PSYCHIATRIC RESIDENTIAL TREATMENT FACILITY

Interim Regulations

February 2024

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§ Section 1. Application

Notwithstanding the rulemaking provisions of the Administrative Procedure Act (Chapter 3.5, commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code, the Department is authorized to issue interim licensing regulations until regulations are adopted no later than December 31, 2027 pursuant to subdivision (e) of Section 1250.10 of the Health and Safety Code and subdivision (w) of Section 4081, subdivision (f) of Section 4082, and subdivision (d) of Section 4083 of the Welfare and Institutions Code.

These interim licensing regulations shall apply to a psychiatric residential treatment facility licensed pursuant to Section 1250.10 of the Health and Safety Code and Sections 4081, 4082, and 4083 of the Welfare and Institutions Code. A licensed psychiatric residential treatment facility shall comply with all requirements stated herein and any other applicable state and federal laws.

§ Section 2. Definitions and Terms

Meaning of words. A word or phrase shall have its usual meaning unless the context or a definition clearly indicates a different meaning. Words and phrases used in their present tense include the future tense. Words and phrases in the singular form include the plural form. Use of the word “shall” denotes mandatory conduct and “may” denotes permissive conduct.

(a) “Abuse” means physical abuse, sexual abuse, sexual exploitation, sex trafficking, solicitation, neglect, financial abuse, abandonment, isolation, abduction, or other treatment with resulting physical harm or pain or mental suffering, or deprivation by a care custodian of goods or services that are necessary to avoid physical harm or mental suffering.

(b) “Active Treatment" means implementation of a professionally developed and supervised resident plan of care that is both of the following:

(1) Developed and implemented no later than seventy-two (72) hours after admission and updated when there are changes to the resident’s level of acuity and at least every ten (10) calendar days.

(2) Designed to achieve the resident’s discharge from inpatient status (step-down service) at the earliest possible time or as a diversion to admittance to a psychiatric hospital.

(c) “Administrator” means a person who has been appointed by the psychiatric residential treatment facility’s governing body to oversee the overall operation and management of the psychiatric residential treatment facility.

(d) “Alteration” means any work other than maintenance in an existing building, which does not increase the floor, roof area, or volume of enclosed space.

(e) “Applicant” means any private nonprofit organization, county, county contracted nonprofit provider, city, public agency or other governmental entity that has submitted an application for a psychiatric residential treatment facility license.

(f) “Art Therapist” means a person who has a master's degree in art therapy or in art with an emphasis in art therapy, including a person in an approved clinical internship from an accredited college or university; or a person who is registered or eligible for registration with the American Art Therapy Association.

(g) “Attending Physician” refers to the physician who has the primary responsibility for the medical care of a resident.

(h) “Authorized Representative” means any person or entity authorized by law to act on behalf of any resident.

(i) “Behavioral Health Worker” means a person who does not qualify as a licensed mental health professional, but who through experience, in-service training or formal education, is qualified to participate in the care of the resident.

(j) “Certified Nurse Specialist” means a registered nurse who is certified as a Clinical Nurse Specialist by the California Board of Registered Nursing.

(k) “Change of Ownership” means the sale or transfer whether by purchase, lease, gift or otherwise of a psychiatric residential treatment facility.

(l) “Child and Family Team” has the same meaning as set forth in paragraph (4) of subdivision (a) of Section 16501 of the Welfare and Institutions Code.

(m) “Clinical Director” means a licensed mental health professional appointed by the governing body to oversee and implement the psychiatric residential treatment facility’s behavioral health treatment program.

(n) “Clinical Social Worker” means a person who is licensed as a clinical social worker by the California Board of Behavioral Science Examiners or is waivered or is a registered clinical social worker.

(o) “Communicable Disease” means an illness due to a specific disease producing agent (virus, bacteria, etc.) or its toxic products which arises through transmission of that agent or its products from an infected person, animal or other reservoir to a susceptible host, either directly as from an infected person or animal, or indirectly through the agency of an intermediate plant or animal host, vector or the inanimate environment.

(p) “Conservator” means a person appointed by the Superior Court pursuant to Section 5350 *et seq*. of the Welfare and Institutions Code or Section 1800 *et seq*. of the Probate Code to care for the person, or estate, or person and estate, of another.

(q) “Consultant” means a person who is professionally qualified to provide expert information on a particular subject.

(r) “Contraband” means materials, articles, or goods that residents are prohibited from having in their possession because such materials, articles or goods present a risk to safety and security in the facility.

(s) “Controlled Substances” means those drugs covered under the Federal comprehensive Drug Abuse Prevention Control Act of 1970, as amended, or the California Uniform Controlled Substances Act.

(t) “Continuous Quality Improvement” or “CQI” means the process of identifying, describing, and analyzing strengths and problems and then testing, implementing, learning from, and revising solutions to improve the quality of services.

(u) “Department” means the State Department of Health Care Services.

(v) “Dietician” means a person who is registered or eligible for registration as a Registered Dietician by the American Dietetic Association.

(w) “Direct care staff” means any person who is an employee, contractor, or volunteer who has contact with other residents in the provision of services. Administrative and licensed personnel shall be considered direct care staff when directly providing program services to residents.

(1) Direct care staff includes, but is not limited to, the following professionals, as defined by these regulations:

(A) Physicians;

(B) Psychologists or waivered psychologist candidates;

(C) Clinical Social Workers, Registered Clinical Social Workers, or Waivered Social Worker candidates;

(D) Marriage, and Family Therapists, Registered Marriage and Family Therapists, or Waivered Marriage and Family Therapist candidates;

(E) Professional Clinical Counselors, Registered Professional Clinical Counselors, or Waivered Professional Clinical Counselor candidates;

(F) Registered Nurses;

(G) Licensed Vocational Nurses;

(H) Psychiatric Technicians;

(I) Physician Assistants;

(J) Occupational Therapists;

(K) Art Therapists;

(L) Music Therapists;

(M) Mental Health Rehabilitation Specialists;

(N) Behavioral Health Workers.

(x) “Direct supervision” means that the supervisor shall be present in the same building as the person being supervised and available for consultation and/or assistance.

(y) “Director” means the Director of the State Department of Health Care Services.

(z) “Drug Used as a Restraint” means any drug that is administered to manage a resident’s behavior in a way that reduces the safety risk to the resident or others; has the temporary effect of restricting the resident’s freedom of movement; and is not a standard treatment for the resident’s medical or psychiatric condition.

(aa) "Emergency Safety Intervention" means the use of restraint or seclusion as an immediate response to an emergency safety situation.

(bb) "Emergency Safety Situation" means unanticipated, sudden, marked change in resident behavior that places the resident or others at risk of a serious threat of violence or injury if no intervention occurs, and makes it impracticable to first obtain consent.

(cc) "Governing body" means the person, persons, board of trustees, directors or other body in whom the authority and responsibility is vested for conduct of the facility. In the case of a facility operated by a governmental agency, the governing body may be the County Board of Supervisors, the City Council or any committee or individual so designated by such Board or Council.

(dd) "License" means a permit issued to a licensee by the Department authorizing the operation of a psychiatric residential treatment facility. This permit constitutes the licensee's authority to receive residents and to perform the services included within the scope of these regulations and as specified on the psychiatric residential treatment facility license.

(ee) "Licensed Mental Health Professional" means any of the following acting within the scope of their license in accordance with applicable State of California licensure requirements: physicians, psychologists, clinical social workers, professional clinical counselors, marriage and family therapists, nurse practitioners, and certified nurse specialists. For purposes of these interim regulations, licensed mental health professionals shall have a minimum of one (1) year of professional experience in a behavioral health setting.

(ff) "Licensed Psychiatric Nursing Staff" means a registered nurse, licensed

vocational nurse or licensed psychiatric technician, as defined in these interim regulations.

(gg) "Licensed Psychiatric Technician" means a person licensed as a psychiatric technician by the Board of Vocational Nursing and Psychiatric Technicians.

(hh) "Licensed Vocational Nurse" means a person who is licensed as a vocational nurse by the Board of Vocational Nursing and Psychiatric Technicians.

(ii) "Licensee" means the private nonprofit organization, county, county contracted nonprofit provider, city, public agency or other governmental entity to whom a psychiatric residential treatment facility license has been issued by the Department.

(jj) "Locked facility" means entrances and exits, including windows, which are controlled with locking mechanisms that are inaccessible to the residents. Any additional outside spaces and recreational areas shall similarly be enclosed to preclude egress or ingress from the premises.

(kk) "Marriage and Family Therapist" means a person who is licensed as a marriage and family therapist by the California Board of Behavioral Science Examiners or is waivered, or is a registered marriage and family therapist.

(ll) "Mechanical Restraint" means any device attached or adjacent to the resident's body that they cannot easily remove that restricts freedom of movement or normal access to their body.

(mm) "Mental Health Rehabilitation Specialist" means an individual who has a baccalaureate degree and four (4) years of experience in a mental health setting as a specialist in the fields of physical restoration, social adjustment, or vocational adjustment. Up to two (2) years of graduate professional education may be

substituted for the experience requirement on a year-for-year basis; up to two (2) years of post-associate arts clinical experience may be substituted for the required educational experience in addition to the requirement of four (4) years experience in a mental health setting.

(nn) "Minor" means a person under eighteen (18) years of age.

(oo) "Music Therapist" means a person who is registered or eligible for registration as a registered music therapist by the National Association for Music Therapy.

(pp) "Natural Supports" means individuals, including extended family members, friends, members of the clergy/spiritual leaders, community members, and others as identified by the resident and their caregivers, who can further support the resident with developing a sustainable system of supports that is not dependent on formal systems.

(qq) "Neglect" means the negligent treatment or the maltreatment of a resident by a person responsible for the resident's welfare under circumstances indicating harm or threatened harm to the resident's health or welfare, including acts and omissions by the responsible person that result in failure to provide necessary food, clothing, shelter, care, treatment, or counseling for injury, illness, or condition of the resident, as a result of which the resident's physical, mental or emotional is substantially threatened or impaired.

(rr) "New Construction" means any of the following:

(1) New buildings;

(2) Additions to existing buildings;

(3) Conversion of existing buildings, or portions thereof, not currently licensed

as a psychiatric residential treatment facility.

(ss) “Nonambulatory” means persons that are unable to leave a building unassisted under emergency conditions. It includes any person who is unable, or likely to be unable, to physically and mentally respond to a sensory signal approved by the State Fire Marshal’s Office, or an oral instruction relating to fire danger, and persons who depend upon mechanical aids such as crutches, walkers, and wheelchairs. The determination of ambulatory or nonambulatory status of psychiatric residential treatment facility residents shall be made on a case-by-case basis by the Department taking into consideration the staffing level required by the psychiatric residential treatment facility.

(tt) “Nurse Practitioner” means a registered nurse who is certified as a Nurse Practitioner by the California Board of Registered Nursing and who is currently licensed to practice in the State, who meets the State's requirements governing the qualifications of nurse practitioners, and who meets one of the following conditions:

(1) Is currently certified as a primary care nurse practitioner by the American Nurses' Association or by the National Board of Pediatric Nurse Practitioners and Associates; or

(2) Has satisfactorily completed a formal one (1) academic year educational program that:

(A) Prepares registered nurses to perform an expanded role in the delivery of primary care;

(B) Includes at least four (4) months (in the aggregate) of classroom instruction and a component of supervised clinical practice; and

(C) Awards a degree, diploma, or certificate to persons who successfully

complete the program; or

(3) Has successfully completed a formal educational program for preparing registered nurses to perform an expanded role in the delivery of primary care that does not meet the requirements of paragraph (2) of this definition, and has been performing an expanded role in the delivery of primary care for a total of twelve (12) months during the eighteen (18) month period immediately prior to providing services at the psychiatric residential treatment facility.

(uu) “Occupational Therapist” means a person who is licensed as an occupational therapist by the California Board of Occupational Therapy and who has specialized training or one (1) year of experience in treating mentally ill individuals.

(vv) “Pharmacist” means a person licensed as a pharmacist by the California Board of Pharmacy.

(ww) “Physical Restraint” means the application of physical force without the use of any device for the purposes of restraining the free movement of a resident’s body. The term physical restraint does not include briefly holding without undue force a resident in order to calm or comfort them, or holding a resident's hand to safely escort a resident from one area to another. The term physical restraint shall have the same meaning as the term personal restraint pursuant to Section 483.352 of Title 42 of the Code of Federal Regulations.

(xx) “Physician” means a person licensed to practice medicine by the California Medical Board or licensed to practice osteopathy by the Board of Osteopathic Examiners.

(yy) “Physician Assistant” means a person licensed as a physician assistant by the Physician Assistant Committee of the Medical Board of California and who

meets at least one of the following conditions:

(1) Is currently certified by the National Commission on Certification of Physician Assistants to assist primary care physicians; or

(2) Has satisfactorily completed a program for preparing physician's assistants that:

(A) Was at least one (1) academic year in length;

(B) Consisted of supervised clinical practice and at least four (4) months (in the aggregate) of classroom instruction directed towards preparing students to deliver health care; and

(C) Was accredited by the American Medical Association's Committee on Allied Health Education and Accreditation; or

(3) Has satisfactorily completed a formal educational program (for preparing physician assistants) that does not meet the requirements of paragraph (2) of this definition and assisted primary care physicians for a total of twelve (12) months during the eighteen (18) month period that ended on December 31, 1986.

(zz) "Professional Clinical Counselor" means a person that is licensed as a professional clinical counselor by the California Board of Behavioral Sciences Examiners or is waivered, or is a registered professional clinical counselor.

(aaa) "Progress Notes" are written entries in the resident record of a resident's condition and the resident's participation and response to treatment provided while the resident is in a psychiatric residential treatment facility.

(bbb) "Provisional License" means an initial license granted by the Department to a licensee to operate a psychiatric residential treatment facility.

(ccc) "Psychiatric Residential Treatment Facility" means a health facility licensed

by the Department that is operated by a public agency or private nonprofit organization that provides inpatient psychiatric services, as described in Subpart D (commencing with Section 441.150) of Title 42 of the Code of Federal Regulations, to individuals under twenty-one (21) years of age in a nonhospital setting.

(ddd) “Psychiatric Social Worker” means a person licensed as a clinical social worker by the California Board of Behavioral Sciences.

(eee) "Psychiatrist" means a physician licensed to practice medicine by the California Medical Board or licensed to practice osteopathy by the Board of Osteopathic Examiners who shows evidence of having completed the required course of graduate psychiatric education as specified by the American Board of Psychiatry and Neurology in a program of training accredited by the Accreditation Council for Graduate Medical Education, the American Medical Association, or the American Osteopathic Association.

(fff) “Psychologist” means a person that is licensed as a psychologist by the California Board of Psychology or is waivered.

(ggg) “Psychotropic Medication” means those medications administered for the purpose of affecting the central nervous system to treat psychiatric disorders or illnesses. These medications include, but are not limited to, anxiolytic agents, antidepressants, mood stabilizers, antipsychotic medications, anti-Parkinson agents, hypnotics, medications for dementia, and psychostimulants.

(hhh) “Registered clinical social worker” means a candidate for licensure as a clinical social worker who is registered with the corresponding state licensing authority for the purpose of acquiring the experience required for licensure, in accordance with applicable statutes and regulations.

(iii) “Registered marriage and family therapist” means a candidate for licensure as a marriage and family therapist who is registered with the corresponding state licensing authority for the purpose of acquiring the experience required for licensure, in accordance with applicable statutes and regulations.

(jjj) “Registered Nurse” means a person who is licensed as a registered nurse by the Board of Registered Nursing and has specialized training or one (1) year's experience in treating mentally ill individuals.

(kkk) “Registered professional clinical counselor” means a candidate for licensure as a professional clinical counselor who is registered with the corresponding state licensing authority for the purpose of acquiring the experience required for licensure, in accordance with applicable statutes and regulations.

(lll) “Resident” means an individual under the age of twenty-one (21) admitted to a psychiatric residential treatment facility.

(mmm) “Restraint” means a “physical restraint,” “mechanical restraint,” or “drug used as a restraint” as defined in this section.

(nnn) “Seclusion” means the involuntary confinement of a resident alone in a room or an area from which the resident is physically prevented from leaving.

(ooo) “Serious Injury” means any significant impairment of the physical condition of the resident as determined by qualified medical personnel. This includes, but is not limited to, burns, lacerations, bone fractures, substantial hematoma, and injuries to internal organs, whether self-inflicted or inflicted by someone else.

(ppp) “Staff” means individuals working at the psychiatric residential treatment facility on an employment, contract, temporary, or volunteer basis, other than direct care staff as defined by these interim regulations.

(qqq) “Staff-secured facility” means twenty-four (24) hours-a-day, seven (7) days-a-week all unlocked building entrances and exits are continuously monitored and controlled by staff. Residents are not permitted to leave the premises of their own volition.

(rrr) “Standing Orders” means those written instructions which are used or intended to be used in the absence of a prescriber’s specific order for a specified resident.

(sss) “Supervision” means the instruction of employees or subordinates in the manner of carrying out their duties and overseeing or directing of their work.

(ttt) “Therapeutic Diet” means any diet modified from a regular diet in a manner essential to the treatment or control of a particular disease or illness.

(uuu) “Time Out” means the restriction of a resident for a period of time to a designated area from which the resident is not physically prevented from leaving, for the purpose of providing the resident an opportunity to regain self-control.

(vvv) "Trauma-informed” means prevention services that proactively provide program models, interventions, practices, services, and supports that acknowledge, seek to understand, recognize, and respond to the varying impacts and effects of all types of trauma on residents, including residents who have contact with the child welfare system, and their families, caregivers, and other support people. Trauma-informed programs recognize the impact of trauma on a resident’s development and implement individualized interventions to address trauma’s consequences and facilitate healing.

(www) “Under the Direction of” means that the individual directing a service is acting as a clinical team leader, providing direct or functional supervision of

treatment service delivery, or reviewing and signing approved treatment plans. An individual directing a service is not required to be physically present at the facility to exercise direction.

(xxx) "Waivered" means:

(1) For a psychologist candidate, an individual who either is gaining the experience required for licensure or was recruited for employment from outside California, has sufficient experience to gain admission to a licensing examination, and has been granted a professional licensing waiver approved by the Department to the extent authorized under state law;

(2) For a social worker candidate, a marriage and family therapist candidate or professional clinical counselor candidate, “waivered” means a candidate for licensure who was recruited for employment from outside California, whose experience is sufficient to gain admission to the appropriate licensing examination and who has been granted a professional licensing waiver approved by the Department to the extent authorized under state law.

§ Section 3. License Requirements

(a) A private nonprofit organization, county, county contracted nonprofit provider, city, public agency or other governmental entity shall obtain a license from the Department before they may establish or operate a psychiatric residential treatment facility, or represent or advertise by any means that they operate a psychiatric residential treatment facility.

(b) To obtain a license, a private nonprofit organization, county, county contracted nonprofit provider, city, public agency or other governmental entity shall:

(1) Submit a complete application to the Department for approval;

(2) Obtain certification to provide Medi-Cal inpatient psychiatric services for individuals under twenty-one (21) years of age in compliance with the Centers for Medicare and Medicaid Services requirements; and

(3) Be subject to an onsite inspection(s) conducted by the Department to occur within thirty (30) calendar days following written notification of the Department's approval of a complete application.

(c) A licensee shall annually complete **DHCS Form XXXX,** incorporated herein by reference, attesting that the facility complies with Subpart G of Part 483 of Title 42 of the Code of Federal Regulations.

(d) The Department has the sole authority to license and monitor the facility to ensure compliance with licensing requirements for psychiatric residential treatment facilities.

(e) A licensee shall maintain certification to provide Medi-Cal inpatient psychiatric services for individuals under twenty-one (21) years of age in compliance with the Centers for Medicare and Medicaid Services requirements.

(f) A licensee shall ensure that all personnel serving residents or the public shall wear name and title badges.

(g) A licensee shall be responsible for compliance with licensing requirements and for the organization, management, operation and control of the psychiatric residential treatment facility. The delegation of any authority by a licensee shall not diminish the responsibilities of the licensee.

§ Section 4. Application Required

(a) A private nonprofit organization, county, county contracted nonprofit provider, city, public agency or other governmental entity shall submit a complete

application for licensure to the Department to operate a psychiatric residential treatment facility under either of the following circumstances:

(1) Establishment of a psychiatric residential treatment facility; or

(2) Change of ownership of a psychiatric residential treatment facility.

(b) The psychiatric residential treatment facility's application for licensure shall indicate whether the facility shall be unlocked staff-secured, locked, or a combination of both.

§ Section 5. Application Content

(a) Any private nonprofit organization, county, city, public agency or other governmental entity desiring to obtain a psychiatric residential treatment facility license shall file with the Department an application on forms furnished by the Department.

(b) A complete application shall include the following:

(1) A completed Application for Licensure Psychiatric Residential Treatment Facility **DHCS Form XXXX,** hereby incorporated by reference, which shall include:

(2) A written psychiatric residential treatment facility plan of operation and supporting documentation that meets the requirements of **Section 8**;

(3) A sketch of the building(s) to be occupied, including a floor plan which describes the capacities of the building(s) for the uses intended, room dimensions, and a designation of the rooms to be used for nonambulatory residents, if any;

(4) A sketch of the grounds showing buildings, driveways, fences, storage areas, pools, gardens, recreation areas and other space used by the residents, including dimensions of all areas which may be used or accessed by residents;

(5) Sample menus and schedule for one calendar week indicating the time of

day that meals and snacks will be served;

(6) An attestation that the applicant shall comply with all conditions of participation for psychiatric residential treatment facilities pursuant to Subpart D of Part 441 and Subpart G of Part 483 of Title 42 of the Code of Federal Regulations;

(7) True and correct copies of all Medi-Cal certifications that demonstrate that the applicant may provide Medi-Cal services, including inpatient psychiatric services for individuals under twenty-one (21) years of age;

(8) Such other information or documents as may be required by the Department in support of the application;

(9) The application for the psychiatric residential treatment facility shall be signed by the chief executive officer or authorized representative.

§ Section 6. Application Process

(a) An applicant shall submit a complete application by certified mail or email to the Department for approval.

(b) An application shall be considered complete when all documents and information required by **Section 4**, and any fees as required by **Section 15** have been received by the Department.

(c) The Department shall provide written notice to the applicant within thirty (30) calendar days of receipt of the application that states the application is complete and accepted for review, or if the application is incomplete.

(d) If the application is deemed incomplete, the Department shall identify the information required to complete the application. An applicant shall provide any missing information within thirty (30) calendar days of the date of the Department's written notice of an incomplete application. If the applicant fails to provide the

missing information within thirty (30) calendar days, the application shall be deemed withdrawn by the applicant. Any applicant deemed to have withdrawn an application does not have a right to notice and review and may reapply by submitting a new application.

(e) The Department shall provide written notification to an applicant of the Department's decision to approve or deny the application within sixty (60) calendar days following the acceptance of a complete application for review. A notice denying the application shall set forth the reasons for denial.

The applicant may request, in writing, a review by the Department responsible for psychiatric residential treatment facility licensure. The written request for review shall be sent by certified mail to the Department at Licensing and Certification Division, Mental Health Licensing Section, P.O. Box 997413, MS 2800, Sacramento, CA 95899-7413 or e-mail electronically at: MHLC@dhcs.ca.gov and shall include:

(1) The name and address of the applicant;

(2) The date the application was submitted;

(3) A copy of the application and all supporting information and documents;

(4) A copy of any correspondence between the Department and the applicant regarding the application; and

(5) Any other information the applicant wishes to submit regarding the timeliness of the Department's consideration of the application.

(f) An applicant may request a review of a denial of an application by sending a written request for review by certified mail to the Department at Licensing and Certification Division, Mental Health Licensing Section, P.O. Box 997413, MS 2800, Sacramento, CA 95899-7413 or electronically at: MHLC@dhcs.ca.gov.

(1) A request for review shall be postmarked no later than fifteen (15) calendar days after receipt of the notification of the denial of the application;

(2) An applicant requesting a review of a denial shall be responsible for submitting all relevant documents, information, and arguments that the applicant wishes the Department to consider. The documents, information, and arguments may be submitted with the request for review or sent separately, and shall be postmarked no later than thirty (30) calendar days after receipt of the notification of denial;

(3) If deemed necessary to review the request, the Department may request the applicant to provide additional clarification or information;

(4) Once review of the applicant's request is complete, the Department shall provide notice by certified mail to the applicant that either affirms or reverses the Department's decision to deny. The Director's or designee's decision shall be considered final.

(g) An applicant may withdraw their application in writing at any time. The fee for processing the application shall be forfeited upon withdrawal.

§ Section 7. Accreditation

(a) The licensee shall obtain and maintain accreditation pursuant to Section 441.151 of Title 42 of the Code of Federal Regulations from one of the following organizations:

(1) Joint Commission on Accreditation of Healthcare Organizations;

(2) The Commission on Accreditation of Rehabilitation Facilities;

(3) The Council on Accreditation of Services for Families and Children.

(4) Any other accrediting organization with comparable standards recognized by the Department.

(b) Upon request by the Department, the licensee shall provide evidence of current accreditation that includes, at minimum, the effective date of accreditation, the expiration date of the accreditation, and the date of the last site visit by the accrediting organization.

(c) If the accrediting organization requires the licensee to implement corrective action at the psychiatric residential treatment facility at any time, the licensee shall provide documentation demonstrating it has completed its corrective action to the Department within ten (10) business days of the completion date.

(d) If a psychiatric residential treatment facility is placed on a probationary, suspended or revoked accreditation status, the licensee shall notify the Department of its new status within ten (10) business days of receiving notification from the accrediting organization.

(e) The Department may request at any time additional information from the licensee regarding the psychiatric residential treatment facility's accreditation status.

§ Section 8. Psychiatric Residential Treatment Facility Plan of Operation

(a) Psychiatric residential treatment facilities shall develop and implement policies and procedures to comply with these regulations and applicable state and federal laws.

(b) The licensee shall operate the psychiatric residential treatment facility in accordance with a plan of operation approved by the Department. The licensee shall not amend the psychiatric residential treatment facility's approved plan of operation, including policies and procedures, without the Department's approval. The

psychiatric residential treatment facility shall attach to the plan of operation the following:

(1) Job descriptions and staffing patterns for the administrator, clinical director, licensed mental health professionals, and other psychiatric residential treatment facility staff who shall provide behavioral health treatment programs, including medically necessary treatment services, to residents in the psychiatric residential treatment facility;

(2) The names of the proposed administrator and clinical director, and documentation evidencing that they are qualified in accordance with these regulations;

(3) A staffing organizational chart that lists job descriptions, staff-to-resident ratios, and professional licenses, if applicable, of the psychiatric residential treatment facility staff; and

(4) A detailed staff training plan describing psychiatric residential treatment facility staff orientation procedures, in-service education requirements, and required continuing education activities, to ensure staff compliance with procedures contained in the psychiatric residential treatment facility plan of operation.

(c) The plan of operation shall include the following:

(1) A description of the psychiatric residential treatment facility's behavioral health treatment program and activity program addressed in **Sections 50-51**;

(2) A description of the psychiatric residential treatment facility's expected population including age range, gender, demographics, languages, and special needs. The description shall include policies for meeting the cultural and language needs for resident in the facility;

(3) A suicide prevention policy, which shall include: suicide risk assessments, safety precautions, visual observation levels, staffing to maintain compliance with visual observation policies, and documentation requirements. The suicide prevention policy shall require constant visual observation of residents with passive suicidal ideation;

(4) Policies and procedures that the psychiatric residential treatment facility will use to incorporate trauma-informed principles in its behavioral health treatment and activity programs. These policies and procedures shall, at a minimum, include descriptions of the following:

(A) How the psychiatric residential treatment facility will identify residents' needs for treatment or other interventions related to their experiences of trauma; and

(B) De-escalation techniques that the psychiatric residential treatment facility will utilize to minimize the use of emergency safety interventions.

(5) Policies and procedures for collaboration with Child Welfare, Probation, County Behavioral Health, Child and Family Teams, and outside partners to ensure effective and consistent provision of care and treatment;

(6) Confidentiality standards and requirements, which shall include protections for information contained in a resident’s record and communications between psychiatric residential treatment facility staff members and resident. The standards and requirements shall include specific confidentiality precautions for when natural supports, the child and family team, or any other individual, who is not psychiatric residential treatment facility staff or an admitted resident, is present at the psychiatric residential treatment facility;

(7) A statement that identifies whether the licensee will handle the resident’s

money, personal property, and/or valuables. If money, personal property, and/or valuables will be handled, the licensee shall ensure compliance with **Section 23**;

(8) A procedure for involving the following individuals or groups in the resident's treatment and discharge plans:

(A) The resident;

(B) The resident's parent, legal guardian, and/or Indian custodian;

(C) The resident's conservator, county child welfare social worker or county probation officer, tribal representative, and child and family team, as applicable;

(D) Any other person authorized by a court to make decisions about the resident's treatment, placement and/or services; and

(E) Any other support persons or providers identified by the resident or resident's parents, if the resident is a minor.

(9) The facility shall involve each resident's child and family team, if applicable, and for a resident who is an Indian child under the jurisdiction of the juvenile court, the resident's tribal representative, and other support persons or providers as specified in subparagraph (E) within three (3) business days of admission, to the extent feasible.

(10) A written financial plan including an actual or proposed annual budget approved by the governing body;

(11) Written continuous quality assurance improvement policies and procedures to improve the quality of care, and to evaluate the adequacy, appropriateness, and effectiveness of the care and treatment that will be provided to facility residents. At a minimum, the continuous quality improvement policies and

procedures shall include processes for the following:

(A) Review and analysis of the data collected and reported to the Department as required by subparagraphs (3), (6), (7), (8) and (9) of subdivision (c) of Section 1250.10 of the Health and Safety Code;

(B) Collection, review, and analysis and review of feedback from residents and their families and natural supports;

(C) Collection, review, and analysis of complaints received and the

(D) Implementing changes to improve quality of care based on the analyses required by subparagraphs (A) through (C). Collection and review of complaints received, and if applicable, the resolution of each complaint; and

(12) Copies of the policies and procedures the psychiatric residential treatment facility will use to comply with these regulations and all applicable state and federal laws, including the following regulatory requirements:

(A) Accreditation requirements in **Section 7**;

(B) Safety, zoning and building clearance requirements in **Section 9**;

(C) Renewal of license requirements in **Section 12**;

(D) Posting of license and consumer information requirements in **Section 17**;

(E) Notification to Department requirements in **Section 18**;

(F) Program flexibility requirements in **Section 19**;

(G) Finance requirements in **Section 21**;

(H) Bond requirements in **Section 23**;

(I) Admission determination and certification of need process requirements in **Section 24**;

(J) Initial comprehensive evaluation requirements in Section 25; **Section 25**;

(K) Resident plan of care requirements in **Section 26**;

(L) Interdisciplinary team requirements in **Section 27**;

(M) Progress notes requirements in **Section 28**;

(N) Recertification of need **Section 29**;

(O) Discharge process **Section 30**;

(P) Aftercare service requirements in **Section 31**;

(Q) Admission record requirements in **Section 33**;

(R) Residents' record requirements in **Section 34**;

(S) Use of outside resource requirements in **Section 35**;

(T) Basic service requirements in **Section 37**;

(U) Coordination of medical care requirements in **Section 38**;

(V) Physician service requirements in Section **39**;

(W) Psychiatric nursing service requirements in **Section 40**;

(X) Medication assistance, control, monitoring and pharmaceutical requirements in **Sections 41-45**;

(Y) Transportation requirements **Section 46**;

(Z) Informed consent requirements in **Sections 47-48**;

(AA) Temporary resident transfer in **Section 49**;

(BB) Behavioral health treatment program and activity program requirements in **Sections 50-51**;

(CC) Buildings and ground requirements in **Sections 52-69**;

(DD) Restraint or seclusion requirements in **Sections 70-75**;

(EE) Emergency preparedness requirements in **Section 76**;

(FF) Dietetic service requirements in **Section 77-79**;

(GG) Governing body requirements in **Section 80**;

(HH) Residents' rights requirements in **Section 81**;

(II) Non-Discrimination in **Section 82**;

(JJ) Interpretation Services in **Section 83;**

(KK) Education of Resident requirements in **Section 84**;

(LL) Advertising requirements in **Section 85**;

(MM) Record and report requirements in **Section 86**;

(NN) Written administrative policy requirements in **Section 87**;

(OO) Employees' health examination and health record requirements in **Section 88**;

(PP) Personnel record requirements in **Section 89**;

(QQ) Staff characteristics, qualifications, duties, and adequacy requirements in **Section 90**;

(RR) Orientation and In-service education requirements in **Section 99**.

(SS) Criminal background check requirements in **Sections 100-108**;

(TT) Unusual Occurrence requirements in **Sections 110-111**;

(UU) Reporting of communicable diseases requirements in **Section 112**.

(e) The Department shall only approve a plan of operation or changes to a plan of operation that comply with these regulations and establishes a safe, healthy, and therapeutic environment for residents admitted to the psychiatric residential treatment facility.

(f) Any changes to the psychiatric residential treatment facility plan of operation

are subject to Department approval, and shall be submitted in writing by mail, e-mail, or fax to the Department no later than sixty (60) business days prior to the anticipated date of implementing the change.

§ Section 9. Safety, Zoning and Building Clearance

(a) A psychiatric residential treatment facility shall conform to all applicable requirements for fire and life safety prescribed by the city or county fire departments, the applicable district providing fire protection services, or the State Fire Marshal's Office requirements for fire and life safety, State requirements for environmental impact, and local fire safety, zoning, and building ordinances. Upon request of the Department, evidence of such compliance shall be presented in writing to the Department.

(b) All psychiatric residential treatment facilities shall secure and maintain a fire clearance approved by the city or county fire department, the district providing fire protection services, or the State Fire Marshal's Office, including an appropriate fire clearance if the facility may admit nonambulatory individuals.

(c) The Department may require the licensee to have a building inspection conducted by a local building inspector if the Department suspects that a hazard to residents' health or safety exists.

(d) The licensee shall maintain the psychiatric residential treatment facility in a safe structural condition. If the Department determines, in a written report submitted to the licensee, that an evaluation of the structural condition of a psychiatric residential treatment facility is necessary, the licensee may be required to submit a report by a licensed structural engineer that includes an evaluation of the structural condition of the psychiatric residential treatment facility, and, if necessary, identifies

steps to eliminate or correct the structural conditions that may be hazardous to residents. The licensee shall eliminate or correct any hazardous structural conditions.

§ Section 10. Issuance of License

(a) The Department shall issue a license to the psychiatric residential treatment facility when the initial licensing inspection identified in **Section 3** is completed, and the Department determines that the psychiatric residential treatment facility complies with all applicable state and federal laws, including licensing statutes and regulations.

(b) The license shall include the expiration date and specify the bed capacity of the psychiatric residential treatment facility.

(c) A licensee shall only be licensed to serve individuals who are admitted prior to twenty-one (21) years of age.

§ Section 11. Issuance of Provisional License

(a) Each initial license granted by the Department to a licensee to operate a psychiatric residential treatment facility shall be a provisional license. The Department shall issue a provisional license to an applicant for an initial license if the Department determines through the initial licensing inspection as identified in **Section 3** that the psychiatric residential treatment facility is compliant with applicable licensing laws, regulations or any other applicable statutes and regulations. The provisional license shall be valid for a period of twelve (12) months.

(b) During the period of the provisional license, the Department may conduct announced or unannounced onsite inspections. The Department shall issue a

written report to the psychiatric residential treatment facility specifying the results of the onsite inspection, including citations for any identified deficiencies.

(c) If the Department identifies deficiencies during an announced or unannounced onsite inspection pursuant to subsection (b), the psychiatric residential treatment facility shall develop a plan of correction specifying the actions the facility shall take to remedy the deficiencies identified and the timeframes for corrective action. The Department may require the facility to take specific corrective actions and shall approve the plan of correction prior to implementation.

(d) The Department may subject a psychiatric residential treatment facility with a provisional license to enhanced monitoring if the Department determines that the facility has failed to correct a Class A deficiency, or multiple Class B or Class C deficiencies, as defined in **Section 118**.

(e) For purposes of this section, enhanced monitoring means that the Department will closely monitor the psychiatric residential treatment facility for compliance, and provide technical assistance regarding best practices for the facility to come into and maintain compliance.

(f) Enhanced monitoring activities include, but are not limited to, the Department conducting announced or unannounced onsite inspections as frequently as the Department deems necessary to determine compliance. The Department may subject a psychiatric residential treatment facility on enhanced monitoring to expanded onsite licensing inspections which may include, but are not limited to, reviewing facility records, reviewing facility policies and procedures, reviewing video surveillance footage, interviewing residents and staff, and reviewing any other information or data the Department deems necessary to determine compliance. The

Department shall issue a written report after each onsite inspection and shall identify any deficiencies.

(g) If the Department identifies deficiencies, the Department may require the psychiatric residential treatment facility subject to enhanced monitoring to take specific corrective actions to improve the quality of care and facility operations. Required corrective actions may include, but are not limited to, the following:

(1) The facility shall hire an external consultant specializing in quality of care and operational improvement;

(2) The facility shall implement evidence-based interventions to improve quality of care;

(3) The facility shall make specified, operational changes;

(4) The facility shall make specific, key staffing changes; and,

(5) The facility shall provide in-service training to staff.

(h) The Department may suspend or revoke the facility's provisional license, or impose civil money penalties pursuant to **Section 118** if the facility fails to implement a plan of correction pursuant to subsection (f).

(i) The Department shall conduct an onsite licensing inspection prior to the expiration of each provisional license. Upon completion of the onsite inspection, the Department shall issue a written report that identifies any deficiencies. A psychiatric residential treatment facility shall correct all Class A deficiencies as defined in **Section 118** immediately unless the Department determines that additional time for correction is warranted. A facility shall remedy all Class B and Class C deficiencies as defined in **Section 118** in accordance with the timeframes specified in **Section 115**.

(j) The Department shall not renew a psychiatric residential treatment facility's license if a facility fails to correct all Class A deficiencies.

(k) The Department may impose civil monetary penalties pursuant to **Section 118** if a psychiatric residential treatment facility fails to correct Class B deficiencies as required by the plan of correction.

(l) Thirty (30) business days prior to the expiration of the provisional license, the provisional licensee may apply for a license pursuant to the application process specified in **Section 6**.

§ Section 12. Renewal of License

(a) To renew a license, a licensee shall submit a completed license renewal application packet to the Department for approval at least thirty (30) business days prior to the expiration of the existing current license. The license renewal application packet shall include:

(1) A license renewal application;

(2) A copy of the current fire clearance from the city or county fire department, the district providing fire protection services, or the State Fire Marshal's Office;

(3) A written financial plan including an actual or proposed annual budget approved by the governing body;

(4) The license renewal fee as required by **Section 15**; and

(5) Any other documentation required by the Department.

(b) The Department shall perform an on-site licensing inspection upon annual renewal of a license.

(c) If the licensee fails to submit a completed license renewal application packet at least thirty (30) business days prior to the expiration date, the current license shall expire on the date of expiration as listed on the license.

(d) The Department may deny the renewal of a license based upon the reasons and factors specified in subsections (b) and (c) of **Section 117.**

(e) The Department shall provide the psychiatric residential treatment facility a written notice of renewal or non-renewal with an explanation of the reasons for non-renewal within sixty (60) business days of the onsite licensing inspection.

(f) A license renewed by the Department shall be valid for one (1) year from the date of renewal, unless the license is revoked or suspended.

(g) The psychiatric residential treatment facility that receives a written notice of non-renewal may request a review by the Department.

(h) The psychiatric residential treatment facility may request a review by submitting a written request to the Department within fifteen (15) calendar days of receipt of the notice of non-renewal.

(i) The psychiatric residential treatment facility shall submit with the written request for review additional documents and information for the Department to consider during its review.

(j) The Department may request clarification or additional documents and information from the facility that the Department deems necessary to complete its review. The psychiatric residential treatment facility shall provide clarifications and additional information as requested by the Department.

(h) Upon completion of the Department’s review, the Department shall make a decision to either affirm or reverse the non-renewal of the license. The Department

shall provide a written notification of its decision to affirm or reverse the non-renewal of the psychiatric residential treatment facility license to the facility.

§ Section 13. Duration of Psychiatric Residential Treatment Facility License

A psychiatric residential treatment facility license issued by the Department shall be valid for twelve (12) months from the date of issuance unless the license is revoked or suspended.

§ Section 14. Transferability

Licensees shall not transfer their current or provisional license to anyone. The licensee shall notify the Department in writing at least thirty (30) calendar days prior to the effective date of any change of ownership. A new application for license shall be submitted by the prospective new owner as required by **Section 4**.

§ Section 15. License Fee

(a) An applicant for licensure or renewal of licensure shall include a licensing fee and an application fee with their application, as prescribed by the Department.

(b) The Department shall mail licensing fee invoices, to the licensee at least forty-five (45) calendar days prior to the expiration of a license.

(c) The Department shall waive the licensing fees and application fees for psychiatric residential treatment facilities that are owned and operated by a California state, city, public agency, or other governmental entity.

§ Section 16. Separate License

(a) A licensee shall obtain a separate license for each psychiatric residential treatment facility maintained on separate premises.

(b) A separate license is not required for separate buildings on the same grounds or adjacent grounds provided that if the licensee operates the separate buildings as one psychiatric residential treatment facility.

(c) A licensed psychiatric residential treatment facility shall not provide services other than those provided in these regulations, or hold any other license or certificate to provide services, without the written permission of the Department.

(d) A psychiatric residential treatment facility shall not be dependent upon any other facility for its staff, facility or program except as otherwise allowed under **Sections 35 and 36**.

§ Section 17. Posting of License and Resident Information

(a) The licensee shall post its license, or a true copy thereof, in a conspicuous location accessible to public view in the psychiatric residential treatment facility.

(b) The licensee shall post any Department approval granting program flexibility pursuant to **Section 19** immediately adjacent to the psychiatric residential treatment facility's license in the psychiatric residential treatment facility.

(c) The licensee shall post the following consumer information in a conspicuous location accessible to public view in the psychiatric residential treatment facility:

(1) Name of the current administrator of the psychiatric residential treatment facility;

(2) A notice that the psychiatric residential treatment facility’s written admission and discharge policies are available upon request;

(3) A list of all services and special programs provided in the psychiatric residential treatment facility and through written agreements;

(4) The current and following week’s menus for regular and therapeutic diets;

(5) A notice that a copy of the most recent licensing inspection report and related plan(s) of correction, if any, are available for public review, upon request;

(6) The names and addresses of all previous owners of the psychiatric residential treatment facility;

(7) A list of all other psychiatric residential treatment facilities and other facilities licensed by a California state agency owned by the licensee;

(8) If applicable, a statement that an action to revoke the psychiatric residential treatment facility's license is pending, if such an action has been initiated by the filing of an accusation, pursuant to Section 11503 of the Government Code, and the accusation has been served on the licensee;

(9) The name, address and telephone number of the Licensing and Certification office, Department of Health Care Services; and

(10) Contact information for the state's patients' rights advocacy organization.

§ Section 18. Notification to Department

(a) The licensee shall notify the Department in writing within ten (10) calendar days of the following:

(1) Changes to its name, mailing address, administrator, or clinical director. If there is a change to the administrator or clinical director, the notification shall include documentation that the new administrator or clinical director meets all of the qualifications required for the position.

(b) The licensee shall notify the Department in writing within ten (10) business days to obtain Department approval of any of the following:

(1) Construction of a new or replacement psychiatric residential treatment facility;

(2) Any increases in licensed bed capacity;

(3) Any decreases in licensed bed capacity;

(4) Any time a change of stockholder owning ten (10) percent or more of the nonpublic corporate stock occurs. Such writing shall include the name and principal mailing address of the new stockholder(s);

(5) Any change in the Chief Executive Officer.

§ Section 19. Program Flexibility

(a) A psychiatric residential treatment facility shall maintain continuous compliance with the licensing requirements. The Department has sole authority to grant program flexibility and may approve the use of alternate concepts, methods, procedures, techniques, equipment, personnel qualifications or the conducting of pilot projects, if such exceptions are carried out with provision for safe and adequate care.

(b) A licensee shall submit a written request for program flexibility, and substantiating information and documents supporting the request to the Department for approval.

(c) The Department's approval for program flexibility shall include the terms and conditions under which the exception is granted.

§ Section 20. Voluntary Suspension of License or Licensed Beds

(a) Upon written request, a licensee may request that the psychiatric residential treatment facility license or licensed beds be suspended. The Department may approve the request for a period not to exceed 12 months.

(b) Any license which has been temporarily suspended by the Department pursuant to this section shall remain subject to all renewal requirements of an active

license, including the payment of license renewal fees, during the period of temporary suspension.

(c) The Department may reinstate a suspended license within twelve (12) months of the date of suspension upon receipt of an initial application and evidence showing compliance with licensing operational requirements in effect at the time of reinstatement. If the suspended license is not reinstated within the twelve (12) month period, the license shall expire automatically and shall not qualify for reinstatement. If the suspended license expires, the licensee may submit an application for a new license.

§ Section 21. Finances

(a) Licensee shall develop and maintain a financial plan which ensures resources necessary to meet operating costs for care and supervision of residents. The financial plan shall include an actual or proposed annual budget approved by the governing body.

(b) Licensee shall submit financial reports to the Department upon request.

§ Section 22. Safeguards for Resident's' Funds, Personal Property and Valuables

(a) A psychiatric residential treatment facility that safeguards residents' funds, personal property or valuables shall comply with the following:

(1) The licensee shall not commingle residents' or their parents' or legal guardians' funds, personal property or valuables with those of the licensee or the psychiatric residential treatment facility. The psychiatric residential treatment facility shall maintain residents' funds, personal property and valuables separate from the psychiatric residential treatment facility's funds. This section shall not preclude

prosecution for the fraudulent appropriation of residents' funds, personal property or valuables as theft, as defined by Section 484 of the Penal Code;

(2) The licensee shall maintain safeguards and accurate records of residents' funds, personal property, and valuables entrusted to the licensee's care, including the maintenance of a detailed inventory and an accounting of financial transactions made on residents' behalf to occur on at least a quarterly basis.

(3) The licensee shall include a control account for all receipts and expenditures in its records of residents' funds which are maintained as a drawing account. A control account shall be included for each resident, and support vouchers and receipts for all expenditures of funds, personal property and valuables entrusted to the licensee, filed in chronological order. The licensee shall keep each control account current with columns for debits, credits and balance. The psychiatric residential treatment facility shall maintain all records addressed by this section for a minimum of three (3) years from the date of transaction. The licensee shall not allow the balance in a resident's drawing account to be less than zero at any time.

(4) When a resident entrusts funds, personal property, or other valuables to the licensee for safekeeping, the licensee shall furnish a receipt to the resident or the resident's authorized representative. The licensee shall include a copy of the receipt in the records of residents' funds, personal property and other valuables entrusted to the licensee for safekeeping. The licensee shall clearly identify each item of a resident's personal property entrusted to the licensee as belonging to that resident.

(5) A licensee entrusted with residents' funds shall provide access to the money upon demand by the residents or their authorized representative. For

residents' funds not physically kept at the psychiatric residential treatment facility, the licensee shall deposit such funds in an account that meets all of the following requirements:

(A) The account shall be maintained as a trust account separate from the personal or business accounts of the licensee;

(B) The account title shall clearly note that the account contains resident funds;

(C) The account shall be maintained in a local bank, savings and loan, or credit union authorized to do business in California, the deposits of which are insured by a branch of the Federal Government. If a psychiatric residential treatment facility is operated by a county, such funds may be deposited with the county treasurer. The psychiatric residential treatment facility shall maintain all banking records related to these funds, including but not limited to deposit slips, checks, cancelled checks, statements and check registers, for a minimum of three (3) years from the date of transaction. All trust account checks and bank statements shall clearly identify the account as a resident trust fund account;

(D) For funds entrusted to the licensee and kept on the facility premises, the licensee shall keep such funds in a locked and secure location;

(E) The licensee shall maintain a separate list for all checks from resident funds which are, or have been, outstanding for forty-five (45) calendar days or more as reflected on the most recent bank statement. The licensee shall reconcile the bank statements on a monthly basis and include copies of the reconciliation in the residents' records. The licensee shall include an addition to the appropriate resident's account for any checks on such accounts written off or uncashed;

(F) Expenditures for a resident from the resident's fund account, as specified in paragraph (3) above, shall not exceed the drawing right that the resident has in the account. Expenditures from the resident's fund account shall only be used for the immediate benefit of that particular resident. The licensee shall not withdraw from a resident's account more than one month's advance payment for care at the psychiatric residential treatment facility;

(G) A licensee that is licensed to operate more than one (1) psychiatric residential treatment facility shall maintain a separate demand trust account, as specified in paragraph (3) above, for each psychiatric residential treatment facility. The licensee shall maintain records relating to these accounts at each psychiatric residential treatment facility, as specified in paragraph (2) above. The licensee shall not commingle resident funds from one psychiatric residential treatment facility with funds from another psychiatric residential treatment facility;

(H) When the amount of a resident's money entrusted to a licensee exceeds $500, the licensee shall deposit all money in excess of $500 in a demand trust account, as specified in paragraph (3) above, unless the licensee provides a fireproof safe and desires the protection accorded by Section 1860 of the Civil Code;

(I) Upon discharge of the resident, the psychiatric residential treatment facility shall surrender all money, personal property and valuables of that resident which have been entrusted to the licensee and kept within the psychiatric residential treatment facility to the resident and authorized representative. The psychiatric residential treatment facility shall surrender funds in a demand trust account or deposited with the county treasurer to the resident or authorized representative in exchange for a signed receipt. Funds in a demand trust account or deposited with

the county treasurer shall be made available within three (3) business days. Upon discharge, the psychiatric residential treatment facility shall give the resident and authorized representative a detailed list of personal property surrendered, and a current copy of the debits and credits of the resident's funds;

(J) Within thirty (30) calendar days following the death of a resident, except in a coroner or medical examiner case, the licensee shall notify and surrender all money, personal property and valuables of that resident, which have been entrusted to the licensee to the person responsible for the resident, the resident's authorized representative, including the resident's social worker or probation officer, as applicable, for residents under the jurisdiction of the juvenile court, or to the executor or the administrator of the estate in exchange for a signed, itemized receipt. Whenever a resident without known heirs dies, the psychiatric residential treatment facility shall provide immediate notice to the public administrator of the county as specified by Section 7600.5 of the California Probate Code. The psychiatric residential treatment facility shall maintain documentation of this notice for review by the Department;

(K) Upon change of ownership of a psychiatric residential treatment facility, the licensee shall obtain and provide to the new owner(s) a written verification by a certified public accountant of all residents' funds which are being transferred to the custody of the new owner(s). The licensee shall give the new owner a signed receipt identifying the amount of funds in the resident's trust account;

(L) Upon closure of a psychiatric residential treatment facility, the licensee shall obtain a written verification by a public accountant of all residents'

funds that shall be available for review by the Department. The licensee shall ensure that all residents' funds are transferred with the residents.

(b) If property is purchased for use of more than one (1) resident, from resident trust funds, the psychiatric residential treatment facility shall secure a written agreement from all residents whose funds are used, or their authorized representatives. The agreement shall expressly acknowledge consent of all parties and shall provide for disposition of the property in the event of any disagreement, discharge, transfer or death. If the resident is subject to the jurisdiction of the juvenile court, the resident shall be provided the opportunity to confer with their counsel of record in the juvenile court proceedings before signing an agreement for use of the resident's funds for more than one resident.

(c) The licensee, owner, program director, and any employee of the psychiatric residential treatment facility, or their immediate relative or representative shall not act as an authorized representative of residents' funds or valuables, unless the resident is a relative within the second degree of consanguinity.

(d) The psychiatric residential treatment facility shall make reasonable efforts to safeguard residents' property and valuables that are in possession of the resident.

(e) For purposes of this section, residents' funds deposited in a financial institution shall be deemed to be entrusted to a psychiatric residential treatment facility if the licensee, or any agent or employee thereof, is an authorized signatory to said account. Records provided by the financial institution and maintained by the psychiatric residential facility in accordance with these regulations and the approved plan of operation may fulfill the psychiatric residential facility's obligation to maintain records of such funds.

§ Section 23. Bonds

(a) A Psychiatric residential treatment facility not otherwise licensed by a public entity, which is entrusted to care for and control residents' funds shall file or have on file with the Department, a bond issued by a surety company to the State of California as principal.

(b) The amount of the bond shall be as follows:

AMOUNT OF RESIDENT FUNDS HANDLED PER MONTH	BOND REQUIRED
$750 or less	$1,000
$751 to $1,000	$2,000
$1,501 to $2,500	$3,000

(c) Every further increment of $1,000 or fraction thereof shall require an additional $1,000 on the bond.

(d) Each application for an original license or renewal of license shall be accompanied by an affidavit on a form provided by the Department. The affidavit shall state whether the licensee handles, or will handle, money of residents and the maximum amount of money to be handled for:

(1) Any resident; and,

(2) All residents in any month.

(e) The licensee shall not handle money of a resident or handle amounts greater than those stated in the submitted affidavit submitted without first notifying the Department and filing a new or revised bond if requested.

(f) The licensee shall not pay charges for the surety company bond to handle resident funds from any resident funds.

(g) Whenever the Department determines that the amount of the bond is insufficient to provide necessary protection of residents' funds, or whenever the amount of any bond is impaired by any recovery against the bond, the Department shall have the authority to require the licensee to file an additional bond in such amount as the Department determines to be necessary to protect the residents' funds.

§ Section 24. Admission Determination and Certification of Need Process

(a) Within seventy-two (72) hours of the resident's admission, the clinical director shall sign the admission agreement with the resident and the resident's authorized representative, if any. Before the resident or the resident's authorized representative signs the admission agreement, a representative of the psychiatric residential treatment facility shall meet with the resident and the resident's authorized representative, if available, to review the admission agreement, discuss the resident's involvement in the program, and describe the range of services available at the psychiatric residential treatment facility and the rules of the facility. At or before the meeting, the psychiatric residential treatment facility shall provide each resident and their authorized representative, if available, with a written description of the psychiatric residential treatment facility treatment services, the

“Rights for Individuals in Mental Health Facilities" handbook, and the rules of the facility.

(b) Admission agreements shall specify the following:

(1) Basic services;

(2) Available optional services;

(3) Payment provisions, including the following:

(A) Basic rate;

(B) Optional services rates;

(C) Payor;

(D) Due date; and

(E) Frequency of payment.

(4) Modification conditions, including requirement for provision of at least thirty (30) business days prior written notice to the resident or his/her authorized representative of any basic rate change; and

(5) Refund conditions.

(c) Each psychiatric residential treatment facility shall have and implement written admission and discharge policies encompassing which licensed mental health professionals may admit residents, the types of diagnoses for which residents may be admitted, limitations imposed by law or licensure, staffing limitations, rules governing emergency admissions, policies concerning advance deposits, rates of charge for care, charges for extra services, limitations of services, termination of services, refund policies, insurance agreements and other financial considerations, discharge of residents and other relevant functions. These policies shall be made

available to residents or their authorized representative upon admission and upon request.

(d) A team specified in subsection (e) shall certify the resident's need for psychiatric residential facility services. That team shall certify the following:

(1) Ambulatory care resources available in the community do not meet the treatment needs of the resident;

(2) Proper treatment of the resident's psychiatric condition requires services on an inpatient basis under the direction of a physician;

(3) The services can reasonably be expected to improve the resident's condition or prevent further regression so that the services will no longer be needed; and

(4) The psychiatric residential treatment facility is the least restrictive setting appropriate for treating the resident's psychiatric condition.

(e) Certification of need for psychiatric residential facility services pursuant to subsection (d) shall be made by one of the following teams:

(1) For an individual who is a Medi-Cal beneficiary when admitted to the psychiatric residential treatment facility, certification shall be made by an independent team that is not affiliated with the psychiatric residential treatment facility and that includes a physician, has competence in diagnosis and treatment of mental illness, preferably in child psychiatry, and has knowledge of the individual's situation.

(2) For an individual who applies for Medi-Cal while in the psychiatric residential treatment facility, the certification shall be made by the interdisciplinary

team responsible for the resident plan of care as specified in **Section 26** of these regulations and cover any period before application for which claims are made.

(3) For emergency admissions, the certification shall be made by the interdisciplinary team responsible for the resident plan of care as specified in **Section 26** of these regulations within fourteen (14) calendar days after admission.

(4) For residents not covered under the Medi-Cal program, certification of need for admission shall be obtained using the process established by the entity providing coverage.

(f) The psychiatric residential treatment facility shall admit a resident upon the facility physician's orders.

(1) A psychiatric residential treatment facility physician shall not place an order for admission of a minor subject to the jurisdiction of the juvenile court on a voluntary basis without an order from the juvenile court authorizing voluntary admission.

(2) A psychiatric residential treatment facility physician may place an order for admission of a minor subject to the jurisdiction of the juvenile court without an order from the juvenile court if the minor is on an involuntary hold pursuant to Part 1.5 of Division 5 of the Welfare and Institutions Code.

(g) When refusing admission, the psychiatric residential treatment facility shall provide a written statement to the person or authorized representative, if applicable, with the reason for the refusal. This written statement shall be provided to the designated representative(s) of the Department upon request.

(h) A psychiatric residential treatment facility shall not admit or provide services to a minor placed on an involuntary hold pursuant to the Children’s Civil Commitment

and Mental Health Treatment Act of 1988 under Part 1.5 of Division 5 of the Welfare and Institutions Code, or a non-minor dependent placed on an involuntary hold pursuant to the Lanterman-Petris-Short Act under Part 1 of Division 5 of the Welfare and Institutions Code unless the facility is designated by the county in which the facility is located and the designation is approved by the Department for evaluation and treatment.

§ Section 25. Initial Comprehensive Evaluation

(a) An initial written evaluation shall commence at the time of admission of the resident and be completed within twenty-four (24) hours of the admission. The evaluation shall be based on the information available and shall continue to be updated as more information is obtained.

(b) The evaluation shall be entered in the resident's record and address the following:

(1) Examination of the medical, psychological, social, behavioral, developmental, and neurological aspects of the resident's situation and reflects the need for inpatient psychiatric care;

(2) Diagnoses, symptoms, complaints, and complications indicating the need for admission, including:

(A) A description of the functional level of the individual;

(B) Objectives;

(C) Any orders for:

(i) Medications, including information about medications the resident has received, or is receiving, to treat mental health and medical conditions, including

duration of medical treatment, the absence or presence of allergies or adverse reactions to medications, and documentation of an informed consent for medications.

(ii) Treatments;

(iii) Restorative and rehabilitative services;

(iv) Activities;

(v) Therapies;

(vi) Social services;

(vii) Diet; and

(viii) Special procedures recommended for the health and safety of the resident.

(D) Plans for continuing care, including review and modification to the plan of care; and

(E) Plans for discharge.

(3) Presenting problem(s), including the history of the presenting problem(s), family history, and current family information. The presenting problem(s) shall include the reason(s) for the resident's referral to the psychiatric residential treatment facility;

(4) A mental status examination;

(5) Mental health history, including previous treatment, inpatient admissions, therapeutic modalities, and psychosocial treatments, and response. If possible, information from other sources of clinical data, such as previous mental health records, and relevant psychological testing or consultation reports shall be included;

(6) Medical history, including physical health conditions, prenatal and perinatal

events, developmental, and other medical information from medical records or consultation reports;

(7) Substance exposure/substance use, including past and present use of tobacco, alcohol, caffeine, over-the-counter, and illicit drugs;

(8) Psychosocial factors and conditions affecting the resident's physical and mental health, including living situation, daily activities, social support, sexual orientation, gender identity, cultural and linguistic factors, exposure to trauma, academics, school enrollment, and employment; and

(9) Resident's strengths, including the resident's strengths in achieving resident plan goals related to the resident's mental health needs, challenges, and functional impairments as a result of the mental health diagnosis.

(c) The Initial Comprehensive Evaluation shall be signed and dated by all members of the interdisciplinary team.

(d) For residents subject to the jurisdiction of the juvenile court, the psychiatric residential treatment facility shall provide a copy of the Initial Comprehensive Evaluation to the resident's social worker or probation officer, as applicable, and for Indian children, as defined by subdivisions (a) and (b) of Section 224.1 of the Welfare and Institutions Code, the resident's tribe, within twenty-four (24) hours of completion of the evaluation.

§ Section 26. Resident Plan of Care

The psychiatric residential treatment facility shall provide services involving active treatment. To provide active treatment, the psychiatric residential treatment facility shall establish and implement a resident plan of care no later than seventy-two (72) hours after the resident's admission that is designed to achieve the

resident's discharge from inpatient status to a step-down service, at the earliest possible time or as a diversion to admittance to a psychiatric hospital. The seventy-two (72)-hour period after admission shall commence from the date and time specified on the resident's admission order.

(a) The resident plan of care shall be based on an initial diagnostic written evaluation that includes examination of the medical, psychological, social, behavioral and developmental aspects of the resident's situation and reflects the need for inpatient psychiatric care.

(b) The resident plan of care shall include a trauma-informed perspective, which includes planned services to promote the resident's healing from any history of trauma.

(c) For residents who are under the jurisdiction of the juvenile court, the resident's social worker or probation officer and, for Indian children, as defined by subdivisions (a) and (b) of Section 224.1 of the Welfare and Institutions Code, the resident's tribe shall be included in the consultation by the interdisciplinary team.

(d) The interdisciplinary team shall develop the resident plan of care in consultation with the resident; and their parents, legal guardians, conservator, tribal representative, child and family team members, authorized representative, or others in whose care the resident will be released after discharge, and include discharge plans and after-care resources such as community services to ensure continuity of care with the resident's family, school, and community upon discharge.

(e) The resident plan of care shall include, but is not limited to, the following:

(1) Specific goals and measurable objectives, including discharge goals that support the resident's rapid, successful transition back to the family or to another less

restrictive community living setting, the services to be provided and discipline(s) responsible for the provision of each service, and resident's responsibilities for their achievement;

(2) Anticipated length of stay needed to accomplish identified goals; and

(3) Integrated program of therapies, activities, and experiences designed to meet the objectives.

(f) (1) The resident plan of care shall be reviewed and updated at least every ten (10) calendar days by the interdisciplinary team, or more frequently if warranted by the resident's change in level of acuity, to determine that services being provided are required on an inpatient basis, and to recommend changes in the plan as indicated by the resident's overall adjustment as an inpatient.

(A) The psychiatric residential treatment facility shall specify the levels of acuity for residents in the facility's policies and procedures.

(B) Changes to a resident's level of acuity shall be based upon the results of an assessment.

(2) As part of the review, the attending physician or staff physician in collaboration with other psychiatric residential treatment facility staff shall consider:

(A) The types and frequency of services provided to the resident and the impact of these services on the resident's achievement of the goals outlined in the resident's plan of care;

(B) Whether the psychiatric residential treatment facility continues to meet the specific therapeutic needs of the resident;

(C) Whether the resident's presence in the psychiatric residential

treatment facility adversely impacts the safety or therapeutic needs of the resident or other residents admitted to the psychiatric residential treatment facility; and

(D) Justification for the decision for continued stay or transition of the resident based on the resident record and licensed mental health professional's clinical opinion.

(g) When clinically appropriate as determined by a licensed mental health professional, the psychiatric residential treatment facility shall collaborate throughout the course of the resident's care and treatment with the resident's parent, guardian, conservator, tribal representative, child and family team, and/or authorized representative, placing agency or agencies, the probation department, county welfare department, regional center, and county behavioral health department, if any of these are applicable. The consultations shall be summarized and documented in the resident record.

(h) The resident plan of care shall include the resident's participation and agreement and when appropriate, the participation of the child and family team, parent, guardian, conservator, tribal representative and/or authorized representative. If the resident is unable to agree or refuses to agree to the resident plan of care, the interdisciplinary team shall document that refusal by including a written explanation of the refusal or inability to agree.

(i) The resident plan of care shall be signed by the resident and the interdisciplinary team members acting within their scope of practice attending the resident.

(j) For residents subject to the jurisdiction of the juvenile court, the psychiatric residential treatment facility shall provide a copy of the resident plan of care and

copies of all subsequent updates to the resident's social worker or probation officer, or tribal representative, as applicable, within twenty-four (24) hours of completion of the plan or update.

§ Section 27. Interdisciplinary Team

(a) The interdisciplinary team shall be composed of licensed mental health professionals and other personnel who are employed by, or provide services to residents in, the psychiatric residential treatment facility. At a minimum, the interdisciplinary team shall include the professionals specified in subsections (b) and (c) of this section.

(b) The interdisciplinary team shall include one of the following:

(1) A Board-eligible or Board-certified psychiatrist;

(2) A clinical psychologist who has a doctoral degree and a physician licensed to practice medicine or osteopathy; or

(3) A physician licensed to practice medicine or osteopathy with specialized training and experience in the diagnosis and treatment of mental diseases, and a psychologist who has a master's degree in clinical psychology and is waivered.

(c) The interdisciplinary team shall also include one of the following:

(1) A psychiatric social worker with specialized training in mental health or one year of experience in treating individuals with mental illness;

(2) A registered nurse with specialized training in mental health or one year of experience in treating individuals with mental illness;

(3) A licensed occupational therapist who has specialized training or one year of experience in treating individuals with mental illness; or

(4) A psychologist who has a doctoral degree in clinical psychology and is

waivered.

§ Section 28. Progress Notes

(a) For each resident, the psychiatric residential treatment facility shall ensure that there is a minimum of one written daily progress note to document the following:

(1) The specific services provided to the resident;

(2) A resident's participation and response to each behavioral health treatment program directly provided to the resident;

(3) Observations of a resident's behavior;

(4) Potential side effects of medication;

(5) Dates and summaries of contact with the resident's family, friends, natural supports, child and family team, existing interdisciplinary team, authorized representative, and public entities involved with the resident; and

(6) Descriptions of the resident's progress toward the goals identified in the evaluation, assessment or resident plan of care.

(b) In addition to the daily progress note, the psychiatric residential treatment facility staff shall write a progress note whenever there is a significant change in condition or behavior, or a significant event involving the resident, including the date and time of the event or incident. A significant event involving the resident is any unintended or unexpected event, which could or did lead to physical or emotional harm. This includes incidents that did not cause harm, but could have caused harm, or where the event should have been prevented.

(c) All progress notes shall be completed, signed and dated (or electronic equivalent) within seventy-two (72) hours of the service provided.

(d) The progress notes shall be maintained in each resident's record.

§ Section 29. Recertification of Need

(a) At least every ten (10) calendar days, the interdisciplinary team, must recertify for each resident that inpatient services in the psychiatric residential treatment facility are needed.

(b) The psychiatric residential treatment facility shall comply with applicable utilization control requirements in Part 456 of Title 42 of the Code of Federal Regulations, including, but not limited to, Subpart D for Mental Hospitals. The development and review of the resident plan of care by the interdisciplinary team pursuant to subdivision (d) of Section 441.155 of Title 42 of the Code of Federal Regulations shall satisfy the recertification of need for inpatient services requirement pursuant to subdivision (b) of Section 456.160 of Title 42 of the Code of Federal Regulations.

(c) For residents not covered under the Medi-Cal program, the length of stay for each resident shall be consistent with the individual plan of care developed by the interdisciplinary team. Authorizations and reauthorizations for admission and continued stay shall be obtained using the process established by the entity providing coverage.

(d) For residents covered under the Medi-Cal program, the length of stay shall be consistent with the individual plan of care developed by the interdisciplinary team. If a determination is made by the interdisciplinary team that inpatient services at a psychiatric residential treatment facility are medically necessary and the facility would continue to provide the appropriate level of care, reauthorization for continued stay shall be obtained pursuant to federal requirements.

(e) For residents subject to the jurisdiction of the juvenile court, the psychiatric residential treatment facility shall provide documentation of its determination of the resident's need for inpatient treatment to the resident's social worker or probation officer, as applicable, and for Indian children, as defined by subdivisions (a) and (b) of Section 224.1 of the Welfare and Institutions Code, the resident's tribe, within twenty-four (24) hours of the determination.

§ Section 30. Discharge Summary

(a) Once the attending physician, in consultation with other interdisciplinary members, determines that discharge is appropriate, and that the resident no longer meets medical necessity to receive inpatient services at a psychiatric residential treatment facility, the interdisciplinary team, in consultation with other licensed mental health professionals as appropriate, shall develop, complete, and sign a discharge summary on the day of the resident's discharge from the psychiatric residential treatment facility. The discharge summary shall include:

(1) The reason for admission;

(2) The type of setting to which the resident is being discharged and the reason for the resident's discharge to that type of setting;

(3) The course of behavioral health treatment during the resident's stay, including behavioral health treatment programs, medications, and the resident's response; and, any other services provided to the resident during their stay; and

(4) The resident's diagnosis at the time of admission and at the time of discharge.

(b) Prior to discharge, the attending physician, clinical director or a licensed mental health professional shall meet with the resident and the resident's authorized

representative(s), in order to review, discuss, and provide a copy of the discharge summary to the resident and the resident's authorized representative(s). The meeting shall be documented in the resident record.

(c) The resident's discharge shall be to a community setting unless one of the following circumstances applies:

(1) The resident requires a higher level of medical or psychiatric care than the psychiatric residential treatment facility provides; or

(2) The entity providing coverage for the resident has approved discharge to a setting other than the community.

(d) Discharge shall occur within seventy-two (72) hours of the attending physician's determination, in consultation with the clinical director or interdisciplinary team, that discharge is appropriate.

(e) In the seventy-two (72)-hour period prior to discharge, a psychiatrist shall complete and sign a medication review for each resident that received medication during their stay at the psychiatric residential treatment facility. The medication review shall be documented in the resident record and shall include:

(1) Observations of any side effects and review of any side effects reported by the resident or noted in the resident record;

(2) The resident's response to each medication currently prescribed and the resident's perspective on the effectiveness of the medications;

(3) The resident's compliance with the medication plan;

(4) Justification for continued medication use or any changes to the medication plan; and

(5) A statement that the psychiatrist has considered the goals and objectives

of the resident as listed in the resident's plan of care and that the medication prescribed is consistent with those goals and objectives.

(f) The psychiatric residential treatment facility shall comply with subsections (a) through (e) of this section when a resident subject to the jurisdiction of the juvenile court is discharged because consent for voluntary admission has been withdrawn pursuant to subdivision (f)(1)(E)(i) of Section 361.23 or subdivision (f)(1)(E)(i) of Section 727.13 of the Welfare and Institutions Code, as applicable. When a resident withdraws their consent for voluntary admission, the psychiatric residential treatment facility shall immediately contact the county child welfare agency or probation department, as applicable, to arrange for the resident's discharge.

(g) For residents subject to the jurisdiction of the juvenile court, the psychiatric residential treatment facility shall provide a copy of the discharge summary to the resident's social worker or probation officer, as applicable, and for Indian children, as defined by subdivisions (a) and (b) of Section 224.1 of the Welfare and Institutions Code, the resident's tribe, within twenty-four (24) hours of the resident's discharge.

§ Section 31. Aftercare Services

(a) The psychiatric residential treatment facility shall develop and implement policies and procedures to implement the aftercare service requirements in Section 1262 of the Health and Safety Code.

(b) Prior to or at the time of discharge, each resident shall be evaluated concerning the resident's need for aftercare services with the result of that evaluation noted in the resident's health record. The attending physician, clinical director or licensed mental health professional shall be responsible for ensuring that

the referral of the resident to the appropriate aftercare service has been completed and documented in the resident record.

(c) The psychiatric residential treatment facility shall provide information, upon request, to the county child welfare agency or county probation department to assist the county with its implementation of the resident's aftercare plan for transitioning each admitted child from the program.

(d) The psychiatric residential treatment facility shall provide the resident's conservator, guardian, or other legally authorized representative, as applicable, a written aftercare plan prior to the resident's discharge from the psychiatric residential treatment facility. For residents subject to the jurisdiction of the juvenile court, the psychiatric residential treatment facility shall provide the written aftercare plan to the resident's social worker or probation officer, as applicable, and for Indian children, as defined by subdivisions (a) and (b) of Section 224.1 of the Welfare and Institutions Code, the resident's tribe. The written aftercare plan shall include, to the extent known, all of the following components:

(1) The nature of the illness and follow-up required;

(2) Medications including side effects and dosage schedules. If the resident was given an informed consent form with their medications, the form shall satisfy the requirement for information on side effects of the medications;

(3) Expected course of recovery;

(4) Recommendations regarding treatment that are relevant to the resident's care;

(5) Referrals to providers of medical and mental health services, including informing the resident of available support services, making appointments on the

resident's behalf, discussing the resident's care with the agency or individual to which the resident has been referred. Referral shall be considered complete when the agency or individual to whom the resident has been referred accepts responsibility for providing the necessary services. All residents shall be advised of aftercare services that support adjustment to community living following psychiatric inpatient treatment;

(6) Educational information, including school name, grade level functioning, and any special education needs, if known; and

(7) Other relevant information.

(e) The resident shall be advised by staff that they may designate another person to receive a copy of the aftercare plan. A copy of the aftercare plan shall be given to any person designated by the resident.

§ Section 32. Data Reporting

(a) Psychiatric residential treatment facilities shall annually, by July 1 of each year, provide the Department with all of the following data:

(1) Total number of residents admitted, including the number of Medi-Cal beneficiaries and the number of residents under the jurisdiction of the juvenile court;

(2) Age, race or ethnicity, and gender of patients served, and, if available, sexual orientation and gender identity or expression of residents;

(3) Duration of stay of each resident and the average and median lengths of stay for residents under the jurisdiction of the juvenile court and separately for those not subject to juvenile court jurisdiction;

(4) For each resident, the type of placement or setting (if coming from a non-inpatient setting) the resident was in prior to admission, if any, the services and

interventions provided to the resident prior to address the resident's crisis needs, if any, and the number of prior hospitalizations, if any;

(5) Professional classification of staff and contracted staff;

(6) For each resident, the type of placement the resident was discharged to;

(7) The types of community-based services provided to residents during their stay to facilitate their transition back into the community, if any, including a breakdown of services provided to patients under the jurisdiction of the juvenile court and separately for those not subject to juvenile court jurisdiction;

(8) Post-discharge plans and aftercare resources, including the type and intensity of mental health services, provided upon discharge;

(9) The number of residents subjected to restraint, the number of times each resident was subjected to restraint, and the types and duration of restraint;

(10) The facility's policies regarding patient rules of conduct, behavioral incentives and discipline, and procedures for notifying patients of their rights; and

(11) A copy of the patient's rights and facility complaint procedures provided to each resident upon admission.

(b) In addition to subsection (a), psychiatric residential treatment facilities shall annually, by July 1 of each year, provide the Department with all of the following data:

(1) The number of residents who had previously been admitted to the same or a different psychiatric residential treatment facility;

(2) The total number of patients admitted to the psychiatric residential facility, including the number of Medi-Cal beneficiaries and the number of patients under the

jurisdiction of the juvenile court by county. For purposes of this clause, “county” refers to the county where the patient resided prior to admission to the facility;

(3) The age, race or ethnicity, and gender of patients served, and, if available, sexual orientation and gender identity or expression of patients served by county. For purposes of this clause, “county” refers to the county where the patient resided prior to admission to the facility; and

(4) The number of intensive services foster care homes, enhanced intensive services foster care homes, other family-based treatment settings, and other less-restrictive placement settings available by county.

(5) For the purposes of this data collection, “family-based treatment setting” means a licensed home-like setting to serve a child’s, minor’s, or youth’s behavioral health needs. These family-based treatment settings may utilize a range of applicable license types, so long as they provide enhanced care and supervision in a home-like setting, meet all requirements pursuant to their respective license type, and provide an integrated behavioral health treatment as an alternative to, or stepdown from, psychiatric residential facilities and short-term residential therapeutic programs.

§ Section 33. Admission Records

(a) For each resident, a psychiatric residential treatment facility shall complete an admission record which shall include the following:

(1) Name;

(2) Current address;

(3) Age and date of birth;

(4) Sex;

(5) Gender identity;

(6) Date and time of admission;

(7) Name, address and telephone number of the legal or authorized representative, person or agency responsible for resident and next of kin;

(8) Name, address and telephone number of the physician who is primarily responsible for the treatment of the resident;

(9) Admission diagnoses;

(10) A signed copy of the admission agreement;

(11) For residents who are subject to the jurisdiction of the juvenile court, copies of the juvenile court orders authorizing voluntary admission and ongoing treatment pursuant to Sections 361.23 or 727.13, as applicable, and 6552 of the Welfare and Institutions Code;

(12) Psychiatric evaluation;

(13) Record of current medications;

(14) Resident plan of care;

(15) Program progress notes;

(16) Clinical review report and discharge determination;

(17) Physician's orders, medication examinations, medication reviews, if applicable, and written informed consent for prescribed medication, pursuant to applicable law;

(18) A copy of any court orders or judgments regarding physical or legal custody of the resident, conservatorship or guardianship of the resident, the resident's probation, or establishing the resident is a ward or dependent of the court, if available;

(19) Medicare and Medi-Cal numbers, when appropriate; and

(20) An inventory, including but not limited to:

(A) Items of jewelry;

(B) Items of furniture;

(C) Radios, television and other appliances;

(D) Prosthetic and orthopedic devices; and

(E) Other valuable items, so identified by the resident, family or authorized representative.

§ Section 34. Residents' Records

(a) The psychiatric residential treatment facility shall ensure that each resident admitted to the psychiatric residential treatment facility has an accurate and complete resident record.

(b) The resident record shall be confidential and a psychiatric residential treatment facility shall only disclose the resident record if the disclosure is authorized by applicable federal, state, and local privacy laws, including but not limited to, Section 5328 of the Welfare and Institutions Code.

(c) Resident's records shall be either typewritten or legibly written in ink, be capable of being photocopied and shall be kept on all residents admitted or accepted for care. All required records of discharged residents shall be completed and filed within thirty (30) calendar days after discharge date and such records shall be kept for a minimum of ten (10) years. All required records, either originals or accurate reproductions thereof, shall be maintained in such form as to be legible and readily available upon the request of the Department, attending physician, the psychiatric residential treatment staff or any authorized officer, agency, or employee

of either, or any other person authorized by law to make such request.

(d) If a psychiatric residential treatment facility ceases operation, the Department shall be informed within three (3) business days by the licensee of the arrangements made for the safe preservation of the residents' records.

(e) The Department shall be informed within three (3) business days, in writing, by the licensee whenever resident records are defaced or destroyed prior to expiration of the required retention period.

(f) As soon as it has been identified that a resident's record is missing and cannot be found, the psychiatric residential treatment facility shall notify the Department, in writing, within twenty-four (24) hours.

(g) If the ownership of the psychiatric residential treatment facility changes, both the licensee and the applicant for the new license shall, prior to the change of ownership, provide the Department with written documentation stating:

(1) That the new licensee shall have custody of the residents' records and that these records or copies shall be available to the former licensee, the new licensee and other authorized persons; or

(2) That other arrangements have been made by the former licensee for the safe preservation and storage of the residents' records, and that they are available to both the new and former licensees and other authorized persons.

(h) Residents' records shall be current and kept in detail consistent with good medical and professional practice based on the service provided to each resident. Such records shall be filed and maintained in accordance with these requirements and shall be available for review by the Department. All entries in the record shall be

authenticated with the date, signature, name, and title of the persons making the entry.

(i) All current clinical information pertaining to a resident's stay shall be organized and included in the resident's records.

(j) Residents' records shall be stored in an accessible manner in the psychiatric residential treatment facility or in health record storage. Storage of records shall provide for prompt retrieval when needed for continuity of care. Physical records can be stored off the psychiatric residential treatment facility premises only with the prior approval of the Department.

(k) Residents' records shall not be removed from the psychiatric residential treatment facility, except for storage after the resident, is discharged, unless expressly and specifically authorized by the Department.

(l) The psychiatric residential treatment facility shall have a system of collecting and recording data that describes residents served and is designed to provide for continuity of care, program services, data retrieval, resident care evaluation, and research.

§ Section 35. Use of Outside Resources

(a) If a psychiatric residential treatment facility does not employ qualified personnel to render a specific service to be provided by the psychiatric residential treatment facility, the facility shall arrange to provide this service through an agreement with outside resources. Outside resources shall meet the standards and requirements of these regulations and all other applicable legal requirements before an agreement may be entered into and shall continue to meet these regulations and all other applicable legal requirements during the term of the agreement. Outside

resources may include other facilities, organizations, individuals or public or private agencies.

(b) Signed and dated copies of agreements or written arrangement for advice, consultation, services, training or transportation, with outside resources shall be on file at the psychiatric residential treatment facility. These agreements shall be readily available for inspection and review by the Department. The agreements or written arrangement shall include, but not be limited to, a description of the services to be provided, the financial arrangements, the methods by which the services are to be provided, and the conditions upon which the agreements or written arrangement can be terminated.

(c) The governing body shall be responsible and accountable for all services provided by agreements.

§ Section 36. Affiliation with General Acute Care Hospitals

(a) A psychiatric residential treatment facility shall have a current written agreement for medical services with one or more general acute care hospitals approved for participation under the Medicaid program and shall maintain a current copy of such agreements for review by the Department. The agreements shall include, but not be limited to:

(1) Whether the general acute care hospital agrees to medically screen and conduct physical examinations of residents for admission to the psychiatric residential treatment facility and the procedure by which such screening and examination will be provided;

(2) The procedure for resident transfer from the psychiatric residential treatment facility to the hospital for inpatient general acute physical health care, or

inpatient general acute physical health care and psychiatric care, if applicable;

(3) The availability of medical services for residents of the psychiatric residential treatment facility, and the procedure by which such service will be provided; and

(4) The specific means by which residents who require such medical services will be transported to the hospital or medical facility.

§ Section 37. Basic Services

(a) A psychiatric residential treatment facility shall provide basic services that include, but are not limited to the following; physician, psychiatric nursing, pharmaceutical, and dietetic services. A psychiatric residential treatment facility shall also provide a behavioral health treatment program and activity program, pursuant to **Sections 50 and 51**.

(b) A psychiatric residential treatment facility shall ensure that all orders, written by individuals acting within the scope of their practice, shall be carried out unless contraindicated.

(c) A psychiatric residential treatment facility shall encourage and assist residents to achieve and maintain the highest level of self-care and independence. A psychiatric residential treatment facility shall make every effort to keep residents active, and out of bed for during the day to participate in the psychiatric residential treatment facility behavioral health treatment program and activity program, pursuant to **Sections 50 and 51**, except when contraindicated by physician’s orders.

(d) A psychiatric residential treatment facility shall provide residents with good nutrition and with necessary fluids for hydration, pursuant to **Section 77**.

(e) A psychiatric residential treatment facility shall record the weight and height of each resident in the resident record upon admission, and the psychiatric residential treatment facility shall record the resident's weight on a monthly basis thereafter.

§ Section 38. Coordination of Medical Care

(a) For purposes of this section, "medical care" includes all medical care provided to residents of the psychiatric residential treatment facility, except for psychiatrist services provided pursuant to **Section 50**.

(b) The psychiatric residential treatment facility shall designate a physician to be responsible for the coordination of medical care in the facility. "Coordination of medical care" means that the designated physician shall provide guidance to the psychiatric residential treatment facility regarding the provision of timely and appropriate medical care that supports the healthcare needs of the residents and is consistent with current standards of practice, and helps the psychiatric residential treatment facility meet its regulatory requirements. The designated physician shall coordinate, review, and evaluate all aspects of medical care and practitioner services within the psychiatric residential treatment facility. The designated physician's review and evaluation shall address the quality of care and quality of life of the residents.

(c) The designated physician shall be responsible for establishing appropriate standards for, planning for the improvement of medical care in the psychiatric residential treatment facility. The physician shall:

(1) Act as a liaison between the administration and other attending physicians;

(2) Review and evaluate administrative and resident care policies and procedures;

(3) Act as a consultant to the clinical director, administrator and licensed psychiatric nursing service staff with respect to medical care services;

(4) Review personnel pre-employment and annual health examination reports;

(5) Oversee the establishment of a system to monitor other licensed practitioners (e.g., nurse practitioners and physician assistants) who may perform physician-delegated tasks to ensure that they act within the regulatory requirements and within their scope of practice;

(6) Review and respond to consultant recommendations;

(7) Ensure that all residents have primary attending and backup physician coverage;

(8) Ensure that the psychiatric residential treatment facility provides or arranges for the provision of physician services twenty-four (24) hours per day, in case of an emergency;

(9) Address and resolve issues concerning a resident's medical care and treatment among physicians, other health care practitioners, direct care staff and staff;

(10) Resolve issues related to continuity of care and transfer of medical care information between the psychiatric residential treatment facility and other care settings;

(11) Discuss and intervene (as appropriate) with any health care practitioner who provides medical care that is inconsistent with applicable current standards of care; and

(12) Attend interdisciplinary team meetings.

§ Section 39. Physician Services—General

(a) Physician services shall be provided consistent with the resident plan of care as required by **Section 26** or as necessary to meet the needs of the resident.

(b) A physician shall provide appropriate services, which shall include, but are not limited to:

(1) Evaluating the resident and reviewing orders for care and treatment on change of physicians;

(2) Determining the appropriate level of care for each resident;

(3) Writing and signing orders for diet, medications, admission and re-admission, medical care, diagnostic tests, and treatment of residents;

(4) Ordering seclusion and restraint in compliance with the requirements of **Section 71**;

(5) Ordering for denial of residents' rights in accordance with the requirements of **Section 81(b)**;

(6) Review each resident's overall mental and physical conditions and resident plan of care at each visit, including reviewing medications and treatments;

(7) Preparing progress notes and other appropriate documentation with signatures in the resident's record; and

(8) Attending interdisciplinary team meetings.

(c) A physician may, under their direction, permit non-physician practitioners to render those medical services that such practitioners are legally authorized to perform.

§ Section 40. Psychiatric Nursing Services

(a) Psychiatric nursing services shall be provided by a registered nurse, licensed vocational nurse, licensed psychiatric technician, or other licensed professionals acting within the scope of their practice.

(b) Psychiatric nursing services shall be provided consistent with the resident plan of care as required by or **Section 26** as necessary to meet the needs of the resident.

(c) Psychiatric nursing services shall include, but not be limited to, conducting nursing assessments, monitoring vital signs, coordinating medical care for individual residents, administering, dispensing, and furnishing medication, and other services as described in Section 2725 of the Business and Professions Code.

(d) A licensed psychiatric nursing staff shall be responsible for obtaining a resident's nursing history and assessment at the time of admission.

(e) The psychiatric residential treatment facility shall develop a written psychiatric nursing services policies and procedures that shall include:

(1) A current psychiatric nursing service procedure manual for providing psychiatric nursing services to the residents served by the psychiatric residential treatment facility;

(2) Provision for the inventory and identification of residents' personal possessions, equipment and valuables;

(3) A planned and systematic process for the monitoring and evaluation of the quality and appropriateness of resident care and for resolving identified problems;

(4) A written policy governing the self-administration of both prescription and nonprescription drugs;

(5) A written policy for handling medication taken from the psychiatric residential treatment facility by a resident on pass from the facility taken in accordance with their individual plan of care;

(6) Procedure to ensure that any medication given to a resident for therapeutic and medical purposes is in accordance with the written order of a physician; and

(7) Screening of all residents for tuberculosis upon admission. The initial health examination and subsequent annual examination of each resident shall include a test for tuberculosis infection that is recommended by the federal Centers for Disease Control and Prevention and licensed by the Food and Drug screening test consisting of a purified protein derivative intermediate strength intradermal skin test and a chest x-ray if the skin test is positive.

(f) Psychiatric nursing service policies and procedures shall either be integrated into a separate section of a general policy and procedure manual or contained in a policy and procedure manual dedicated to psychiatric nursing service policies and procedures.

(g) The psychiatric residential treatment facility shall have a written psychiatric nursing service plan for providing or coordinating preventive, routine and emergency

medical and dental care for residents and shall show evidence of access to the resources outlined in the plan. This plan shall include:

(1) Ongoing evaluation of the general health of each resident;

(2) Provision of health education, as appropriate;

(3) Provisions for keeping residents' immunizations current;

(4) Procedure to ensure that residents receive timely, competent medical care when they are physically ill or injured; and

(5) Prompt notification to the physician of:

(A) The admission of a resident;

(B) Any sudden marked adverse change in signs, symptoms or behavior exhibited by a resident;

(C) An unusual occurrence involving a resident;

(D) A change in weight of five pounds or more within a thirty (30) calendar day period unless a different stipulation has been stated in writing by the resident's physician;

(E) Any adverse response or reaction by a resident to a medication or treatment;

(F) Any error in the administration of a medication or treatment to a resident which is life threatening and presents a risk to the resident; and

(G) The psychiatric residential treatment facility's inability to obtain or administer, on a prompt and timely basis, drugs, equipment, supplies or services as prescribed under conditions which present a risk to the health, safety or security of the resident.

(h) Licensed psychiatric nursing staff shall note in the resident's record all

attempts to notify physicians as required by paragraph (5) of subsection (g), including the time and method of communication and the name of the person acknowledging contact, if any. If the physician is not readily available, licensed psychiatric nursing service staff shall arrange for emergency medical care.

(i) The psychiatric residential treatment facility shall have an organized psychiatric nursing service that provides 24-hour psychiatric nursing services. The nursing service shall be under the direction and supervision of a registered nurse, employed full time, forty (40) hours per week during normal business hours. The registered nurse shall:

(1) Have at least one year of experience in psychiatric nursing supervision within the last six (6) years;

(2) Have, as stated in writing, administrative authority, responsibility and accountability for the psychiatric nursing services within the psychiatric residential treatment facility and serve only one facility in this capacity at any one time if the psychiatric residential treatment facility is twenty-five (25) beds or more; and

(3) Not have charge nurse responsibilities if the psychiatric residential treatment facility is twenty-five (25) beds or more.

(j) Psychiatric residential treatment facility policies and procedures shall specify how a registered nurse will exercise authority and carry out the responsibility of supervising psychiatric nursing services. These policies and procedures shall cover the following:

(1) Dispensing and recording of medication(s);

(2) Documenting residents' psychiatric nursing care needs in the plan of care;

(3) Implementing psychiatric nursing service procedures;

(4) Providing orientation and in-service education related to psychiatric nursing services; and

(5) A planned and systematic process for monitoring contraband materials, articles, or goods that residents are prohibited from having in their possession because such materials, articles or goods present a risk to safety and security in the facility.

§ Section 41. Medication Assistance, Control, and Monitoring

(a) A psychiatrist shall examine each resident before the resident is prescribed any new medication. The examination shall include a screening to determine whether there are potential medical complications from the medication that could impact the resident's psychiatric health condition. This examination shall be noted in the resident record.

(b) Within twenty-four (24) hours of admission, a psychiatrist shall perform a medication consultation for each resident who has an existing active prescription to treat a psychiatric health condition.

(c) The psychiatric residential treatment facility direct care staff acting within their scope of practice shall monitor the resident in the psychiatric residential treatment facility for changes in behavior, mental status, and medication side effects. The psychiatric residential treatment facility direct care staff shall report any concerning observations immediately to the psychiatrist, or the nurse practitioner or physician's assistant acting within their scope of practice and under the direction of a psychiatrist. Direct care staff shall document their specific observations and notification to the clinical director and the psychiatrist in the resident's record.

(d) The psychiatric residential treatment facility shall comply with state and federal laws for pharmaceuticals, which include but are not limited to, laws related to authorizing, administering and dispensing medication, psychotropic medication, storage and disposal, informed consent, and documentation of informed consent.

(e) The psychiatric residential treatment facility shall administer medication and treatment as follows:

(1) Medication and treatment shall be administered only on the order of a person lawfully authorized to give such order;

(2) Medication and treatment shall be administered as prescribed;

(3) Tests and taking of vital signs, upon which administration of medication or treatment are conditioned, shall be performed as required and the results recorded;

(4) Preparation of doses for more than one scheduled administration time shall not be permitted, except for self-medication in which medications may be prepared for up to seven (7) calendar days in advance as a recommended best practice;

(5) Only licensed medical or licensed psychiatric nursing staff shall administer medication;

(6) Medication shall be administered as soon as possible, but no more than two hours after doses are prepared, and shall be administered by the same person who prepares the doses for administration. Doses shall be administered within one hour of the prescribed time unless otherwise indicated by the prescriber;

(7) Residents shall be identified prior to administration of a drug or treatment;

(8) Drugs may be administered in the absence of a specific duration of therapy on a licensed prescriber’s new drug order if the psychiatric residential treatment facility

applies its stop-order policy for such drugs. The prescriber shall be contacted prior to discontinuing therapy as established by stop-order policy; and

(9) No medication shall be used for any resident other than the resident for whom it was prescribed.

(f) The time and dose of the medication or treatment administered to the resident shall be recorded in the resident's individual medication record by the person who administers the drug or treatment. Recording shall include the date, the time and the dosage of the medication or type of the treatment. Initials may be used, provided that the signature of the person administering the medication or treatment is also recorded on the medication or treatment record.

(g) The psychiatric residential treatment facility shall maintain a record which includes, for each drug ordered by prescription, the name of the resident, the drug name, and strength, the date ordered, the date and amount received and the name of the issuing pharmacy. The psychiatric residential treatment facility shall keep these records for at least ten (10) years.

(h) Medications brought by or with the resident on admission to the psychiatric residential treatment facility shall not be administered unless the contents of the containers have been examined and positively identified after admission by the resident's physician or a pharmacist retained by the psychiatric residential treatment facility.

(i) The psychiatric residential treatment facility may administer drugs to a resident that were prescribed to the resident at a different licensed facility and transferred with the resident upon the resident's admission to the psychiatric

residential facility, or those drugs dispensed or obtained after admission from any licensed or governmental pharmacy.

(j) In psychiatric residential treatment facilities utilizing a unit dose medication system, there shall be at least a twenty-four (24)-hour supply of resident medications on hand at all times, except for those drugs that are required to be discontinued within the twenty-four (24)-hour period. Drugs that are part of a unit dose medication system shall not exceed a thirty (30) calendar day supply.

(k) The psychiatric residential treatment facility shall report abuses and losses of controlled substances to the individual responsible for pharmaceutical services, the facility administrator and other appropriate agencies as required by law.

§ Section 42. Pharmaceutical Services

(a) The psychiatric residential treatment facility shall enter into a documented agreement with pharmacists licensed by the California Board of Pharmacy to ensure that pharmaceutical services are available to provide residents with prescribed drugs and biologicals.

(b) Dispensing, labeling, storage and administration of drugs and biologicals shall be in conformance with state and federal laws.

(c) The psychiatric residential treatment facility shall not accept money, goods or services free or below cost from any pharmacist or pharmacy as compensation or inducement for referral of business to any pharmacy.

(d) The psychiatric residential treatment facility shall implement written policies and procedures limiting the duration of new drug orders in the absence of a prescriber’s specific indication for duration of therapy. The prescriber shall be

contacted for new orders prior to the termination time established by the policy. These policies and procedures shall include all categories of drugs.

(e) No drugs shall be administered except upon the order of a person lawfully authorized to prescribe for and treat human illness.

(f) All drug orders shall be written, dated, and signed by the person lawfully authorized to give such an order. The name, quantity or specific duration of therapy, dosage and time or frequency of administration of the drug, and the route of administration if other than oral shall be specific.

(g) Verbal orders for drugs and treatments shall be received only by licensed nurses, licensed psychiatric technicians, pharmacists, physicians and physician's assistants from their supervising physicians only. Such orders shall be recorded immediately in the resident record by the person receiving the order and shall include the date and time of the order. The order shall be signed by the prescriber within five (5) business days.

(h) The signing of orders shall be by signature or a personal computer key. Signature stamps shall not be used.

(i) Signed orders for drugs shall be transmitted to the issuing pharmacy within forty-eight (48) hours, either by written prescription by the prescriber, by an order form which produces a direct copy of the written order, or by an electronically reproduced facsimile.

(j) A psychiatric residential treatment facility shall not dispense prescription legend or controlled substance drugs directly to residents by vending machines.

(k) Drugs listed in Schedules II, III and IV of the Federal Comprehensive Drug Abuse Prevention and Control Act of 1970 shall not be accessible to personnel other

than licensed psychiatric nursing staff, pharmacy and medical personnel designated by the licensee. Drugs listed in Schedule II of the Federal Comprehensive Drug Abuse Prevention and Control Act of 1970 shall be stored in a locked cabinet or a locked drawer, separate from non-controlled substance drugs, unless they are supplied on a scheduled basis as part of a unit dose medication system.

(l) Separate records of use shall be maintained on all Schedule II drugs. Such records shall be maintained accurately and shall include the name of the resident, the prescription number, strength and dose administered, the date and time of administration and the signature of the person administering the drug. Such records shall be reconciled at least daily and shall be retained for a minimum of ten (10) years. If such drugs are supplied on a scheduled basis as part of a unit dose medication system, such records shall be maintained in one record.

(m) Drug records shall be maintained for Schedule III and Schedule IV drugs in such a way that the receipt and disposition of each dose of any such drug may be readily traced. Such records may be included as part of other medication records.

(n) Pharmaceutical services shall include, but not be limited to:

(1) Obtaining necessary drugs, including the availability of 24-hour prescription service on a prompt and timely basis as follows:

(A) Drugs ordered “Stat” that are not available in the psychiatric residential treatment facility emergency drug supply shall be available and administered within one (1) hour of time ordered during normal pharmacy hours of a local drug store or hospital. For those hours during which the pharmacy is closed, drugs ordered “Stat” shall be available and administered within two hours of the time

ordered. Drugs ordered “Stat” which are available in the emergency drug supply shall be administered immediately;

(B) Anti-infectives and drugs used to treat severe pain, nausea, agitation, diarrhea or other severe discomfort shall be available and administered within four (4) hours of the time ordered;

(C) Except as indicated above, all new drug orders shall be available on the same day ordered unless the drug would not normally be started until the next calendar day; and

(D) Refill of prescription drugs shall be available when needed.

(2) Dispensing of drugs and biologicals;

(3) Monitoring the drug distribution system, which includes ordering, dispensing and administering medication; and

(4) Providing consultative and other services furnished by pharmacists who shall assist in the development, coordination, supervision and review of the pharmaceutical services within the psychiatric residential treatment facility.

§ Section 43. Labeling and Storage of Drugs

The psychiatric residential treatment facility shall implement the following requirements regarding labeling and storage of drugs:

(a) Containers that are cracked, soiled or without secure closures shall not be used.

(b) Drug labels shall be legible.

(c) All prescription drugs obtained shall be labeled in compliance with state and federal laws governing prescription dispensing. No person other than the dispenser of the drug shall alter any prescription label.

(d) Nonlegend drugs shall be labeled in conformance with state and federal food and drug laws.

(e) Test reagents, germicides, disinfectants and other household substances shall be stored separately from drugs and shall not be accessible to residents.

(f) External use drugs in liquid, table, capsule or powder form shall be stored separately from drugs for internal use.

(g) Drugs shall be stored in appropriate temperatures. Drugs required to be stored at room temperature shall be stored at a temperature between 59 degrees F (15.0 degrees C) and 86 degrees F (30.0 degrees C). Drugs requiring refrigeration shall be stored in a refrigerator between 36 degrees F (2.2 degrees C) and 46 degrees F (7.8 degrees C). When drugs are stored in the same refrigerator with food, the drugs shall be kept in a closed container clearly labeled “drugs.”

(h) Drugs shall be stored in an orderly manner in cabinets, drawers or carts of sufficient size to prevent crowding.

(i) Dose preparation and administration areas shall be lighted well.

(j) Drugs shall be accessible only to staff or direct care staff designated in writing by the licensee.

(k) Medication shall not be kept at the resident’s bedside.

(l) Drugs shall not be kept in stock after the expiration date on the label, and contaminated or deteriorated drugs shall be disposed.

(m) The drugs of each resident shall be kept and stored in their originally received containers. No drug shall be transferred between containers.

(n) Discontinued drug containers shall be marked, or otherwise identified, to indicate that the drug has been discontinued, or shall be stored in a separate

location which shall be identified solely for this purpose. Discontinued drugs shall be disposed of within ninety (90) calendar days of the date the drug order was discontinued, unless the drug is reordered within that time.

§ Section 44. Disposition of Drugs

(a) Drugs that have been dispensed for individual resident use and are labeled in conformance with state and federal law for outpatient use shall be furnished to residents on discharge on the orders of the discharging physician. If the physician's discharge orders do not include provisions for drug disposition, drugs shall be furnished to residents unless:

(1) The discharging physician specifies otherwise;

(2) The resident leaves or is discharged without a physician's order, or approval;

(3) The resident is discharged to a general acute care hospital, acute psychiatric hospital, or acute care rehabilitation hospital;

(4) The drug was discontinued prior to discharge; or

(5) The labeled directions for use are not substantially the same as most current orders for the drug in the resident record.

(b) A record of the drugs sent with the resident shall be made in the resident's health record.

(c) Resident's drugs supplied by prescription that have been discontinued and those that remain in the psychiatric residential treatment facility after discharge of the resident shall be destroyed by the psychiatric residential treatment facility in the following manner:

(1) Drugs listed in Schedules II, III or IV of the Federal Comprehensive Drug Abuse Prevention and Control Act of 1970 shall be destroyed by the psychiatric residential treatment facility in the presence of a pharmacist and a registered nurse employed by the psychiatric residential treatment facility. The name of the resident, the name and strength of the drug, the prescription number, the amount destroyed, the date of destruction and the signatures of the pharmacist and registered nurse shall be recorded in the resident's health record or in a separate log. Such log shall be retained for at least three (3) years.

(2) Drugs not listed under Schedules II, III or IV of the Federal Comprehensive Drug Abuse Prevention and Control Act of 1970 shall be destroyed by the psychiatric residential treatment facility in the presence of a pharmacist or licensed nurse. The name of the resident, the name and strength of the drug, the prescription number if applicable, the amount destroyed, the date of destruction and the signatures of the pharmacist or licensed nurse and one other person shall be recorded in the resident's health record or in a separate log. Such log shall be retained for at least three (3) years.

(d) Unless otherwise prohibited under applicable federal or state laws, individual resident drugs supplied in sealed containers may be returned, if unopened, to the issuing pharmacy for disposition provided that:

(1) No drugs covered under the Federal Comprehensive Drug Abuse Prevention and Control Act of 1970 are returned;

(2) All such drugs are identified as to lot or control number; and

(3) The signatures of the receiving pharmacist and a registered nurse employed by the psychiatric residential treatment facility are recorded in a separate

log which lists the name of the resident, the name, strength, prescription number (if applicable), the amount of the drug returned and the date of return. The log must be retained for at least ten (10) years.

§ Section 45. Equipment and Supplies

(a) There shall be adequate equipment and supplies necessary for the provision of pharmaceutical services within the psychiatric residential treatment facility, including at least the following:

(1) Refrigerator with an accurate thermometer;

(2) Lockable drug cabinets, drawers, closets or rooms;

(3) Drug service trays and/or carts;

(4) Drug preparation counter area and convenient water source; and

(5) Reference materials containing drug monographs on all drugs in use in the facility. Such monographs shall include information concerning generic and brand names, if applicable, available strengths and dosage forms and pharmacological data including indications and side effects.

(b) The psychiatric residential treatment facility shall have emergency supplies readily available.

(c) Emergency drug supplies shall meet the following requirements:

(1) Legend drugs shall not be stored in the emergency supply, except under the following conditions:

(A) Injectable supplies of legend drugs shall be limited to a maximum of three single doses in ampules or vials or one container of the smallest available multi-dose vial and shall be in sealed, unused containers;

(B) Sublingual or inhalation emergency drugs shall be limited to single sealed containers of the smallest available size;

(C) Not more than twenty-four (24) emergency drugs in solid, oral dosage form or suppository dosage form may be stored, if in sealed containers. Not more than four (4) doses of any one drug may be so stored.

(2) The emergency drug supply shall be stored in a portable container which is sealed in such a manner that the tamper-proof seal must be broken to gain access to the drugs. Licensed psychiatric nursing staff shall notify the pharmacist when drugs have been used from the emergency kit or when the seal has been broken. Drugs used from the kit shall be replaced within seventy-two (72) hours and the supply resealed by the pharmacist;

(3) The emergency kit shall be stored in the medication room and the contents of the supply shall be listed on the outside of the container;

(4) The pharmacists shall check the supply at least monthly; and

(5) Separate records of use shall be maintained for drugs administered from the supply. Such records shall include the name and dose of the drug administered, name of the resident, the date and time of administration and the signature of the person administering the dose.

§ Section 46. Transportation

(a) The psychiatric residential treatment facility shall implement written transportation policies.

(b) Only drivers licensed for the type of vehicle operated shall be permitted to transport residents.

(c) The manufacturer's rated seating capacity of the vehicles shall not be exceeded.

(d) Motor vehicles used to transport residents shall be maintained in a safe operating condition.

(e) The psychiatric residential treatment facility shall provide or arrange for transportation of its residents to and from the facility, and is responsible for the safety of the residents during transport.

(f) If the psychiatric residential treatment facility arranges transportation for residents through a transportation agency, the facility shall maintain a written agreement with the transportation agency. The agreement shall outline the circumstances under which transportation will be provided.

(g) The written agreement shall be dated and time-limited and shall conform to these licensing regulations.

(h) The transportation agency shall maintain in force at all times current commercial liability insurance for the operation of transportation vehicles. The psychiatric residential treatment facility shall maintain documentation of the insurance, which shall consist of the insurance policy or current binder that includes the name of the transportation agency, the name of the insurance agency, policy number, and period of coverage and an explanation of the coverage.

(i) Transportation arrangements shall conform to state laws, including laws governing the use of seat belts and resident restraints. Vehicles shall be accessible for people with disabilities or so equipped to meet the needs of the residents served by the psychiatric residential treatment facility.

(j) The driver or attendant shall not leave a resident unattended in the vehicle at any time.

(k) The vehicle shall be maintained in good repair with evidence of an annual safety inspection.

(l) The use of tobacco in any form, use of alcohol and possession of illegal substances or unauthorized potentially toxic substances, firearms, pellet or BB guns (loaded or unloaded) in any vehicle while transporting residents is prohibited.

(m) The number of persons in a vehicle used to transport a resident shall not exceed the manufacturer's recommended capacity.

(n) The psychiatric residential treatment facility shall maintain a copy of a valid appropriate California driver's license for all individuals who drive vehicles used to transport residents on behalf of the psychiatric residential treatment facility.

(o) The psychiatric residential treatment facility shall maintain in force at all times current commercial liability insurance for the operation of its vehicles, including medical coverage for residents in the event of accident or injury.

(1) The insurance policy shall extend coverage to any facility staff member who provides transportation for any resident in the course and scope of their employment.

(p) The psychiatric residential treatment facility shall maintain documentation that consists of the insurance policy or current binder that includes the name of the psychiatric residential treatment facility, the name of the insurance company, policy number, period of coverage, and explanation of the coverage.

(q) The vehicle shall have evidence of a current safety inspection.

(r) There shall be first aid supplies in each facility or contracted vehicle.

(s) Each driver shall be provided with a current master transportation list including each resident's name, pick-up and drop-off locations, and authorized persons to whom the resident may be released. Documentation shall be maintained on file at the psychiatric residential treatment facility whether transportation is provided by the facility or by agreement.

(t) The driver shall maintain an attendance record for each trip. The record shall include the driver's name, the date of transportation, names of all passengers (resident and adults) in the vehicle, and the name of the person to whom the resident was released and the time of release. Documentation shall be maintained on file at the facility whether transportation is provided by the facility or contracted.

(u) There shall be information in each vehicle identifying the name of the administrator of the psychiatric residential treatment facility, and the name, telephone number, and address of the facility for emergency situations.

(v) The driver plus one appropriately trained staff member shall be required at all times in each vehicle when transporting any resident. Staff shall be appropriately trained on the needs of each resident.

(w) Each resident shall be safely and properly:

(1) assisted into the vehicle;

(2) restrained in the vehicle; and

(3) assisted out of the vehicle.

(x) Every resident shall be restrained in a single safety belt or secured in an American Academy of Pediatrics recommended, age-appropriate safety seat.

(y) The driver or appropriate staff person shall check the vehicle at the completion of each trip to ensure that no resident is left in the vehicle. The person

conducting the check shall document this check, and include the time the vehicle is checked and their signature.

(z) During field trips, the driver or staff member shall check the vehicle and account for each resident upon arrival at, and departure from, each destination to ensure that no resident is left on the vehicle or at any destination. The person conducting the check shall document this check, and include the time the vehicle was checked for each loading and unloading of residents during the field trip, and their signature.

(aa) Appropriate staff person(s) shall be present when each resident is delivered to the psychiatric residential treatment facility.

(bb) The psychiatric residential treatment facility shall have a plan to transport residents in emergency situations.

§ Section 47. Informed Consent: Medication

(a) The psychiatric residential treatment facility shall not administer medical treatment or psychiatric treatment, including administration of psychotropic medications, to a resident without informed consent of the resident, or, when applicable, the resident's authorized representative, except in an emergency safety situation or as otherwise allowed by law.

(b) The psychiatric residential treatment facility shall develop and implement a policy that ensures facility staff obtain a resident's, or resident's authorized representative's, informed consent to medical and psychiatric treatment.

(c) Informed consent shall include a verbal explanation by the licensed mental health professionals acting within their scope of professional licensure of the resident's right to refuse or accept medical treatment. The attending licensed mental health

professionals acting within their scope of professional licensure shall determine what information a reasonable person in the resident's condition and circumstances would consider material to a decision to accept or refuse a proposed treatment or procedure. The disclosure of any material information and obtaining informed consent shall be the responsibility of the licensed mental health professionals acting within their scope of professional licensure.

(d) Except as authorized by Section 5325.3 of Article 7 of Chapter 2 of Part 1 of Division 5 of the Welfare and Institutions Code, informed consent shall include a written consent form signed by the resident or their authorized representative indicating the above information has been given. The psychiatric residential treatment facility shall place a copy of the signed informed consent form in the resident's chart.

(e) The resident, or the resident's authorized representative when applicable, has the right to accept or refuse the proposed treatment, and if they consent, have the right to revoke their consent for any reason at any time. Licensed mental health professionals, licensed psychiatric nursing staff shall verify that the resident's health record contains documentation that the resident, or the resident's authorized representative when applicable, has given informed consent to the proposed treatment or procedure.

(f) The attending physician may initiate treatment with drugs used as a restraint, as defined by these regulations, without informed consent during an emergency safety situation, as defined by these regulations. Administration of drugs used as a restraint without informed consent shall be in accordance with **Sections 70 through 72** of these interim regulations. Treatment provided under the circumstances contemplated

by this subsection shall be within the customary practice of physicians of good standing in similar circumstances.

(g) A general consent provision in an agreement for admission shall only encompass consent for routine psychiatric nursing care or emergency care. Routine psychiatric nursing care, as used in this Section, means a treatment or procedure that does not require informed consent as specified in this Section, or that is determined by the licensed mental health professionals acting within their scope of professional licensure to not require the disclosure of information material to the individual resident. Routine psychiatric nursing care includes, but is not limited to, care that does not require the order of licensed mental health professionals acting within their scope of professional licensure. This Section does not preclude the use of informed consent forms for any specific treatment or procedure at the time of admission or at any other time. All consent provisions or forms shall indicate that the resident or incapacitated resident's legal representative may revoke their consent at any time.

§ Section 48. Informed Consent: Photographs and Recordings

(a) The psychiatric residential treatment facility shall develop and implement written policies and procedures regarding the photographing and audio or audio-visual recordings of residents.

(1) The psychiatric residential treatment facility shall obtain the written consent of the resident and, where appropriate, the resident's parents or the parent having sole legal custody and control of the resident or the conservator or judge, shall be obtained before the resident is photographed or recorded for research or program publicity purposes;

(2) All photographs and recordings shall be used in a manner that respects the dignity and confidentiality of the resident.

§ Section 49. Temporary Resident Transfer

(a) The licensee shall maintain written transfer agreements with health or other facilities to make the services of those facilities accessible to the psychiatric residential treatment facility residents. Complete and accurate resident information, in sufficient detail to provide for continuity of care, shall be transferred with the resident at time of transfer. The transfer summary shall include, but not be limited to: information relative to the resident's diagnosis, known residual behaviors or symptoms of mental disorder, medications, treatments, dietary requirements, and known allergies.

(b) When a resident is transferred to another facility or setting, the following shall be entered in the resident record:

(1) The date and time of the transfer, condition of the resident and the reason for the transfer; and

(2) Informed written or telephone acknowledgment of the transfer by the resident or legal representative, except in an emergency as provided in subsection (bb) of **Section 46.**

§ Section 50. Behavioral Health Treatment Program

(a) The psychiatric residential treatment facility shall implement a behavioral health treatment program that is resident-centered, culturally relevant, trauma-informed and appropriate to the ages and levels of functioning of the residents. The behavioral health treatment program shall include services designed to achieve a successful discharge of a resident to family or to another less restrictive community

setting as soon as clinically possible and when treatment in the psychiatric treatment facility is no longer medically necessary.

(b) The behavioral health treatment program shall encourage resident participation in all aspects of the program including, but not limited to, individual treatment/service planning, program design and evaluation.

(c) The psychiatric residential treatment facility may consult with family members, legal guardians, authorized representatives, natural supports, and child and family team members, in the planning and organization of the behavioral health treatment program for residents to achieve a resident's independence, if age appropriate, or discharge to another less restrictive community setting at the earliest possible time.

(d) The psychiatric residential treatment facility shall make available for each resident at least ten (10) hours of structured behavioral health treatment programs per day in the day and evening, seven (7) calendar days per week, including weekends and holidays, according to the resident's individual needs as indicated on the resident plan of care.

(e) A licensed mental health professional shall provide a minimum of three (3) group therapy sessions per week for each resident;

(f) The psychiatric residential treatment facility shall offer the following onsite behavioral health treatment program services to all admitted residents:

(1) Individual and group counseling;

(2) Precrisis services, such as counseling to improve the resident's situation, and help access what is needed to avoid crisis;

(3) Crisis services, such as counseling focused on immediate problem solving in response to a critical emotional incident to augment the resident's usual coping mechanisms;

(4) Planned activities that develop and enhance skills directed towards achieving resident plan goals;

(5) Family counseling with significant support persons directed at improving the resident's functioning, when indicated in the resident plan of care;

(6) Counseling focused on reducing behavioral health symptoms and functional impairments, including assistance to a resident to maximize their ability to obtain and retain pre-vocational or vocational employment, if applicable;

(7) Assisting the resident to develop self-advocacy skills through observation, coaching, and modeling;

(8) Use of the residential environment to assist the resident in the acquisition, testing, and/or refinement of community living and interpersonal skills;

(9) Medication education and management, which shall include, but is not limited to, evaluation of the need for administration of, and education about, the risks and benefits associated with medication;

(A) Residents shall be provided medication education and management prior to the administration of medications.

(10) If medically necessary, a psychiatric residential treatment facility that serves Medi-Cal beneficiaries shall directly provide or provide access to Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services to Medi-Cal beneficiaries and equivalent services for residents who are not Medi-Cal beneficiaries;

(11) Learning disability assessment;

(12) Prevocational and vocational counseling, as appropriate;

(13) Development of age-appropriate independent living skills that foster self-esteem, self-advocacy, and empowerment;

(14) Development of coping, communication, and self-regulation skills;

(15) Community outreach to develop linkages with other support and service systems, including family members and natural supports;

(16) Unless otherwise required by law, psychiatric residential treatment facilities shall provide the same care and services, and utilize the same policies and procedures, for both residents who are not Medi-Cal beneficiaries and residents who are Medi-Cal beneficiaries.

(g) The psychiatric residential treatment facility shall make available the following Specialty Mental Health treatment services according to the resident plan of care:

(1) Mental Health Services for Medi-Cal beneficiaries and equivalent services for residents who are not Medi-Cal beneficiaries;

(2) Psychiatrist Services for Medi-Cal beneficiaries and equivalent services for residents who are not Medi-Cal beneficiaries;

(3) Psychologist Services for Medi-Cal beneficiaries and equivalent services for residents who are not Medi-Cal beneficiaries;

(4) Psychiatric Inpatient Hospital Services for Medi-Cal beneficiaries and equivalent services for residents who are not Medi-Cal beneficiaries;

(h) Greater number of staff shall be present during times when there are greater numbers of residents in programmed activities. Staff schedules shall be determined

by the psychiatric residential treatment facility based on the number of residents in the program during specific hours of the day, level of care provided by the program, and the range of services provided within the psychiatric residential treatment facility.

(i) The psychiatric residential treatment facility shall provide all equipment, assistive devices and supplies necessary to allow all residents at the facility to participate to the fullest extent possible in the behavioral health treatment program to meet the goals in the resident plan of care.

§ Section 51. Activity Program

(a) The psychiatric residential treatment facility shall have an activity program, and shall develop a written, planned schedule of social and other purposeful independent or group activities. The activity program shall be under the general supervision of the clinical director and designed to stimulate and support physical and mental capabilities to the fullest extent, and to enable the resident to maintain the highest attainable social, physical and mental functioning. The program shall consist of individual activities, and small and large group activities to which family members shall be invited, if agreed to by the resident, which are designed to meet the needs and interests of each resident and which shall include, but are not limited to:

(1) Social activities;

(2) Indoor and outdoor activities;

(3) Supervised activities away from the facility;

(4) Opportunity for resident involvement for planning and implementation of the activity program;

(5) Creative activities;

(6) Educational activities;

(7) Exercise activities;

(8) Opportunity for resident involvement in religious programs.

(b) Activities shall be available on a daily basis and shall include at least one hour per day of outdoor exercise or other outdoor activity, weather permitting.

(c) Where appropriate, the clinical director may recruit, train and supervise a volunteer program to assist with, and augment, services of the activity program.

(d) The psychiatric residential treatment facility shall have a sufficient number of qualified therapists, support personnel and consultants to provide therapeutic activities consistent with each resident's plan of care.

(e) The psychiatric residential treatment facility shall provide equipment, assistive devices and supplies available to implement the activity service ordered or indicated for meeting the mental and emotional needs of residents.

(f) Any restrictions of recreational and social opportunities shall be specifically described in the resident's plan of care, together with the reasons such restrictions are necessary and the extent and duration of such restrictions.

(g) The psychiatric residential treatment facility shall provide a minimum of seven (7) hours per week of social and/or recreational activities for each resident.

§ Section 52. Buildings and Grounds

(a) Psychiatric residential treatment facilities shall be independent, stand-alone and shall not be in the same building or with another facility serving individuals receiving other levels or types of care.

(b) If a psychiatric residential treatment facility is located on the same grounds

with another facility, the psychiatric residential treatment facility shall not have any joint program services, activities or share common treatment, recreation, sleeping and outdoor areas.

(c) The residential treatment facility shall include ample physical space such as common rooms, a dining room, den, relaxation and visitation room, which provide the necessary space for accommodating direct care staff who provide daily emotional and physical support to each resident and for integrating family members into the day-to-day care of residents.

(d) The psychiatric residential treatment facility shall include a room for the purpose of examination and treatment. The room shall be equipped with a handwashing sink and towel dispenser, examination table and storage space, with adequate lighting.

(e) The psychiatric residential treatment facility shall include a communal area that provides space and opportunities for small group activities that promote social engagement.

(f) The psychiatric residential treatment facility shall be relatively small, preferably twenty-five (25) beds or less, with the appearance of a normal home environment. The appearance of the interior areas of the psychiatric residential treatment facility shall be age-appropriate environment to provide for positive, comfort, privacy and nurturing interactions between residents and direct care staff so that the residents are nurtured in a developmentally appropriate, organized environment that promotes the individual resident's recovery and growth, meeting their individual needs and interests. The facility, including the grounds, shall be designed to provide:

(1) a comfortable and supportive environment where residents can access the care and resources they need to achieve lasting recovery, healing and optimal behavioral health;

(2) spacious resident rooms, as required in **Section 57**, with common areas and shared spaces that are arranged to encourage social interaction and community building, while still allowing for safety, privacy and personal space so that residents are nurtured in a developmentally appropriate, organized environment that promotes the residents' recovery and growth and meets their individual needs and interests.

(3) a layout that includes natural light, artwork, artifacts, plants and furnishings to create a home-like feel, similar to that of a normal family home within the community, rather than the appearance of an institutional setting; and

(4) single-occupancy rooms for at least fifty (50) percent of the treatment facility beds.

(h) The psychiatric residential treatment facility, including the grounds, shall be maintained in a clean, safe, sanitary, and good condition at all times to ensure safety and well-being of residents, staff and visitors.

(i) The psychiatric residential treatment facility shall take measures to keep the buildings and grounds free of flies and other environmental pollutants.

(j) All buildings, fixtures, equipment and spaces shall be maintained in operable condition.

(k) The psychiatric residential treatment facility shall employed appropriate personnel to provide preventive maintenance and to carry out the required maintenance of the facility.

(l) The psychiatric residential treatment facility shall be maintained free from vermin and rodents through operation of a pest control program. The pest control program shall be conducted in the main resident buildings, all outbuildings on the property and all grounds.

(m) The psychiatric residential treatment facility shall provide for the safe disposal of water and other chemicals used for cleaning purposes.

(n) All residents shall be protected against hazards within the psychiatric residential treatment facility through provision of the following:

(1) Protective devices including but not limited to nonslip material on rugs;

(2) Window coverings shall not be blinds with cords or curtains.

(o) All outdoor and indoor passageways, stairways, inclines, ramps, open porches and other areas of potential hazard shall be kept free of obstruction.

(p) Alterations to existing buildings, new construction, additions, and conversions shall be in conformance with the requirements of the county fire department, the district providing fire protection services, or the State Fire Marshal's Office, the California Building Standards Code, and Title 24 of the California Code of Regulations.

(q) The psychiatric residential treatment facility shall comply with established fire and life safety protection standards and enforcement policies as promulgated by the city or county fire department, the district providing fire protection services, or the State Fire Marshal's Office, including handicapped accessibility requirements.

(r) Disinfectants, cleaning solutions, poisons, and other items that could pose a danger if readily available to residents shall be stored and locked in a location inaccessible to residents.

(s) Hazards that are on the premises of or adjacent to the psychiatric residential treatment facility that pose a safety risk to residents, staff, and other individuals onsite, including but not limited to open pits, swimming pools, high voltage boosters or high-speed roads shall be fenced or barricaded to protect residents, staff, and other individuals onsite. Fences that are in place shall be in good repair.

(t) Fences designed for swimming pools shall be at least five-feet high and shall be constructed so that the fence does not obscure the pool from view. The bottom and sides of the fence shall comply with Division 1, Appendix Chapter 4 of the 1994 Uniform Building Code. In addition to meeting all of the aforementioned requirements for fences, gates shall swing away from the pool, self-close and have a self-latching device located no more than six (6) inches from the top of the gate. Pool covers shall be strong enough to completely support the weight of an adult and shall be placed on the pool and locked while the pool is not in use.

(u) Smoking shall be prohibited in all areas of the psychiatric residential treatment facility.

(v) Where natural or man-made hazards such as canals, cliffs, condemned buildings, creeks, ditches, lakes, ocean fronts, mines, power lines, quarries, rivers, ravines, swamps, watercourses, and areas subject to flooding lie on or adjacent to the facility premises, the outdoor activity space shall be inaccessible to such hazards.

(w) Only upon the written approval of the Department and the county fire department or the district providing fire protection services, or the State Fire Marshal’s Office shall an exit door, corridor door, yard enclosure or perimeter fences be locked to egress.

(x) Every psychiatric residential treatment facility shall have one (1) or more carbon monoxide detectors in the facility that meets the standards established in Chapter 8 (commencing with Section 13260) of Part 2 of Division 12 of the Health and Safety Code.

§ Section 53. Air Filters

(a) The psychiatric residential treatment facility shall be responsible for regular inspection, cleaning or replacement of all filters installed in heating, air conditioning and ventilating systems, as necessary to maintain the systems in normal operating condition.

(b) A written record of inspection, cleaning or replacement, including static pressure drop, shall be maintained and available for inspection. The record shall include a description of the filters originally installed, the American Society of Heating, Refrigerating and Air-Conditioning Engineers (ASHRAE) efficiency rating and the criteria established by the manufacturer or supplier to determine when replacement or cleaning is necessary.

(c) Following filter replacement or cleaning, the installation shall be visually inspected for torn media and by-pass in filter frames by means of a flashlight or equivalent, both with fans in operation and stopped. Tears in filter media and by-pass in filter frames shall be eliminated in accordance with the manufacturer’s directions and as required by the Department.

(d) Where a filter maintenance is performed by an equipment service company, a certification shall be provided to the licensee that the requirements listed in this section have been accommodated. The facility shall maintain the certification and shall provide it to the Department for review upon request.

§ Section 54. Heating, Ventilation and Air Conditioning

(a) The psychiatric residential treatment facility shall ensure a comfortable temperature for residents is maintained in all areas.

(b) The psychiatric residential treatment facility shall maintain the temperature in rooms that residents occupy between a minimum of 68 degrees Fahrenheit (20.0 degrees Celsius) and a maximum of 85 degrees Fahrenheit (29.4 degrees Celsius).

(1) In areas of extreme heat the maximum shall be 30 degrees Fahrenheit (16.7 degrees Celsius) less than the outside temperature;

(2) Nothing in this section shall prohibit residents from adjusting individual thermostatic controls.

(c) Fireplaces and open-faced heaters or portable electrical heaters shall be inaccessible to residents to ensure protection of the residents' safety.

(d) The psychiatric residential treatment facility shall take all reasonable precautions to ensure that heating elements, including exposed hot water pipes, are insulated and installed in a manner that ensures the safety of all residents.

(e) All gas heating units and water heaters shall be vented adequately to carry the products of combustion to the outside atmosphere. Vents shall be constructed and maintained to provide a continuous draft to the outside atmosphere.

(f) All heating units shall be provided with a sufficient supply of outside air so as to support combustion without depletion of the air in the occupied room.

(g) A log shall be utilized to document maintenance of ventilation systems, heating, and air conditioning work performed. When maintenance is performed by an equipment service company, a certification shall be provided to the licensee that the required work has been performed in accordance with acceptable standards.

This certification shall be retained on file in the psychiatric residential treatment facility for review by the Department.

§ Section 55. Space

(a) Space approved for specific use at the time of licensure shall not be converted to other use without the approval of the Department.

(b) Space located in the psychiatric residential treatment facility or internally connected to a licensed psychiatric residential treatment facility shall be considered a part of the psychiatric residential treatment facility and shall be subject to licensing regulations.

(c) The Department shall be notified in writing, by the licensee of the psychiatric residential treatment facility, within five (5) business days of the commencement of any construction, remodeling or alterations to the psychiatric residential treatment facility.

(d) Each medication room shall have a telephone and a specifically designated and well illuminated medication storage compartment with a lockable door and a sink with water connections for care of equipment and for handwashing.

(e) Each psychiatric residential treatment facility shall provide a designated activity area which meets the independent and group activity needs of residents. Such areas shall be of sufficient size to accommodate necessary equipment and permit unobstructed movement of wheelchair and ambulatory residents or personnel responsible for instruction and supervision.

(f) The behavioral health treatment program shall have identified program or service areas in order to provide the required program services.

(g) Indoor and outdoor areas shall be designated for behavioral health treatment program services.

§ Section 56. Resident Capacity

(a) A Psychiatric residential treatment facility shall not have more residents or beds set up for use than the number for which it is licensed except in case of emergency when temporary permission may be granted by the Department.

(b) Residents shall not be housed in areas that have not been approved by the Department for resident housing and that have not been given a fire clearance by the city or county fire department, the district providing fire protection services, or the State Fire Marshal's Office except as provided in (a) above.

(c) The number of licensed beds shown on a license shall not exceed the number of beds for which the psychiatric residential treatment facility meets applicable construction and operational requirements.

§ Section 57. Resident Bedrooms

(a) Bedrooms shall be large enough to allow for easy passage and comfortable use of any required assistive devices, including but not limited to wheelchairs, between beds and other items of furniture. There shall be at least 3 feet between beds.

(b) The clinical director or other licensed mental health professionals shall make the resident's bedroom assignment within the psychiatric residential treatment facility. In making the bedroom assignment, the clinical director or other licensed mental health professionals shall consider the resident's diagnosis and acuity, adjusted developmental age, mental health history, behavioral history, history of violent behavior, history of abuse, history of trauma, age, gender, sexual orientation,

gender identity, language, cultural background, reason for the referral, need to accommodate a natural support, and any other factors relevant to the resident's admission and bedroom assignment.

(c) Residents assigned to a bedroom with another resident shall not be more than three (3) years apart in age, unless it is clinically appropriate as determined by the clinical director or other licensed mental health professional.

(1) Notwithstanding subsection (c) above, siblings of any age may be assigned together to a bedroom if the clinical director or other licensed mental health professionals, determines that it would be appropriate and therapeutic for the siblings.

(2) Residents of different sexes shall not share a bedroom unless:

(A) Each resident is under five (5) years of age; or

(B) A licensee is permitting a resident to share a bedroom consistent with their gender identity regardless of the gender or sex listed on their court or child welfare paperwork or other identity documents.

(3) No more than two residents shall share a bedroom.

(4) No room commonly used for other purposes shall be used as a bedroom. Such rooms shall include but not be limited to halls, stairways, unfinished attics or basements, garages, storage areas, and sheds or similar detached buildings.

(5) No bedroom shall be used as a public or general passageway to another room, bath or toilet.

(6) Private bedrooms, separate from the resident's bedrooms shall be provided for staff or other adults who sleep at the facility.

(7) Staff bedrooms shall be located near the resident's sleeping area.

(8) Each resident's room shall be labeled with a number, letter or combination of the two for identification.

(9) Doors to resident bedrooms shall not be equipped with locks or any other device that would prohibit the door from being opened from either side.

§ Section 58. Fixtures, Equipment and Supplies

(a) The psychiatric residential treatment facility shall provide lamps or lights as necessary in all rooms and other areas to ensure the comfort and safety of all persons in the facility.

(b) All toilets, handwashing and bathing facilities shall be maintained in safe and sanitary operating condition.

(1) There shall be at least one toilet and wash basin maintained for each four persons residing in the facility, including residents, staff, and direct care staff.

(2) There shall be at least one shower or bathtub maintained for each eight persons residing in the facility, including residents, staff, and direct care staff.

(3) Toilets and bathrooms shall be located so that residents do not have to go out-of-doors to have access to such accommodations.

(4) Individual privacy shall be provided in all toilet, bath, and shower areas.

(c) The psychiatric residential treatment facility shall provide and make readily available to each resident the following furniture, equipment and supplies necessary for personal care and maintenance of personal hygiene:

(1) An individual comfortable bed maintained in good repair; equipped with good springs and a clean mattress; and supplied with pillow(s) which are clean and in good repair;

(2) Fillings and covers for mattresses and pillows shall be flame retardant;

(3) Clean linen in good repair, including lightweight, warm blankets and bedspreads; top and bottom bed sheets; pillowcases; mattress pads; and bath towels, hand towels and washcloths;

(4) Sheets and pillowcases shall be changed at least each week or more often if necessary.

(d) The use of cots, trundle, or bunk beds shall be prohibited.

(e) Each resident room shall be provided with sufficient separate storage space, a closet or locker space for clothing, toilet articles and other personal belongings. Where towel racks, closet and shower curtain rods are provided, they shall be the breakaway type.

(f) The psychiatric residential treatment facility shall provide and maintain the supplies, equipment and reading material necessary to implement the planned activities.

(g) The psychiatric residential treatment facility shall provide and make readily available to each resident a well-lighted desk or table space and necessary supplies, including reference materials, for school-related study.

(h) The psychiatric residential treatment facility shall have comfortable customary furniture as appropriate for all living areas. Furniture for the use of residents shall be appropriately designed to suit the size and capabilities of the residents.

(i) The psychiatric residential treatment facility shall replace or repair broken, run-down, or defective furnishings and equipment.

(j) The psychiatric residential treatment facility shall provide insect screens for all windows that can be opened. The screens shall be in good repair and readily

removable in emergencies. All window screens shall be in good repair and be free of insects, dirt and other debris.

(k) Each psychiatric residential treatment facility shall routinely clean articles and surfaces such as furniture, floors, walls, ceilings, supply and exhaust grills and lighting fixtures.

(l) Schedules and procedures shall be posted that indicate the areas of the facility which shall be cleaned daily, weekly or monthly. The cleaning schedules and procedures shall be implemented.

(m) Cleaning supplies and equipment shall be available to staff and direct care staff. Such cleaning supplies and equipment shall meet the following requirements:

(1) Cleaning supplies and equipment shall be stored in rooms for housekeeping use only;

(2) A commercial detergent germicide shall be used for all cleaning.

(n) The psychiatric residential treatment facility shall have staff or direct care staff available to maintain the facility in a safe, clean, orderly and attractive manner free from offensive odors.

§ Section 59. Laundry

(a) When a psychiatric residential treatment facility operates its own laundry, the laundry areas shall be:

(1) Located in relationship to other areas so that steam, odors, lint and objectionable noises do not reach resident or personnel areas;

(2) Adequate in size, well-lighted, ventilated to meet the needs of the psychiatric residential treatment facility, and be kept clean and sanitary; and

(3) Laundry equipment shall be kept in good condition, maintained in a sanitary condition, and have a suitable capacity.

(b) Laundry areas shall have the following:

(1) Separate areas to store clean linen and soiled linen; and

(2) Separate linen carts labeled “soiled” or “clean” linen and constructed of washable materials which shall be laundered or suitably cleaned as needed to maintain sanitation.

(c) Written procedures for handling, storage, transportation and processing of linens shall be posted in the laundry and shall be enforced.

(d) If the psychiatric residential treatment facility does not maintain a laundry service, the commercial laundry utilized shall meet the standards of this section.

§ Section 60. Soiled Linen

(a) Soiled linen shall be handled, stored and processed in a manner that will prevent the spread of infection.

(b) Soiled linens shall be sorted in a separate room by methods affording protection from contamination.

(c) Soiled linen shall be stored and transported in a closed container which does not permit airborne contamination of corridors and areas occupied by residents and precludes cross contamination of clean linen.

(d) When laundry chutes are used to transport soiled linen, they shall be maintained in a clean, sanitary state.

§ Section 61. Cleaning and Disinfecting

(a) Each psychiatric residential treatment facility shall have a written manual on cleaning, disinfecting and sterilizing procedures. The manual shall include

procedures to be used in the care of utensils, instruments, solutions, dressings, articles and surfaces and shall be available for use by facility staff and direct care staff. All procedures shall be carried out in accordance with the manual.

(b) Each psychiatric residential treatment facility shall make provision for the cleaning and disinfecting of contaminated articles and surfaces which cannot be sterilized.

(c) Individual resident care supply items designed and identified by the manufacturer to be disposable shall not be reused.

(d) The psychiatric residential treatment facility shall provide for:

(1) Effective separation of soiled and contaminated supplies and equipment from clean and sterilized supplies and equipment;

(2) Clean cabinets for the storage of sterile supplies and equipment;

(3) An orderly system of rotation of supplies so that the supplies stored first shall be used first.

§ Section 62. Clean Linen

(a) Clean linen shall be stored, handled and transported in a way that precludes cross-contamination.

(b) Clean linen shall be stored in clean closets, rooms or alcoves, used only for that purpose.

(c) Clean linen from a commercial laundry shall be delivered to a designated clean area in a manner that prevents contamination.

(d) Linens shall be maintained in good repair.

(e) A supply of linen shall be provided sufficient for not less than three complete bed changes for the psychiatric residential treatment facility’s licensed capacity.

(f) A supply of clean wash cloths and towels shall be provided and available to staff to meet the care needs of the residents.

§ Section 63. Water Supply and Plumbing

(a) Where water for human consumption is from an independent source, it shall be subjected to bacteriological analysis by the local health department or a licensed commercial laboratory at least every three months. A copy of the most recent laboratory report shall be available for inspection be the Department.

(b) Faucets used by residents for personal care such as shaving and grooming shall deliver hot water.

(c) Hot water temperature controls shall be maintained to automatically regulate temperature of hot water delivered to plumbing fixtures used by residents to attain a hot water temperature of not less than 105 degrees Fahrenheit (40.5 degrees Celsius) and not more than 120 degrees Fahrenheit (48.8 degrees Celsius).

(d) Taps delivering water at 125 degrees Fahrenheit (51.6 degrees Celsius) or above shall be prominently identified by warning signs.

(e) The water supply to resident showers and bathtubs shall be controlled against sudden changes in temperature by valves of the thermostatic or pressure balance type.

(f) Water storage tanks shall be fabricated of corrosion-resistant materials or lined with corrosion-resistant materials.

(g) If the psychiatric residential treatment facility accepts residents with physical disabilities, bathing and toileting appliances shall be equipped for use by residents with physical disabilities.

(h) Minimum hot water temperature shall be maintained at the final rinse section of dishwashing facilities as required by Part 5, Title 24 of the California Code of Regulations, unless alternate methods are approved by the Department.

§ Section 64. Lighting and Power System

(a) The psychiatric residential treatment facility shall ensure that all rooms, attics, basements, passageways, exits, entrance and other spaces within the facility have operational lighting.

(b) The psychiatric residential treatment facility shall ensure that all electrical equipment, wiring, switches, sockets and outlets are maintained in good order and in safe condition.

(c) Auxiliary lighting shall be provided and flashlights shall be ready for use at all times. Open-flame type of light shall not be used.

(d) The psychiatric residential treatment facility shall provide and maintain an emergency electrical system in safe operating condition and the system shall serve all lighting, signals, alarms and equipment required to permit continued operation of all necessary functions of the psychiatric residential treatment facility for a minimum of six hours.

(e) The emergency lighting and power system shall be maintained in operating condition to provide automatic restoration of power for emergency circuits within ten seconds after normal power failure.

(f) Emergency generators shall be tested at least every fourteen (14) calendar days under full load condition for a minimum of twenty (20) minutes.

(g) A written record of inspection, performance, exercising period, and repair of the emergency electrical system shall be maintained on the premises and available for inspection by the Department.

§ Section 65. Storage and Disposal of Solid Waste

(a) Solid wastes shall be stored and eliminated in a manner to preclude the transmission of communicable disease. These wastes shall not be a nuisance or a breeding place for insects or rodents nor be a food source for either.

(b) Before being discarded into waste containers, syringes and needles shall be rendered unusable.

§ Section 66. Solid Waste Containers

(a) All containers used by the psychiatric residential treatment facility, except movable bins used for storage of solid waste, shall have tight-fitting covers in good repair, external handles and be leak proof and rodent proof.

(b) Movable bins used for storing or transporting solid waste from the premises shall have approval of the local health Department and shall meet the following requirements:

(1) Have tight-fitting covers, closed when not being loaded;

(2) Be in good condition;

(3) Be leak proof;

(4) Be rodent proof unless stored in a room or screened enclosure.

(c) All containers receiving putrescible wastes shall be emptied at least once per week, or more, if necessary.

(d) Solid waste containers, including movable bins, shall be thoroughly washed and cleaned each time they are emptied unless soil contact surfaces have been

completely protected from contamination by disposable liners, bags or other devices removed with the waste. Each movable bin shall be accessible and shall have a drainage device to allow complete cleaning at the storage area.

(e) Solid waste containers shall be stored and located in a manner that will minimize odors in resident or dietary areas.

§ Section 67. Infectious Diseases

The facility shall develop and implement written infection control policies and procedures. These policies and procedures shall be reviewed at least annually and revised as needed.

§ Section 68. Infectious Waste

Infectious waste, as defined in Section 117690 of the Health and Safety Code, shall be handled and disposed of in accordance with the Medical Waste Management Act, Chapter 2 of Part 14 of Division 104 of the Health and Safety Code (commencing with Section 117600).

§ Section 69. Plastic Bags and Trash Can Liners

(a) To prevent suicides and harm to self or others associated with plastic bags and/or trash can liners and ensure a safe and secure environment, all psychiatric residential treatment facilities shall implement policies to address all of the following:

(1) Methods by which the psychiatric residential treatment facility will utilize plastic bags and/or trash can liners only in areas inaccessible to residents;

(2) Specify that plastic bag and/or trash can liner usage is restricted to kitchen and dietary areas accessible only by staff and direct care staff;

(3) Methods by which the psychiatric residential treatment facility will restrict resident access to plastic bags and/or trash can liners in dietary areas that are also used as common areas; and

(4) Methods by which the psychiatric residential treatment facility will prohibit the use of plastic bags and/or trash can liners in resident rooms, bathrooms, common rooms, and outside areas, including common areas where residents are under the supervision of direct care staff.

§ Section 70. Compliance with Federal and State Laws Governing the Use of Restraint or Seclusion

(a) All psychiatric residential treatment facilities shall comply with the requirements set forth in Subpart G of Part 483 of Title 42 of the Code of Federal Regulations, “Condition of Participation for the Use of Restraint or Seclusion in Psychiatric Residential Treatment Facilities Providing Inpatient Psychiatric Services for Individuals Under Age 21” (commencing with Section 483.350) and Division 1.5 of the Health and Safety Code, “Use of Seclusion and Behavioral Restraints in Facilities” (commencing with Section 1180).

(b) All psychiatric residential treatment facilities shall develop and implement policies and procedures to comply with Subpart G of Part 483 of Title 42 of the Code of Federal Regulations, “Conditions of Participation for the Use of Restraint or Seclusion in Psychiatric Residential Treatment Facilities Providing Inpatient Psychiatric Services for Individuals Under Age 21” (commencing with Section 483.350) and Division 1.5 of the Health and Safety Code, “Use of Seclusion and Behavioral Restraints in Facilities” (commencing with Section 1180).

(c) Upon request by the Department, a psychiatric residential treatment facility shall provide documentation of compliance with all requirements of Subpart G of Part 483 of Title 42 of the Code of Federal Regulations, “Conditions of Participation for the Use of Restraint or Seclusion in Psychiatric Residential Treatment Facilities Providing Inpatient Psychiatric Services for Individuals Under Age 21” (commencing with Section 483.350)) and Division 1.5 of the Health and Safety Code, “Use of Seclusion and Behavioral Restraints in Facilities” (commencing with Section 1180).

(d) An emergency safety intervention shall be performed in a manner that is safe, proportionate, and appropriate to the severity of the behavior’ and the resident's chronological and developmental age, size, gender. and physical and medical condition.

§ Section 71. Orders for the Use of Restraint or Seclusion

(a) The psychiatric residential treatment facility shall develop and implement policies and procedures regarding the method(s) by which the facility shall obtain orders for restraint or seclusion.

(b) Psychiatric residential treatment facility direct care staff shall engage in trauma-informed de-escalation interventions with the goal of avoiding restraint or seclusion prior to issuing an order for restraint or seclusion, to the extent feasible. Direct care staff shall document all attempts to de-escalate a resident prior to ordering restraint or seclusion. If attempts to de-escalate a resident prior to ordering restraint or seclusion are not feasible, direct care staff shall document the reasons why. Direct care staff shall place this documentation in the resident’s record.

(c) The psychiatric residential treatment facility shall only use restraint or seclusion as authorized by the written or verbal order of a physician or psychologist.

If the physician on the resident’s interdisciplinary team is available, only that person can order restraint or seclusion. If the physician on the resident’s interdisciplinary team is unavailable, another physician or psychologist employed or contracted by the psychiatric residential treatment facility may order restraint or seclusion.

’’Following an order for restraint or seclusion, the physician or psychologist ordering restraint or seclusion must take the following actions, unless the person ordering restraint or seclusion is the physician on the resident’s interdisciplinary team:

(1) Consult with the resident's interdisciplinary team physician as soon as possible and inform the interdisciplinary team physician of the emergency safety situation that required the resident to be restrained or placed in seclusion; and

(2) Document in the resident's record the date and time the interdisciplinary team physician was consulted.

(d) Orders for restraint or seclusion shall include the reason for the restraint or seclusion in specific behavioral terms, date and time of the order, specific behaviors that would demonstrate that the resident no longer requires seclusion or restraint to prevent immediate injury to self or others.

(e) Orders for restraint shall include the type of restraint and the number of points.

(f) Verbal orders for restraint or seclusion shall be received by a registered nurse, licensed vocational nurse, or licensed psychiatric technician while the restraint or seclusion is being initiated by staff or immediately after the emergency safety situation ends. The physician or psychologist ordering restraint or seclusion shall verify the verbal order in a signed written form in the resident's record. The physician or psychologist ordering restraint or seclusion shall be available to staff for

consultation, at least by telephone, throughout the period of the emergency safety intervention.

(g) Orders for restraint or seclusion shall not be written as standing orders or on an as-needed basis.

(h) The psychiatric residential treatment facility shall not use restraint and seclusion simultaneously.

(i) The physician or psychologist ordering restraint or seclusion must sign the restraint or seclusion order in the resident's record within twenty-four (24) hours, excluding weekends and holidays.

§ Section 72. Monitoring of the Resident in and Immediately after Restraint or Seclusion

(a) As soon as practicable after restraint or seclusion has been initiated, a registered nurse, nurse practitioner, physician’s assistant, licensed vocational nurse, or licensed vocational nurse shall do both of the following and make a note of each in the resident’s record:

(1) Make reasonable attempts to explain to the resident the justification for the restraint or seclusion and the types of behaviors that would demonstrate that the resident meets the criteria for release; and

(2) Inform the resident regarding psychiatric nursing care they are entitled to while in restraint or seclusion, and the manner and frequency of assessment for release.

(b) Residents in restraint or seclusion shall be provided all of the following:

(1) Timely and appropriate psychiatric nursing and medical care and attention to their physical condition, including vital signs at least once per shift or more often if indicated by the resident's condition;

(2) Continual observation and assessment, which shall include face-to-face interaction with the resident and determination of whether the resident meets the criteria for release by a physician or psychologist;

(3) Regular range of motion exercise of at least ten (10) minutes every one (1) hour of restraint;

(4) Repositioning when appropriate;

(5) Prompt and appropriate response to all requests made for assistance and services;

(6) Attention to feeding, hydration, bathing, and toileting needs; and

(7) A clean environment.

(c) The resident shall be released at the time they no longer meet the criteria for restraint or seclusion. The order for release shall be made by the physician or psychologist who ordered the restraint or seclusion.

(d) Care provided to a resident in restraint or seclusion shall be documented in the resident record. The documentation shall include, but not be limited to, all of the following:

(1) Clinical condition, circulation, condition of limbs, and attention to hydration, elimination, and nutrition needs;

(2) Behavioral assessments;

(3) Justification for continued use of restraint or seclusion, the types of behaviors that would facilitate release and evidence that this information was communicated to the resident, along with their response, if any;

(4) Time placed in and time removed from restraint or seclusion;

(5) Continual observations and assessments, documented at 15-minute intervals.

§ Section 73. Application of Time Out

(a) Licensed mental health professionals and licensed psychiatric nursing staff acting within their scope of practice may place a resident in time out in lieu of an emergency safety intervention.

(b) The psychiatric residential treatment facility shall develop and implement policies and procedures to implement section. In addition to the requirements specified in subsections (c) through (h), the policies and procedures shall include, but not be limited to:

(1) Criteria for placing residents in time out and releasing residents from time out; and

(2) The process for placing a resident in a time out.

(c) The psychiatric residential treatment facility shall never physically prevent a resident from leaving the time out area.

(d) No later than the end of the shift during which a resident is placed in time out, the licensed mental health professionals or licensed psychiatric nursing staff who place a resident in time out shall document the following in the resident's chart:

(1) The date and time the time out began;

(2) The reasons for placing the resident in time out;

(3) The names of direct care staff involved in the time out;

(4) The location of the time out;

(5) The date and time the time out ended, either because the resident left the time out area or because the psychiatric residential treatment facility released the resident from time out.

(e) Time out may take place away from the area of activity or from other residents, such as in the resident's room (exclusionary), or in the area of activity or other residents (inclusionary);

(f) Direct care staff shall ensure that the area where a resident is placed in time out is free of hazards such as objects or fixtures that can be broken or used by a resident to inflict injury to self or others.

(g) Direct care staff shall ensure that there are no objects in the resident's possession that could be used to inflict injury to self or others while in time out.

(h) Direct care staff shall maintain direct visual contact with the resident at all times while they are in time out.

§ Section 74. Notification of Parent(s) or Legal Guardian(s)

(a) The psychiatric residential treatment facility shall develop and implement policies and procedures regarding the methods by which the facility shall notify a resident's authorized representative, parent, legal guardian, or others required by law to receive notice of the resident's placement in restraint or seclusion.

(b) For residents under the jurisdiction of the juvenile court under Section 300 or 602 of the Welfare and Institutions Code, the psychiatric residential treatment facility shall develop and implement policies and procedures regarding the methods by which the facility shall notify the resident's counsel, social worker, or probation

officer, as applicable, the resident's tribe if the resident is an Indian child, as defined in subdivisions (a) and (b) of Section 224.1 of the Welfare and Institutions Code, and, except in cases in which parental rights or a legal guardianship has been terminated, the resident's parent, legal guardian, or Indian custodian.

§ Section 75. Restraint and Seclusion Rooms

(a) Psychiatric residential treatment facilities shall use rooms for restraint or seclusion that are free of potentially hazardous conditions such as unprotected light fixtures and electrical outlets, objects that can be broken or used by a resident to inflict injury to self or others, and that are constructed to prevent hiding, escape, injury, or suicide.

(b) The psychiatric residential treatment facility shall not use a restraint or seclusion room:

(1) For another purpose, such as a bedroom, bathroom, or storage;

(2) Without a fire clearance from the city or county fire department, the district providing fire protection services, or the State Fire Marshal's Office; and

(3) Without prior inspection and approval by the Department.

(c) The psychiatric residential treatment facility shall not place more than one resident in a restraint or seclusion room at any one time.

(d) Restraint or seclusion rooms shall be located to allow for continual in-person assessment and observation by licensed psychiatric nursing staff.

§ Section 76. Emergency Preparedness

(a) Psychiatric residential facilities shall implement an emergency preparedness program plan as required by Section 441.184 of Title 42 of the Code of Federal Regulations, "Emergency Preparedness." Psychiatric residential treatment facilities

shall develop their emergency preparedness program plans in consultation with county, local, tribal, regional, State, and Federal emergency preparedness offices and shall not conflict with county and community disaster plans.

(b) The psychiatric residential treatment facility shall provide documentation of its emergency preparedness program plan to the Department upon request.

(c) In addition to the requirements of Section 441.184 of Title 42 of the Code of Federal Regulations, the emergency preparedness program plan shall include:

(1) Procedures for assigning staff and direct care staff and recalling off-duty staff and direct care staff;

(2) Unified medical command with a chart of lines of emergency authority in the psychiatric residential treatment facility;

(3) Procedures for the conversion of all usable space into areas for resident observation and immediate care of emergency admissions;

(4) Prompt transfer of casualties, when necessary and after preliminary medical services have been rendered, to the psychiatric residential treatment facility or other health facility most appropriate for administering medically necessary care;

(5) Procedures for moving residents from damaged areas of the psychiatric residential treatment facility to undamaged areas;

(6) Arrangements for provision of transportation of residents including emergency housing where indicated;

(7) Procedures for emergency transfers of residents who need to be moved to health care facilities, including arrangements for safe and efficient transportation and transfer information;

(8) Procedures for emergency discharge of residents who can be discharged

without jeopardy into the community, including prior arrangements for their care, arrangements for safe and efficient transportation and at least one follow-up inquiry within 24 hours, to ascertain that residents are receiving required care;

(9) Procedures for maintaining a record of resident relocation and provision of notice of relocation to residents' authorized representatives, parents, legal guardians, and others required by law to receive notification;

(10) An evacuation plan, including evacuation routes, emergency phone numbers of physicians, health care facilities, the fire department and local emergency medical services agencies and arrangements for the safe transfer of residents after evacuation;

(11) Procedures for ensuring that documentation of all pertinent personal and medical information accompanies each resident who is moved, transferred, discharged or evacuated;

(12) Procedures for maintaining security in order to keep relatives, visitors and curious persons out of the psychiatric residential treatment facility during a disaster;

(13) Procedures for providing emergency care to incoming residents from other facilities;

(14) Assignment of public relations liaison duties to a responsible individual employed by the psychiatric residential treatment facility to release information to the public during a disaster.

(d) The psychiatric residential treatment facility shall post an evacuation plan throughout the facility that includes at least the following information:

(1) Evacuation routes;

(2) Location of fire alarm boxes;

(3) Location of fire extinguishers;

(4) Emergency telephone number of the local fire department.

§ Section 77. Dietetic Service

(a) The total daily diet for residents shall be of the quality and in the quantity to meet the needs of the residents and shall meet the “Recommended Dietary Allowances”, 10th Edition (1989), or most current edition, adopted by the Food and Nutrition Board of the National Research Council of the National Academy of Science, adjusted to the age, activity and environment of the group involved. All food shall be of good quality and be selected, stored, prepared and served in a safe and healthful manner. The following shall apply:

(1) Arrangements shall be made so that each resident has available at least three (3) meals per day. Not more than fourteen (14) hours shall elapse between the last and first meal;

(2) Resident food preferences shall be adhered to as much as possible and substitutes shall be offered from a list of available alternative options;

(3) A psychiatric residential treatment facility shall either purchase, store and prepare the required food for its residents, or it shall purchase prepared meals from other appropriate sources through a written agreement;

(4) A psychiatric residential treatment facility shall provide food to residents between meal times as required by a diet order;

(5) A person shall be designated by the psychiatric residential treatment facility administrator to be responsible for the management and operation of the food service:

(A) This person may be a full-time or part-time employee of the

psychiatric residential treatment facility, or the psychiatric residential treatment facility may contract with an outside supplier or food service to provide this service;

(B) If this person is not a dietitian, the psychiatric residential treatment facility shall require this person to consult with a dietician for at least four (4) hours every (3) three months;

(C) If the psychiatric residential treatment facility will provide all food service by agreement, the facility shall designate a staff member of the facility to monitor the operation of the food service within the psychiatric residential treatment facility;

(6) If food is prepared off the facility premises, the following shall apply:

(A) The preparation source shall meet all applicable requirements for commercial food services;

(B) The facility shall have the equipment and staff necessary to receive and serve the food and for cleanup.

(7) All foods or beverages capable of supporting rapid and progressive growth of microorganisms which can cause food infections or food intoxications shall be stored in covered containers at 45 degrees Fahrenheit (7.2 degrees Celsius) or less;

(8) If residents participate in food preparation and/or service to the resident population as part of their individual plan of care, they shall comply with the same policies and procedures as those required for food service personnel;

(9) The psychiatric residential treatment facility shall maintain at the facility at least a three (3)-day supply of staple foods;

(10) The psychiatric residential treatment facility shall develop and maintain a

written plan to provide resident's food service in emergencies;

(11) The psychiatric residential treatment facility shall provide residents with access to beverages and food at times when the main food service is not in operation;

(12) Where indicated, food shall be cut, chopped or ground to meet individual resident's needs.

(b) A psychiatric residential treatment facility shall keep all kitchen equipment, fixed or mobile, and dishes clean and maintained in good condition and free from breaks, open seams, cracks or chips.

(c) A psychiatric residential treatment facility shall clean and sanitize all utensils used for eating and drinking and in the preparation of food and drink after each usage.

(d) A psychiatric residential treatment facility shall not store pesticides and other toxic substances in the food store rooms, kitchen areas, or where kitchen equipment or utensils are stored, or accessible to patients.

(e) A psychiatric residential treatment facility shall store soaps, detergents, cleaning compounds or similar substances in areas separate from food supplies.

(f) All food shall be protected against contamination. Contaminated food shall be discarded immediately.

(g) Dishwashing machines shall reach a temperature of at least 165 degrees Fahrenheit (74 degrees Celsius) during the washing and/or drying cycle to ensure that dishes and utensils are cleaned and sanitized.

(h) Facilities not using dishwashing machines shall clean and sanitize dishes and utensils by an alternative comparable method.

(i) A psychiatric residential treatment facility shall have well-maintained equipment available that is necessary for the storage, preparation and service of food.

(j) A psychiatric residential treatment facility shall have tableware and tables, dishes, and utensils in the quantity necessary to serve the maximum number of residents.

(k) The psychiatric residential treatment facility shall have dining areas that allow residents, staff and guests to eat together in small groups. The dining areas shall be maintained in good condition and ventilated.

§ Section 78. Therapeutic Diets

(a) A psychiatric residential treatment facility shall provide residents with a therapeutic diet as prescribed by a physician.

(b) Therapeutic diets shall be planned, prepared and served with supervision or consultation from a dietitian.

§ Section 79. Menus

(a) Menus for regular and therapeutic diets shall be written at least one week in advance, and dated and posted in a conspicuous place in the psychiatric residential treatment facility and in the kitchen at least one week in advance.

(b) All menus shall be approved by the dietician.

(c) If any meal served varies from the planned menu, the change and the reason for the change shall be noted in writing on the posted menu in the kitchen.

(d) Menus shall provide a variety of foods in adequate amounts at each meal.

(e) Menus shall be adjusted to include foods in season.

(f) Menus shall be planned with consideration of cultural background and food

habits of residents.

(g) A copy of the menu as served shall be kept on file for at least one year.

(h) Menus shall be made available for review by the residents or their authorized representatives and the Department upon request.

§ Section 80. Governing Body

The governing body shall:

(a) Ensure that all services, including care and treatment provided to residents, are adequate and safe at all times.

(b) Establish and implement written bylaws in accordance with legal requirements. The written bylaws shall include, but are not limited to, the following provisions:

(1) Identifying the purposes of the psychiatric residential treatment facility and the means of fulfilling them;

(2) Ensuring the fitness, adequacy and quality of the care rendered;

(3) Identifying the processes to appoint and reappoint clinical staff who provide treatment, care and consultation to residents in the psychiatric residential treatment facility;

(4) Approving policies and procedures that address facility operations to ensure appropriate practices are observed in the psychiatric residential treatment facility.

(c) Appoint a clinical director and administrator whose qualifications, authority and duties are defined in written statements adopted by the governing body.

(d) Provide and ensure the availability, control, and use of appropriate physical and financial resources to meet the needs of the residents.

(e) Ensure appropriate supervision and oversight of personnel required to meet the needs of residents.

(f) Ensure that the facility and its operation conforms to all applicable federal, state, local laws and regulations.

§ Section 81. Residents' Rights

(a) Residents admitted to, or eligible for admission to, a psychiatric residential treatment facility shall have all the rights guaranteed pursuant to Sections 5325, 5325.1, 5325.2, and 5326 of the Welfare and Institutions Code, a list of which shall be prominently posted in English, Spanish and any other prevalent non-English language. Prevalent non-English language means a language identified as the primary language of at least five (5) percent of the population of the county in which the psychiatric residential treatment facility is located.

(b) The attending physician, clinical director or the licensed mental health professional may, for good cause, deny a resident any of the rights listed in subdivisions (a) through (e) of Section 5325 of the Welfare and Institutions Code. Good cause for denying a resident a right exists when the attending physician, clinical director or licensed mental health professional has good reason to believe:

(1) That the exercise of the specific right would be injurious to the resident;

(2) That there is evidence that the specific right, if exercised, would seriously infringe on the rights of others;

(3) That the psychiatric residential treatment facility would suffer serious damage if the specific right is not denied; and

(4) That there is no less restrictive way of protecting the interests specified in paragraphs (1), (2), or (3).

(c) The reason used to justify the denial of a right to a resident must be related to the specific right denied. A right shall not be withheld or denied as a punitive measure, nor shall a right be considered a privilege to be earned.

(d) Treatment modalities shall not include denial of any right specified in **Section (81)(a)**. Waivers signed by the resident, parent, conservator or person appointed by the court to manage a resident's admitted to the psychiatric residential treatment facility shall not be used as a basis for denying rights prescribed in **Section (81)(a)** in any treatment modality.

(e) The psychiatric residential treatment facility shall inform each resident placed on an involuntary hold pursuant to either the Children's Civil Commitment and Mental Health Treatment Act of 1988 under Part 1.5 of Division 5 of the Welfare and Institutions Code, or the Lanterman-Petris-Short Act under Part 1 of Division 5 of the Welfare and Institutions Code of their rights to request a release and a hearing by writ of habeas corpus within two (2) judicial days of the filing of a petition for the writ of habeas corpus with the superior court of the county in which the facility is located upon admission to the facility. The facility shall document that this information was provided to the resident in the resident's record.

(1) When a resident who is on an involuntary hold makes a request for release to any member of the treatment staff at the facility, the treatment staff shall document the request and inform the resident requesting release, the resident's family or authorized representatives, including the resident's social worker or probation officer, as applicable, and for Indian children, as defined by subdivisions (a) and (b) of Section 224.1 of the Welfare and Institutions Code, the resident's tribal representative of the resident's right to counsel and to receive the services of a

patient's rights advocate to assist the resident with their request for release or to answer questions or otherwise assist the resident, as appropriate. The treatment staff of the facility shall document a resident or their authorized representative's request to receive assistance from a patient's rights advocate. The facility shall ensure that the resident receives assistance from the patient's rights advocate per the resident or their authorized representative's request.

(2) The psychiatric residential treatment facility shall notify the resident's family or authorized representatives, including the resident's social worker or probation officer, as applicable, and for Indian children, as defined by subdivisions (a) and (b) of Section 224.1 of the Welfare and Institutions Code, the resident's tribal representative of the time and place of the hearing, if known. A non-minor resident may request that this information not be provided to their family or authorized representatives.

§ Section 82. Non-Discrimination

The psychiatric residential treatment facility shall comply with all applicable State and Federal anti-discrimination laws including, but not limited to, section 11135 of the Government Code and sections 51 and 54 of the Civil Code.

§ Section 83. Interpretation Services

(a) If a resident or their legal representative cannot communicate with direct care staff because of language or communication barriers, the psychiatric residential treatment facility shall arrange for an interpreter.

(b) An interpreter shall be someone who is fluent in both English and the language used by the resident or, as appropriate, their legal representative, or someone who can communicate with persons with disabilities.

(c) When interpreters are required, the psychiatric residential treatment facility shall document in the resident record the name of the person who acted as the interpreter, and their relationship to the resident and to the psychiatric residential treatment facility.

(d) The psychiatric residential treatment facility shall comply with all applicable state and federal requirements pertaining to the provision of interpretation and communication services to persons with limited English proficiency or persons with disabilities, or both.

§ Section 84. Education of Residents

(a) The psychiatric residential treatment facility shall adopt and implement policies and procedures to ensure that residents receive appropriate educational services while admitted to the facility.

§ Section 85. Advertising

(a) A psychiatric residential treatment facility shall not make or disseminate, or allow a third party to make or disseminate on its behalf, a false or misleading statement or provide false or misleading information about the entity's products, goods, services, or geographical locations in its marketing, advertising materials, or media, or on its internet website or on a third-party internet website.

(b) A psychiatric residential treatment facility shall not make a false or misleading statement or provide false or misleading information about medical treatments or medical services offered in its marketing, advertising materials, or media, or on its internet website, on a third-party internet website, or in its social media presence.

(c) A psychiatric residential treatment facility shall not include on its internet

website a picture, description, staff information, or the location of an entity, along with false contact information that surreptitiously directs the reader to a business that does not have an agreement with the entity.

(d) A psychiatric residential treatment facility shall not include on its internet website false information or an electronic link that provides false information or surreptitiously directs the reader to another internet website.

(e) A psychiatric residential treatment facility shall not allow any third party to use the facility's name or logo in the third party's own advertising.

§ Section 86. Records and Reports

(a) Each psychiatric residential treatment facility shall maintain copies of documents on file in the facility, which shall include, but not be limited to:

(1) Articles of incorporation or partnership agreement;

(2) Bylaws and rules and regulations of the governing body;

(3) Bylaws and rules and regulations of all staff including medical, professional and other staff;

(4) Minutes of the meetings of the governing body, medical and professional staff;

(5) Reports of inspections by local, state and federal agencies;

(6) All agreements, leases and other agreements required by these regulations;

(7) Resident admission roster;

(8) Reports of unusual occurrences for the preceding ten (10) years;

(9) Personnel records, including credential files;

(10) Policy manuals;

(11) Procedure manuals;

(12) In-service education records;

(13) Video and audio surveillance;

(b) The records and reports specified above shall be made available for inspection by any duly authorized officer, employee or agent of the Department.

§ Section 87. Written Administrative Policies

The psychiatric residential treatment facility shall adopt the following administrative policies:

(a) Administration and management of the psychiatric residential treatment facility.

(b) Personnel policies and procedures which include:

(1) Job descriptions detailing qualifications, duties and limitations of each classification of staff and direct care staff;

(2) Orientation to psychiatric residential treatment facility, job, resident population, policies, procedures and staff;

(3) Employee benefits;

(4) Staff and direct care staff health and grooming;

(5) Verification of licensure, credentials and references.

§ Section 88. Personnel Health Examination and Health Records

(a) All staff and direct care staff working in the psychiatric residential treatment facility, including the licensee, shall have a health examination within ninety (90) calendar days prior to employment, and at least annually thereafter by a person lawfully authorized to perform such a procedure. Each such examination shall include a medical history and physical evaluation. The report signed by the examiner

shall indicate that the person is sufficiently free of disease to perform assigned duties and does not have any health condition that would create a hazard for self, fellow staff and direct care staff, residents, or visitors.

(b) The initial health examination and subsequent annual examination shall include a test for tuberculosis infection that is recommended by the federal Centers for Disease Control and Prevention and licensed by the federal Food and Drug Administration and a chest x-ray if the skin test is positive.

(c) The psychiatric residential treatment facility shall maintain staff and direct care staff health records that include the records of all required health examinations for a minimum of ten (10) years from the date the staff or direct care staff last worked at the psychiatric residential treatment facility.

(d) Direct care staff known to have or evidencing symptoms of infectious disease shall be removed from contact with residents.

(e) Direct care staff shall be free from symptoms indicating the presence of infectious diseases.

§ Section 89. Personnel Records

(a) Each psychiatric residential treatment facility shall maintain current complete and accurate personnel records for all staff and direct care staff.

(1) The record shall include:

(A) Full name;

(B) Driver's license number if the employee is to transport residents;

(C) A statement signed by the employee that they are at least eighteen (18) years old;

(D) Home address and phone number;

(E) Duties of the employee;

(F) Documentation of either a criminal record clearance or exemption;

(G) Professional license or registration number and date of expiration, if applicable;

(H) Employment classification;

(I) Tuberculosis test documents;

(J) Verification of health status;

(K) Information as to past employment and qualifications;

(L) Date of beginning employment;

(M) Date of termination of employment;

(N) Documented evidence of orientation to the psychiatric residential treatment facility and in-service education, which shall include the signature of the staff or direct care staff member for each in-service education activity completed, the date the education occurred, the number of hours, and the subjects covered.

(O) A statement signed by the staff or direct care staff member certifying that he or she has read, understood, and shall comply with these regulations.

(P) Performance evaluations;

(Q) Records of hours and dates worked by all employees.

(b) A permanent log of the temporary or contract staff and direct care staff shall be maintained in the psychiatric residential treatment facility, and shall include the following:

(1) Person’s full name;

(2) Name of temporary services personnel agency;

(3) Professional license and registration number and date of expiration, if

applicable;

(4) Verification of health status;

(5) Tuberculosis test documents;

(6) Documentation of either a criminal record clearance or exemption;

(7) Record of hours and dates worked.

(c) All personnel records shall be available to the Department to inspect, audit, and copy upon demand during normal business hours. The licensee shall be permitted to retain such records in a central administrative location provided that they are readily available at the psychiatric residential treatment facility upon request by the Department.

(d) The psychiatric residential treatment facility shall retain all personnel records for a minimum of ten (10) years from the last date the temporary or contract staff or direct care staff worked at the psychiatric residential treatment facility.

§ Section 90. Staff Characteristics, Qualifications, Duties, and Adequacy

(a) The psychiatric residential treatment facility shall have direct care staff scheduled for additional hours as needed to ensure residents have access to behavioral health treatment programs, including medically necessary specialty mental health services. The psychiatric residential treatment facility shall ensure that the behavioral health treatment program schedule maximizes opportunities for service provision when residents are present and available to receive the services.

(b) The Department may require a psychiatric residential treatment facility to provide additional direct care staff, if the Department determines that additional direct care staff are needed to provide for the health, safety, well-being and behavioral health treatment program needs of the residents admitted to the

psychiatric residential treatment facility. The Department shall notify the psychiatric residential treatment facility in writing when additional direct care staff are required.

§ Section 91. Administrator

(a) Each psychiatric residential treatment facility shall employ an administrator to be responsible for the administration and management of the facility.

(b) The administrator shall have a bachelor's degree in a behavioral science from an accredited college or university, plus two (2) years of administrative experience or supervisory experience in a community program that served residents with psychiatric illnesses or a related field.

(c) The administrator shall primarily be responsible for the administration and management of only one psychiatric residential treatment facility. Subject to Departmental approval, an administrator may be responsible for more than one psychiatric residential treatment facility. If the administrator is to be absent for more than thirty (30) calendar days, the licensee shall appoint an acting administrator to be responsible for the day-to-day functions of the psychiatric residential treatment facility.

(d) A copy of the current psychiatric residential treatment facility regulations shall be maintained by the administrator and shall be available to all personnel.

(e) The administrator shall be responsible for informing appropriate staff of the applicable additions, deletions and changes to psychiatric residential treatment facility regulations.

(f) The administrator shall be responsible for informing the Department, or its designee, via telephone within twenty-four (24) hours of any serious occurrence, as specified in **Section 110**, or unusual occurrence, as specified in **Section 111**. If the

serious occurrence or unusual occurrence involves the discontinuance or disruption of services occurring during other than regular business hours of the Department or its designee, a telephone report shall be made immediately upon the resumption of business hours of the Department.

(g) The administrator shall ensure that consumers of behavioral health services and family members of persons with psychiatric disabilities have opportunities for employment, including employment as a peer counselor, in each psychiatric residential treatment facility.

§ Section 92. Clinical Director

(a) Each psychiatric residential treatment facility shall have a dedicated clinical director employed and present at the psychiatric residential treatment forty (40) hours per week. The clinical director shall have no other employment duties or responsibilities during the forty hours at the psychiatric residential treatment facility, unless the following exception applies:

(1) The clinical director may serve as the administrator if the psychiatric residential treatment facility has twenty-five (25) beds or less, as long as it does not interfere with the clinical director duties.

(b) The clinical director shall meet the requirements of one of the following professional disciplines:

(1) A psychiatrist, as defined in these regulations;

(2) A psychologist who is licensed by the California Board of Psychology, and who has at least two (2) years of post-doctoral experience in a mental health setting;

(3) A clinical social worker who is licensed by the California Board of Behavioral Science Examiners, and who has at least two (2) years of post-master's experience in a mental health setting;

(4) A marriage and family therapist who is licensed by the California Board of Behavioral Science Examiners, and who has at least two (2) years of post-master's experience in a mental health setting; or

(5) A professional clinical counselor who is licensed by the by the California Board of Behavioral Science Examiners, and who has at least two (2) years of post-master's experience in a mental health setting;

(c) If the clinical director is not a physician, the clinical director shall perform the clinical director duties under the direction of a physician.

(d) The clinical director is responsible for the quality of the behavioral health treatment program in the psychiatric residential treatment facility. The clinical director's responsibilities shall include, but are not limited to, the following specific tasks:

(1) Communicating any issues or concerns related to a resident's care and treatment to the psychiatric residential treatment facility administrator and interdisciplinary teams;

(2) Ensuring that the psychiatric residential facility maintains a safe, healthy, and therapeutic environment;

(3) Ensuring that the psychiatric residential treatment facility complies with these regulations and applicable laws;

(4) Ensuring that each residents' presence is not adverse to the safety or therapeutic needs of the resident or other residents admitted to the psychiatric residential treatment facility;

(5) Ensuring the services identified in a resident's plan are provided and appropriate to meet the individual needs of the resident;

(6) Monitoring the quality of the services provided to residents;

(7) Ensuring that arrangements are made, including for transportation, for residents to receive behavioral and physical health care services that cannot be met by the psychiatric residential treatment facility;

(8) Ensuring arrangements for provision of services to residents with disabilities;

(9) Ensuring that documentation and recordkeeping requirements are met;

(10) Ensuring development of staff schedules, training schedules, behavioral health treatment program schedules, and any other schedules for the operation of the psychiatric residential treatment facility.

§ Section 93. Behavioral Health Treatment Program Direct Care Staff

(a) All licensed mental health professionals providing services in a psychiatric residential treatment facility shall meet all legal requirements for professional licensing, waiver, or registration, as applicable.

(b) The psychiatric residential treatment facility shall have adequate numbers, as defined by these regulations, of psychiatric residential treatment facility direct care staff present, awake, and on duty twenty-four (24) hours per day seven (7) days per week. The Department may require the psychiatric residential treatment facility to provide additional direct care staff if the Department determines that

additional direct care staff are needed to provide for the behavioral health treatment services needs for the residents of the facility. To evaluate staffing adequacy, the Department may consider the census, experience and education of psychiatric residential treatment facility staff, frequency of deficiencies, severity of deficiencies, current or past program flexibility, as well as any other relevant considerations, including the psychiatric diagnosis, acuity, and needs of the residents in the program.

(c) The psychiatric residential treatment facility shall have the following minimum ratios of direct care staff at all times twenty-four (24) hours per day seven (7) days per week:

(1) During the hours of 7:00 a.m. to 10:00 p.m., the psychiatric residential treatment facility shall have a minimum ratio of one full-time equivalent direct care staff member for four residents admitted to the facility;

(2) During the hours of 10:00 p.m. to 7:00 a.m., the psychiatric residential treatment facility shall have a minimum ratio of one full-time equivalent direct care staff member for six residents admitted to the facility;

(3) At least one licensed mental health professional shall be present at all times when there are residents admitted to the psychiatric residential treatment facility;

(4) A licensed mental health professional shall not have a caseload of more than ten residents.

§ Section 94. Licensed Psychiatric Nursing Staff

(a) A registered nurse shall be employed full time and be present in the psychiatric residential treatment facility forty (40) hours per week.

(b) There shall be an adequate number of registered nurses and other licensed psychiatric nursing staff to provide the psychiatric nursing care necessary under each residents' plan of care.

(c) At a minimum, one licensed psychiatric nursing staff shall be awake and on duty in the psychiatric residential treatment facility, at all times, twenty-four (24) hours per day. The licensed psychiatric nursing staff on all shifts shall have at least one year of experience or training related to behavioral health treatment programs.

(d) A registered nurse designated as a nurse supervisor by the psychiatric residential treatment facility pursuant to **Section 40(h)** may be utilized to satisfy the requirements in subsection (c) if the psychiatric residential treatment facility is twenty-five (25) beds or less.

§ Section 95. Physician

(a) A physician shall be on call twenty-four (24) hours per day, seven (7) days per week for the provision of physical health care and those services, which can only be provided by a physician. The staff member in charge of resident care services on each shift shall be provided with the names(s) and means of locating and contacting the available physician.

(b) The psychiatric residential treatment facility shall have a psychiatrist available or on call twenty-four (24) hours per day, seven (7) days per week to provide psychiatric care to residents of the facility. The staff member in charge of resident care services on each shift shall be provided with the names(s) and means of locating and contacting the available psychiatrist.

(c) Each resident shall have a minimum of one face-to-face contact with a psychiatrist once every thirty (30) calendar days, or more frequently if required by the resident's individual plan of care.

§ Section 96. Consulting Pharmacist

(a) A psychiatric residential treatment facility shall retain a consulting pharmacist who devotes a sufficient number of hours during a regularly scheduled visit that occurs at least once per quarter, for the purpose of coordinating, supervising and reviewing the pharmaceutical service, or its equivalent and preparing reports required by subsection (b). The report shall include a log or record of time spent in the psychiatric residential treatment facility. There shall be a written agreement between the pharmacist and the psychiatric residential treatment facility, which includes duties and responsibilities of both.

(b) A pharmacist shall review the drug regimen of each resident at least monthly and prepare appropriate reports. The review of the drug regimen of each resident shall include all drugs currently ordered, information concerning the resident's condition relating to drug therapy, medication administration records, and where appropriate, physician's progress notes, nurse's notes, and laboratory test results. The pharmacists shall be responsible for reporting, in writing, irregularities in the dispensing and administration of drugs and other matters relating to the review of the drug regimen to the psychiatric residential treatment facility's clinical director, designated registered nurse supervisor and the residents' attending physicians.

§ Section 97. Dietetic Service Staff

(a) The psychiatric residential treatment facility shall employ, orient, train, and schedule sufficient staff to provide for the nutritional needs of the residents and to maintain the food preparation and dining areas.

(b) The psychiatric residential treatment facility shall post current dietetic service staff work schedules by job titles and weekly dietetic service staff time schedules by job titles in the dietetic service area.

(c) The psychiatric residential treatment facility shall train dietetic service personnel in basic food sanitation techniques, wearing clean clothing, and a cap or a hair net. Beards and mustaches, which are not closely cropped and neatly trimmed, shall be covered.

(d) The psychiatric residential treatment facility shall exclude staff from duty when affected by skin infection or communicable diseases.

(e) Under supervision of psychiatric residential treatment facility staff, residents may assist in cooking/kitchen activities as part of their skills training program.

§ Section 98. Housekeeping Staff

Housekeeping personnel shall be employed to maintain the psychiatric residential treatment facility in a safe, clean, orderly and attractive manner free from offensive odors.

§ Section 99. Orientation and In-Service Education

(a) The psychiatric residential treatment facility shall have a twenty (20)-hour orientation program for all newly hired staff and direct care staff. and direct care staff. The orientation program shall include training on the psychiatric residential treatment facility organization, administrative policies and procedures, and plan of operation.

(1) The psychiatric residential treatment facility shall provide the orientation program to full-time staff and direct care staff during their first week of work.

(2) The psychiatric residential treatment facility shall provide the orientation program to part-time staff and direct care staff within their first month of work.

(3) The twenty (20) hours of orientation is in addition to the in-service education required pursuant to subsection (c).

(b) Prior to commencing duties involving direct contact with residents, the psychiatric residential treatment facility shall ensure that direct care staff receives at least twenty (20) hours of training covering the topics specified in paragraphs (1) through (5) of this subsection. These twenty (20) hours shall be separate from the orientation required by subsection (a), but may count towards the direct care staff's 48 hours of training per calendar year required by subsection (c). At a minimum, this in-service education shall cover all of the following topics:

(1) Techniques to identify behaviors, events, and environmental factors that may result in emergency safety situations, as defined in subsection (bb) of Section 2;

(2) The use of non-physical intervention skills, such as de-escalation, mediation, conflict resolution, active listening, and verbal observational methods, to prevent emergency safety situations, as defined in subsection (bb) of Section 2; Suicide prevention techniques;

(3) The safe use of restraint and seclusion, including the ability to recognize and respond to signs of physical distress in residents who are in restraint or seclusion;

(4) Suicide prevention; and;

(5) Trauma-informed crisis management planning.

(c) The psychiatric residential treatment facility shall ensure that all direct care staff, excluding physicians and psychiatrists, receive a minimum of forty-eight (48) hours per calendar year of ongoing, planned academic and on-the-job in-service education. This forty-eight (48) hour requirement may be prorated for part-time psychiatric residential treatment facility direct care and new direct care staff in their first calendar year of work.

(1) Inservice education may exceed forty-eight (48) hours if necessary to cover the topics specified in subparagraph (c).

(2) The psychiatric residential treatment facility shall ensure that direct care staff working twenty (20) hours per week or less receive a minimum of twenty-four (24) hours of in-service education per calendar year.

(d) The psychiatric residential treatment facility shall ensure that the minimum of forty-eight (48) hours of yearly in-service education provided in accordance with subparagraph (c) includes, at a minimum, each of the following topics:

(1) At least twelve (12) hours of training cumulatively across all topics specified in paragraphs (1) through (5) of subsection (a);

(2) Person-centered and trauma-informed approach to address the needs and goals of residents admitted to the psychiatric residential treatment facility;

(3) Child and adolescent development, including sexual orientation, gender identity, and gender expression;

(4) The effects of trauma, including grief and loss, and child abuse and neglect on child development and behavior and methods to behaviorally support children impacted by that trauma or child abuse and neglect;

(5) Awareness and identification of commercial sexual exploitation and best practices for providing care and supervision to commercially sexually exploited children;

(6) The federal Indian Child Welfare Act of 1978 (25 U.S.C. Sec. 1901 et seq.), its historical significance, the rights of children covered by the act, and the best interests of Indian children, including the role of the caregiver in supporting culturally appropriate, child-centered practices that respect Native American history, culture, retention of tribal membership, and connection to the tribal community and traditions;

(7) Best practices for providing care and supervision to nonminor dependents;

(8) Principles and practices of psychosocial rehabilitation and community support, including self-help, peer support, and family involvement;

(9) Cultural competence and sensitivity, including best practices for providing adequate treatment services and supports for residents across diverse ethnic and racial backgrounds, as well as children identifying as lesbian, gay, bisexual, transgender, or nonbinary;

(10) Interpersonal relationship and communication skills;

(11) Positive behavior management techniques, including positive discipline and the importance of self-esteem;

(12) Confidentiality of resident information;

(13) Resident rights and civil rights,; including the rights of a child in foster care, including the right to have fair and equal access to all available services, placement, care, treatment, and benefits, and to not be subjected to discrimination

or harassment on the basis of actual or perceived race, ethnic group identification, ancestry, national origin, color, religion, sex, sexual orientation, gender identity, mental or physical disability, or HIV status;

(14) Prevention and control of infections;

(15) Fire prevention and safety;

(16) Accident prevention and safety measures;

(17) Monitoring and documenting responses to psychotropic and other medications to treat psychiatric illness and recognizing possible side effects in residents; and

(18) Updates to policies and procedures applicable to the psychiatric residential treatment facility.

(e) The psychiatric residential treatment facility shall ensure that all direct care staff maintain current certification in the use of cardiopulmonary resuscitation.

(f) The psychiatric residential treatment facility shall ensure that, each calendar year, psychiatrists and physicians complete trainings on the topics set forth paragraphs (1) through (3) of subsection (b).

(g) At the administrator's discretion, the psychiatric residential treatment facility shall make available optional in-service trainings on the following topics:

(1) Overview of the child welfare and probation systems;

(2) The role of foster parents, including working cooperatively with the child welfare or probation agency, the child's family, and other service providers implementing the case plan;

(3) Core practice model;

(4) Reasonable and prudent parent standard.

(h) All personnel orientation and in-service records shall be available to the Department to inspect, audit, and copy upon demand during normal business hours.

(i) The psychiatric residential treatment facility shall ensure that required in-service training includes exercises in which staff members successfully demonstrate in practice the techniques they have learned for managing emergency safety situations.

(j) The psychiatric residential treatment facility shall document all trainings by maintaining a record of the training title and date, syllabus or curriculum, training materials, and sign-in sheets of attendees. In addition, the psychiatric residential treatment facility shall document in personnel records the trainings successfully completed and the name of the person certifying completion of the trainings.

(k) The psychiatric residential treatment facility shall retain all psychiatric residential treatment facility personnel orientation and in-service education records and training materials for a minimum of ten (10) years from the last date the personnel worked at the psychiatric residential treatment facility.

(l) All personnel orientation and in-service records and training materials shall be made available to the Department, the California Department of Public Health, and the Centers for Medicare and Medicaid Services to inspect, audit, and copy upon demand during normal business hours.

§ Section 100. Criminal Background Check

(a) The psychiatric residential treatment facility shall develop and implement policies and procedures to comply with the requirements in Section 5405 of the Welfare and Institutions Code.

(b) The Department shall conduct a criminal background check of all applicants seeking an initial license, or seeking renewal of an initial license, to operate a psychiatric residential treatment facility that includes a review of results of the criminal record check from the Department of Justice, and information and documentation provided by the applicant. Based on the results of this review, the Department shall:

(1) Approve or deny an application for a license to operate a psychiatric residential treatment facility; or

(2) Suspend or revoke an existing license to operate a psychiatric residential treatment facility.

(c) The Department shall conduct a criminal background check of all individuals seeking clearance to work as direct care staff at the psychiatric residential treatment facility that includes a review of results of the criminal record check from the Department of Justice, and information and documentation provided by the individual. Based on results of this review, the Department shall approve, disapprove or revoke any employment or agreement for direct services by that individual.

§ Section 101. Individuals Subject to Fingerprinting and Criminal Record Check

(a) Prior to the initial licensure or first renewal of a license to operate a psychiatric residential treatment facility, the applicant seeking to operate a psychiatric residential treatment facility shall submit fingerprint images and related information to the Department of Justice to generate criminal record results for the background clearance process.

(b) Prior to commencing duties at a psychiatric residential treatment facility, every direct care staff person or direct services contractor shall submit fingerprint

images and related information to the Department of Justice to generate criminal record results for the background clearance process.

§ **Section 102. Individuals Not Subject to Fingerprinting and Criminal Record Check**

(a) Volunteers, contractors, and consultants who are not direct care staff are not subject to the background clearance process, including but not limited to the fingerprinting and the criminal record check requirements specified in Section 5405 of the Welfare and Institutions Code.

(b) While present in a facility, volunteers, contractors, and consultants who are not direct care staff must be under constant physical supervision by a supervisor who has received a criminal background clearance by the Department and who possesses the required credentials to supervise staff.

(c) “Volunteer,” for purposes of this section, means any individual who is not an employee, contractor, or resident of the psychiatric residential treatment facility.

(d) “Contractor,” for purposes of this section, means any individual who has contact with residents through at least one of their regular job duties, who does not provide services directly to residents and who is not employed directly by the licensed facility.

(e) The psychiatric residential treatment facility shall maintain facility visit logs, which shall include, but not be limited to, the following information:

(1) Volunteer or contractor or consultant’s full name;

(2) Reason(s) for visit;

(3) Professional license and registration number, if applicable;

(4) Date and time spent in the facility;

(5) Driver license and phone number;

(6) Name of agency or organization, if applicable;

(7) The visitor log shall be retained for at least ten (10) years.

§ Section 103. Background Check Clearance Approval

(a) The Department may approve a background check based on the application in DHCS Form 3007, and the Department of Justice criminal record if all of the following conditions are satisfied:

(1) The applicant has no criminal history, including convictions, arrests, or incarceration;

(2) The applicant has no administrative actions pending or settled against them;

(3) The applicant has fully disclosed all information to the best of their knowledge; and

(4) The applicant satisfies all licensure, education, and experience required in applicable statute or regulation for the position that they will assume.

§ Section 104. Mandatory Denials of Individual Clearance

(a) If an individual seeking clearance to work as direct care staff at the psychiatric residential treatment facility has been incarcerated or convicted of a felony as defined in subdivision (c) of Section 667.5 or subdivision (c) of Section 1192.7 of the Penal Code within the ten (10) years immediately preceding the date the applicant signed DHCS Form 3007, the Department shall deny a clearance to work as direct care staff at the facility. For purposes of mandatory denial, any employment or agreement for direct services pursuant to subdivision (c) of Section

5405 of the Welfare and Institutions, the ten (10)-year timeframe shall begin on the date of conviction or the date of release from incarceration, whichever is later.

(b) The Department shall deny a clearance if the criminal record check reflects a conviction in another jurisdiction for an offense that would have been punishable in California as one or more of the offenses referred to in subsection (a).

(c) The Department may deny a clearance if an individual required to provide information pursuant to Section 5405 of the Welfare and Institutions Code is found to have knowingly or willfully made false statements, representations, or omissions in their application.

§ Section 105. Mandatory Revocation of Individual Clearance

(a) If the Department receives notification that an individual has been convicted of a felony as defined in subdivision (c) of Section 667.5 or subdivision (c) of Section 1192.7 of the Penal Code, the Department shall immediately revoke the individual's background check clearance or exemption.

(b) The Department shall revoke an approval if the individual's criminal record reflects a conviction or incarceration in another jurisdiction for an offense that would have been punishable in this state as one or more of the offenses referred to in subdivision (a).

(c) The Department may revoke an approval if an individual required to provide information pursuant to Section 5405 of the Welfare and Institutions Code is found to have knowingly or willfully made false statements, representations, or omissions in their application.

§ Section 106. Mandatory Denial, Suspension, or Revocation of License

(a) If an applicant seeking a new license or to renew a license to operate a psychiatric residential treatment facility has been incarcerated or convicted of a felony as defined in subdivision (c) of Section 667.5 or subdivision (c) of Section 1192.7 of the Penal Code within the ten (10) years immediately preceding the date the applicant signed DHCS Form 3007, the Department shall deny, suspend, or revoke a license. For purposes of mandatory denial, an applicant for a license pursuant to subdivision (c) of Section 5405 of the Welfare and Institutions Code, the 10-year timeframe shall begin on the date of conviction or the date of release from incarceration, whichever is later.

(b) The Department shall deny, suspend, or revoke a license if the criminal record check reflects a conviction in another jurisdiction for an offense that would have been punishable in California as one or more of the offenses referred to in subsection (a).

(c) The Department shall deny, suspend, or revoke a license if an individual required to provide information pursuant to Section 5405 of the Welfare and Institutions Code is found to have knowingly or willfully made false statements, representations, or omissions.

§ Section 107. Conditions of Approved Background Check Clearance or Exemption; Suspension and Revocation for Violations

(a) An applicant with an approved background check clearance or exemption shall continuously meet the following conditions:

(1) Notify the Department of any updates to information provided in the application and during the background clearance process and certify that any updates are true to the best of their knowledge;

(2) Disclose any new arrests or detentions within forty-eight (48) hours, excluding Saturdays, Sundays and holidays, of release;

(3) Disclose any new citations within forty-eight (48) hours, excluding Saturdays, Sundays and holidays;

(4) Disclose all new administrative actions within forty-eight (48) hours, excluding Saturdays, Sundays and holidays;

(5) Comply with all licensing laws and regulations applicable to the facility;

(6) Shall not engage in conduct that poses a risk to the health or safety of any resident at the psychiatric residential treatment facility; and

(7) Notify the Department in writing of any changes in their address or telephone number within fifteen (15) calendar days.

§ Section 108. Transfer of Background Check Clearance

(a) Pursuant to Section 5405 of the Welfare and Institutions Code, an additional background check shall not be required if a direct care staff seeking to transfer to a psychiatric residential treatment facility has received a prior background check clearance or background check exemption while working in a mental health rehabilitation center, psychiatric health facility or psychiatric residential treatment facility licensed by the Department, provided the Department has maintained continuous subsequent arrest notification on the direct care staff from the Department of Justice since the prior criminal background check was initiated. The direct care staff with a Department-approved background check clearance or

background check exemption for a psychiatric residential treatment facility may submit to the Department a request on DHCS Form 1818, as incorporated by reference herein, to transfer to another psychiatric residential treatment facility, psychiatric health facility or mental health rehabilitation center licensed by the Department without submitting to a new background check, if:

(1) The direct care staff seeking transfer has complied with all conditions of approval;

(2) The direct care staff seeking transfer has disclosed any new arrests, bench warrants, detentions, citations, or conviction since the approval;

(3) The direct care staff seeking transfer has disclosed any new administrative actions since the approval;

(4) The direct care staff seeking transfer has provided a valid copy of their driver's license, Department of Motor Vehicles identification card, or valid photo identification issued by another state or the United States government;

(5) The direct care staff seeking transfer has provided all information or documentation requested by the Department;

(6) The direct care staff seeking transfer has received a prior background check clearance or background check exemption while working in a mental health rehabilitation center, psychiatric health facility, or psychiatric residential treatment facility licensed by the Department; and

(7) The Department has maintained continuous subsequent arrest notification on the direct care staff seeking transfer from the Department of Justice since the prior criminal background check was initiated.

(b) Pursuant to Section 5405 of the Welfare and Institutions Code, an additional background check shall not be required if a licensee seeking to transfer to a psychiatric residential treatment facility has received a prior background check clearance or background check exemption while working in a mental health rehabilitation center, psychiatric health facility or psychiatric residential treatment facility licensed by the Department, provided the Department has maintained continuous subsequent arrest notification on the direct care staff from the Department of Justice since the prior criminal background check was initiated. The direct care staff with a Department-approved background check clearance or background check exemption for a psychiatric residential treatment facility may submit to the Department a request on DHCS Form 1818 to transfer to another psychiatric residential treatment facility, psychiatric health facility or mental health rehabilitation center licensed by the Department without submitting to a new background check, if:

(1) The licensee seeking transfer has complied with all conditions of approval;

(2) The licensee seeking transfer has disclosed any new arrests, bench warrants, detentions, citations, or conviction since the approval;

(3) The licensee seeking transfer has disclosed any new administrative actions since the approval;

(4) The licensee seeking transfer has provided a valid copy of their driver's license, Department of Motor Vehicles identification card, or valid photo identification issued by another state or the United States government;

(5) The licensee seeking transfer has provided all information or documentation requested by the Department;

(6) The licensee seeking transfer has received a prior background check clearance or background check exemption while working in a mental health rehabilitation center, psychiatric health facility, or psychiatric residential treatment facility licensed by the Department; and

(7) The Department has maintained continuous subsequent arrest notification on the licensee seeking transfer from the Department of Justice since the prior criminal background check was initiated.

(c) The new psychiatric residential treatment facility, psychiatric health facility, or mental health rehabilitation center that the direct care staff or licensee is seeking transfer to shall sign DHCS Form 1818.

§ Section 109. Resident Contact

(a) Until the Department approves a direct care staff's request for a background check clearance or exemption, the direct care staff shall have no resident contact unless the direct care staff is under constant supervision.

(b) Prior to the approval of a request to transfer a background check clearance or background check exemption, the direct care staff seeking transfer shall not have resident contact at the new psychiatric residential treatment facility, psychiatric health facility, or mental health rehabilitation center unless the direct care staff is under constant supervision.

(c) "Constant Supervision" means a supervisor shall be physically present at all times when a direct care staff with a pending application is in contact with residents. A supervisor shall be a staff person who has received a criminal background

clearance by the Department and who holds a designated supervisory job title as specified in the psychiatric residential treatment facility's personnel policies and procedures manual.

§ Section 110. Reporting of Serious Occurrences

(a) Serious occurrences shall be reported by the psychiatric residential treatment facility pursuant to Section 483.374 of Title 42 of the Code of Federal Regulations. The psychiatric residential treatment facility shall report a serious occurrence, as soon as possible, but no later than twenty-four (24) hours after the serious occurrence. A serious occurrence shall be reported to the following:

(1) The authorized representative for the resident and the resident's attorney, if any, or, when a resident is under the jurisdiction of the juvenile court, to the State Department of Social Services and county child welfare agency or county probation department with responsibility for the resident and the resident's social worker or probation officer and attorney, if any, and the tribal representative, if applicable.

(2) The Department;

(3) The State Department of Public Health as the State Survey Agency;

(4) Disability Rights California as the State Protection and Advocacy Agency;

(5) For residents under the jurisdiction of the juvenile court, to the State Department of Social Services/Systems of Care Bureau and county child welfare agency or county probation department with responsibility for the resident and the resident's social worker or probation officer and attorney, if any, and the tribal representative, if applicable.

(b) A serious occurrence includes a resident's death, a serious injury to a resident as defined in Section 483.352 of Title 42 of the Code of Federal

Regulations, and a resident's suicide attempt.

(c) A psychiatric residential facility shall report all resident deaths, including a death that occurs outside the facility such as at a day treatment program, school, hospital, or on pass away from the facility.

(d) In addition to the entities specified in subsection (a), the psychiatric residential treatment facility shall report the death of a resident to the Centers for Medicare and Medicaid Services (CMS) regional office.

(e) The psychiatric residential treatment facility shall report serious occurrences by either telephone or electronic mail. The psychiatric residential treatment facility shall confirm in writing a serious occurrence reported by telephone.

§ Section 111. Reporting of Unusual Occurrences

(a) In addition to reporting serious occurrences as specified in **Section 110**, the psychiatric residential treatment facility shall report unusual occurrences and any use of seclusion and restraint, within twenty-four (24) hours, either by telephone (and confirmed in writing) or secure electronic mail to the following:

(1) The Department;

(2) The authorized representative for the resident and the resident's attorney, if any; and

(3) For residents under the jurisdiction of the juvenile court, the State Department of Social Services and county child welfare agency or county probation department with responsibility for the resident and the resident's social worker or probation officer and attorney, if any, and the resident's tribal representative, if applicable.

(b) An unusual occurrence other than a serious occurrence as specified in

Section 110 means any condition or event which has jeopardized or could jeopardize the health, safety, security or well-being of any resident, employee or any other person while in the psychiatric residential treatment facility and shall include, but is not limited to:

(1) An epidemic outbreak of any disease, prevalence of communicable disease whether or not such communicable disease is required to be reported in accordance with Section 2500 of Title 17 of the California Code of Regulations, or epidemic infestation by parasites or vectors;

(2) Poisonings;

(3) Fires;

(4) Death of an employee or a visitor on the premises of the psychiatric residential treatment facility;

(5) Sexual acts involving residents who are nonconsenting;

(6) Physical assaults on residents, employees or visitors;

(7) All instances of resident abuse, as defined in these interim regulations;

(8) Actual or threatened walkout, or other curtailment of services or interruption of essential services provided by the facility.

(c) All suspected criminal acts in or on the premises by or against residents, employees or visitors shall be reported to the local police authority and the Department within twenty-four (24) hours.

(d) A psychiatric residential treatment facility admitting a resident exhibiting a physical injury or presenting a condition caused by neglect shall immediately notify a physician and request a physical examination of the resident. If, in the opinion of the examining physician, the injury or condition appears to be the result of neglect or

abuse, the facility shall report such fact by telephone, and in writing, within twenty-four (24) hours of the resident's admission, to the Department, the local police authority having jurisdiction, and the resident's authorized representative. Written reports in the resident's health record shall state the character and extent of the physical injury or condition.

(e) Every fire or explosion which occurs in or on the premises shall be reported within 24-hours to the local fire authority or in areas not having an organized fire service, to the State Fire Marshal's Office.

(f) An unusual occurrence report shall be in writing and shall include detailed information specific to the date, time and setting, description of physical condition of the resident, the staff's response during the incident, and planned follow-up.

(g) Psychiatric residential treatment facilities shall furnish all information, records, and documentation requested by the State Department of Health Care Services. A psychiatric residential treatment facility shall preserve and provide any information, including books, records, papers, accounts, documents, video, and any writing, as defined in Section 250 of the Evidence Code, that the department deems necessary to review compliance with applicable laws.

(h) A psychiatric residential treatment facility shall provide any information the department deems necessary within fifteen (15) calendar days from the date of the department's request unless the department permits an extension.

(i) An unusual occurrence report shall be retained on file by the facility for ten (10) years.

§ Section 112. Reporting of Communicable Diseases

All cases of reportable communicable diseases shall be reported to the local health officer in accordance with, Article 1 (commencing with Section 2500), Subchapter 1, Chapter 4, Title 17 of the California Code of Regulations.

(a) A resident who after admission is diagnosed as having a reportable communicable disease or being a carrier shall be promptly transferred to a facility capable of accommodating such residents.

(b) The psychiatric residential treatment facility shall furnish such other pertinent information related to communicable diseases as the local health officer or the Department may require.

§ Section 113. Complaint

(a) Any person may submit a complaint to the Department concerning the psychiatric residential treatment facility. The Department shall investigate the complaint to determine whether the psychiatric residential treatment facility is out of compliance with the requirements of these regulations or related statutes.

(b) A complaint may be made to the Department either orally or in writing.

§ Section 114. Actions for Noncompliance

(a) To ensure compliance with psychiatric residential treatment facility requirements, the Department may take one or more of the following actions:

(1) Require a facility to submit a corrective action plan;

(2) Place a facility on probation;

(3) Suspend or revoke a psychiatric residential treatment facility's license;

(4) Impose monetary penalties.

§ Section 115. Imposition of Corrective Action Plan

(a) The Department may impose a corrective action plan upon a psychiatric residential treatment facility to remedy any instance of noncompliance. When the Department determines that a psychiatric residential treatment facility must enter into a plan of correction, the facility shall submit a corrective action plan to the Department for approval and shall implement the corrective action plan upon approval from the Department.

(b) When the Department determines that a psychiatric residential treatment facility is not in compliance with these regulations, the Department shall issue a notice of noncompliance. The notice of noncompliance shall include details of the noncompliance, a date by which the psychiatric residential treatment facility must have the noncompliance corrected, and a requirement that the psychiatric residential treatment facility prepare and implement a corrective action plan to come into compliance subject to the Department's approval.

(c) The psychiatric residential treatment facility shall correct instances of noncompliance identified by the Department within the following timeframes:

(1) Class A violations, as defined in **Section 118**, shall be abated or eliminated immediately upon the Department issuing a notice of noncompliance unless the Department determines that additional time to come into compliance is warranted.

(2) Class B and C violations, as defined in **Section 118**, shall be corrected no more than thirty (30) calendar days following the Department issuing a notice of noncompliance, unless the Department determines that additional time to come into compliance is warranted.

(d) For a psychiatric residential treatment facility that fails to provide an approvable corrective action plan, the Department shall specify the corrective action that the Department deems necessary for the facility to implement to correct the violation and shall specify the timeframe for corrective action.

(e) The psychiatric residential treatment facility shall implement the corrective actions in accordance with the timeframes specified by the Department.

§ Section 116. Probation

(a) The Department may place a psychiatric residential treatment facility operating under a non-provisional license on probation for repeated noncompliance, failure to submit a corrective action plan, or failure to comply with the terms of an approved corrective action plan.

(b) The Department shall issue a notice of probation to the psychiatric residential treatment facility prior to placing the facility on probation. The notice of probation shall specify the reasons for placing the facility on probation and the effective date of the probation.

(c) When a psychiatric residential treatment facility is placed on probation, the facility shall be subject to enhanced monitoring, which may include requiring submission of documentation demonstrating compliance with these interim regulations in accordance with timeframes specified by the Department, and additional onsite licensing inspections.

(d) The Department shall notify the county behavioral health department for the county in which the psychiatric residential treatment facility is located and the California Department of Social Services when a psychiatric residential treatment facility is placed on probation.

§ Section 117. Suspension or Revocation of License

(a) The Department may suspend or revoke the license of a psychiatric residential treatment facility for noncompliance with these regulations and other laws applicable to the psychiatric residential treatment facility.

(b) The Department may suspend or revoke the license of a psychiatric residential treatment facility for any of the following reasons, including but not limited to:

(1) Repeat violation of any Class A deficiency, as specified in **Section 118**, within a one-year period;

(2) Repeat violation of any Class B deficiency, as specified in **Section 118**, within a one-year period;

(3) The facility engages in conduct that poses a risk to the health and safety of residents at the facility;

(4) The facility fails to protect a resident from a harmful act of an employee or other resident including, but not limited to: physical abuse, neglect, exploitation, or extortion;

(5) Fraud or misappropriation of funds, including Medicare or Medicaid funds;

(6) Failure to allow or refusal to allow the Department to conduct an investigation or licensing inspection, or to interview the facility staff or the residents;

(7) Failure to allow or refusal to allow access to facility or resident records by authorized personnel of the Department;

(8) Failure to pay licensing fees;

(9) Failure to pay monetary penalty assessments;

(10) Failure to maintain accreditation or failure to obtain accreditation;

(11) Failure to obtain and maintain certification for participation in the Medicaid program, including conditions of participation for psychiatric residential treatment facilities pursuant to Subpart D of Part 441 and Subpart G of Part 483 of Title 42 of the Code of Federal Regulations.

(c) The Department shall consider the following factors to determine whether to suspend or revoke a license:

(1) The gravity of the noncompliance which shall include:

(A) The degree of substantial probability that death or physical harm to the resident would result and, if applicable, did result from the noncompliance;

(B) The severity of serious physical harm to a resident or guest which was likely to result and, if applicable, that did result, from the noncompliance;

(C) The extent of noncompliance with the provisions of the applicable statutes or regulations.

(2) Mitigating circumstances, which shall include reasonable diligence in complying with applicable statutes and regulations, prior accomplishments manifesting the facility's desire to comply with such requirements, and any other mitigating factors in favor of the facility;

(3) Any previous license deficiencies committed by the facility.

(d) Prior to suspending or revoking a license, the Department shall issue to the psychiatric residential treatment facility, in person, electronically or by certified mail, with an accusation and written notice of suspension or revocation that shall:

(1) Inform the facility that the facility's license is being suspended or revoked and the effective date of the suspension or revocation;

(2) Explain the reason(s) for the suspension or revocation;

(3) For suspensions, order the facility to suspend operation of the facility as of the date specified on the notice; and

(4) Inform the facility of the facility's right to an adjudicative hearing and the procedure for requesting a hearing, in accordance with the provisions of Chapter 5 (commencing with Section 11500) of Part 1, Division 3, Title 2 of the Government Code.

(e) Within fifteen (15) business days of the date of receipt of the facility's notice of defense to the accusation, the Department shall request the administrative hearing office of the Department set the matter for hearing.

(f) If the final decision of the Department from the adjudicative hearing grants the facility's appeal, the psychiatric residential treatment facility shall pay any licensing fees or other fees due to the Department and pay any outstanding monetary penalties due to the Department.

(g) If the final decision of the Department from the adjudicative hearing upholds the suspension or revocation, the psychiatric residential treatment facility shall coordinate care and discharge all residents receiving treatment services and cease operations in accordance with timeframes specified by the Department.

(h) If the Department revokes a psychiatric residential treatment facility's license, or the licensee surrenders the facility's license in lieu of a revocation, the licensee of the psychiatric residential treatment facility may be prohibited from opening, managing, directing, operating, or owning another psychiatric residential treatment facility.

(i) The Department may suspend a psychiatric residential treatment facility

license prior to an adjudicative hearing when such action is necessary to protect residents of the psychiatric residential treatment facility from physical or mental abuse, abandonment or any other substantial threat to the residents' health or safety. If the Department takes such action, the Department shall issue to the psychiatric residential treatment facility, in person, electronically or by certified mail, an accusation and written notice of immediate suspension. The notice shall:

(1) Inform the facility that the facility's license is being suspended and the effective date of the suspension;

(2) Explain the reason(s) for the immediate suspension;

(3) Order the facility to suspend operations as of the date specified in the notice of immediate suspension;

(4) Specify the facility's right to petition the court to enjoin the suspension pursuant to Chapter 3 (commencing with Section 525), Title 7, Part 2 of the Code of Civil Procedure; and

(5) Inform the facility of the facility's right to an adjudicative hearing and the procedure for requesting a hearing, in accordance with the provisions of Chapter 5 (commencing with Section 11500) of Part 1, Division 3, Title 2 of the Government Code.

(j) Within fifteen (15) business days of the date of receipt of the facility's notice of defense to the accusation, the Department shall request the administrative hearing office of the Department set the matter for hearing.

§ Section 118. Monetary Penalties

(a) The Department may enforce psychiatric residential treatment facility requirements by imposing monetary penalties.

(b) If the Department imposes monetary penalties, the monetary penalties shall be assessed as follows:

(1) The Department shall assess a monetary penalty of up to two hundred fifty ($250) dollars per business day against a facility for each Class C violation;

(2) The Department shall assess a monetary penalty of up to three hundred seventy-five ($375) dollars per day against a facility for each Class B violation;

(3) The Department shall assess a monetary penalty of up to five-hundred ($500) dollars per business day against a facility for each Class A violation;

(4) The Department may assess monetary penalties in amounts greater than those specified in paragraphs (1), (2), and (3) if the Department determines that the nature or seriousness of the violation or the frequency of the violation warrants a higher monetary penalty;

(5) The maximum daily monetary penalty for violations across all classes of violations, as specified in paragraphs (1)-(4) shall not exceed one-thousand ($1,000) dollars. The maximum daily monetary penalty shall not apply to repeat violations pursuant to subsection (d).

(c)(1) Monetary penalties assessed by the Department shall accrue beginning on the date specified in the written notice of the imposition of monetary penalties pursuant to subsection (f) until the date specified in the Department's written confirmation that the violation has been corrected;

(2) A facility assessed monetary penalties shall submit a written notification of correction to the Department after the licensee corrects the violation subject to monetary penalties. The Department shall confirm whether the facility corrected the violation upon receipt of the written notification of correction;

(3) If the Department confirms the correction, the Department shall issue a written confirmation that a violation has been corrected to the facility. The written confirmation that a violation has been corrected shall specify the date when monetary penalties stop accruing and shall specify the total amount of monetary penalties due.

(d) If a facility repeats a violation within a twenty-four (24) month period from the date when the Department identifies the violation for the first-time in a notice of noncompliance requiring corrective action pursuant to subsection (b) of Section 115, the Department shall assess a monetary penalty of five hundred ($500) dollars. Additionally, the Department shall assess a monetary penalty of one thousand ($1000) dollars for each business day the violation continues. A facility assessed monetary penalties for a repeat violation shall submit a written notification of correction pursuant to paragraph (2) of subsection (c) and the Department shall confirm whether the facility corrected the violation pursuant to paragraph (3) of subsection (c). Monetary penalties for repeat violations shall accrue until the date specified in the written confirmation that a violation has been corrected pursuant to paragraph (3) of subsection (c).

(e) Prior to the Department imposing a monetary penalty pursuant to either subsections (c) or (d), the Department shall provide a written notice of the imposition of monetary penalty that includes the facility's appeal rights and procedures. The notice shall also specify the following, at a minimum:

(1) The amount of the monetary penalty;

(2) The reason for the imposition of the monetary penalty; and

(3) The date upon which the monetary penalty shall begin to accrue.

(f) The facility shall be responsible for paying monetary penalties assessed by the Department. Monetary penalties assessed pursuant to this section shall be paid by certified check or money order payable to the Department.

(g) A Class “A” violation is a finding of noncompliance which the department determines presents an imminent danger of death or serious harm to patients or a substantial probability that death or serious physical harm to patients would result therefrom. A Class “A” violation shall be abated or eliminated immediately, unless the Department determines that additional time for correction is warranted.

(h) A Class “B” violation is a finding of noncompliance which the Department determines has a direct or immediate relationship to the health, safety, or security of the patients other than a Class “A” violation. If the violation is ongoing at the time of the finding, a Class “B” violation shall be corrected according to timeframes determined by the Department.

(i) A Class “C” violation is a finding of noncompliance which the Department determines has some relationship to the health or safety of a facility’s patients. If the violation is ongoing at the time of the finding, a Class “C” violation shall be corrected according to timeframes determined by the Department.

(j) The Department shall consider the following factors to determine the appropriate amount of a monetary penalty for each violation:

(1) The nature, scope, and gravity of the violation, including the degree of substantial probability that death or serious physical harm to a patient will result, and if applicable, did result, from the violation;

(2) The good faith efforts exercised by the facility to prevent the violation from occurring;

(3) The facility's history of violations;

(4) The willfulness of the violation;

(5) The nature and extent to which the facility cooperated with the Department's investigation;

(6) The nature and extent to which the facility aggravated or mitigated any injury or damage caused by the violation;

(7) The nature and extent to which the facility has taken corrective action to ensure the violation will not recur;

(8) The financial status of the facility, including whether the monetary penalty will affect the ability of the facility to come into compliance;

(9) The amount of the monetary penalty necessary to deter similar violations in the future;

(10) Any other mitigating factors presented by the facility**.**

(k) Unless otherwise provided, the transfer, surrender, forfeiture, suspension, or revocation of a license shall not affect the facility's responsibility to pay any monetary penalties accrued.

§ Section 119. Informal Conference to Review Monetary Penalty Assessment

(a) A facility may request the Department review the imposition of monetary penalties by submitting a written request for an informal conference to the Department.

(b) A facility shall submit written request for an informal conference, electronically or by certified mail, no later than fifteen (15) business days after the facility receives the written notice of the imposition of monetary penalty from the

Department. Failure to submit the written request for an informal conference within fifteen (15) business days shall be deemed a waiver of an informal conference.

(c) The facility requesting an informal conference with the Department shall submit any additional documents and information to the Department for the Department to consider prior to the informal conference. The facility shall submit the additional documents and information with the facility's written request for an informal conference.

(d) The Department may request clarification or additional documents and information from the facility that the Department deems necessary prior to the informal conference. The facility shall provide the clarification or additional documents and information requested by the Department within timeframes specified by the Department.

(e) Within thirty (30) business days of receipt of the written request for an informal conference, the Department shall schedule and hold an informal conference unless:

(1) The facility waives the thirty (30) business day requirement, or

(2) The Department and the facility agree to settle the matter based upon the documents and information submitted with the written request for an informal conference.

(f) At the informal conference, the facility's representatives shall have the right to present information regarding any mitigating circumstances.

(g) The Department staff who conducted the onsite review or investigation that resulted in the imposition of monetary penalties shall attend the informal conference and shall present information substantiating the alleged violations.

(h) The informal conference shall be conducted as an informal proceeding. Neither the facility nor the Department shall have the right to subpoena any witness to attend the informal conference. However, the facility and the Department may call upon individuals to present relevant information at the informal conference.

(i) The Department shall provide a written decision electronically or by certified mail to affirm, reduce, or reverse the monetary penalty fifteen (15) business days after the date of the informal conference. The written decision from the Department shall include the following:

(1) The reasons for affirming, reducing, or reversing the monetary penalty;

(2) If the Department makes a decision to reduce the monetary penalty, the revised amount of the monetary penalty;

(3) If the Department makes a decision to affirm or reduce the monetary penalty, a statement notifying the facility of the facility's right to an adjudicative hearing in accordance with the procedures specified in Chapter 5 (commencing with Section 11500) Part 1, Division 3, Title 2 of the Government Code.

(j) The facility may submit a request for an adjudicative hearing to the Department within fifteen (15) business days from the date specified in the Department's written decision. Failure of the facility to submit a written appeal within fifteen (15) calendar days shall be deemed a waiver of further administrative review and the Department's decision pursuant to subsection (i) shall be deemed final.

§ Section 120. Appeal of Suspension, Revocation, or Monetary Penalties

(a) A facility's right to appeal a suspension, revocation, or imposition of monetary penalties pursuant to paragraphs (2) and (3) of subdivision (p) of Section 4081 of the Welfare and Institutions Code shall include an adjudicative hearing held

before an administrative law judge at the administrative hearing office of the Department in accordance with Chapter 4.5 (commencing with Section 11400) and Chapter 5 (commencing with Section 11500) of Part 1, Division 3, Title 2 of the Government Code.

(b) The Department shall stay the collection of monetary penalties until the hearing is complete and the Department has made a final decision.

§ Section 121. Oversight

(a) At any time, the Department may conduct onsite licensing inspections, with or without notice, for the purpose of determining that the psychiatric residential treatment facility is in compliance with the provisions of these regulations, including investigation of complaints. The psychiatric residential treatment facility must preserve and provide documentary evidence that it is meeting the requirements set forth in these regulations, which shall include, but not be limited to, employee records of attendance, employee qualifications, in-service education records, policies and procedures, resident records, video and audio surveillance, and written agreements with any providers. This onsite licensing inspection shall include a review of at least twenty (20) percent of the resident records for residents admitted to the facility at the time of the licensing inspection.

(b) The Department shall prepare a written on-site licensing inspection report and identify any corrective actions that are required, and shall provide the psychiatric residential treatment facility with a copy.

(c) The Department shall interview residents admitted to the facility and staff, and to inspect and audit all resident records at either a scheduled or unscheduled onsite licensing inspection.

(d) The psychiatric residential treatment facility shall permit the Department to conduct private interviews with any resident or staff at a psychiatric residential treatment facility and shall permit the Department's examination of all records.

(e) The Department shall have the authority to observe the physical condition of any resident, including conditions which could indicate abuse, neglect, or inappropriate admission to the psychiatric residential treatment facility, and to have any resident receive an evaluation or physical examination by a licensed mental health professional or physician operating within their scope of practice.

(f) During a state of emergency, the Department shall the authority to suspend onsite licensing inspections to psychiatric residential treatment facilities. As a result of the suspension of the onsite licensing inspections, the Department will assess psychiatric residential treatment facility regulatory and statutory compliance via virtual means (video conferencing, photographs, secure email, and/or and conference calls). Psychiatric residential treatment facilities shall send requested documents and files via secure email. The Department representatives will communicate with the psychiatric residential treatment facility throughout the licensing inspection process and during the exit interview, including any necessary technical assistance.