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|  | **Requirement with legal citation** | **Y** | **N** | **N/A** | **If no, explain** |
|  |  **OBSERVATIONS OF FACILITY AND PRACTICE OF FACILITY PROCEDURES** |  |  |  |  |
| 1. | Patients’ rights posters are prominently placed, in threshold languages with Patients’ Rights contact information.*W&I §5325, CCR Title 9 §862, 864 CCR Title 22 §71507* |  |  |  |  |
| 2.  | Clean & free of hazards, including seclusion rooms*W&I §5325.1, CCR Title 9 §861, CCR Title 22 §71507* |  |  |  |  |
| 3.  | Supply of Patients’ Rights Handbooks in threshold languages with contact information for County Patients’ Rights Office.*W&I§5325, CCR Title 9 §862, 864, CCR Title 22 §71507* |  |  |  |  |
| 4. | Phones available, working & confidential calls can be made & received.*W&I §5325, CCR Title 9 §861, CCR Title 22 §71507* |  |  |  |  |
| 5. | Visiting hours posted.*W&I §5325, CCR Title 9 §861, CCR Title 22 §71507* |  |  |  |  |
| 6.  | Patients have access to personal possessions, individual storage space and/or have access to non-contraband items stored.*W&I §5325, CCR Title 9 §861, CCR Title 22 §71507* |  |  |  |  |
| 7. | Facility complies with & protects patients’ confidentiality.*HIPPA PL §104 et seq., CFT §§ 160, 162, 164, WIT §§5327, 5328, 5328.01, 5328.06, 5328.1, CCR Title 9 §861, CCR Title 22 §71507* |  |  |  |  |
| 8. | Patients are treated humanely, with dignity.*W&I §5325.1, CCR Title 9 § 861, CCR Title 22 § 71507* |  |  |  |  |
| 9. | Patients have privacy, free from observation during medical examinations, personal care, bathing, restroom use & treatment except due to an emergency.*W&I § 5325.1, CCR Title 9 § 861, CCR Title 22 § 71507* |  |  |  |  |
| 10. | Patients have opportunities for physical exercise, recreation, social interaction and are providedAdequate space for social activities.*W&I § 5325.1, CCR Title 9 § 861, CCR Title 22 § 71507* |  |  |  |  |
| 11. | Patients receive prompt medical care & treatment.*W&I § 5325.1, CCR Title § 861, Title 22, §§ 71507, 71517* |  |  |  |  |
| 12. | Patients can wear their own clothes.*W&I § 5325, CCR Title 9 § 861, CCR Title 22 § 71507* |  |  |  |  |
| 13.  | Patients have access to letter writing materials (paper, writing utensil, envelopes & stamps).Can receive mail unopened or unopened mail is logged on property sheet and placed with their other possessions.*W&I § 5325, CCR Title 9 § 861, CCR Title 22 § 71507* |  |  |  |  |
| 14.  | Firearms Prohibition: If admitted 5150 for DTO/DTS, are patients notified or prohibition & appeal rights?*W&I §§ 8103, 8105* |  |  |  |  |
|  | **REQUIREMENT WITH LEGAL CITATION** | Y | N | N/A | IF, NO EXPLAIN |
|  | Chart Review |  |  |  |  |
| 1. | Patient advised of rights, provided a DHCS Patients’ Rights Handbook*W&I § 5325, CCR Title 9 § § 862, 864, CCR Title 22 § 71507* |  |  |  |  |
| 2.  | Acknowledgment of Receipt of Notice of Privacy Practices completed*W&I §§ 5328, 5328.01, 5328.1, 5328.7,CCR Title 22 § 71507* |  |  |  |  |
| 3.  | Documentation patient received medical evaluation (H&P) & psychiatric evaluation within 24 hours of admission.*W&I § § 5151, 5152, 5250, 5325, 5325.1, CCR Title 22 § § 71507, 71517* |  |  |  |  |
| 4. | Patient assessed for & offered interpretation & translation services.*W&I § 5325, CCR Title 9 § 861, CCR Title 22 § 71507, H&S § 1259* |  |  |  |  |
| 5. | 5150 completed correctly & shows probable cause for DTS, DTO &/or GD*W&I § § 5150, 5150.05, CCR Title 9 § 861, CCR Title 22 § § 71507, 71517* |  |  |  |  |
| 6. | Re-write completed in a timely manner *W&I §5121(b)* |  |  |  |  |
| 7. | Involuntary Admission Advisement present & completed at admission. *CCR Title 9 § 861, CCR Title 22 § § 71507, 71517* |  |  |  |  |
| 8 | W&I§ 5151(b) Assessment done and documented |  |  |  |  |
| 9 | Patients’ legal status clearly documented. Least restrictive treatment offered & if applicable, voluntary admission signed, dated by patient and MD.*W&I 5250, 5253, CCR Title 22 § § 71507, 71517* |  |  |  |  |
| 10  | Patient’s property inventoried & completed in a timely manner*W&I § § 5325, CCR Title 22 § § 71507, 71555* |  |  |  |  |
| 11 | Patient signed treatment plan.*W&I § § 5325.1, CCR Title 9 § 861, CCR Title 22 § 71507* |  |  |  |  |
| 12 | Date/time MD ordered change in legal status to 5250 documented.*W&I § § 5250, 5251, 5252, 5253* |  |  |  |  |
| 13 | Behavioral Restraint Assessment :1. Completed at, or shortly after admission; completed with patient’s signature
2. Identifies early warning signs, triggers & precipitants that cause escalation
3. Identifies techniques, methods & tools that

effectively deescalate patient1. Identifies medical conditions, physical disabilities or limitations
2. Identifies trauma history (relevant sexual or
3. physical abuse)

*H&S § 1180,; W&I § § 5001, 5152, 5325.1; CCR Title 9 § 861; CCR Title 22 § 71507* |  |  |  |  |
| 14 | 5250 present & completed correctly with the following elements:1. Completed prior to expiration of 5150
2. Patient name, DOB, address, sex, marital status,
3. Current probable cause for DTS, DTO and/or GD
4. 2 signatures: psychiatrist & psychologist, RN or LCSW who participated in evaluation;
5. date signed by authorized person
6. Date and time patient served

*W&I § § 5250, 5251, 5252, 5253; CCR Title 9 § 861; CCR Title 22 § 7150* |  |  |  |  |
| 15 | 5250 advisement with explanation of/and offering Writ of Habeas Corpus*W&I § 5253, 5254, 5254.1, 5275, 5276; CCR Title 9 § 861; CCR title 22 § 71507* |  |  |  |  |
| 16 | Certification review hearing occurred within 4 days of 5250*W&I § § 5254, 5256; CCR Title 9 § 861; CCR Title 22 § 71507* |  |  |  |  |
| 17 | Informed consent for psychiatric medication (non-emergency);1. Nature of patient’s mental condition
2. Reason for medication & likelihood of improving or not without medication
3. Reasonable alternative treatment, if any
4. Type, range of frequency & amount, method & duration of taking medication(s)
5. Possible side effects
6. Note patient may withdraw consent by stating intention to any treatment staff
7. Signature of patient for each class of medication (anti-psychotic, lithium &/or antidepressant) or
8. physician notation patient understands, consents, but does not want/cannot sign the form.

*W&I §§ 5152, 5325.1,5325.2; CCR Title 9 § § 850,851,852**,853,854,855,856,861; CCR Title 22 § § 71507, 71549* |  |  |  |  |
| 18 | Emergency medication1. Notation there was a marked change in patients’ condition
2. Notation medication required immediately for the preservation of life or to prevent serious bodily harm to patient, others or property
3. Evidence it was impractical to first obtain consent from patient
4. Medication given only required to treat emergency
5. Medication given in least restrictive way to preserve personal liberty
6. MD order for medication present

*W&I §§ 5152,5325.1,5332;CCR Title 9 § § 851 852,853,854, 855, 856, 861;* *CCR* Title *22 § 71507* |  |  |  |  |
| 19 | Denial of Rights (Not Restraint/Seclusion)1. Only a right listed in W&I § 5325 (clothes, visitors, phones, etc.
2. Denial noted in patient’s medical records with date, time & specific right denied
3. Good cause for denial includes how exercising the right would injure the patient, seriously damage the facility or seriously infringe on the rights of others
4. Documentation of other, less restrictive interventions attempted
5. Right denied specifically relates to the right denied
6. Signature of professional person authorizing the denial
7. (MD order)
8. Right restored when good cause no longer exists,
9. date & time restored recorded
10. Patient told of the contents of the notation regarding the denial of right.

*W&I § § 5152, 5325.1, 5325.2; CCR Title 9 § § 861, 865.4, 865.5; CCR Title 22 § § 71507, 71545, 71549, 71625* |  |  |  |  |
| 20 | Restraint and Seclusion:1. MD order: 4 hr; new MD order for each 4 hr period;
2. verbal order signed by MD at next visit; no
3. standing orders; order included reason & type of R/S
4. Alternatives tried and not effective
5. Documentation includes episode leading to/requiring R/S, specific behavior
6. RN present at application or restraint; restraint can be easily removed in event of fire or other emergency
7. Patient observed at least every 15 min.

*H&S § 1180; W&I § 5325.1; CCR Title 9 § § 861, 865.4, 865.5: CCR Title 22 § § 71507, 71545, 71549, 71625* |  |  |  |  |

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|  |  PATIENT INTERVIEW ADULT\_\_ | Y | N | N/A | Notes |
| 1. | Were you provided a Patients’ Right Handbook upon admission? |  |  |  |  |
| 2.  | Do you know how to file a complaint or grievance? |  |  |  |  |
| 3. | Do you have access to personal possessions? |  |  |  |  |
| 4.  | Have you been able to make and receive confidential phone calls? |  |  |  |  |
| 5. | Do you have access to letter writing material & receive mail unopened? |  |  |  |  |
| 6. | Were you informed about your legal status? |  |  |  |  |
| 7. | Were you provided information about your medication (why it was prescribed, special warning, possible interactions, dosage, side effects) to make an informed decision about taking them? |  |  |  |  |
| 8. | Are you able to see visitors daily? |  |  |  |  |
| 9. | Can you participate in activities, exercise & social interaction? |  |  |  |  |
| 10. | Are you aware you are allowed to wear your own clothing? |  |  |  |  |
| 11. | Was information provided to you in a language you can understand? |  |  |  |  |
| 12. | Do you participate in your own treatment planning? |  |  |  |  |
| 13. | Does staff respect your right to confidentiality? |  |  |  |  |
| 14. | Was a Writ of Habeas Corpus explained & offered to you? |  |  |  |  |
| 15. | Do you feel you are being treated with dignity & humane care? |  |  |  |  |

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|  |  PATIENT INTERVIEW MINOR | Y | N | N/A | Notes |
| 1. | Were you provided a Patients’ Right Handbook upon admission? |  |  |  |  |
| 2.  | Do you know how to file a complaint or grievance? |  |  |  |  |
| 3. | Do you have access to personal possessions? |  |  |  |  |
| 4.  | Have you been able to make and receive confidential phone calls? |  |  |  |  |
| 5. | Do you have access to letter writing material & receive mail unopened? |  |  |  |  |
| 6. | Were you informed about your legal status? |  |  |  |  |
| 7. | Were you provided information about your medication (why it was prescribed, special warning, possible interactions, dosage, side effects) to make an informed decision about taking them? |  |  |  |  |
| 8. | Are you able to see visitors daily? |  |  |  |  |
| 9. | Can you participate in activities, exercise & social interaction? |  |  |  |  |
| 10. | Are you aware you are allowed to wear your own clothing? |  |  |  |  |
| 11. | Was information provided to you in a language you can understand? |  |  |  |  |
| 12. | Do you participate in your own treatment planning? |  |  |  |  |
| 13. | Does staff respect your right to confidentiality? |  |  |  |  |
| 14. | Was a Writ of Habeas Corpus explained & offered to you? |  |  |  |  |
| 15. | Do you feel you are being treated with dignity & humane care? |  |  |  |  |

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| D.  | Policies Reviewed | Notes |
|  | Staffing plan (CCR Title §663) |  |
|  | Court proceedings |  |
|  | Patients’ Rights |  |
|  | Voluntary Admission |  |
|  | Language and Use of Interpreters |  |
|  | Seclusion & Restraint |  |
|  | Privacy |  |
|  | Telephone Use |  |
|  | AMA Discharges |  |
|  | Denial of Rights |  |
|  | Medication Education/Informed Consent |  |
|  | Treatment Plan and patient participation |  |
|  | Discharge & Aftercare |  |
|  | Firearms |  |
|  | Tarasoff |  |
|  | Mandated Reporting |  |
|  | Emergency Medication |  |
|  | Access to Records |  |
|  | Cultural Competency |  |
|  | Health & Physical |  |
|  | Visitation |  |
|  | Complaint/Grievance |  |
|  | Belongings and Valuables |  |
|  | Confidentiality |  |
|  | Searches (Person & Room) |  |
|  | Advance Directives |  |
|  | Contraband |  |
|  | Patient Handbook |  |
|  | Medication Refusal |  |
|  | Accommodating Spiritual & Cultural Values |  |
|  | Consent for Treatment |  |
|  | Consent for Photograph |  |
|  | Access to Room |  |
|  | Request to change doctors |  |
|  | Medication Relinquishment |  |
|  | Admission of Minors and Independent Review Process |  |
|  | Court Hearings & flow of events |  |
|  | Dependent Minors & Wards of the Court; Admission and Medications |  |
|  | Laws & Legal Aspects of Mental Health Admission |  |
|  | Transfer of Patients |  |
|  | Visiting |  |

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| **Forms Reviewed** |  |
| Admission Note | Initial Treatment plan |
| History & Physical | Consent for Voluntary Treatment (English/Spanish) |
| Medication Consent (English/Spanish) | Complaint Form (English/Spanish) |
| Adult Handbook (English/Spanish) | Photo Consent (English/Spanish) |
| Belonging Sheet (English/Spanish) | W&I 5331 Notice |
| Firearm right to hearing |  |
| Consent for Consultation/Treatment through Telemedicine |  |
| Voluntary Admission |  |
| Adult Orientation |  |
| Adult Family Handbook |  |
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| **Minors** |  |
| Psychosocial Assessment |  |
| Family Handbook |  |
| ICR notice |  |
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| **RN Interview** |  |
| 1. How long have you worked here?
 |  |
| 1. What are your primary responsibilities on the unit?
 |  |
| 1. How did you learn about patients’ rights
 |  |
| 1. Have you received any updates on patients’ right since orientation?
2. Have you participated in de-escalation training?
3. Have you participated in trauma informed care training?
4. What is one deniable patient right and what is one undeniable patient rights?
 |  |
| 1. Describe the unit protocol for emergency medication
2. What is a common situation in which you feel emergency medications are necessary?
3. Who decided when medications are appropriate in an emergency?
4. Do you offer PO medication first?
5. Do you tell patients what medications they are receiving IM?
 |  |
| 1. What are your responsibilities for documenting the use of emergency medication/seclusion?
2. How long after the incident is it documented?
3. What is the most important about documentation?
4. Do you know the documentation requirements for emergency medication and seclusion?
5. What is your understanding of what the legal standard is for using forced medication in an emergency?
* For voluntary patients
* For patients on 5150/5250
* For patients on conservatorship
 |  |
| 1. Describe the unit protocol for seclusion/restraint
2. Is there a policy and when have you last reviewed it?
3. What behaviors do you feel necessitate the use of seclusion/restraint?
4. Do you check the chart to see if the patient has expressed preference emergency intervention?
5. How do you assess for readiness for release?
 |  |
| 1. What do you see your as your role in de-escalating patients and avoiding the use of IM’s?
 |  |
| 1. Have you participated in a debriefing after an incident of seclusion/restraint?
2. Did the patient participate?
3. What was the content of the debriefing?
 |  |
| 1. Are there any other steps you take to make sure patients are treated with dignity and humane care while on the unit?
 |  |
| 1. Is there any assistance or training you would like from the patients’ rights advocate?
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| **MHW Interview** |  |
| 1. How long have you worked here?
 |  |
| 1. How did you learn about patients’ rights?
2. Did you receive any training?
3. Have you participated in de-escalation training?
4. Have you participated in trauma-informed care?
 |  |
| 1. What is the unit’s protocol regarding emergency medication?
 |  |
| 1. Are you familiar with the policy on seclusion and restraint?
2. Have you participated in an incident involving seclusion?
 |  |
| 1. What do you see as your role in de-escalating patients?
 |  |
| 1. Do you participate in debriefing after an incident of seclusion or emergency medication?
2. Did the patient participate?
3. What was the content of the debrief?
 |  |
| 1. Are there any other steps you take to ensure patients are treated humanely and with dignity?
 |  |
| 1. Can you name me a right which can be denied and a right that is undeniable?
 |  |
| 1. Anything you want to discuss regarding suggested changes?
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| **MD Interview** |  |
| 1. How long have you worked here?
 |  |
| 1. What are your primary responsibilities on the unit?
 |  |
| 1. How did you learn about patients’ rights
 |  |
| 1. Have you received any updates on patients’ right since orientation?
2. Have you participated in de-escalation training?
3. Have you participated in trauma informed care training?
4. What is one deniable patient right and what is one undeniable patient rights?
 |  |
| 1. Describe the unit protocol for emergency medication
2. What is a common situation in which you feel emergency medications are necessary?
3. Who decided when medications are appropriate in an emergency?
4. Do you offer PO medication first?
5. Do you tell patients what medications they are receiving IM?
 |  |
| 1. What are your responsibilities for documenting the use of emergency medication/seclusion?
2. How long after the incident is it documented?
3. What is the most important about documentation?
4. Do you know the documentation requirements for emergency medication and seclusion?
5. What is your understanding of what the legal standard is for using forced medication in an emergency?
* For voluntary patients
* For patients on 5150/5250
* For patients on conservatorship
 |  |
| 1. Describe the unit protocol for seclusion/restraint
2. Is there a policy and when have you last reviewed it?
3. What behaviors do you feel necessitate the use of seclusion/restraint?
4. Do you check the chart to see if the patient has expressed preference emergency intervention?
5. How do you assess for readiness for release?
 |  |
| 1. What do you see your as your role in de-escalating patients and avoiding the use of IM’s?
 |  |
| 1. Have you participated in a debriefing after an incident of seclusion/restraint?
2. Did the patient participate?
3. What was the content of the debriefing?
 |  |
| 1. Are there any other steps you take to make sure patients are treated with dignity and humane care while on the unit?
 |  |
| 1. Is there any assistance or training you would like from the patients’ rights advocate?
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