2) Tour the unit and any area used for recreational or occupational therapy to observe if dangerous items are available. Observe the unit for hazardous conditions or items that may be used by self-injurious or assaultive persons.
- 3) Tour the unit and observe if harmful substances are accessible to clients. Observe the storage procedures for housekeeping supplies and equipment, therapeutic activity materials, and nursing/medical supplies.
- 4) Review special incident reports to determine if clients have obtained restricted materials and what the agency's response was to the incident.

Interview staff about precautions taken to ensure control of potentially injurious items.

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ST - C0066 - Minimum Program Stds - Client Protection

Title Minimum Program Stds - Client Protection

Type Rule

65E-12.106(19)(c)1 FAC

Regulation Definition

(19) Client Protection

(c)1 Use of Restraint or Seclusion.

1. The use of restraint or seclusion shall require documented clinical justification, including the failure of less restrictive means, and shall be employed only after less restrictive means have been attempted without success and to prevent a person from injuring himself or others, or to prevent serious disruption of the therapeutic environment. Restraint or seclusion shall not be employed as punishment or for the convenience of staff. Persons placed in seclusion or restraints shall be informed of the specific reason for seclusion or restraints and precondition for release.

Interpretive Guideline

Verbal interventions are appropriate as behaviors are escalating, before requiring physical interventions. Staff should be trained in appropriate verbal techniques to effect timely, non-physical interventions in escalating situations.

Review clinical records of clients, if any, for whom restraints or seclusion have been ordered. Confirm that the required documentation is present.

See Restraint and Seclusion Worksheet.

ST - C0067 - Minimum Program Stds - Restraint/Seclusion

Title Minimum Program Stds - Restraint/Seclusion

Type Rule

65E-12.106(19)(c)2 FAC

Regulation Definition

(19) Client Protection.

(c) Use of Restraint or Seclusion.

2. Seclusion Room. Each CSU shall have at least one seclusion room located in the CSU facility. Additional space shall be available that can be used either as a seclusion room

Interpretive Guideline

Tour the unit to confirm that at least one seclusion room is available that is not used for any other purpose. Examine the seclusion room(s) for safety, odors, cleanliness, sharp edges, and other hazardous conditions.

Review the facility's policy and procedure manual to confirm that it addresses seclusion in emergency situations.

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or bedroom, as need dictates. Policies and procedures shall be developed on handling emergency situations that require seclusion. Each SRT shall have a seclusion room.

ST - C0068 - Minimum Program Stds - Restraint/Seclusion

Title Minimum Program Stds - Restraint/Seclusion

Type Rule

65E-12.106(19)(c)3 FAC

Regulation Definition

(19) Client Protection.

(c) Use of Restraint or Seclusion.

3. Transfer. A person who is in restraint or seclusion may be considered for transfer to an inpatient unit.

Interpretive Guideline

ST - C0069 - Minimum Program Stds - Restraint/Seclusion

Title Minimum Program Stds - Restraint/Seclusion

Type Rule

65E-12.106(19)(c)4 FAC

Regulation Definition

(19) Client Protection.

(c) Use of Restraint or Seclusion.

4. Training. Staff who implement written orders for seclusion or restraints shall have documented performance based training, at least annually, in the proper use of the procedures, including verbal and physical aggression control techniques.

Interpretive Guideline

Review personnel charts of staff who are authorized to implement orders for seclusion or restraint to confirm that the required training has occurred within the 12 months.

Interview newly hired staff to verify training in proper use of seclusion and restraint.

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ST - C0070 - Minimum Program Stds - Restraint/Seclusion

Title Minimum Program Stds - Restraint/Seclusion

Type Rule

65E-12.106(19)(c)5 FAC

Regulation Definition

(19) Client Protection.

(c) Use of Restraint or Seclusion.

5. Policies and Procedures. The CSU and SRT shall develop and maintain detailed, written policies and procedures for the use of restraints or seclusion which shall include the following provisions:

a. Policies and Procedures Availability. Such policies and procedures shall be made available to the appropriate staff and to the persons served and their significant others.

b. Restraint. Protective restraint shall consist of any apparatus or condition which interferes with free movement.

c. Physical Holding. Only in an emergency shall physical holding be employed unless there is a physician's or psychiatrist's order for a restraint.

d. Client Protection. Physical holding or restraints, such as canvas jackets or cuffs, shall be used only when necessary to protect individuals from injury to themselves or others. All persons placed in protective restraints shall be physically isolated from other persons receiving services.

e. Restraint Order. Use of restraints reflect a psychiatric emergency and shall be ordered by a physician, or psychiatrist, be administered by trained staff and be documented in the

Interpretive Guideline

Review the facility's policy and procedure manual to confirm that the required information (items a-j) is included.

a. Interview staff to verify their knowledge of policies and procedures

b. Self-explanatory

c. Self-explanatory

d. Self-explanatory

e. Review clinical records to verify that signed order was received within 24 hours of initiation.

Interview clients if possible who have been placed into restraints to determine what factors may have prompted the escalation of behaviors and whether the client believes such intervention could be avoided.

f. Review clinical records to verify that the use of restraints was fully justified, time limits specified, and the conditions necessary for the client's release specified.

Review policies and procedures to verify all required elements have been incorporated.

Review observation flow sheet to verify that clients were directly observed at least every 15-minutes and their condition recorded.

g. Review clinical records to verify that signed order was received within 24 hours of initiation.

Interview clients if possible who have been placed into seclusion to determine what factors may have prompted the escalation of behaviors and whether the client believes such intervention could be avoided.

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clinical records. An order for a restraint shall designate the type of restraint to be used, the circumstance under which it is to be used and the duration of its use. Each written order shall be time-limited according to the clinical need. The order shall not exceed 24 hours and shall be reordered if further restraint is required. Orders by a physician or psychiatrist over the telephone must be given to a registered nurse. Telephone orders shall be reviewed and signed within 24 hours by a physician or psychiatrist. When a person is in imminent danger, a registered nurse may initiate use of restraint prior to obtaining a physician's or psychiatrist's order. In all instances an order must be obtained within 1 hour of initiating the restraints. The issuance of a standing or PRN order for the use of restraints is prohibited.

f. Documentation. Justification of need for the type of restraint ordered and used, the length of time employed, conditions for release, and condition of the individual restrained shall be recorded in the clinical record. Fifteen-minute observations must be face-to-face and must be recorded at the time they are made. Documentation must include name of observer and time of the observation. Documentation must reflect unit policies and procedures for circulation and respiration checks, opportunity for fluids, meals, bathing, toileting, comfort and safety, and motion or exercise. The observation flow sheet must have a key to correctly identify symbols used for the person's behavior and activities, and a key to identify staff initials.

g. Seclusion Order. Each written order for seclusion shall be limited to 24 hours and must be rewritten if further seclusion is required. Orders given by a physician or psychiatrist over the telephone must be given directly to a registered nurse. Telephone orders shall be reviewed and signed within 24 hours by a physician or psychiatrist. When a person is deemed

h. Review clinical records to verify that the use of seclusion was fully justified, time limits specified, and the conditions necessary for the client's release specified.

Review policies and procedures to verify all required elements have been incorporated.

Review observation flow sheet to verify that clients were directly observed at least every 15-minutes and their condition recorded.

i. Review the observation flow sheet to verify that each client in restraint or seclusion had his or her needs provided for, as required in the Rule. This documentation must also be filed in the client's clinical record.

j. Review observation charting for apparent "filling in" prematurely or after the fact. Observe accuracy of intervals of any seclusion and restraint checks while in the unit. Observe clients in seclusion or restraints if possible to verify adherence to standards. Ensure the logbook of restraints and seclusion contains all the required components.

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in imminent danger, a registered nurse may initiate seclusion prior to obtaining a physician's or psychiatrist's order. In all instances an order must be obtained within 1 hour of initiating the seclusion. The issuance of a standing or PRN order for seclusion is prohibited.

h. Documentation. Justification of need, the length of time in seclusion, conditions for release, and the condition of the person secluded shall be recorded in the clinical record. Fifteen-minute observations must be face-to-face and must be recorded at the time they are made. Documentation must include name of observer and time of the observation. Documentation must reflect unit procedures for opportunity for fluids, comfort and safety, meals, bathing and toileting. The observation flow sheet must have a key to correctly identify symbols used for the persons behavior and activities, and a key to identify staff initials.

i. Observation. A person in restraint or seclusion shall be visually observed by a staff member every 15 minutes, and provisions made for regular meals, bathing, and use of the toilet and continuously monitored in these situations. When restraints are used, the observer must check for comfort and safety, making sure there is no impairment of circulation or respiration. As long as it does not endanger anyone, an opportunity for motion and exercise must be provided for a period of no less than 10 minutes during each waking hour in which the restraint is employed. The observation shall be documented on the observation flow sheet, including the time of the observation, and shall describe the person's condition. The documentation shall be included in the clinical record.

j. Logbook of Restraints and Seclusion. A logbook shall be maintained by each CSU and SRT that will sequentially indicate the individuals placed in seclusion or restraint by

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name, date, time, specified reason for seclusion or restraint, time removed, and length of time in seclusion or restraint and condition upon release.

ST - C0071 - Minimum Program Stds - Suicide Precaution

Title Minimum Program Stds - Suicide Precaution

Type Rule

65E-12.106(19)(d) FAC

Regulation Definition

(19) Client Protection.
(d) Suicide Prevention.

1. Suicide precaution is provided for the protection of persons who have been assessed to be potentially suicidal and require a higher level of supervision.
2. The modification or removal of suicide precautions shall require clinical justification determined by an assessment and shall be specified by the attending physician and documented in the clinical record. A registered nurse, clinical psychologist or other mental health professional may initiate suicide precautions prior to obtaining a physician's or psychiatrist's order, but in all instances must obtain an order within 1 hour of initiating the precautions. Telephone orders shall be reviewed and signed by a physician within 24 hours of their initiation.
3. Each CSU shall develop policies and procedures for implementing suicide precautions addressing: assessment, staffing, levels of observation and documentation. Policies and procedures shall require constant visual observation of persons clinically determined to be actively suicidal.

Interpretive Guideline

1. Unit policies and procedures must identify the process for instituting, altering or removing suicide precautions.
2. Review the clinical records of all current clients, if any, for whom suicide precautions had been ordered to confirm that the order had been issued by a physician, and if ordered by telephone, committed to writing by the physician within 24 hours.
3. Review the facility's policy and procedure manual to confirm the presence of the required information, especially the constant observation of persons who are actively suicidal. Interview staff to determine their understanding of policy addressing suicide precautions.

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ST - C0072 - Minimum Program Stds - Client Protection

Title Minimum Program Stds - Client Protection

Type Rule

65E-12.106(19)(e) FAC

Regulation Definition

(19) Client Protection.
(e) Other high risk behaviors, such as elopement and assaultive behavior, shall be addressed in the CSU and SRT policies and procedures.

Interpretive Guideline

Review the facility's policy and procedures manual to confirm inclusion of information on other high-risk behaviors.
See Policy and Procedure Worksheet.

ST - C0073 - Minimum Program Stds - Nursing Services

Title Minimum Program Stds - Nursing Services

Type Rule

65E-12.106(20) FAC

Regulation Definition

(20) Nursing Services.
(a) Medical Prescription. Registered nurses shall ensure that each physician's or psychiatrist's orders are followed. When a determination is made that the orders have not been followed or were refused by the person being served pursuant to Section 394.459(3), F.S., the physician or psychiatrist shall be notified within 24 hours. The registered nurse or nursing service shall substantiate this action through documentation in the individual's clinical record.

(b) Nursing Standards. Each CSU and SRT shall develop and maintain a standard manual of nursing services which shall address medications, treatments, diet, personal hygiene care

Interpretive Guideline

Review clinical records to ensure that medications ordered by a physician were actually administered to the client, unless refused by the client. If so confirm in the record whether the physician was notified within 24 hours.

Review the facility's policy and procedure manual for nursing services to confirm that it includes the required elements.

Observe a medication pass.

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and grooming, clean bed linens and environment, and protection from infection.

ST - C0074 - Minimum Program Stds - Continuity of Care

Title Minimum Program Stds - Continuity of Care

Type Rule

65E-12.106(21) FAC

Regulation Definition

(20) Continuity of Care Services. Upon admission, all priority clients as defined in Chapter 65E-15, F.A.C., in both a CSU and SRT shall be assigned a case manager who will function pursuant to Chapter 65E-15, F.A.C.

Interpretive Guideline

Priority clients are persons of all ages with one of the following characteristics:

- a. Are being admitted to or are awaiting admission to a state treatment facility;
- b. Are in a state treatment facility regardless of admission date;
- c. Have moved into the district from a district where they had been receiving case management;
- d. Are at risk of institutionalization or incarceration of mental health reasons;
- e. Have been discharged from a state treatment facility;
- f. Have had one or more admissions to a CSU, SRT, or inpatient psychiatric unit;
- g. Who reside or have been discharged from a mental health RTF;
- h. Are experiencing long-term or serious acute episodes of mental impairment that may put them at risk of requiring more intensive services.

When case management resources are inadequate to meet the demand, the DCF district administrator shall develop client specific criteria to determine which from among this group shall not be offered CCMH case management.

ST - C0075 - Minimum Program Stds - Children

Title Minimum Program Stds - Children

Type Rule

65E-12.106(22) FAC

Regulation Definition

(22) Children. Every program which serves persons under 18

Interpretive Guideline

SRTs should not admit minors.

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years of age shall define, in local program standards, the services and supervision to be provided to the children. Minors under the age of 14 years shall not be admitted to a bed in a room or ward with an adult. They may share common areas with an adult only when under direct visual observation by unit staff. Minors who are 14 years of age and older may be admitted to a bed in a room or ward in the mental health unit with an adult, if the clinical record contains documentation by a physician that such placement is medically indicated or for reasons of safety. This shall be reviewed and documented on a daily basis.

Minors can be very vulnerable on CSUs that serve adults. There is no prohibition to allowing minors under the age of 14 to share common space with adults in CSUs, although this practice is prohibited in licensed hospitals.

Minors under 14 years of age may not share a bedroom with an adult. Minors' should be assigned to bedrooms as close as possible to the nurses station and be segregated, to the extent possible, from those for adults.

If the CSU serves minors, review the facility's policy and procedure manual to confirm the presence of the program services and supervision to be provided.

Confirm that no child under the age of 14 is sharing a room with an adult. In touring the unit or working on premises, observe if any child under the age of 14 using common areas is ever not under the direct visual observation of an adult.

Confirm that if any minor, age 14 or older is on the unit, he or she has their own room or, if assigned to share a room with an adult, the clinical record includes daily documentation of medical or safety necessity. Interview any minor to determine his or her roommate and whether the child had felt unsafe. Interview staff to determine how minors are supervised on the unit.

ST - C0076 - Minimum Program Stds - Collocation

Title Minimum Program Stds - Collocation

Type Rule

65E-12.106(23) FAC

Regulation Definition

(23) Collocation.

(a) Collocation means the operation of CSU and SRT, or CSU and substance abuse detoxification services from a common nurses' station without treatment system integration. It may result in the administration of those services by the same organization and the sharing of common services, such as housekeeping, maintenance and professional services. A CSU shall be separated and secured by locked doors, used by persons receiving services, from the SRT and detoxification

Interpretive Guideline

If a CSU, SRT, or detoxification unit is collocated, the total bed capacity of the units is used to determine staffing requirements.

Tour any CSU that shares services with an SRT or detoxification program. Ensure that locked doors physically segregate the units.

Ensure that all CSU standards, including staffing requirements, are fully met.

Confirm from observation and interviews that clients do not share common space or commingle, except as authorized

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units.

by their physician with all required justification documented in the clinical record.

(b) Whenever a CSU is collocated with an SRT or substance abuse detoxification unit there shall be no compromise in CSU standards. In all instances, whenever there is a conflict between CSU rules and SRT, alcohol or drug abuse rules, the more restrictive rules shall apply.

Confirm that the staffing of the CSU complies with the requirements. Select 5 to 7 days sampling of staff coverage immediately prior to the date of the survey, on all three shifts and weekends, to verify adequate numbers and types of staff.

(c) Persons receiving services on the CSU, SRT, and detoxification units shall not commingle or share a common space at the same time unless individually authorized by a physician's or psychiatrist's written order to participate in specific treatment and evaluation activities on other units as specified in the individual's service implementation plan. Service implementation plan documentation shall include: type of activity, supervision, frequency of activity, and duration of each activity session.

(d) Collocation Staffing Requirements. CSU and SRT, or CSU and detoxification staff may be shared if the client-staff ratio is not violated and the health, safety and welfare of the individual is not jeopardized. When services are collocated and staff resources are shared, the staffing pattern shall be the more restrictive as required by this rule, based on the combined total number of beds. When the combined number of beds exceeds 30, nursing and mental health treatment staff shall not be shared.

ST - C0077 - Minimum Program Stds - Passes

Title Minimum Program Stds - Passes

Type Rule

65E-12.106(24) FAC

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Regulation Definition

(24) Passes.

(a) A physician's written order shall be written in accordance with unit policies and procedures specifying each occasion that a person receiving services is permitted off unit and consistent with the service implementation plan.

(b) Each written order shall specify: the clinical basis for the order; the necessity and purpose of the order; the level of supervision while off the unit; the individual designated responsible for the person receiving services; and the authorized time of departure and return deadline which cannot exceed 24 hours for CSUs and 48 hours for SRTs.

Interpretive Guideline

a) Review the clinical records of persons for whom passes off the unit have been authorized to confirm that the pass was based on a written order by a physician.

b) Review the physician's order to confirm that it includes all required elements.

Review policies and procedures to verify compliance with rule requirements.

Interview staff to verify their knowledge of unit policies and procedures regarding passes.

ST - C0078 - Minimum Program Stds - Smoking

Title Minimum Program Stds - Smoking

Type Rule

65E-12.106(25) FAC

Regulation Definition

(25) Smoking. Each CSU and SRT shall designate smoking areas or declare the facility non-smoking and shall post signs to so indicate. Areas frequented by non-smokers, such as the only room with a television set, or activity or dining room, shall not be designated a smoking area. If the facility is non-smoking, a sheltered outside area shall be designated as a smoking area. The facility shall ensure the operation of adequate smoke evacuation mechanisms to maintain a healthful air quality throughout.

Interpretive Guideline

If smoking is allowed in the unit, smoking areas must be designated and adequate smoke ventilation assured.

Tour the CSU/SRT to observe smoking areas for compliance with regulation.

Interview clients about smoking areas.

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ST - C0079 - Minimum Program Stds - Personal Items

Title Minimum Program Stds - Personal Items

Type Rule

65E-12.106(26) FAC

Regulation Definition

(26) Personal Items. Persons residing in CSUs and SRTs are entitled to wear their own clothing except when this right is restricted for safety. This restriction must be fully justified in the clinical record. Policies and procedures shall be developed which describe the utilization of special clothing, or describe unit restrictions concerning other potentially hazardous personal articles, such as sharps and ingestibles.

Interpretive Guideline

When touring the unit, observe whether or not individuals appear to be wearing their own clothing. Interview clients regarding any clothing restrictions.

Review the facility's policy and procedure manual to confirm the presence of information regarding clients' right to retain personal items. The procedures to restrict this right must be described.

Review the clinical records of clients restricted from wearing their own clothing to confirm the presence of justification.

Interview any clients on the unit who are not in their own clothing to determine the reason. Confirm the reason through interviews with staff.

ST - C0080 - Minimum Program Stds - Univ. Infection Ctrl

Title Minimum Program Stds - Univ. Infection Ctrl

Type Rule

65E-12.106(27) FAC

Regulation Definition

(27) Universal Infection Control. Each CSU and SRT shall develop and implement policies and procedures for universal infection control and prevention to protect people from blood and body fluid borne disease. Specific procedures shall include management of persons who potentially have infectious diseases, such as Hepatitis B, Human

Interpretive Guideline

Review the facility's policy and procedure manual to confirm the presence of required information.

Observe staff for proper infection control techniques throughout the survey.

Interview staff about their awareness of infection control policies and procedures.

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Immunodeficiency Virus (HIV), Acquired Immune Deficiency Syndrome (AIDS), or other infectious diseases. These procedures shall include: isolation, specific infection control techniques, availability of proper equipment, proper disposal of potentially infected waste, transfer, and the release of confidential information to select unit medical and direct care staff on a need-to-know basis. Any testing for AIDS shall be done in accordance with Chapters 381, F.S., and 64D-2, F.A.C. Policies and procedures shall be regularly updated to include information provided by the department and the Center for Disease Control. All biohazardous waste shall be handled and disposed in accordance with Chapters 381, F.S., and 64E-16, F.A.C.

ST - C0081 - Minimum Program Stds - HIV/AIDS Education

Title Minimum Program Stds - HIV/AIDS Education

Type Rule

65E-12.106(28) FAC

Regulation Definition

(28) Human Immunodeficiency Virus (HIV) and AIDS Education Requirements for Employees and Persons Receiving Services. Each CSU and SRT shall meet the educational requirements for HIV and AIDS pursuant to Section 381.0035, F.S.

(a) For persons receiving services the following criteria must be considered in determining course content, frequency and length of course:

1. The emotional, cognitive and functioning level of the person;
2. The time spent in the CSU or SRT;
3. The physical health of the person;

Interpretive Guideline

(a) Review the facility's training plan to confirm it addresses educational requirements for HIV and AIDS.

(b) Review the personnel charts of non-licensed staff to confirm that they had the required number of hours of training within the time periods allowed. Confirm the information in the personnel chart by asking the employee if training was actually received.

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4. The educational level of the person;
5. The socioeconomic, cultural and ethnic background of the person; and
6. The high risk and drug use behaviors of the person.

(b) Employees shall receive 4 contact hours of education within 30 days of any face-to-face contact with persons receiving services and 2 hours biennially thereafter. Each professional who completes his respective board education requirement shall be considered as having met this requirement.

ST - C0082 - Minimum Program Stds - Operating/Procedures

Title Minimum Program Stds - Operating/Procedures

Type Rule

65E-12.106(29) FAC

Regulation Definition

(29) Unit operating policy and procedure manuals shall be organized and maintained for easy access and reference and available to all facility staff at all times. The CSU and SRT shall have a copy of Chapter 394, F.S., Chapters 65E-5, F.A.C., 65E-12, F.A.C., and Chapter 65E-15, F.A.C., on the unit available to all staff and persons receiving services at all times.

Interpretive Guideline

Request and review the unit operating policy and procedure operating manual(s) to confirm their presence on the unit. Confirm that the four required documents are included in the manuals and interview staff to ensure they are aware of the manuals and that the manuals must be made available to clients on the unit, upon request.

ST - C0083 - Minimum Program Stds - Protocols

Title Minimum Program Stds - Protocols

Type Rule

65E-12.106(30) FAC

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Regulation Definition

(30) CSUs and SRTs shall ensure that the unit's licensed professionals, as defined in Sections 394.455(2), (21), (23), and (24), F.S., and other unit staff function together under a set of written reciprocal unit protocols. These protocols shall establish the sequence of activities to be performed, designate authorized or responsible personnel, and establish standards for the accuracy, completion, and comprehensiveness of activities.

Interpretive Guideline

Review the written reciprocal unit protocols to ensure that they include all required elements for licensed professionals (clinical psychologists, physicians, psychiatric nurses, and psychiatrists) and other unit staff.

ST - C0089 - CSU/SRT Number of Authorized Beds

Title CSU/SRT Number of Authorized Beds

Type Rule

394.875(6) & (9) FS

Regulation Definition

(6) The agency may issue a license for a crisis stabilization unit or short-term residential treatment facility, certifying the number of authorized beds for such facility as indicated by existing need and available appropriations. The agency may disapprove an application for such a license if it determines that a facility should not be licensed pursuant to the provisions of this chapter. Any facility operating beds in excess of those authorized by the agency shall, upon demand of the agency, reduce the number of beds to the authorized number, forfeit its license, or provide evidence of a license issued pursuant to chapter 395 for the excess beds.

(9) Notwithstanding the provisions of subsection (6), crisis stabilization units may not exceed their licensed capacity by more than 10 percent, nor may they exceed their licensed capacity for more than 3 consecutive working days or for more than 7 days in 1 month.

Interpretive Guideline

Review facility's posted license and compare to current census.

Interview Administrative staff about status of current license capacity.

Review daily census report for past 30 days to ensure CSU capacity was not exceeded by more than 10% for more than 3 consecutive working days or more than 7 days in one month.

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ST - C0091 - C S U / S R T Authorized Services

Title C S U / S R T Authorized Services

Type Rule

394.875(1)(a) FS; 65E-12.103(1) FAC

Regulation Definition

394.875(1)(a) The purpose of a crisis stabilization unit is to stabilize and redirect a client to the most appropriate and least restrictive community setting available, consistent with the client's needs. Crisis stabilization units may screen, assess, and admit for stabilization persons who present themselves to the unit and persons who are brought to the unit under s. 394.463, F.S. Clients may be provided 24-hour observation, medication prescribed by a physician or psychiatrist, and other appropriate services. Crisis stabilization units shall provide services regardless of the client's ability to pay and shall be limited in size to a maximum of 30 beds.

65E-12.103(1) "Crisis Stabilization Unit," referenced herein as CSU, is a state-supported mental health service or program and is a short-term alternative to inpatient psychiatric hospitalization and an integrated part of a designated public receiving facility under the authority of Chapter 394, F.S. A CSU provides brief intensive services for individuals who are presented as acutely mentally ill on a 24-hour-a-day 7-day-a-week basis, under the licensing authority of the department. The purpose of a CSU is to examine, stabilize and redirect people to the most appropriate and least restrictive treatment settings consistent with their needs.

Interpretive Guideline

Tour the unit to verify there is no more than 30 beds. Verify that services are available on a 24-hour, 7-day-a-week basis.

Section 394.463, F.S. is related to Involuntary Examination.

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ST - C0093 - Children's C S U

Title Children's C S U

Type Rule

394.875(7) FS

Regulation Definition

(7) A children's crisis stabilization unit which does not exceed 20 licensed beds and which provides separate facilities or a distinct part of a facility, separate staffing, and treatment exclusively for minors may be located on the same premises as a crisis stabilization unit serving adults.

Interpretive Guideline

Tour the unit to observe that the number of beds does not exceed 20 and review the census sheets to ensure the number of children on the unit did not exceed 20. Review the staffing pattern to ensure the number of staff dedicated to the children's unit meets the required minimum staffing standards.

ST - C0094 - Minimum Stds - C S U -Emergency Screening

Title Minimum Stds - C S U -Emergency Screening

Type Rule

65E-12.107(1)(a) FAC

Regulation Definition

Minimum Standards for Crisis Stabilization Units (CSUs). In addition to Rules 65E-12.104, 65E-12.105, and 65E-12.106, F.A.C., above, these standards apply to CSU programs.

(1) Emergency Screening. All persons who apply for admission pursuant to section 394.4625, F.S., or for whom involuntary examination is initiated pursuant to Section 394.463, F.S., shall be assessed by the CSU or by the emergency services unit of the public receiving facility. Each receiving facility shall provide emergency screening services on a 24-hours-a-day, 7-days-a-week basis and shall have

Interpretive Guideline

Review clinical records of voluntary and involuntary clients to confirm their assessment.

Confirm the CSU provides on-site emergency screening at all times. Review the facility's policy and procedure manual to confirm that emergency screenings result in the identification of high-risk individuals.

Review clinical records to verify that clients are either admitted, released, or transferred to another appropriate facility within 12 hours of arrival at the CSU.

Review clinical records of persons who came to the facility to confirm that they were not released without a psychiatric or psychological examination. Section 65E-5.2801(4) further requires that such an examination occur prior to allowing a client to transfer from involuntary to voluntary status (See Baker Act Tag B152).

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policies and procedures for identifying individuals at high risk. No person can be detained for more than 12 hours without being admitted or released. Everyone for whom involuntary examination is initiated pursuant to Section 394.463, F.S., shall receive a face-to-face examination by a physician or clinical psychologist prior to release. The examination shall include a psychiatric evaluation, including a mental status examination, or a psychological status report.

Review unit policies and procedures on detainment of persons for involuntary examination to ensure protection from harm and prevention of departure from unit.

(a) Unit policies and procedures shall be written concerning the detainment of persons who are awaiting an involuntary examination and disposition. These procedures shall address protection from harm, and the prevention of departure from the unit prior to the examination.

ST - C0096 - Minimum Stds - C S U Emergency Screening

Title Minimum Stds - C S U Emergency Screening

Type Rule

65E-12.107(1)(b) FAC

Regulation Definition

(1)(b) Referral. Individuals referred, or to be referred, to a receiving facility under Chapter 394, Part I, F.S., who also require treatment for an acute physical condition shall be delivered and, if appropriate, admitted to an emergency medical or inpatient service for health care until medically cleared and stabilized to meet the CSUs medical criteria as prescribed in its policies and procedures. Medical clearance shall be documented in the clinical record.

Interpretive Guideline

Review the facility's policy and procedure manual to confirm that persons who require medical clearance or emergency medical treatment are transported by the CSU or other medical transportation service to a hospital. Law enforcement is not required to provide this function.

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ST - C0097 - Minimum Stds - C S U Emergency Screening

Title Minimum Stds - C S U Emergency Screening

Type Rule

65E-12.107(1)(c) FAC

Regulation Definition

(1)(c) Paying Fees. Individuals who can pay for services and who wish to be admitted to a private hospital facility authorized to provide services under Chapter 394, Part I, F.S., may be referred without prior examination by the receiving facility.

Interpretive Guideline

Review the facility's policy and procedure manual to confirm that the information is consistent with 394.4685(2), F.S. that governs the transfer of clients from public to private facilities. Any such transfer must be based upon the prior acceptance of the client by the private facility.

ST - C0098 - Minimum Stds - C S U Admissions

Title Minimum Stds - C S U Admissions

Type Rule

65E-12.107(2)(a) FAC

Regulation Definition

(2) Admission.
(a) All persons admitted to a CSU shall be admitted pursuant to Chapter 394, Part I, F.S., and Chapter 65E-5, F.A.C. Each CSU shall provide admission services on a 24-hours-a-day, 7-days-a-week basis.

Interpretive Guideline

Confirm from staff interviews that admissions occur at anytime. In reviewing clinical records, note the times of admission.

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ST - C0099 - Minimum Stds - C S U Admission Assessment

Title Minimum Stds - C S U Admission Assessment

Type Rule

65E-12.107(2)(b)1 FAC

Regulation Definition

(2)(b) Initial Assessment.

1. Upon admission to the CSU, an emotional and behavioral assessment as specified in (d) below shall be made based on facility program policy and procedures. This assessment shall be made by a mental health professional, registered nurse, or other unit staff under the supervision of a mental health professional. The consultation of a physician, psychiatrist, or clinical psychologist shall be available to the CSU staff for purposes of assisting in this assessment. Examination and disposition of a person who has been admitted involuntarily shall be in accordance with the provisions of Section 394.463, F.S.

Interpretive Guideline

Review policies and procedures to verify contents regarding initial assessments complies with this rule. Review clinical records to confirm the documented assessment of the client. Review staff coverage to verify that a licensed mental health professional is available to supervise emergency screeners at all times.

Document the name and credentials of the professional consultation available at all times to emergency screening staff.

Confirm from staff interviews and clinical record review that no person who arrived at the facility on an involuntary status was permitted to transfer to voluntary status unless a physician or clinical psychologist first performed the required examination.

ST - C0100 - Minimum Stds - C S U Admission Assessment

Title Minimum Stds - C S U Admission Assessment

Type Rule

65E-12.107(2)(b)2 FAC

Regulation Definition

(b) Initial Assessment.

2. All persons admitted to a CSU shall be provided a nursing assessment, begun at time of admission and completed within 24 hours, by a registered nurse as part of the assessment process.

Interpretive Guideline

A "Nursing Assessment" is a general physical assessment, begun immediately upon admission and completed within 24 hours, conducted by a registered nurse as defined under section 464.003, F.S., known as Nurse Practice Act, and is a procedure which is a preliminary part of the initial admission process which is not intended to serve as the physical examination required under section 394.459(2)(c), F.S., unless it is performed as a physical examination by an advanced registered nurse practitioner as provided under section 464.012, F.S.

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Review clinical records to confirm the presence of a nursing assessment for all clients who were admitted and retained at least 24 hours.

ST - C0101 - Minimum Stds - C S U Admissions-Physical Exam

Title Minimum Stds - C S U Admissions-Physical Exam

Type Rule

65E-12.107(2)(c) FAC

Regulation Definition

(2) Admission.

(c) Physical Examination. All persons admitted to a CSU shall be provided a physical examination within 24 hours of admission, based on program policies and procedures. The physical examination shall include a complete medical history and documentation of significant medical problems. It shall contain specific descriptive terms and not the phrase, "within normal limits." General findings shall be written in the clinical records within 24 hours.

Interpretive Guideline

A "Physical Examination" is a physical evaluation performed by a licensed physician or by an advanced registered nurse practitioner under the supervision of a licensed physician as provided under section 464.012, F.S., or by a physician's assistant under the supervision of a licensed physician as provided under section 458.347, F.S.

Review clinical records to confirm the presence of a physical examination completed within 24 hours of each client's arrival at the facility.

ST - C0102 - Minimum Stds - C S U Admissions/Emotional

Title Minimum Stds - C S U Admissions/Emotional

Type Rule

65E-12.107(2)(d) FAC

Regulation Definition

(2) Admission

(d) Emotional and Behavioral Assessment. For everyone admitted to a CSU an emotional and behavioral assessment shall be completed within 72 hours and entered into the clinical record. The assessment shall be made by a mental

Interpretive Guideline

Review clinical records to ensure the presence of the required assessment, completed within 72 hours of admission and including all essential elements; specifically with time frames, assessment staff requirements, and assessment content.

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health professional or other unit staff under the supervision of a mental health professional. The assessment shall include the following:

1. A history of previous emotional, behavioral, and substance abuse problems and treatment.
2. A social assessment to include a determination of the need for participation of family members or significant others in the individual's treatment; the social, peer-group, and environmental setting from which the person comes; family circumstances; current living situation; employment history; social, ethnic, cultural factors; and childhood history.
3. A direct psychiatric evaluation to be completed by a physician or psychiatrist to include a mental status examination which includes behavioral descriptions, including symptoms, not summary conclusions, and concise evaluation of cognitive functioning. A diagnosis, made by the physician or psychiatrist, shall be recorded in the clinical record, with a minimum of Axes I, II, and III, from the American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders, Third Edition, Revised, Washington, DC, American Psychiatric Association, 1987, which is incorporated by reference and may be obtained from the American Psychiatric Association, 1400 K Street, N.W., Washington, DC 20005.

ST - C0103 - Minimum Stds -C S U Admission - Lab Work

Title Minimum Stds -C S U Admission - Lab Work

Type Rule

65E-12.107(2)(e) FAC

Regulation Definition

(2) Admission.

Interpretive Guideline

Review clinical records to confirm that any laboratory or diagnostic procedures ordered by a physician were

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(e) Laboratory Work. Laboratory work and other diagnostic procedures deemed necessary shall be performed as ordered by the physician or psychiatrist.

completed and the written results filed in the records.

Determine that non-routine lab work or diagnostic services can be obtained if necessary.

Interview nursing staff as to how lab and diagnostic work is ordered and used on the unit.

ST - C0104 - Minimum Stds - C S U Admissions/Medical Care

Title Minimum Stds - C S U Admissions/Medical Care

Type Rule

65E-12.107(3)(a-b) FAC

Regulation Definition

(3) Medical Care.

(a) The development of medical care policies and procedures shall be the responsibility of the psychiatrist or physician. The policies and procedures for medical care shall include the procedures that may be initiated by a registered nurse in order to alleviate a life threatening situation. Medication or medical treatment shall be administered upon direct order from a physician or psychiatrist, and orders for medications and treatments shall be written and signed by the physician or psychiatrist.

(b) There shall be no standing orders for any medication used primarily for the treatment of mental illness.

Interpretive Guideline

Policies and procedures are written addressing the procedures to be followed in life threatening situations; completion, recording and documentation of medical orders; telephone orders; and physical, medical, and nursing care standards.

Review the facility's policy and procedure manual to confirm which medical procedures may be initiated by a nurse in emergency situations.

Review clinical records to confirm that all orders for medications or medical treatment are written and signed by physicians. An ARNP is authorized under chapter 464, F.S. to write most prescriptions that the supervising doctor is authorized to write and for which the ARNP has been trained. Physician Assistants also have certain prescribing authority under chapters 458 and 459, F.S. If medications are ordered by ARNP's or Physician Assistants, verify protocols under which they operate.

Review clinical records to confirm that no standing orders for psychiatric treatment or medication are present. Each order must be individually ordered by the authorized medical professional, based upon the needs of the individual patient.

Interview nursing staff as to how medication or treatment orders are obtained and documented from the physician or psychiatrist and administered to patients.

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ST - C0106 - Minimum Stds - C S U Admissions- Medical Care

Title Minimum Stds - C S U Admissions- Medical Care

Type Rule

65E-12.107(3)(c) FAC

Regulation Definition

(3) Medical Care.
(c) Every order given by telephone shall be received and recorded immediately only by a registered nurse with the physician's or psychiatrist's name, and signed by the physician or psychiatrist within 24 hours. Such telephone orders shall include a progress note that an order was made by telephone, the content of the order, justification, time and date.

Interpretive Guideline

Review clinical records to confirm that telephone orders by physician for medication or other interventions were handled by RN's, rather than other personnel. The documentation must reflect that the physician signed such orders within 24 hours along with the contents of the required progress note.

ST - C0107 - Minimum Stds - C S U Admissions/Medical Care

Title Minimum Stds - C S U Admissions/Medical Care

Type Rule

65E-12.107(3)(d) FAC

Regulation Definition

(3) Medical Care.
(d) Physical, medical and nursing care standards shall provide for continuity and follow-up of acute medical problems.

Interpretive Guideline

Review clinical records to ensure nursing care standards provide for continuity and follow-up of acute medical problems. This can be confirmed through observations and interviews of staff and patients.

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ST - C0108 - Minimum Stds - C S U Service Implementation

Title Minimum Stds - C S U Service Implementation

Type Rule

65E-12.107(4) FAC

Regulation Definition

(4) Service Implementation Plan. A service implementation plan shall be initiated by the service plan manager with documented input from the person receiving services and signed by the person receiving services, the responsible physician, psychiatrist, or a staff member privileged by policies and procedures within 24 hours of the individual's admission. The CSU shall develop a service implementation plan that has objectives and action steps written for the person in behavioral terms. The objectives shall be related directly to one or more goals in the person's comprehensive service plan, if there is one. The plan shall be fully developed within 5 days of admission and must contain short-term treatment objectives stated in behavioral terms relative to the long-term view and goals in the comprehensive service plan, if there is one, an aftercare plan, and a description of the type and frequency of services to be provided in relation to treatment objectives. A copy of the service implementation plan shall be provided to the person receiving services and his guardian as provided for by law.

Interpretive Guideline

Definitions:

A "Service Implementation Plan" is a plan that includes objectives and action steps to the attainment of the goals identified on the comprehensive service plan.

A "Comprehensive Service Plan" is a written statement of the long-term view, goals and objectives to be achieved with the person receiving services and the means for attaining those objectives. Not all persons admitted to a facility will have a comprehensive service plan already developed.

A "Service Plan Manager" is a person assigned the responsibility of coordinating the development and implementation of the comprehensive service plan and service implementation plan. For individuals eligible for case management status, this will always be the case manager. For others, this will be a person other than a case manager (such as a family member or a treating professional).

Review clinical records of persons who have been in the facility for at least 5 days to confirm the presence of a service implementation plan which includes all required elements (See Clinical Record Worksheet). Determine if the facility has documented that a copy of the plan has been provided to the client.

Interview clients to determine the extent the plan represents their input and whether they (and/or legally authorized decision-maker) had received a copy of the plan.

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ST - C0109 - Minimum Stds - required C S U Services

Title Minimum Stds - required C S U Services

Type Rule

65E-12.107(5)(a) FAC

Regulation Definition

(5) Required CSU Services.

(a) Each CSU shall provide the following services on a 24-hour-a-day, 7-days-a-week basis:

1. Emergency reception;
2. Evaluation;
3. Observation;
4. Crisis counseling;
5. Therapeutic activities, including recreational, educational, and social, whose intent is to involve the individual in reality-oriented events and interpersonal interactions shall be provided 3-hours-a-day, 7-days-a-week, with participation and non-participation documented in the individual's clinical record; and
6. Referral to other service components of a mental health agency, a private care facility, or another appropriate care agency.

Interpretive Guideline

Confirm from staff and client interviews that all six required services are available on-site at all times, other than therapeutic activities which must be provided no less than three hours each day.

Review clinical records to confirm the presence of documentation of the required therapeutic activities. See Clinical Record Checklist.

Review posted list of activities to verify that a comprehensive, age-appropriate program is offered.

Interview clients to verify the availability of and attendance at activities and programs.

Review content of programs and activities to verify variety, appropriateness, and quality.

ST - C0110 - Minimum Stds - Required C S U Services

Title Minimum Stds - Required C S U Services

Type Rule

65E-12.107(5)(b-c) FAC

Regulation Definition

(5) Required CSU Services.

Interpretive Guideline

Review facility written program policies and procedures related to basic routine activity programs and ensure that the

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(b) Routine Activities. Basic routine activities for persons admitted to a CSU shall be delineated in program policies and procedures which shall be available to all personnel. The daily activities shall be planned to provide a consistent, well structured, yet flexible, framework for daily living and shall be periodically reviewed and revised as the needs of individuals or the group change. Basic daily routine shall be coordinated with special requirements of the service implementation plan. A schedule of daily activities shall be posted or otherwise available to all persons receiving services.

(c) Off premises activities by two or more persons being served are not permitted except in cases as documented in the individual's clinical record pursuant to subsection 65E-12.106(24) of this Rule.

policies and procedures are available to all personnel.

Interview supervisory staff to confirm that the program activities are periodically reviewed and revised, as needed.

Tour the unit and confirm that the schedule of daily activities is posted or distributed to all clients.

Observe clients' activities on the unit for:

1. Conformance to a posted activity schedule as to time and type;
2. Appropriate content;
3. Adequate diversity;
4. Enhancement of socialization and interaction skills;
5. Orientation to the unit, staff, schedule, etc.; and
6. Age appropriateness.

Interview staff to determine if clients leave the premises in groups.

See Tag 0077 for requirements dealing with passes.

ST - C0112 - Minimum Stds - Required C S U Services

Title Minimum Stds - Required C S U Services

Type Rule

65E-12.107(5)(d-f) FAC

Regulation Definition

(5) Required CSU Services.

(d) Continuity of Care.

1. Discharge Preparation. Prior to discharge or departure from the CSU, the staff, with the consent of the person receiving services, shall work with the individual's support system including family, friends, employers and case manager, as appropriate, to assure that all efforts are made to prepare the individual for returning to a less restrictive setting.

Interpretive Guideline

A "Discharge Plan" is a written plan related specifically to the person's release from the CSU or SRT, describing and justifying the proposed setting where the individual will reside and aftercare treatment. The discharge planning process begins at the time of admission and involves the person receiving services, family, case manager and other individuals or agencies in accordance with the person's needs.

Review the clinical records of persons approaching discharge to ensure that all required elements are present.

Interview clients who are ready for discharge to determine their level of input into and satisfaction with the discharge plan.

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2. Referral Services. All CSUs shall develop and maintain written referral agreements.

Interview staff about discharge planning process.

(e) Referral to Hospital Inpatient Care. The CSU shall have access to a hospital inpatient unit to assure that individuals being referred are admitted as soon as necessary.

Interview appropriate staff to confirm that referral agreements exist which assure prompt admission of clients to hospital-based care, when necessary.

(f) Transportation. The CSU shall provide or have access to transportation to a hospital inpatient unit on an emergency basis when necessary.

Review the referral agreements and interview admission staff from the hospitals to determine if the CSU has carried out its responsibilities in accordance with the agreement.

ST - C0115 - Minimum Stds - Required C S U Services

Title Minimum Stds - Required C S U Services

Type Rule

65E-12.107(5)(g) FAC

Regulation Definition

(5) Required CSU Services.

(g) Laboratory and Radiology Services.

1. Requirement. The CSU shall provide or contract with licensed laboratory and radiology services commensurate with the needs of the persons receiving services.

a. Emergency. Provision shall be made for the availability of emergency laboratory and radiology services 24-hours-a-day, 7-days-a-week, including holidays.

b. Orders. All laboratory tests and radiology services shall be ordered by a physician or psychiatrist.

c. Records. All laboratory and radiology reports shall be filed in the clinical record.

Interpretive Guideline

Review clinical records to document that any order for laboratory or radiology was made by a physician and that the results were filed in the record.

Review the facility's policy and procedure manual to document that the CSU can safely collect, preserve and transport specimens. Specifically, the following should be included:

1. Use of a licensed provider;
2. Continuous service (nights, weekends, and holidays);
3. Professional ordering tests;
4. Timeliness of reports;
5. Physician notification;
6. Posting in client's record;
7. Intervention;
8. Follow-up, as necessary;
9. Method of specimen collection and storage;
10. Transportation of specimens;
11. Transportation of clients, if applicable; and

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d. Specimens. The CSU shall have written policies and procedures governing the collection, preservation and transportation of specimens to assure adequate stability of specimens.

12. Informed consent for HIV testing.

Interview staff to verify that emergency lab and radiology services are available 24-hours-a-day, 7-days-a-week, including holidays.

2. Contracts. When the CSU depends on an outside laboratory or radiology clinic for services, there shall be a written contract detailing the conditions, procedures and availability of work performed. The contract shall be reviewed and approved by the CSU director or administrator.

Observe specimen storage area to verify that specimens are stored in a separate refrigerator from food.

Request and review copies of contracts for laboratory and radiology services to ensure that all required elements are included and that it has been signed by an authorized person.

ST - C0117 - Minimum Stds - Required C S U Services

Title Minimum Stds - Required C S U Services

Type Rule

65E-12.107(6) FAC

Regulation Definition

(6) Space. Each person receiving services shall be provided a minimum of 175 square feet of usable client space within the CSU. Bedrooms shall be spacious and attractive, and activity rooms or space shall be provided.

Interpretive Guideline

"Usable Client Space" is the sum, in gross square feet, of all rooms, interior wall to interior wall, that are part of a CSU and SRT facility. Mechanical and electrical rooms, administrative and staff offices, screening areas, nurses' station, visitor and reception area, crawl space and attic space are excluded. Closets and hallways are also excluded; bathrooms are also usually excluded.

Tour the unit to document that the quality and quantity of space required in bedrooms and activity areas meet the requirements. Also note attractiveness of the décor and cleanliness.

ST - C0118 - Minimum Stds - Required C S U Services

Title Minimum Stds - Required C S U Services

Type Rule

65E-12.107(7) FAC

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Regulation Definition

(7) Locked Doors. CSU facilities shall be locked to provide reasonable control over access to and egress from the unit and emergency reception areas. When individuals are moved to other areas, the pathways shall also be locked or have adequate control provisions to prevent elopement. Such controlled passageways shall include access to the emergency reception area, unit proper, off unit doorways, and recreational areas. All unit door locks shall employ a common key for rapid access in emergency situations with quick releasing or single-turn mechanisms.

Interpretive Guideline

Tour the unit to confirm that the CSU is locked at all times, except when staff safely enter or exit the unit.

Verify that the unit has a common key system to speed access in emergencies.

ST - C0128 - Minimum Stds - S R T- Admission Criteria

Title Minimum Stds - S R T- Admission Criteria

Type Rule

65E-12.108(1) FAC

Regulation Definition

Minimum Standards for Short-Term Residential Treatment Programs (SRT).

In addition to Rules 65E-12.104, 65E-12.105, and 65E-12.106, F.A.C., above, these standards apply to SRT programs.

(1) Admission Criteria.

(a) Referral Required. People may be admitted to an SRT only following a psychiatric or psychological evaluation and referral from a CSU, inpatient unit, or a designated public or private receiving facility.

(b) Admission. All individuals shall be admitted pursuant to Chapter 394, Part I, F.S., and Chapter 65E-5, F.A.C., and only on the order of a physician or psychiatrist.

Interpretive Guideline

SRTs do not provide 24-hour reception and evaluation. Hence, they only accept transfers from units performing these activities. SRTs are designed to be a second tier type facility for more stabilized and longer-term clients, primarily as a diversion from state hospital care.

Review client admission records to ensure order is documented in the file.

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ST - C0129 - Minimum Stds - Nursing Assessment/Physical

Title Minimum Stds - Nursing Assessment/Physical

Type Rule

65E-12.108(2) FAC

Regulation Definition

(2) Nursing Assessment and Physical Examination. All persons shall be given a nursing assessment and shall be given a physical examination within 24 hours of admission. The physical examination shall include a complete medical history and documentation of significant medical problems. It must contain specific descriptive terms and not the phrase, "within normal limits." If the person received a physical examination at an inpatient program or CSU prior to transfer to the SRT, no further physical examination will be necessary unless clinically indicated or it does not meet the requirements of this section. General findings must be written in the individual's clinical record within 24 hours.

Interpretive Guideline

SRT policy and procedures must ensure the provision of a physical exam within 24 hours of admission unless exempted by a previous exam.

Review admission records to ensure physical exams are being conducted and documented within 24 hours of admission, or if exempted, ensure record contains physical examination from inpatient program or CSU.

ST - C0130 - Minimum Stds-S R T Emotional/Behavioral Asses

Title Minimum Stds-S R T Emotional/Behavioral Asses

Type Rule

65E-12.108(3) FAC

Regulation Definition

(3) Emotional and Behavioral Assessment. For all individuals who are admitted to an SRT an emotional and behavioral assessment shall be completed and entered into the individual's clinical record within 72 hours. The assessment shall be made by a mental health professional or other unit

Interpretive Guideline

Review unit policy and procedures to verify that this standard is reflected in operations.

Review admission records to verify compliance with time frames, assessment staff requirements, and assessment content requirements.

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staff under the supervision of a mental health professional. If the individual received an assessment at an inpatient program or CSU prior to transfer to the SRT, another assessment is not required unless clinically necessary or it does not meet the requirements of this section. The assessment shall include the following.

- (a) A history of previous emotional, behavioral, and substance abuse problems and treatment.

- (b) A social assessment to include a determination of the need for participation of family members or significant others in the person's treatment; the social, peer group, and environmental setting from which the person comes; family circumstances; current living situation; employment history; social, ethnic, cultural factors; and childhood history.

- (c) A direct psychiatric evaluation to be completed by a physician or psychiatrist to include a mental status examination which includes behavioral descriptions, including symptoms, not summary conclusions, and concise evaluation of cognitive functioning. A diagnosis, made by the physician or psychiatrist, shall be recorded in the individual's clinical record, with a minimum of Axes I, II, and III, from the American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Revised, Washington, DC, American Psychiatric Association, 1994.

- (d) When indicated, a psychological assessment including intellectual, projective, and personality testing. The assessment shall also include specifications of the behaviors that will be demonstrated in order for the individual to return to a less restrictive setting and recommended intervention strategies.

- (e) When indicated, other functional evaluations of language, self-care, and social-affective and visual-motor functioning.

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ST - C0131 - Minimum Stds - S R T Medical Care

Title Minimum Stds - S R T Medical Care

Type Rule

65E-12.108(4) FAC

Regulation Definition

(4) Medical Care.

(a) The development of medical care policies and procedures shall be the responsibility of the psychiatrist or physician. The policies and procedures for medical care shall include the procedures that may be initiated by a registered nurse in order to alleviate a life-threatening situation. Medication or medical treatment shall be administered upon direct order from a physician or psychiatrist, and orders for medications and treatments shall be written and signed by the physician or psychiatrist.

(b) There shall be no standing orders for any medication used primarily for the treatment of mental illness.

(c) Every order given by telephone shall be received and recorded immediately only by a registered nurse with the physician's or psychiatrist's name, and signed by the physician or psychiatrist within 24 hours. Such telephone orders shall include a progress note that an order was made by telephone, the content of the order, justification, time, and date.

Interpretive Guideline

Review policy and procedure manual to verify procedures have been established for implementing, recording, and documenting treatment orders, including what procedures may be initiated by the registered nurse in order to alleviate life-threatening situations.

Review client records to verify that treatment orders follow established protocols.

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ST - C0132 - Minimum Stds - S R T Comprehensive Service

Title Minimum Stds - S R T Comprehensive Service

Type Rule

65E-12.108(5) FAC

Regulation Definition

(5) Comprehensive Service and Implementation Plans. At the time of admission to the SRT the previously completed comprehensive service plan shall be reviewed and revised as needed with the person's service plan manager. The SRT shall develop a service implementation plan which has objectives and action steps written for the person in behavioral terms. The objectives shall be related directly to one or more goals in the person's comprehensive service plan. The service implementation plan shall be initiated with documented input from the person receiving services and signed by the responsible physician or psychiatrist or a staff member privileged by policies and procedures within 24 hours of admission. The service implementation plan shall be fully developed within 5 days of admission and must contain short-term treatment objectives stated in behavioral terms, relative to the long-term view and goals in the comprehensive service plan, and a description of the type and frequency of services to be provided in relation to treatment objectives. The plan shall be reviewed and updated at least every 30 days. A copy of the plan shall be signed by and provided to the individual and his guardian as provided by law. A new aftercare plan shall be developed prior to discharge from the SRT.

Interpretive Guideline

Review policy and procedure manual to verify this requirement is addressed. Plans should:

1. Have objectives and action steps oriented to the needs and condition of the client;
2. Note the types and frequency of services to be provided;
3. Evolve as rapidly as the person's condition permits, involving the client in the development of the plan to the maximum extent feasible;
4. Be completed within five days after admission; and
5. Be given to the client and guardian/guardian advocate, if any.

Review clinical records to verify rule requirements are reflected in the plan.

Interview clients as to what their service implementation plan prescribes for them. Is it accurate? Does it meet their needs?

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ST - C0133 - Minimum Stds - S R T Program Previous Record

Title Minimum Stds - S R T Program Previous Record

Type Rule

65E-12.108(6) FAC

Regulation Definition

(6) Previous Record. For individuals who enter the SRT as a continuation of care, transfer from an inpatient program or CSU, the previously completed intake interview, physical examination, medication log, progress notes, discharge or aftercare plan, and forms under Chapter 65E-5, F.A.C., shall be made a part of the SRT clinical record.

Interpretive Guideline

Review clinical records to verify the required documentation is present.

ST - C0134 - Minimum Stds - Required S R T Services

Title Minimum Stds - Required S R T Services

Type Rule

65E-12.108(7)(a-b) FAC

Regulation Definition

(7) Required SRT Services.

(a) Services. Each SRT shall provide the following services on a 24-hour-a-day, 7-day-a-week basis:

1. Twenty-four hour supervision;
2. Individual, group, and family counseling services directed toward alleviating the crisis or symptomatic behavior which required admission to an SRT;
3. Medical or psychiatric treatment;
4. Social and recreational activities, inside and outside the context of the facility;

Interpretive Guideline

a) Daily activities should be planned to provide a consistent, well-structured, yet flexible, framework for daily living. These activities should be periodically reviewed and revised as the needs of individual clients or the group change. Basic daily routine is coordinated with special requirements of the client's individual treatment plan.

Tour the facility to verify that a schedule of daily activities is posted or otherwise made available to all clients.

Review staffing schedules to verify the adequacy of staffing patterns on all shifts, all days, including weekends and holidays.

Review unit policy and procedure manual to verify how access to transportation for emergency transfers is arranged and interview staff to verify their knowledge of this procedure.

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5. Referral to other less restrictive, nonresidential treatment services, when appropriate. Each SRT shall have access to the CSU, if one exists in the area, and to hospital emergency services in the event of a crisis that cannot be managed within the facility; and

6. Each SRT shall provide or have access to transportation in order to accomplish emergency transfers and to meet the service needs of persons served.

(b) Routine Activities. Basic routine activities for persons admitted to an SRT shall be delineated in program policies and procedures which shall be available to all personnel. The daily activities shall be planned to provide a consistent, well-structured, yet flexible, framework for daily living and shall be periodically reviewed and revised as the needs of individuals or the group change. Basic daily routine shall be coordinated with special requirements of each service implementation plan. A schedule of daily activities shall be posted or otherwise available to all persons receiving services.

(b) Client activities and responses provide a basis for clinicians to assess their mental condition and discharge readiness.

Clients are to be engaged in activities beyond watching television, wandering, sleeping, or smoking.

ST - C0136 - Minimum Stds - Required S R T Services

Title Minimum Stds - Required S R T Services

Type Rule

65E-12.108(7)(c) FAC

Regulation Definition

(7) Required SRT Services.

(c) Laboratory Services.

1. Requirement. Every SRT shall provide or contract for licensed laboratory services commensurate with the individual's needs.

a. Emergency. Provision shall be made for the availability of

Interpretive Guideline

Review clinical records to document that any order for laboratory or radiology was made by a physician and that the results were filed in the record.

Review the facility's policy and procedure manual to document that the SRT can safely collect, preserve and transport specimens. Specifically, the following should be included:

1. Use of a licensed provider;
2. Continuous service (nights, weekends, and holidays);
3. Professional ordering tests;

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emergency licensed laboratory services on a 24-hour-a-day, 7-day-a-week basis including holidays.

b. Orders. All laboratory tests and services shall be ordered by a physician or psychiatrist.

c. Record. All laboratory reports shall be filed in the individual's clinical record.

d. Specimens. Each SRT shall have written policies and procedures governing the collection, preservation and transportation of specimens to assure adequate stability of specimens.

2. Contracts. Where the SRT depends on an outside laboratory for services, there shall be a written contract detailing the conditions, procedures and availability of work performed. The contract shall be reviewed and approved by the SRT director or administrator.

4. Timeliness of reports;
5. Physician notification;
6. Posting in client's record;
7. Intervention;
8. Follow-up, as necessary;
9. Method of specimen collection and storage;
10. Transportation of specimens;
11. Transportation of clients, if applicable; and
12. Informed consent for HIV testing.

Interview staff to verify that emergency lab and radiology services are available 24-hours-a-day, 7-days-a-week, including holidays.

Observe specimen storage area to verify that specimens are stored in a separate refrigerator from food.

Request and review copies of contracts for laboratory and radiology services to ensure that all required elements are included and that it has been signed by an authorized person.

ST - C0137 - Minimum Stds - required S R T Services

Title Minimum Stds - required S R T Services

Type Rule

65E-12.108(7)(d) FAC

Regulation Definition

- (7) Required SRT Services.
- (d) Continuity of Care.

1. Discharge Preparation. Prior to discharge or departure from the SRT, the staff, with the individual's consent, shall work with the individual's support system including family, friends, employers and case manager, as appropriate, to assure that all efforts are made to prepare the individual for returning to a

Interpretive Guideline

Discharge planning should begin upon admission to the SRT and be focused on identifying strengths, needs, and post-discharge environment. The clinical record should evidence attempts to contact and involve family and friends in discharge placement and support, conditioned on a release of information by the client. Clients with a history of recidivism should be prioritized for case management services.

Review written referral agreements.

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less restrictive setting.

2. Referral Services. All SRT facilities shall develop and maintain written referral agreements.

ST - C0138 - Minimum Stds - Required S R T Services

Title Minimum Stds - Required S R T Services

Type Rule

65E-12.108(7)(e) FAC

Regulation Definition

(7) Required SRT Services.
(e) Each SRT shall have access to a hospital inpatient unit to assure that referred persons are admitted as soon as necessary.

Interpretive Guideline

Review policy and procedure manual to determine criteria and procedures for the referral of clients to hospital inpatient care.

Interview staff to determine their familiarity with the agency's policies.

ST - C0139 - Minimum Stds - S R T Program - Space

Title Minimum Stds - S R T Program - Space

Type Rule

65E-12.108(8) FAC

Regulation Definition

(8) Space. Each person receiving services shall be provided a minimum of 175 square feet of usable client space within the SRT. Bedrooms shall be spacious and attractive, and activity rooms or space shall be provided.

Interpretive Guideline

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ST - C0140 - Minimum Stds - S R T Program Access/Egress

Title Minimum Stds - S R T Program Access/Egress

Type Rule

65E-12.108(9) FAC

Regulation Definition

(9) Access and Egress. Each SRT shall provide reasonable control over access to and egress from the unit and recreational area.

Interpretive Guideline

Tour the facility to observe.

Interview staff about control over access to and egress from unit.

ST - C0145 - Min Program Stds - Licensed prior to 07/14/93

Title Min Program Stds - Licensed prior to 07/14/93

Type Rule

65E-12.106(12)(a)1 FAC

Regulation Definition

(12) Facility Standards for Facilities Licensed Prior to or on July 14, 1993.

(a) Building Construction Requirements.

1. Construction, additions, refurbishing, renovations, and alterations to existing facilities shall comply with the following codes and standards:

a. The building codes described in section 9B-3.047, F.A.C.;

b. The fire codes contained in Chapter 4A-3, F.A.C., as described in the National Fire Protection Association (N.F.P.A.) 101, Chapters 12 and 13, Special Definitions, as applicable to limited health care facilities, which is included

Interpretive Guideline

Facility standards were initially developed that applied to existing facilities constructed prior to February 1986. More extensive standards were developed to apply to new facilities, effective March 1987 and also to July 14, 1993. The latter can be found in 65E-12.109, F.A.C.

Verify that code inspections by local authorities have been done in the last year, for at least the following areas:

1. Fire safety
2. Dietary
3. Sanitation

Obtain or review reports from the local jurisdiction having authority.

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by reference in Chapter 59A-3, F.A.C.;

c. The accessibility by handicapped persons standards in Chapter 553, Part V, F.S.; and

d. The federal Americans with Disabilities Act as referenced in Chapter 59A-3, F.A.C.

ST - C0146 - Min Program Stds - Licensed Prior to 07/14/93

Title Min Program Stds - Licensed Prior to 07/14/93

Type Rule

65E-12.106(12)(a)2 FAC

Regulation Definition

(12) Facility Standards for Facilities Licensed Prior to or on July 14, 1993.

(a) Building Construction Requirements.

2. Modernization or Renovation. Any alterations, or any installations of new equipment, shall be accomplished as nearly as practical in conformance with the requirements for new construction and accessibility. Alterations shall not diminish the level of safety or usable client space below that which exists prior to the alteration. Life safety features which do not meet the requirements for new buildings but exceed the requirements for existing buildings shall not be further diminished. Life safety features in excess of those required for new construction are not required to be maintained. In no case shall the resulting life safety be less than that required for existing buildings.

Interpretive Guideline

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ST - C0147 - Min Program Stds - Licensed Prior to 07/14/93

Title Min Program Stds - Licensed Prior to 07/14/93

Type Rule

65E-12.106(12)(a)3 FAC

Regulation Definition

(12) Facility Standards for Facilities Licensed Prior to or on July 14, 1993.

(a) Building Construction Requirements.

3. Sewage, including liquid wastes from cleaning operations, shall be disposed of in a public sewage system or other approved sewage system in accordance with Chapter 381, F.S., 64E-6, F.A.C., Standards for Individual Sewage Disposal Facilities or Chapter 62-600, F.A.C., Domestic Wastewater Facilities.

Interpretive Guideline

Tour facility to verify that waste, including biohazardous waste, is stored and collected as specified in rule.

ST - C0148 - Min Program Stds -Licensed Prior to 07/14/93

Title Min Program Stds -Licensed Prior to 07/14/93

Type Rule

65E-12.106(12)(a)4 FAC

Regulation Definition

(12) Facility Standards for Facilities Licensed Prior to or on July 14, 1993.

(a) Building Construction Requirements.

4. All sanitary facilities shall comply with the requirements of Chapter 64E-10, F.A.C.

Interpretive Guideline

Certain specified food borne diseases must be reported to the County Public Health Department.

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ST - C0149 - Min Program Stds - Licensed Prior to 07/14/93

Title Min Program Stds - Licensed Prior to 07/14/93

Type Rule

65E-12.106(12)(a)5 FAC

Regulation Definition

Interpretive Guideline

(12) Facility Standards for Facilities Licensed Prior to or on July 14, 1993.

(a) Building Construction Requirements.

5. All plumbing shall comply with the requirements of Chapter 9B-51, F.A.C., Plumbing, or with the plumbing code legally applicable to the area where the facility is located.

ST - C0150 - Min Program Stds - Licensed Prior to 07/14/93

Title Min Program Stds - Licensed Prior to 07/14/93

Type Rule

65E-12.106(12)(a)6 FAC

Regulation Definition

Interpretive Guideline

(12) Facility Standards for Facilities Licensed Prior to or on July 14, 1993.

(a) Building Construction Requirements.

6. The water supply must be adequate, of safe and sanitary quality and from an approved source in accordance with Chapters 381, F.S., and 64E-8, F.A.C., Drinking Water Systems.

In rural areas, if water is not from a municipal or county supply, request documentation of water quality from sample supplied to a testing laboratory.

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ST - C0151 - Min Program Stds - Licensed Prior to 07/14/93

Title Min Program Stds - Licensed Prior to 07/14/93

Type Rule

65E-12.106(12)(a)7 FAC

Regulation Definition

(12) Facility Standards for Facilities Licensed Prior to or on July 14, 1993.

(a) Building Construction Requirements.

7. Heat shall be supplied from a central heating plant or by an approved heating in accordance with Chapter 59A-3, F.A.C.

Interpretive Guideline

No space heaters (electric or fuel run) are allowed in these facilities.

ST - C0152 - Min Program Stds - Licensed Prior to 07/14/93

Title Min Program Stds - Licensed Prior to 07/14/93

Type Rule

65E-12.106(12)(b)1 FAC

Regulation Definition

(12) Facility Standards for Facilities Licensed Prior to or on July 14, 1993.

(b) Minimum Physical Plan Requirements for Existing CSU and SRT Facilities That Were Licensed Prior To February 1986.

1. Each CSU and SRT shall conform to the following requirements no later than March 1987.

a. In multiple occupancy bedrooms or sleeping areas there shall be a minimum of 60 square feet per bed and no less than

Interpretive Guideline

Tour the facility to observe for physical plan requirements.

g. Individuals who are in good physical condition may be able to climb a six-foot fence. The fence needs to be constructed in such a manner that climbing it is difficult or impossible.

j. See Tag 0076

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a 30-inch separation between beds. Bedrooms shall be limited to a maximum of four occupants.

b. The minimum size of a single occupant bedroom shall be 55 square feet.

c. Each CSU shall have at least one seclusion room and another room which may be used as a seclusion room as provided for in subparagraph 65E-12.106(19)(c)2. of this Rule. Seclusion rooms shall be a minimum of 55 square feet. If a restraint bed is utilized it shall have access around it and be bolted to the floor. Seclusion rooms shall minimally include a mattress. Ceilings shall be solid, and all lighting fixtures shall be tamper-proof, and power receptacles are not permitted in the room.

d. The facility shall have at least one water fountain readily accessible for the use of persons receiving services.

e. The facility shall have a minimum ratio of one shower for each eight individuals and one toilet and lavatory for each six individuals. Individual shower stalls and dressing areas shall be provided. The use of gang showers is prohibited. Access to a bathroom shall not be through another person's room.

f. The facility shall have a locked area for personal possessions being held for safekeeping. Individual shelves or other similar dividers shall be provided in the locked area for the storage of personal possessions. The facility shall have written policies and procedures to ensure reasonable access to personal possessions.

g. Each facility shall have a fenced outside recreation area with a minimum fence height of no less than six feet suitable for impeding elopements.

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h. External windows shall have security screens or equivalent protection.

i. The facility shall provide an appropriate separate non-treatment area to serve as a general reception area with accommodations for such activities as receiving visitors. This reception area shall be separated from the treatment area by a locked doorway.

j. When a CSU is collocated with another program, as provided for in subsection 65E-12.106(23) of this Rule, these specified minimum facility requirements shall be met.

k. All CSUs shall be locked facilities and, to the maximum extent practical, provide a locked perimeter around a living unit and fenced exercise area within which individuals can reside 24-hours-a-day in an environment designed to minimize potential for injury. Where this is not possible, operational compensation shall be made as specified in subsection 65E-12.107(7) of this Rule.

l. Food preparation areas for 13 or more persons shall comply with the provisions of Chapter 64E-11, F.A.C., Food Hygiene.

ST - C0153 - Min Program Stds - Licensed Prior to 07/14/93

Title Min Program Stds - Licensed Prior to 07/14/93

Type Rule

65E-12.106(12)(c)1 FAC

Regulation Definition

(12) Facility Standards for Facilities Licensed Prior to or on July 14, 1993.
(c) Health and Safety.

Interpretive Guideline

Confirm that the agency has an active ongoing safety committee and a qualified safety director who actively attends in-service education and ensures that fire drills are conducted each month.

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1. Disaster Preparedness.

a. Each CSU and SRT shall have, or operate under, a safety committee with a safety director or officer who is familiar with the applicable local, state, federal and National Fire Protection Association safety standards. The committee's functions may be performed by an already existing committee with related interests and responsibilities.

b. Each CSU and SRT shall have, or be a part of, a written internal and external disaster plan, developed with the assistance of qualified fire, safety and other experts.

(I) The plan and fire safety manual shall identify the availability of fire protection services and provide for the following:

- (A) Use of the fire alarm;
- (B) Transmission of the alarm to the fire department;
- (C) Response to the alarm;
- (D) Isolation of the fire;
- (E) Evacuation of the fire area or facility utilizing posted evacuation routes;
- (F) Preparation of the residents and building for evacuation;
- (G) Fire extinguishment;
- (H) Descriptive procedures for the operation and maintenance of fire equipment;
- (I) Procedures for staff training and the provision of monthly fire drills rotated so that all shifts have at least one fire drill quarterly;
- (J) Documentation of monthly and periodic professional inspections of equipment; and
- (K) Provision for annual review and revision of the fire safety manual and plan.

Confirm the presence of a current internal and external disaster plan.

Interview staff to verify their knowledge of their awareness of the agency's disaster plan and what to do in case of a disaster.

The unit's fire/safety manual must describe the operation of essential fire protection and suppression equipment on the unit if accidentally activated, how to disarm and reset, as appropriate.

Interview staff about frequency of false alarms, fire drills, and in-service training on safety-related issues. Ask staff if they have participated in fire drills and disaster training. Pose situations and ask staff how they should respond to the proposed situations to verify staff knowledge.

Observe posted evacuation routes behind protective covers.

Review monthly fire drill records for completeness and identification of potential problems.

Review in-service training schedule and staff attendance.

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(II) The plan shall be made available to all facility staff and posted in appropriate areas within the facility.

(III) There shall be records indicating the nature of disaster training and orientation programs offered to staff.

ST - C0154 - Min Program Stds - Licensed Prior to 07/14/93

Title Min Program Stds - Licensed Prior to 07/14/93

Type Rule

65E-12.106(12)(c)2 FAC

Regulation Definition

(12) Facility Standards for Facilities Licensed Prior to or on July 14, 1993.

(c) Health and Safety.

2. Fire Safety. CSUs and SRTs shall comply with Chapter 4A-3, F.A.C., all federal, and local fire safety standards. Local fire codes which are more stringent standards, or add additional requirements, shall take precedent over the minimum requirements set forth in this rule.

Interpretive Guideline

The Office of the State Fire Marshal has amended Chapter 4A-44.009, F.A.C. which now requires compliance with the N.F.P.A. 101 "Life Safety Code," 1991 edition. The new standards apply to facilities newly licensed or newly constructed after September 1991.

Obtain and review annual reports from the local jurisdiction.

The Office of the State Fire Marshal has amended Chapter 69A-44.009 (formerly 4A-44.009), F.A.C. which establishes the minimum fire safety standards for facilities covered under this rule chapter to be the standards adopted in Rule Chapter 69A-3, F.A.C. now requires compliance with the N.F.P.A. 101 "Life Safety Code," 2012 edition. The new standards apply to facilities newly licensed or newly constructed after September 1991.

ST - C0155 - Min Program Stds - Licensed Prior to 07/14/93

Title Min Program Stds - Licensed Prior to 07/14/93

Type Rule

65E-12.106(12)(c)3 FAC

Regulation Definition

(12) Facility Standards for Facilities Licensed Prior to or on

Interpretive Guideline

The general appearance and condition of the inside and outside of the building should not be deteriorated or

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July 14, 1993.
(c) Health and Safety.

stigmatizing, Excessive quantities of cigarette butts or grounds should be addressed by provision of heavy, non-removable type cigarette urns, sand filled planters, etc.

3. Personal Safety. The grounds and all buildings on the grounds shall be maintained in a safe and sanitary condition, as required in Section 386.041, F.S., Nuisances Injurious to Health.

ST - C0156 - Min Program Stds - Licensed Prior to 07/14/93

Title Min Program Stds - Licensed Prior to 07/14/93

Type Rule

65E-12.106(12)(c)4 FAC

Regulation Definition

(12) Facility Standards for Facilities Licensed Prior to or on July 14, 1993.
(c) Health and Safety.

4. Health and Sanitation.

a. Appropriate health and sanitation inspections shall be obtained before occupying any new physical facility or addition. A report of the most recent inspections must be on file and accessible to authorized individuals.

b. Hot and cold running water under pressure shall be readily available in all washing, bathing and food preparation areas. Hot water in areas used by persons being served shall be at least 100 degrees Fahrenheit but not exceed 120 degrees Fahrenheit.

c. Garbage, Trash and Rubbish Disposal.

(I) All garbage, trash, and rubbish from residential areas shall be collected daily and taken to storage facilities. Garbage shall

Interpretive Guideline

Tour the facility to observe garbage, trash and rubbish disposal, hot and cold running water in all bathing and food preparation areas.

Interview staff about maintenance of hot and cold water and pressure, garbage, trash and rubbish disposal.

Interview clients about access to cold and hot water.

Rule references Chapter 17-7, F.A.C for Solid Waste Management Facilities., but this was amended to Chapter 62-701, F.A.C. in 1993.

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be removed from storage facilities frequently enough to prevent a potential health hazard or at least twice per week. Wet garbage shall be collected and stored in impervious, leak proof, fly tight containers pending disposal. All containers, storage areas and surrounding premises shall be kept clean and free of vermin and shall comply with the provisions of Section 386.041, F.S.

(II) If public or contract garbage collection service is available, the facility shall subscribe to these services unless the volume makes on-site disposal feasible. If garbage and trash are disposed of on premises, the method of disposal shall not create sanitary nuisance conditions and shall comply with provisions of Chapter 17-701, F.A.C.

ST - C0160 - Minimum Construction Stds - C S U / S R T

Title Minimum Construction Stds - C S U / S R T

Type Rule

65E-12.109(1)(a)1 FAC

Regulation Definition

Minimum Construction Standards for New CSU and SRT Facilities Initially Licensed After July 14, 1993.

(1) General Provisions.

(a) Construction Requirements.

1. New facility construction and additions, refurbishing, renovations and alterations to existing facilities shall comply with the following codes and standards:

- a. The building codes described in Rule 9B-3.047, F.A.C.;
- b. The fire codes contained in Chapter 4A-3, F.A.C., as

Interpretive Guideline

A currently licensed facility that remodels existing space or adds more space, will be required by the local code enforcement office to have a building permit. AHCA may require a site visit prior to giving permission to occupy a new or remodeled building.

Obtain and review annual reports from the local jurisdiction.

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described in the National Fire Protection Association (N.F.P.A.) 101, Chapters 12 and 13, Special Definitions, as applicable to limited health care facilities, which is included by reference in Chapter 59A-3, F.A.C.;

c. The accessibility by handicapped persons standards in Chapter 553, Part V, F.S.; and

d. The federal Americans with Disabilities Act as referenced in Chapter 59A-3, F.A.C.

ST - C0161 - Minimum Construction Stds - C S U / S R T

Title Minimum Construction Stds - C S U / S R T

Type Rule

65E-12.109(1)(a)2 FAC

Regulation Definition

Minimum Construction Standards for New CSU and SRT Facilities Initially Licensed After July 14, 1993.

(1) General Provisions.

(a) Construction Requirements.

2. Modernization or Renovation. Any alteration, or any installation of new equipment, shall be accomplished, as nearly as practical, in conformance with the requirements for new construction. Alterations shall not diminish the level of safety or usable client space below that which exists prior to the alteration. Life safety features which do not meet the requirements for existing buildings shall not be further diminished. Life safety features in excess of those required for new construction are not required to be maintained. In no case shall the resulting life safety be less than that required for existing buildings.

Interpretive Guideline

Obtain and review annual reports from the local jurisdiction.

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ST - C0162 - Minimum Construction Stds - C S U / S R T

Title Minimum Construction Stds - C S U / S R T

Type Rule

65E-12.109(1)(a)3 FAC

Regulation Definition

Minimum Construction Standards for New CSU and SRT Facilities Initially Licensed After July 14, 1993.

(1) General Provisions.

(a) Construction Requirements.

3. Sewage, including liquid wastes from cleaning operations, shall be disposed of in a public sewage system or other approved sewage system in accordance with Chapters 381, F.S., and 403, F.S.

Interpretive Guideline

Obtain and review annual reports from the local jurisdiction.

ST - C0163 - Minimum Construction Stds - C S U / S R T

Title Minimum Construction Stds - C S U / S R T

Type Rule

65E-12.109(1)(a)4 FAC

Regulation Definition

Minimum Construction Standards for New CSU and SRT Facilities Initially Licensed After July 14, 1993.

(1) General Provisions.

(a) Construction Requirements.

4. All sanitary facilities shall comply with the requirements of

Interpretive Guideline

Obtain and review annual reports from the local jurisdiction.

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Chapter 64E-10, F.A.C.

ST - C0164 - Minimum Construction Stds - C S U / S R T

Title Minimum Construction Stds - C S U / S R T

Type Rule

65E-12.109(1)(a)5 FAC

Regulation Definition

Minimum Construction Standards for New CSU and SRT Facilities Initially Licensed After July 14, 1993.

(1) General Provisions.

(a) Construction Requirements.

5. All plumbing shall comply with the requirements of Chapter 9B-51, F.A.C., Plumbing, or with the plumbing code legally applicable to the area where the facility is located.

Interpretive Guideline

Obtain and review annual reports from the local jurisdiction.

ST - C0165 - Minimum Construction Stds - C S U / S R T

Title Minimum Construction Stds - C S U / S R T

Type Rule

65E-12.109(1)(a)6 FAC

Regulation Definition

Minimum Construction Standards for New CSU and SRT Facilities Initially Licensed After July 14, 1993.

(1) General Provisions.

(a) Construction Requirements.

6. The water supply must be adequate, of safe and sanitary

Interpretive Guideline

Obtain and review annual reports from the local jurisdiction.

Review contracts of water suppliers.

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quality and from an approved source in accordance with Chapters 381, F.S., and 64E-4, F.A.C.

ST - C0166 - Minimum Construction Stds - C S U / S R T

Title Minimum Construction Stds - C S U / S R T

Type Rule

65E-12.109(1)(a)7 FAC

Regulation Definition

Minimum Construction Standards for New CSU and SRT Facilities Initially Licensed After July 14, 1993.

- (1) General Provisions.
(a) Construction Requirements.

7. Appropriate health and sanitation inspections and a Certificate of Occupancy shall be obtained before occupying any new facility or addition. A report of the most recent inspections must be on file and accessible to authorized individuals.

Interpretive Guideline

Obtain and review annual reports from the local jurisdiction.

Review any health and sanitation inspections and certificate of occupancy for new or renovated facilities.

ST - C0167 - Minimum Construction Stds - C S U / S R T

Title Minimum Construction Stds - C S U / S R T

Type Rule

65E-12.109(1)(a)8-9 FAC

Regulation Definition

Minimum Construction Standards for New CSU and SRT Facilities Initially Licensed After July 14, 1993.

- (1) General Provisions.

Interpretive Guideline

Tour the facility and observe for sprinklers and smoke detectors in every bedroom.

Obtain and review annual reports from the local jurisdiction.

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(a) Construction Requirements.

8. No unsprinklered building classification as defined in the 1985 Standard Building Code, as incorporated by reference in Chapter 59A-3, F.A.C., is allowed.

9. All facilities shall be protected throughout by an approved automatic sprinkler and smoke detection system to include a smoke detector in every bedroom. Provision must be made for automatic emergency forces notification.

ST - C0169 - Minimum Construction Stds - C S U / S R T

Title Minimum Construction Stds - C S U / S R T

Type Rule

65E-12.109(1)(a)10 FAC

Regulation Definition

Minimum Construction Standards for New CSU and SRT Facilities Initially Licensed After July 14, 1993.

Interpretive Guideline

Obtain and review annual reports from the local jurisdiction.

(1) General Provisions.

(a) Construction Requirements.

10. Surge protection in compliance with the National Electric Code Article 280, as incorporated by reference in chapter 59A-3, F.A.C., shall be installed to protect each service entrance equipment and have integral visual indication of surge protector failure. Additional surge protection shall be provided for all low voltage and power connections to all electronic equipment and conductors entering or exiting the building and other life safety systems equipment such as fire alarm, telephone, and nurse call. Protection shall be in accordance with appropriate IEEE standards for the type of equipment being protected.

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ST - C0170 - Minimum Construction Stds - C S U / S R T

Title Minimum Construction Stds - C S U / S R T

Type Rule

65E-12.109(1)(b) FAC

Regulation Definition

Minimum Construction Standards for New CSU and SRT Facilities Initially Licensed After July 14, 1993.

- (1) General Provisions.
- (b) Overall Functional Design.

1. The CSU or SRT shall be designed to provide a locked perimeter around a living unit and fenced exercise area within which individuals can reside 24-hours-a-day in an environment designed to minimize potential for injury. The CSU or SRT structure shall be single story ground level facility. These facilities shall have separate off-unit reception and administration areas which may also be locked. Service corridors and pathways to other non-unit activities shall not be through the locked CSU or SRT unit.

2. The walls throughout all client areas of the CSU or SRT shall either be concrete block or a double layer of gypsum wallboard or three-quarter inch thick plaster or metal lath to minimize maintenance of the facility. The general architecture of the unit shall provide for optimal line-of-sight observation from the nurses' station throughout the unit, minimizing hidden spots and blind corners.

3. The CSU or SRT shall be designed to create a pleasant functional therapeutic environment throughout, by the use of sunlight, colors, designs, textures, and furnishings. The design

Interpretive Guideline

Tour the CSU or SRT to observe for requirements of overall functional design. Observe close observation area and general observation area to ensure division between the two (left side and right side of the unit).

Observe for hot and cold running water in client bathing areas.

Observe locks on doors for requirements.

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shall achieve a secure unit which looks more residential than institutional in its construction and furnishings, while incorporating substantial safety considerations throughout.

4. The CSU or SRT shall be designed in order that the general unit be divided into a close observation area and a general observation area based upon the need for frequent physical proximity, singular observation of individuals, and lowered stimulation levels. These areas do not need physical separation; for example, they may be the left and right sides of the unit.

a. Close Observation Area. This area shall include persons brought onto the CSU or SRT needing initial observation or restraints, individualized observation, and lowered stimulation levels, all of which require the frequent physical proximity of nurses. This area shall be directly adjacent to the primary unit doorway and nurses' station. The immediately adjacent rooms shall be used for single occupancy and restraint or seclusion. These rooms shall be remote from routine high activity areas and corridors.

b. General Observation Area. This shall include areas where persons routinely congregate or walk through such as multi-occupant bedrooms, activity rooms, smoking areas, dining room and routine traffic corridors, or pathways. The dining and activity areas shall be directly observable, or under constant staff supervision, but may be a greater distance from the nurses' station.

5. All areas of CSUs and SRTs shall be ventilated by central, ducted supply and return forced air systems. Toilets, bathrooms and soiled function rooms shall be mechanically exhausted to the outside. Ventilation units shall distribute tempered heated or cooled air to all spaces and shall supply

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outside air in the quantity of either the sum of all exhausts or 20 cfm per person whichever is greater. The quality of all exhausts must match the intake volume of all outside air. Supply, exhaust, and return fans shall run continuously while the building is occupied. Areas in which smoking is permitted shall be well vented by at least 35 cfm per person to the outside in order to minimize smoke diffusion throughout the unit.

6. All doors opening directly onto the unit from non-client rooms or office areas shall be equipped with locksets which are key released to leave the client area and permit unobstructed return to the client area. Door closures are required to deny persons receiving services accidental unsupervised access to the contents of staff offices, janitorial closets, and mechanical areas.

7. Corridors shall ensure maximum clear distances by recessing water fountains and fire extinguishers, or placing them in alcoves. Corridors in client areas must be at least a six foot clear width; non-client areas must be at least 44 inches minimum clear width. Corridor ceilings shall be a minimum height of seven feet six inches.

8. Hot and cold running water under pressure shall be readily available in all washing, bathing, food preparation, and food handling areas. Hot water in client areas shall be at least 100 degrees Fahrenheit, but not exceed 120 degrees Fahrenheit.

9. The minimum size for doors shall be no less than three feet wide and six feet eight inches high. Areas accessible to persons with physical disabilities shall comply with applicable codes and standards.

10. Since glass fragments are a safety hazard throughout the

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unit, the use of glass shall be minimal.

11. All television sets must be securely fastened.

12. Door closures shall not be utilized in unobserved client areas.

13. All CSUs and SRTs equipped with electronic locks on internal doors or egress doors shall ensure that such locks have manual common key mechanical override that will operate in the event of a power failure or fire. Egress pathways and doors shall be locked as provided for in Life Safety Code, National Fire Protection Association (N.F.P.A.) 101, Chapter 12, as incorporated by reference in Chapter 59A-3, F.A.C.

14. CSUs and SRTs with electronic or magnetic door locks or other fundamental operational components which are electric shall have either: a battery back-up system rated for facility emergency power draw and capable of sustaining door locks and emergency operations for a minimum period of 6 hours; or an emergency generator with transfer switch with a battery pack back-up system capable of operating for 2 hours at facility emergency power draw level.

15. The use of door vision panels and windows shall minimize the opportunity for isolation of staff or persons served in unobserved areas. This does not include privacy provisions such as bathrooms and bedrooms.

ST - C0171 - Minimum Construction Stds - C S U / S R T

Title Minimum Construction Stds - C S U / S R T

Type Rule

65E-12.109(2) FAC

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Regulation Definition

Minimum Construction Standards for New CSU and SRT Facilities Initially Licensed After July 14, 1993.

(2) Uniform Specifications.

(a) Design shall ensure that each person receiving services in a CSU or SRT is provided a minimum of 175 square feet of usable client space.

(b) Tamper-resistant screws shall be used to protect electrical switches and outlets throughout the facility in all areas accessible to persons receiving services. Lighting fixtures shall be tamper-proof type throughout the facility in all areas accessible to persons receiving services.

(c) All electrical switches and outlets in wet areas shall be ground-fault protected with a remote breaker switch. Tamper-proof, safety type duplex outlets shall be used in all areas accessible to persons receiving services.

(d) Air ducts shall be covered with a perforated type metal grill, not residential louvered grills, throughout the unit in all areas accessible to persons receiving services.

(e) All hose bibs shall be equipped with a vacuum breaker device.

(f) The unit shall have a minimum of one drinking fountain.

(g) Ceiling height in bedrooms, activity areas, and bathrooms shall be at least nine feet.

(h) The operation of all perimeter locks shall ensure reasonable control over both access and egress.

Interpretive Guideline

Observe the facility for requirements. Obtain and review annual reports from the local jurisdiction.

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ST - C0172 - Minimum Construction Stds - C S U / S R T

Title Minimum Construction Stds - C S U / S R T

Type Rule

65E-12.109(3) FAC

Regulation Definition

Minimum Construction Standards for New CSU and SRT Facilities Initially Licensed After July 14, 1993.

(3) Administration and Public Areas.

(a) Waiting rooms shall have an adjacent rest room which is designed to accommodate persons with physical disabilities.

(b) The entrance shall be grade-level, sheltered from inclement weather and accessible to persons with physical disabilities.

(c) The lobby shall include a drinking fountain and space for clerical personnel. Private interview space for emergency screening of voluntary persons shall be adjacent to the lobby.

Interpretive Guideline

Observe the Administration and public area for ADA entrance and restroom requirements and drinking fountain/space for clerical personnel.

Observe for emergency screening and interviews for privacy.

ST - C0173 - Minimum Construction Stds - C S U / S R T

Title Minimum Construction Stds - C S U / S R T

Type Rule

65E-12.109(4) FAC

Regulation Definition

Minimum Construction Standards for New CSU and SRT Facilities Initially Licensed After July 14, 1993.

Interpretive Guideline

Observe the Emergency Screening area to ensure it is secure and is not visually isolated from the rest of the CSU. Ensure there is medical/emergency screening, bathroom facilities and a separate entrance for law enforcement to

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transport incoming clients. Ensure there is a lock box for law enforcement weapons as well as a separate bathroom with supervised shower area for incoming residential clients.

(4) Emergency Screening Area for CSUs.

(a) This shall be a locked area in which law enforcement admissions may be received. This area shall not be wholly isolated visually from the CSU to provide safety for emergency screening personnel who may become isolated in this area. This area shall provide for medical clearance, emergency screening, bathroom facilities, and other activities which may be necessary.

(b) A separate entrance shall be provided directly to emergency screening areas and examination rooms for law enforcement personnel. It shall have a driveway where a law enforcement vehicle can pull immediately adjacent to the building before transferring a person through the separate entrance to the emergency screening area. The law enforcement entrance shall also have a lock box where the law enforcement officer can lock his weapons during such time as he is in the facility.

(c) A separate bathroom with supervised shower area shall be located so that all persons being admitted may be showered before being admitted to the residential section of the unit.

ST - C0174 - Minimum Construction Stds - C S U / S R T

Title Minimum Construction Stds - C S U / S R T

Type Rule

65E-12.109(5) FAC

Regulation Definition

Minimum Construction Standards for New CSU and SRT Facilities Initially Licensed After July 14, 1993.

Interpretive Guideline

Observe seclusion rooms to ensure there are no sharp edges or corners and that the walls are resistant to physical damage by clients, while posing no risk to clients being injured. All fixtures must be installed with tamper proof screws. There should be no anchor points accessible to clients.

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(5) Seclusion Rooms.

a) Each CSU shall have a minimum of two seclusion rooms that shall share a common vestibule with a bathroom off the vestibule area. Each SRT shall have at least one seclusion room. Seclusion rooms shall be free of sharp edges or corners and be strongly constructed to withstand repeated physical assaults. Walls shall be either concrete block or double layered to provide resistance and be smooth. The ceilings shall be nine feet in clear height, hard-coated, and lighting fixtures recessed and tamper-proof. Lighting fixtures shall be nonbreakable, preferably Lexan, and shall be installed with tamper-proof screws, as shall any other items in the seclusion rooms. The seclusion room door shall be heavy wood or metal at least 36 inches in width and shall open outward. The door frame shall be heavy steel and shall be thoroughly bolted into the wall and cemented in.

(b) At least one seclusion room in the CSU shall have a sturdily constructed bed, without sharp edges and bolted to the floor. A bed in the SRT seclusion room is optional; however, if present, the bed shall meet the same requirements as specified for the CSU. Its placement in the room shall provide adequate space for staff to apply restraints and not assist individuals in tampering with the lights, smoke detectors, cameras, or other items that may be in the ceiling of the room. There shall be a rheostat control mechanism outside the room to adjust the illumination of the light in the seclusion room.

(c) The floor and walls, up to a height of three feet, shall be coated with an impermeable finish to resist penetration of body fluids. One seclusion room shall have a floor drain. A hose bib shall be in a readily adjacent area such as a bathroom.

(d) There shall be a vision panel in the door of the seclusion

Beds must be bolted to the floor for CSUs. Beds are optional for SRTs. Lighting must be adjusted from outside the room.

There must be a shatter proof vision panel in the door no larger than 8 inches x 8 inches and the room will ensure privacy from the public and other clients receiving services.

Fire sprinklers must be inaccessible to clients.

A voice activated emergency calling system and electronic visual system offering a view of the entire room for monitoring from the nurses station must be in each seclusion room.

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room, no larger than eight inches by eight inches, which provides a view of the entire room. This vision panel shall be Lexan or other suitably strong material and it shall be securely mounted in the door. Provisions shall be made to ensure privacy from the public and other persons receiving services while providing easy access for staff observation.

(e) Seclusion rooms shall be a minimum of 70 square feet and a minimum room dimension of nine feet.

(f) Fire sprinkler heads shall be ceiling mounted and either recessed or flush mounted type without a looped spray dispersal head.

(g) A voice activated and switchable emergency calling system for monitoring persons receiving services shall be provided in each seclusion room.

(h) Each seclusion room shall have an electronic visual monitoring system capable of viewing the entire room and be monitored from the nurses' station.

ST - C0175 - Minimum Construction Stds - C S U / S R T

Title Minimum Construction Stds - C S U / S R T

Type Rule

65E-12.109(6) FAC

Regulation Definition

Minimum Construction Standards for New CSU and SRT Facilities Initially Licensed After July 14, 1993.

(6) Janitor's Closet.

(a) A janitor's closet shall be on the unit. It shall contain a

Interpretive Guideline

Observe the janitor's closet to ensure there are no caustic or dangerous chemicals stored and the closet is secured from client access.

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floor receptor for mop water and provide space for mop bucket, brooms, and other minimal items. Caustic and other dangerous chemicals shall not be stored in this closet.

(b) This closet shall have an automatic door closer and have automatic relocking type lock.

ST - C0176 - Minimum Construction Stds - C S U / S R T

Title Minimum Construction Stds - C S U / S R T

Type Rule

65E-12.109(7) FAC

Regulation Definition

Minimum Construction Standards for New CSU and SRT Facilities Initially Licensed After July 14, 1993.

(7) Bathrooms.

(a) Access to a bathroom shall not be through another person's bedroom. Bathrooms shall provide space, in addition to bathing, for dry clothes and changing of clothes and for observation staff. The shower head shall be recessed or have a smooth curve from which items cannot be hung. There shall be no overhead rod, privacy stall supports, protrusions, or fixtures capable of carrying more than 40 pounds of weight. The ceiling shall be hard coated. Sprinkler heads shall be either recessed or a flush mounted type dispersal head. The toilet shall be a flushometer-type, not residential with water tank and cover. Toilets shall be of heavy duty construction securely fastened to the floor and have seats with locking nuts. Secure cleanout access shall be provided for the toilet to clean out plugs and pipes. Floor drains in bathroom areas shall be of sufficient size that they cannot be plugged by standing on them.

Interpretive Guideline

Observe the facility for access to bathrooms by clients. Ensure there are no anchor points from which items can be hung. Sprinkler heads and light fixtures should be inaccessible to clients. Mirrors should be unbreakable and flat-mounted to the walls. Bathrooms should be ADA accessible. Ensure there is one shower for 8 clients and individual shower stalls and dressing areas available.

Interview clients about access to bathrooms and showers.

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(b) 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.

(c) Lighting fixtures shall be recessed and tamper-proof with Lexan or other strong translucent material.

(d) Bathroom fixtures, shower, lavatory, and toilet shall be readily accessible from a common area. If not accessible from a common area, they will be deemed to be available only to the occupants of directly adjoining bedroom or bedrooms.

(e) Each CSU and SRT shall have a bathroom of sufficient size for use by persons with physical disabilities. It shall include toilet, lavatory, shower, and safety grab bars for shower and toilet.

(f) The facility shall have a minimum ratio of one shower for each eight persons receiving services and one toilet and lavatory for each six persons receiving services. Individual shower stalls and dressing areas shall be provided. The use of gang showers is prohibited.

ST - C0177 - Minimum Construction Stds - C S U / S R T

Title Minimum Construction Stds - C S U / S R T

Type Rule

65E-12.109(8) FAC

Regulation Definition

Minimum Construction Standards for New CSU and SRT Facilities Initially Licensed After July 14, 1993.

(8) Nurses' Station.

Interpretive Guideline

Observe nurses' station for unit visualization at all times. Charts and records shall be located in the rear of the same area.

Ensure the nurses' station serves no more than 30 clients and functions as the primary control center for monitoring

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clients.

(a) The nurses' station shall be positioned so that the unit may be under constant direct visual surveillance. Charting and records areas shall be located in the rear of the nurses' station, and not in a separate area, so that staff on duty can readily observe the client areas. A bathroom shall be nearby for staff use. The nurses' station, if separated from client areas, shall utilize either Lexan or safety wire glass for enclosure to above counter top level. If not enclosed the counter top shall be at least 18 inches in width.

(b) Thirty is the maximum number of beds which may be served by a common nurses' station in collocated units, as described in subsection 65E-12.106(23) of this Rule.

(c) The nurses' station, which functions as the primary control center, shall have necessary electronic assistance such as camera monitors and intercoms in more remote areas where persons may become isolated. Areas warranting visual and auditory monitoring include remote entrance or egress doors, isolated hallways, after hours law enforcement entrance, emergency screening area, and fenced recreational yard.

ST - C0178 - Minimum Construction Stds - C S U / S R T

Title Minimum Construction Stds - C S U / S R T

Type Rule

65E-12.109(9) FAC

Regulation Definition

Minimum Construction Standards for New CSU and SRT Facilities Initially Licensed After July 14, 1993.

(9) Medication Room. The medication room shall be located near the nurses' station. The medication room shall have a

Interpretive Guideline

Observe medication rooms to ensure inaccessibility to clients, locked and appropriate storage of medications.

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sink, refrigerator, locked storage, and facilities for dispensing medication. Security against unauthorized access must be assured. The refrigerator shall store medications and clean materials only.

ST - C0179 - Minimum Construction Stds - C S U / S R T

Title Minimum Construction Stds - C S U / S R T

Type Rule

65E-12.109(10) FAC

Regulation Definition

Minimum Construction Standards for New CSU and SRT Facilities Initially Licensed After July 14, 1993.

(10) Examination Room. A suitable examination room shall be provided for physical examinations, nursing assessments, and other related medical activities. It shall include a sink for handwashing.

Interpretive Guideline

ST - C0180 - Minimum Construction Stds - C S U / S R T

Title Minimum Construction Stds - C S U / S R T

Type Rule

65E-12.109(11) FAC

Regulation Definition

Minimum Construction Standards for New CSU and SRT Facilities Initially Licensed After July 14, 1993.

(11) Bedrooms.

(a) Ceilings shall be non-accessible to prohibit persons

Interpretive Guideline

Observe client bedrooms for compliance with regulation.

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receiving services from entering attic spaces or having access to overhead pipes and beams. Light switches and electrical outlets shall be secured with non-tamper type screws. When feasible each bedroom shall have a window, operable by staff, with an exterior view. Window sills shall not exceed a height of 36 inches above floor level and should incorporate protective screens or Lexan type material to prevent direct access to glass surfaces. There should be no overhead protrusions available for hanging in excess of 40 pounds weight.

(b) Beds and other heavy furniture suitable for barricading the door shall be secured to the floor or walls.

(c) Multiple occupant bedrooms shall be limited to a maximum of four occupants and shall be a minimum size of 60 square feet per bed with no less than a 30 inch separation between beds. Single occupant bedrooms shall be a minimum of 80 square feet.

(d) Bedroom doors shall be a minimum of 36 inches wide.

ST - C0181 - Minimum Construction Stds - C S U / S R T

Title Minimum Construction Stds - C S U / S R T

Type Rule

65E-12.109(12) FAC

Regulation Definition

Minimum Construction Standards for New CSU and SRT Facilities Initially Licensed After July 14, 1993.

(12) Kitchen and Nourishment Preparation Area.

(a) Preparation or food handling areas shall have water and

Interpretive Guideline

Observe the kitchen and food preparation area if located on the CSU/SRT Unit. Is the area accessible to clients? If so, are appropriate safety considerations adhered to?

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plumbing fixtures suitable for cleaning dining utensils. The requirements for nourishment preparation areas are less than that of kitchens due to the minimal scale of operations for these areas. If these areas are accessible to persons receiving services, they should include appropriate safety considerations for sharp and other dangerous instruments and the elimination of hot surfaces. Space shall be provided for disposal of wet garbage. Refrigeration and freezer space shall be provided in these areas for the carry-over of a minimum amount of perishable food.

(b) Kitchens shall comply with Chapter 64E-11, F.A.C., Food Preparation and Sanitation Requirements, as well as the 1985 National Fire Protection Association, Section 101, Chapters 12 and 13, Fire Safety Requirements as incorporated by reference in Chapter 59A-3, F.A.C. Kitchens shall be designed with flow-through type operation where food arriving is immediately placed into dry storage or freezer units without walking through food preparation areas. The flow-through type system would provide for the preparation of food, serving and dishes returned with garbage and waste going out to an adjacent dumpster and can-wash with water collection curbing and drain. A concrete pad shall be provided for the trash dumpster and garbage truck entrance.

(c) Kitchens shall be equipped with fire-suppression hoods and through-wall grease laden air evacuation and ventilation systems. All electrical outlets shall be ground-faulted. If meals are to be served via an open area, directly from the kitchen, this area shall have a fire-rated steel retractable overhead door type mechanism to continue the firewall protection around the kitchen area. Kitchens shall have heat detectors rather than smoke sensors.

(d) External to the kitchen, and outside the waste exit door,

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there shall be a curbed slop sink for mops and dirty kitchen water with an immediately accessible hose bib and drain. This area shall be external to the kitchen area, but immediately adjacent to it, to provide ready disposal of waste water as well as for the removal of cleaning items from the kitchen when they are not in use.

(e) There shall be a large food storage pantry in or adjacent to the kitchen.

(f) Facilities utilizing off-site kitchens for food preparation shall have an on-site food reception, warming, and holding area of sufficient size and with sufficient equipment to warm and hold food for each meal served. Required space shall include provision for proper disposal or holding of used implements and disposal of wet garbage in accordance with Chapter 64E-11, F.A.C.

ST - C0182 - Minimum Construction Stds - C S U / S R T

Title Minimum Construction Stds - C S U / S R T

Type Rule

65E-12.109(13) FAC

Regulation Definition

Minimum Construction Standards for New CSU and SRT Facilities Initially Licensed After July 14, 1993.

(13) Dining Area. Each CSU or SRT shall have an attractive dining area on the unit. Seating capacity shall reflect the licensed capacity of the entire CSU or SRT, although residents may eat or be served in shifts during daily operations. Individual, rather than bench seating, shall be used for easy floor cleaning.

Interpretive Guideline

Observe the dining area to ensure there is enough room for all clients and individual seating is available.

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ST - C0183 - Minimum Construction Stds - C S U / S R T

Title Minimum Construction Stds - C S U / S R T

Type Rule

65E-12.109(14-15) FAC

Regulation Definition

Minimum Construction Standards for New CSU and SRT Facilities Initially Licensed After July 14, 1993.

(14) Unit Laundry Facilities.

(a) Provision shall be made for the storage of soiled laundry in an adjacent, isolated, fire-resistant area.

(b) Each CSU or SRT shall have a personal laundry room which shall incorporate a flow-through design in which dirty laundry enters, is sorted, placed in the washer, dried, folded, and moved out without crossing clean laundry with dirty laundry. CSUs and SRTs shall have a small washer and dryer for immediate unit needs and to wash clothes. These washing and drying units shall be equipped to sanitize clothes as a preventive measure of infection control.

(c) The soiled laundry room shall have a locked door equipped with automatic door closer to restrict access to cleaning chemicals. The soiled laundry room air shall be exhausted outside the facility.

(15) Clean Laundry Room.

(a) A separate space shall be provided for clean laundry capable of storing an adequate supply of laundry for the size of the CSU or SRT. The laundry closet shall have a locked door to prevent access to these items by persons receiving services.

Interpretive Guideline

Observe the laundry area for soiled laundry room and clean laundry room, following good infection control practices. The area should be secured from client access. Chemicals should be appropriately stored.

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(b) Items stored on the top shelf shall provide an 18 inch clear space from sprinkler heads so as to not block dispersal of water.

ST - C0185 - Minimum Construction Stds - C S U / S R T

Title Minimum Construction Stds - C S U / S R T

Type Rule

65E-12.109(16) FAC

Regulation Definition

Minimum Construction Standards for New CSU and SRT Facilities Initially Licensed After July 14, 1993.

(16) Fenced Recreational Area.

(a) CSUs and SRTs shall have a no less than six foot high fenced, out-of-doors area where persons receiving services may have access to fresh air and exercise. It must provide privacy for persons receiving services otherwise exposed to public view. This area shall be constructed to retain persons inside the area and minimize elopements from the area, although it is not a secure area.

(b) The fenced area shall provide some shaded area where persons receiving services may be out of doors without being in direct sunlight or may receive sunlight as they desire. The enclosing fences shall have an exit gate which is located away from the building as a secondary egress from the fenced area, for use in fire situations, or access by lawn maintenance equipment. The gate shall be provided with a lock which is readily accessible from both sides. The area of this fenced enclosure shall be at least 1,100 square feet including an activity area having dimensions of not less than 20 feet by 40

Interpretive Guideline

Observe the recreational area for security, secure egress for fire emergency, shaded areas for clients and privacy from the public but visible to staff for monitoring at all times. Ensure no objects are placed near the fence.

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feet.

(c) Objects shall not be placed near the fence to provide a ready step ladder over the fence and, if fabric fencing is used, the horizontal bracing used for corners shall be outside the fabric to preclude its use as an escape ladder step. The fenced area shall be designed, without blind corners, to be readily visible by one staff member standing in a central location. If desired, the fence may be topped with a 45 degree inward slanting restraining type wire. The use of barbed wire and other sharp injurious materials, however, is prohibited.

(d) This area, as all other primary fire exit routes, shall have egress lighting which is connected to the power side of the facility electrical panel so that in the event of a fire and electrical panel disconnect, the exit and congregation areas would still have lighting.

ST - C0186 - Minimum Construction Stds - C S U / S R T

Title Minimum Construction Stds - C S U / S R T

Type Rule

65E-12.109(17) FAC

Regulation Definition

Minimum Construction Standards for New CSU and SRT Facilities Initially Licensed After July 14, 1993.

(17) Multi-Purpose Room. In addition to open, on-unit floor space, each CSU and SRT shall have an accessible multipurpose room for group activities of at least 180 square feet. This area may be the dining area.

Interpretive Guideline

Tour the CSU/SRT to ensure a multipurpose room is available, the dining area may serve as the multipurpose room.

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ST - C0187 - Minimum Construction Stds - C S U / S R T

Title Minimum Construction Stds - C S U / S R T

Type Rule

65E-12.109(18) FAC

Regulation Definition

Interpretive Guideline

Minimum Construction Standards for New CSU and SRT
Facilities Initially Licensed After July 14, 1993.

(18) Furnishings.

(a) CSU and SRT furniture shall be durably constructed for heavy wear and use. Furniture shall not be readily throwable. Furnishings shall have a flame resistant rating.

(b) Hollow-based type furniture shall not be used, as they provide ready concealment of contraband items such as medications, sharps, wires, or cords.

(c) Furnishings shall have finishes which are readily cleanable.

(d) Bedroom furniture shall provide limited storage space since individuals stay a short period of time and personal supplies are limited.

(e) Within the above constraints, furniture shall contribute to the appearance of a residential rather than institutional environment.

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ST - C0188 - Minimum Construction Stds - C S U / S R T

Title Minimum Construction Stds - C S U / S R T

Type Rule

65E-12.109(19) FAC

Regulation Definition

Minimum Construction Standards for New CSU and SRT Facilities Initially Licensed After July 14, 1993.

(19) Off Unit Storage Areas.

(a) Each CSU and SRT shall have appropriate storage, in non-client areas, for operating supplies and materials.

(b) Adjacent non-client area storage for personal belongings must be a minimum of eight cubic feet for each person receiving services.

Interpretive Guideline

ST - C0192 - Eligibility Criteria

Title Eligibility Criteria

Type Rule

64E-12.110(2) FAC

Regulation Definition

(2) Eligibility Criteria.

(a) Adult CSU/ARFs shall serve individuals 18 years of age and older who present with a serious and acute mental illness or substance abuse impairment, or with co-occurring mental illness and substance abuse disorders.

(b) Children's CSU/ARFs shall serve individuals under 18

Interpretive Guideline

Review facility policy and procedure for eligibility criteria for adults and children.

Interview staff about process for children aging out while at CSU.

Review patient records to determine compliance with eligibility criteria.

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years of age who present with a serious and acute mental illness or substance abuse impairment, or with co-occurring mental illness and substance abuse disorders.

(c) If an individual is admitted to a children's CSU/ARF while under 18 years of age and attains the age of 18 years while receiving services at the facility, the facility may continue to provide services to the individual until the individual is discharged.

(d) CSU/ARFs shall admit any individual who would otherwise be eligible for admission to a CSU under Chapter 394, F.S. or to an ARF under Chapter 397, F.S.

ST - C0193 - Clinical Procedures

Title Clinical Procedures

Type Rule

64E-12.110(3)(a-g) FAC

Regulation Definition

(3) Clinical Procedures.

(a) CSU/ARFs shall provide integrated CSU and ARF services within the same facility, and shall provide services to each individual based upon their particular needs. This may include an emphasis on services that are typically provided in either an ARF or a CSU, as determined from the initial screening and assessment and subsequent screening of each individual.

(b) Commingling (or sharing of common space) among CSU/ARF service recipients may be permitted, regardless of the service recipients' diagnoses, types of treatment, or reasons for admission.

(c) Service recipients requiring close medical observation, as determined by the medical staff, must be visible and readily accessible to nursing staff 24 hours per day, seven days per

Interpretive Guideline

If integrated CSU/ARF facility, interview administrative staff about integrated services, and how they are individualized based on needs of each patient.

Review treatment plan to ensure services are based on individual needs.

Observe common space and patient interactions.

Observe patients requiring close medical supervision to ensure visibility and ready access by staff 24/7.

Review policies and procedures for methadon treatment, if applicable.

Review patient records for physical exam within 24 hours of admission and behavioral/psychological assessments.

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week.

(d) The use of medication-assisted and methadone maintenance treatment for substance abuse in CSU/ARFs must meet the requirements of Rule 65D-30.014, F.A.C.

(e) Service recipients in a CSU/ARF must receive a physical examination within 24 hours of admission. This examination must meet the requirements of a physical health assessment as specified in subsection 65D-30.004(14), F.A.C., except that, with regard to service recipients who have been determined not to require substance abuse treatment, specific requirements of the examination may be waived in accordance with a medical protocol approved by the medical director.

(f) Service recipients in a CSU/ARF must receive a behavioral and psychosocial assessment meeting the requirements of paragraph 65E-12.107(2)(d) and subsection 65D-30.004(14), F.A.C., within 24 hours of admission.

(g) CSU/ARFs must provide all services required of CSUs (as specified in subsection 65E-12.107(5), F.A.C) and all services required of ARFs (as specified in subsection 65D-30.005(2), F.A.C.).

ST - C0194 - Clinical Procedures - Registered Nurse

Title Clinical Procedures - Registered Nurse

Type Rule

65E-12.110(3)(h) FAC

Regulation Definition

(3) Clinical Procedures.

(h) A registered nurse shall ensure that emergency medical services are provided immediately in a CSU/ARF in

Interpretive Guideline

Review medical protocols for ensuring RN emergency services for prompt assessment of new arrivals for signs/symptoms of substance abuse intoxication and monitoring of such.

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accordance with the medical protocols established by the medical director. Such protocols shall include provisions to ensure that new arrivals are promptly assessed for symptoms of substance abuse intoxication and are given prompt medical care and attention. In addition, protocols shall be implemented to ensure that monitoring of psychiatric medication is provided, and that general health care needs are met.

ST - C0195 - Integrated CSU & ARF-Special Provisions/Req.

Title Integrated CSU & ARF-Special Provisions/Req.

Type Rule

65E-12.110(5)(b) FAC

Regulation Definition

(5) Operational, Administrative, and Financing Requirements.
(b) Unit Operating Policies and Procedures. Uniform policies and procedures and forms that provide for the integrated operation of CSU/ARF services shall be developed and utilized. This shall include policies and procedures in accordance with the provisions set forth in Rules 65E-12.105, 65E-12.106 and 65E-107, F.A.C. These procedures shall include provisions that address use of the Baker Act and the Marchman Act in accordance with the individual's diagnosis. The unit's operating policies and procedures shall be subject to the approval of the organizations Medical Director and the advisory governing board.

Interpretive Guideline

Review facility policies and procedures for integrated operation of CSU/ARF services to ensure it contains required components.

ST - C0196 - Integrated CSU & ARF-Special Provisions/Req.

Title Integrated CSU & ARF-Special Provisions/Req.

Type Rule

65E-12.110(4)(a-b) FAC

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Regulation Definition

(4) Staffing Requirements.

(a) Staff shall meet the training requirements of Rule 65E-5.330 and subsection 65D-30.004(31), F.A.C. as a prerequisite to providing services.

(b) Within the training requirements of Rule 65D-5.330 and subsection 65D-30.004(31), F.A.C., staff shall receive substance abuse training from qualified professionals. The term "qualified professional" has the same meaning as in Section 397.311(26), F.S. The training must include the etiology and characteristics of substance abuse, common street drugs and means of use, motivational stages, and principles of recovery and relapse.

Interpretive Guideline

Subsection 65D-30.004(31)

(31) Training. Providers shall develop and implement a staff development plan. At least one staff member with skill in developing staff training plans shall be assigned the responsibility of ensuring that staff development activities are implemented. In those instances where an individual has received the requisite training as required in paragraphs (a) and (b) during the year prior to employment by a provider, that individual will have met the training requirements. This provision applies only if the individual is able to produce documentation that the training was completed and that such training was provided by persons who or organizations that are qualified to provide such training.

(a) Training Requirements for New Staff. Each new employee must have two hours of HIV/AIDS training within the first six months of employment. This training must also be provided for no less than two hours every two years.

(b) Training Requirements for New Direct Care Staff. For those staff working in component services identified in subsection 65D-30.004(21), F.A.C., two hours of training in control of aggression techniques must occur within the first six months of employment and two hours annually thereafter. In addition, all new direct care staff shall have CPR training within the first six months of employment.

(c) Training Requirements for New Clinical Staff. All new clinical staff who work at least 20 hours per week or more must receive 20 hours of educational and competency-based training within the first year. Training may include HIV/AIDS and control of aggression techniques.

(d) Special Training Requirements for Prevention. In addition to paragraphs (a) and (b), new staff providing prevention services shall receive basic training in science-based prevention within the first year of employment. Prevention staff shall receive additional training related to their duties and responsibilities for a total of 20 hours, inclusive of the topics listed in this subsection.

(e) General Training Requirements. All staff and volunteers who provide clinical or prevention services and whose work schedule is at least 20 hours per week or more, shall participate in a minimum of 16 hours of documented training per year related to their duties and responsibilities. Persons who are licensed or certified are exempt from the training requirements in this paragraph providing they have proof of documentation of certified education units and any training that is required by their discipline.

ST - C0197 - Integrated CSU & ARF-Special Provisions/Req.

Title Integrated CSU & ARF-Special Provisions/Req.

Type Rule

65E-12.110(4)(c-g)

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Regulation Definition

65E-12.110(4) Staffing Requirements.

(c) A CSU/ARF shall have a medical director licensed under Chapter 458 or 459, F.S., who is responsible for overseeing all medical services delivered at the facility.

(d) The staff of a CSU/ARF shall include a qualified professional as defined in Section 397.311(26), F.S. A qualified professional shall be available on-call 24 hours per day, seven days per week. A qualified professional shall be on-site daily for a minimum of 40 hours per week total. The provider's operating procedures shall include a description of those circumstances requiring the qualified professional to be on-site.

(e) Emergency screeners shall meet the requirements of subsections 65D-30.005(7) and 65E-5.400(5), F.A.C.

(f) CSU/ARFs shall meet the staff and supervision requirements of subsections 65D-30.005(12)-(13), F.A.C.

(g) CSU/ARFs shall comply with subsection 65D-30.004(33), F.A.C., which limits the tasks that may be performed by certain types of staff members.

Interpretive Guideline

Review personnel records and staffing schedules to ensure minimum staffing includes a qualified professional specializing in substance abuse that is available 24/7 on call and 40 hours per week onsite. Ensure a physician or ARNP visit the facility daily to conduct physical examinations.

Sections 397.311(26) refers to "Medication-assisted treatment (MAT)" is the use of medications approved by the United States Food and Drug Administration, in combination with counseling and behavioral therapies, to provide a holistic approach to the treatment of substance abuse.

Review clinical records to ensure face to face screening assessments are being completed by qualified professionals.

Interview the Medical Director and/or the Registered Nurse and qualified Substance Abuse professional about emergency reception and screening.

Review the policy and procedure manual to ensure it addresses all requirements.

65E-5.400(5) Baker Act Funded Services Standards.

(5) Emergency Reception and Screening.

(a) Providers authorized by the department shall have a policy and procedure manual for the specific service being provided. The administration of the provider organization shall ensure the completeness and accuracy of the manual and that organizational operations are in accordance with the manual. The manual must be approved by the respective departmental district or regional office for completeness and consistency in implementing this chapter and Chapter 394, Part I, F.S. The manual shall be consistent with the provisions of Chapter 394, Part I, F.S., and with Chapter 65E-5, F.A.C., and must include the following:

1. Procedures for responding to requests for services that specify a prompt screening to determine the person's immediacy of need, and for prioritizing access to services with limited availability. Staff skills shall be specific to the unique needs of the persons to be served;
2. A description of the services offered, recipient eligibility criteria, how eligible recipient facilities or individuals are informed of service availability, service locations, costs, criteria for response, hours of operation, staffing with staff qualifications and supervision, and organizational line of authority to the operating entity;
3. Procedures to be utilized to implement and document staff training in accord with Rule 65E-5.330, F.A.C., staff proficiency or competency including the performance of any subcontractors employed to provide services, and how training will be used to effect remediable identified deficiencies;
4. Procedures for a complaint and grievance system that provide a prompt response to the individuals served, and mechanisms to monitor and evaluate service quality, and the outcomes attained by individuals served. Facility personnel shall provide each person served with a listing of his or her rights and a telephone number to which

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complaints may be directed;

5. Procedures to determine if the individual has a case manager from a mental health center or clinic, as well as notification and coordination of activities with the case manager;

6. Procedures to maintain a clinical record for each individual served and its safeguarding in accordance with Section 394.4615, F.S.; and

7. Procedures to inform the public of the availability of services.

(b) Procedures must assure that a psychiatrist or a physician shall be available on-call for consultation at all times and hours during which emergency reception and screening services are operated.

65D-30.005 Standards for Addictions Receiving Facilities.

In addition to Rule 65D-30.004, F.A.C., the following standards apply to addictions receiving facilities.

(7) Placement Procedures. Following the nursing physical screen, the client shall be screened to determine the person's eligibility or ineligibility for placement. The decision to place or not to place shall be made by a physician, a qualified professional, or an R.N., and shall be based upon the results of screening information and face-to-face consultation with the person to be admitted.

(12) Staff Coverage. A physician, P.A., or A.R.N.P. shall make daily visits to the facility for the purpose of conducting physical examinations and addressing the medical needs of clients. A full-time R.N. shall be the supervisor of all nursing services. An R.N. shall be on-site 24 hours per day, 7 days per week. At least one qualified professional shall be on staff and shall be a member of the treatment team. At least one member of the clinical staff shall be available on-site between the hours of 7:00 a.m. and 11:00 p.m. and on-call between 11:00 p.m. and 7:00 a.m.

(13) Staffing Requirement and Bed Capacity. The staffing requirement for nurses and nursing support personnel for each shift shall consist of the following:

Licensed Bed Capacity	Nurses	Nursing Support
1-10	1	1
11-20	1	2
21-30	2	2

The number of nurses and nursing support staff shall increase in the same proportion as the pattern described above. In those instances where a provider operates a crisis stabilization unit and addictions receiving facility within the same facility, the combined components shall conform to the staffing requirement of the component with the most restrictive requirements.

65D-30.004 Common Licensing Standards.

(33) Scope of Practice. Unless licensed under Chapter 458, 459, 464, 490 or 491, F.S., non-medical employees providing clinical services specific to substance abuse are limited to the following tasks:

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- (a) Screening;
- (b) Psychosocial assessment;
- (c) Treatment planning;
- (d) Referral;
- (e) Service coordination and case management;
- (f) Consultation;
- (g) Continuing assessment and treatment plan reviews;
- (h) Counseling, including;
 - 1. Individual counseling;
 - 2. Group counseling; and
 - 3. Counseling with families, couples, and significant others;
- (i) Client, family, and community education;
- (j) Documentation of progress; and
- (k) Any other tasks permitted in these rules and appropriate to that licensable component.

ST - C0198 - Integrated CSU & ARF-Special Provisions/Req.

Title Integrated CSU & ARF-Special Provisions/Req.

Type Rule

65E-12.110(5)(e) FAC

Regulation Definition

- (5) Operational, Administrative, and Financing Requirements.
- (e) In those cases where an individual receiving services from a CSU/ARF needs to be transported to other services, the provider shall arrange for such transportation.
- (f) CSU/ARFs that house both men and women must provide separate bedrooms for each gender.
- (g) When a CSU/ARF releases an involuntary client held under the Marchman Act, notice shall be given to the court.

Interpretive Guideline

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ST - C0199 - Integrated CSU & ARF-Case Records

Title Integrated CSU & ARF-Case Records

Type Rule

65E-12.110(5)(h-j) FAC

Regulation Definition

(5) Operational, Administrative, and Financing Requirements.

(h) CSU/ARFs should be aware of the requirements of 42 Code of Federal Regulations, Part 2 related to case records and other identifying information for individuals reflecting a substance abuse diagnosis. The Department and the Agency shall have access to confidential records, as needed, to conduct monitoring visits, surveys, complaint investigations, and other required site visits.

(i) In those instances where case records are maintained electronically, a staff identifier code will be acceptable in lieu of a signature. Documentation within case records shall not be deleted. Amendments or marked through changes shall be initialed and dated by the individual making such changes.

(j) The CSU/ARF shall develop a uniform case record system regarding the content and format of case records.

Interpretive Guideline

Refer to 42 CFR, Part 2 at:

http://www.ecfr.gov/cgi-bin/text-idx?SID=a0db3098ac23186a6d4b1103d7ca39a3&mc=true&node=pt42.1.2&rgn=div5#se42.1.2_13

Refer to CSU/SRT Tag 0037 for 65E-12.106(5) Common Minimum Program Standards regarding Confidentiality and Clinical Records.

Refer to Florida Administrative Code & Florida Administrative Register's website for details related to 65D-30.004 Common Licensing Standards at <https://www.flrules.org/gateway/ChapterHome.asp?Chapter=65d-30>.

ST - C0201 - Integrated CSU & ARF-Provider Discharge Req.

Title Integrated CSU & ARF-Provider Discharge Req.

Type Rule

65E-12.110(3)(i-j) FAC

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Regulation Definition

(3) Clinical Procedures

(i) Development of a discharge and aftercare plan shall commence upon admission. The plan shall include information on the need for continuation of prescribed psychotropic medications and other prescribed medications, including opioid or other addiction treatment medications, and continuing care appointments for treatment and support services, including medication and case management, and shall be based upon the particular needs of the individual. If the discharge is delayed, the CSU/ARF shall notify the outpatient or continuing care service provider and shall document continued service planning. With the express and informed consent of the individual receiving services, discharge planning shall include input from the individual's support system, including, but not limited to, family members and friends.

(j) Prescriptions for psychotropic medications shall be provided to each adult upon discharge, and to the legal guardian of each minor upon discharge to cover the intervening days until the first scheduled outpatient appointment. Discharge planning shall address the availability of and access to prescription medication in the community.

Interpretive Guideline

Review clinical records for discharge/after care plan to ensure it contains all the requirements.

ST - C0202 - Integrated CSU & ARF-Infection Control

Title Integrated CSU & ARF-Infection Control

Type Rule

65E-12.110(5)(k) FAC

Regulation Definition

(5) Operational, Administrative, and Financing Requirements.

Interpretive Guideline

65E-30.004(9)(b)1:

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(k) Each CSU/ARF shall develop a written Universal Infection Control plan which shall apply to all staff, volunteers, and to all individuals receiving services, and shall be reviewed and approved by the medical director. The CSU/ARF shall conduct screening and a risk assessment for infectious diseases for each individual who is determined to be substance abuse impaired, as required by Rules 65D-30.004 and 65E-5.180, F.A.C. All infection control activities shall be documented.

(9) Universal Infection Control. This requirement applies to addictions receiving facilities, detoxification, intensive inpatient treatment, residential treatment, day or night treatment with host homes, day or night treatment with community housing, day or night treatment, intensive outpatient treatment, outpatient treatment, and medication and methadone maintenance treatment.

(b) Required Services. The following Universal Infection Control Services shall be provided:

1. Risk assessment and screening for both client high-risk behavior and symptoms of communicable disease as well as actions to be taken on behalf of clients identified as high-risk and clients known to have an infectious disease.

ST - C0203 - Clinical Procedures - Medical Director

Title Clinical Procedures - Medical Director

Type Rule

68E-12.110(3)(k) FAC

Regulation Definition

(3) Clinical Procedures.
(k) The medical director shall develop protocols specifying the circumstances under which blood and urine samples shall be taken for laboratory testing, including drug screening.

Interpretive Guideline

Review applicable protocols.
Interview the Medical Director.

ST - C0204 - Integrated CSU & ARF - Complaints

Title Integrated CSU & ARF - Complaints

Type Rule

65E-12.110(6) FAC

Regulation Definition

(6) Investigation of Complaints.
(a) Each CSU/ARF shall develop a written policy and procedure regarding complaints as required by subsection 65E-5.180(6), F.A.C. This policy must be posted conspicuously in an area of the facility routinely used by all

Interpretive Guideline

Observe the CSU/ARF for the posted policy.
Review Complaint log/resolutions.
Interview clients and staff about complaint policy.

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service recipients.

(b) Complaints received by the Department or by the Agency may be jointly investigated.

ST - C0205 - CSU/ARF Licensure and Designation

Title CSU/ARF Licensure and Designation

Type Rule

64E-12.110(5)(a) FAC

Regulation Definition

(5) Operational, Administrative, and Financing Requirements.

(a) Licensure and Designation. A facility may operate as a CSU/ARF if it meets the following requirements:

1. The facility is licensed as a CSU by the Agency for Health Care Administration (hereafter referred to as the "Agency") under Chapter 394, F.S., and Chapter 65E-12, F.A.C.;
2. The facility is designated as a Baker Act receiving facility by the Department under Chapter 394, F.S., and Chapter 65E-5, F.A.C.; and
3. The facility is designated and licensed as an ARF by the Department under Chapter 397, F.S. and Chapter 65D-30, F.A.C.

Interpretive Guideline

Observe posted licenses.

Interview the Administrator about designations.

ST - C0206 - Separate Bedrooms for Each Gender

Title Separate Bedrooms for Each Gender

Type Rule

64E-12.110(5)(f) FAC

Regulation Definition

(f) CSU/ARFs that house both men and women must provide separate bedrooms for each gender.

Interpretive Guideline

Observe patient bedroom areas.

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ST - C0207 - Marchman Act Client Release - Notice to Court

Title Marchman Act Client Release - Notice to Court

Type Rule

64E-12.110(5)(g) FAC

Regulation Definition

(g) When a CSU/ARF releases an involuntary client held under the Marchman Act, notice shall be given to the court.

Interpretive Guideline

Review closed records to ensure notice is on file.

ST - C0209 - Integrated CSU & ARF-Reporting

Title Integrated CSU & ARF-Reporting

Type Rule

65E-12.110(5)(c-d) FAC

Regulation Definition

(5) Operational, Administrative, and Financing Requirements.
(c) CSU/ARFs shall report critical incidents to the Department according to Department of Children and Families Operating Procedure No. 215-6, January 10, 2012, <<http://www.flrules.org/Gateway/reference.asp?No=Ref-01266>>, which is incorporated herein by reference and is available at [http://www.dcf.state.fl.us/admin/publications/cfops/215%20Safety%20\(CFOP%20215-XX\)/CFOP%20215-6,%20Incident%20Reporting%20and%20Analysis%20System%20\(IRAS\).pdf](http://www.dcf.state.fl.us/admin/publications/cfops/215%20Safety%20(CFOP%20215-XX)/CFOP%20215-6,%20Incident%20Reporting%20and%20Analysis%20System%20(IRAS).pdf).
(d) CSU/ARFs shall report seclusion and restraint events to the Department as described in Department of Children and Families Pamphlet 155-2, Chapter 14, August 1, 2011, <<http://www.flrules.org/Gateway/reference.asp?No=Ref-01267>>, which is incorporated herein by reference and is available

Interpretive Guideline

Review a sample of critical incidents and seclusion and restraint events discovered during clinical record reviews and compare to the reporting documents to ensure compliance.

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at
<http://www.dcf.state.fl.us/programs/samh/publications/c14v10.pdf>. This reporting shall be done electronically using the Department's web-based application, located at <https://samh-prod.dcf.state.fl.us/samh/>, either directly via the data input screens or indirectly via the File Transfer Protocol batch process. Facilities shall report seclusion and restraint events on a monthly basis.

ST - C1300 - Visitation

Title Visitation

Type Rule

DEM Emerg Order 20-009

Regulation Definition

1. Every facility must continue to prohibit the entry of any individual to the facility except in the following circumstances listed below within this Section. All facilities must require any individual who is entering the facility and who will have physical contact with any resident to wear PPE pursuant to the most recent CDC guidelines. Persons without physical contact with any resident must wear a face mask.

A. Family members, friends, and individuals visiting residents in end-of-life situations only;

B. Hospice or palliative care workers caring for residents in end-of-life situations;

C. Any individuals or providers giving necessary health care to a resident, provided that such individuals or providers (1) comply with the most recent Centers for Disease Control and Prevention (CDC) requirements for PPE, (2) are screened for signs and symptoms of COVID-19 prior to entry, and (3) comply with the most recent infection control requirements of the CDC and the facility;

D. Facility staff;

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E. Facility residents;

F. Attorneys of Record for a resident in an Adult Mental Health and Treatment Facility or forensic facility for court related matters if virtual or telephonic means are unavailable;

G. Public Guardians as set forth in chapter 744, Florida Statutes, Professional Guardians as defined by subsection 744.102(17), Florida Statutes and their professional staff pursuant to subsection 744.361(14), Florida Statutes;

H. Representatives of the federal or state government seeking entry as part of his or her official duties, including, but not limited to, Long-Term Care Ombudsman program, representatives of the Department of Children and Families, the Department of Health, the Department of Elderly Affairs, the Agency for Health Care Administration, the Agency for Persons with Disabilities, a protection and advocacy organization under 42 U.S.C. §15041, the Office of the Attorney General, any law enforcement officer, and any emergency medical personnel;

I. Essential caregivers and compassionate care visitors who meet the following definitions and satisfy the following criteria:

i. Essential caregivers are those who have been given consent by the resident or his or her representative to provide services and/or assistance with activities of daily living to help maintain or improve the quality of care or quality of life for a facility resident. Essential caregivers include persons who provided services before the pandemic and those who request to provide services.

1. Care or services provided by essential caregivers must be identified in the plan of care or service plan and may include bathing, dressing, eating, and/or emotional support.

ii. Compassionate care visitors provide emotional support to help a resident deal with a difficult transition or loss, upsetting event, or end-of-life. Compassionate care visitors may be allowed entry into facilities on a limited basis

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for these specific purposes.

iii. Each resident or his or her representative may designate up to two (2) essential caregivers and up to two (2) compassionate care visitors. Other than in end-of-life situations, a resident may be visited by one (1) such visitor at a time; however, an intermediate care facility or Agency for Persons with Disabilities licensed foster-care or group home facility may allow up to two (2) such visitors at a time.

iv. Regarding essential caregivers and compassionate care visitors, the facility shall:

1. Establish policies and procedures for designation and utilizations of essential caregivers and compassionate care visitors.

2. Set a limit on the total number of visitors allowed in the facility based on the ability of staff to safely screen and monitor visitation.

3. Develop an agreeable schedule in concert with the resident and visitor, including evening and weekends, to accommodate work or childcare barriers.

4. Provide infection prevention and control training, including training on proper use of personal protective equipment (PPE), hand hygiene, and social distancing.

5. Designate key staff to support infection prevention and control training.

6. Screen general visitors to prevent possible introduction of COVID-19;

7. Maintain a visitor log for signing in and out.

8. Prohibit visits, except for compassionate care visits, if the resident is quarantined or if the resident is positive for or shows symptoms of COVID-19.

9. Monitor visitor adherence to appropriate use of face masks, PPE, and social distancing.

10. After attempts to mitigate concerns, restrict or revoke visitation if the essential caregiver or compassionate care visitor fails to follow infection prevention and control

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requirements or other COVID-19-related rules of the facility.

v. Essential caregivers and compassionate care visitors shall:

1. Wear a surgical mask and other PPE as appropriate. PPE for essential caregivers and compassionate care visitors must be consistent with the most recent CDC guidance for health care workers.

2. Participate in facility-provided training on infection prevention and control, use of PPE, use of masks, hand sanitation, and social distancing, and sign acknowledgement of completion of training and adherence to the facility's infection prevention and control policies.

3. Comply with facility-provided COVID-19 testing, if offered;

4. Provide care or visit in the resident's room or in facility designated areas within the building.

5. Maintain social distance of at least six feet with staff and other residents and limit movement in the facility.

vi. The facility may require essential caregivers and compassionate care visitors to submit to facility-provided COVID-19 testing so long as use of testing is based on the most recent CDC and U.S. Food and Drug Administration (FDA) guidance.

J. General visitors, i.e. individuals other than essential caregivers or compassionate care visitors, under the criteria detailed below.

i. To accept general visitors, the facility must meet the following criteria:

1. Other than in a dedicated wing or unit that accepts COVID-19 cases from the community, the facility must have no new facility-onset of resident COVID-19 cases in the previous fourteen (14) days;

2. The facility must have fourteen (14) days with no new facility-onset of staff COVID-19 cases where a positive staff person was in the facility in the ten (10) days prior to the

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positive test;

3. Sufficient staff to support management of visitors;
4. Adequate PPE for staff, at a minimum;
5. Adequate cleaning and disinfecting supplies; and
6. Adequate capacity at referral hospitals for the

facility.

ii. General visitors must:

1. Be eighteen (18) years of age or older;
2. Wear a face mask and perform proper hand

hygiene;

3. Sign a consent form noting understanding of the facility's visitation and infection prevention and control policies;
4. Comply with facility-provided COVID-19 testing, if offered;
5. Visit in a resident's room or other facility-designated area; and
6. Maintain social distance of at least six feet with staff and residents, and limit movement in the facility.

iii. Before allowing general visitors, the facility shall:

1. Prohibit visitation if the resident receiving general visitors is quarantined, positive for COVID-19 and not recovered (as defined by most recent CDC guidance), or symptomatic for COVID-19;
2. Screen general visitors to prevent possible introduction of COVID-19;
3. Establish limits on the total number of visitors allowed in the facility based on the ability of staff to safely screen and monitor visitation, including limits on the length of visits, days, hours and number of visits per week;
4. Schedule visitors by appointment only;
5. Maintain a visitor log for signing in and out;
6. Immediately cease general visitation if a resident-other than in a dedicated wing or unit that accepts COVID-19 cases from the community-tests positive for

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COVID-19, or is exhibiting symptoms indicating that he or she is presumptively positive for COVID-19, or a staff person who was in the facility in the ten (10) days prior tests positive for COVID-19;

7. Monitor visitor adherence to appropriate use of masks, PPE, and social distancing;

8. Notify and inform residents and their representatives of any changes in the facility's visitation policy;

9. Clean and disinfect visiting areas between visitors and maintain handwashing or sanitation stations; and

10. Designate staff to support infection-prevention and control education of visitors on use of PPE, use of masks, hand sanitation, and social distancing.

iv. Facilities allowing general visitation shall enable general visitation as described in either or both paragraphs 1 and 2 below:

1. Provide outdoor visitation spaces that are protected from weather elements, such as porches, courtyards, patios, or other covered areas that are protected from heat and sun, with cooling devices if needed.

2. Create indoor visitation spaces for residents in a room that is not accessible by other residents, or in the resident's private room if the resident is bedbound and for health reasons cannot leave his or her room.

v. Each resident or his or her representative may designate up to five (5) general visitors. A resident may be visited by no more than two (2) general visitors at a time.

vi. Each facility may require general visitors to submit to facility provided COVID-19 testing so long as use of testing is based on the most recent CDC and FDA guidance.

K. Barbers and beauty salons may resume services to residents with the following precautions:

i. Services are permissible only if:

1. Other than in a dedicated wing or unit that accepts

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COVID-19 cases, the facility has had no new facility onset of resident COVID-19 cases in the previous fourteen (14) days; and

2. Fourteen (14) days have passed with no new staff COVID-19 cases where a positive staff person was in the facility in the ten (10) days prior to the positive test.

ii. Barbers and salon staff must wear surgical masks, gloves, practice hand hygiene, and follow the same requirements as essential caregivers;

iii. Waiting customers must follow social distancing guidelines;

iv. Residents receiving services must wear face masks;

v. Services are only provided to facility residents, not outside clients or guests;

vi. Services may not be provided to a resident who tests positive for COVID-19 or is exhibiting symptoms indicating that he or she is presumptively positive for COVID-19; and

vii. Service and salon areas must be properly cleaned and disinfected, and equipment must be sanitized between residents.

2. Individuals seeking entry to the facility, under the above section 1, will not be allowed to enter if they meet any of the screening criteria listed below:

A. Any person infected with COVID-19 who does not meet the most recent criteria from the CDC to end quarantine.

B. Any person showing, presenting signs or symptoms of, or disclosing the presence of a respiratory infection, including cough, fever, shortness of breath, sore throat, chills, headache, muscle pain, repeated shaking with chills, new loss of taste or smell, or any other COVID-19 symptoms identified by the CDC.

C. Any person who has been in contact with any person(s) known to be infected with COVID-19, who does not meet the most recent criteria from the CDC to end isolation.

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3. Residents leaving the facility temporarily for medical appointments or other activities, and residents receiving visits from health care providers, must wear a face mask, if tolerated by the resident's condition. All residents must be screened upon return to the facility. Eye protection should also be encouraged. Appointments should be scheduled through the facility or group home to ensure proper screening and adherence to infection control measures.

4. All visitors must immediately inform the facility if they develop a fever or symptoms consistent with COVID-19, or test positive for COVID-19 within fourteen (14) days of a visit to the facility.

5. Documentation showing compliance with the following requirements must be kept for all visitation within a facility:

A. Individuals entering a facility must be screened. To achieve this purpose, a facility may use a standardized questionnaire or other form of documentation.

B. The facility is required to maintain documentation of all non-resident individuals entering the facility. The documentation must contain:

- i. Name of the individual entering the facility;
- ii. Date and time of entry; and
- iii. The screening mechanism used by the facility to conclude that the individual did not meet any of the enumerated screening criteria. This documentation must include the screening employee's printed name and signature.