## Common Requirements for Crisis Stabilization Units (CSU) and Short-term Residential Treatment (SRT) Programs

<table>
<thead>
<tr>
<th>TAG</th>
<th>Requirement</th>
<th>Guidelines</th>
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<tbody>
<tr>
<td>CSU/SRT 001</td>
<td>The requirements included in this document are supplemental to those found in chapter 394, Part I, F.S. and chapter 65E-5, F.A.C. Both sets of requirements must be reviewed for the survey of Crisis Stabilization Units (CSUs) Short-term Residential Facilities (SRTs) to be complete. Tag numbers are assigned to each requirement, but some gaps have been intentionally left in the numbering to permit addition of requirements.</td>
<td>Several of the Baker Act form titles and numbers identified in these guidelines are mandatory and must be used in the form designated by the State. However, most forms are recommended and while the forms may be modified, they must contain the minimally required information.</td>
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| CSU/SRT 001 | **Title:** CRISIS STABILIZATION UNITS AND RESIDENTIAL TREATMENT FACILITIES; AUTHORIZED SERVICES; LICENSE REQUIRED; PENALTIES  
**Cite:** 394.875(2), F.S.  
It is unlawful for any entity to hold itself out as a crisis stabilization unit or a residential treatment facility, or to act as a crisis stabilization unit or a residential treatment facility, unless it is licensed by the Agency.  
**Title:** LICENSING PROCEDURE  
**Cite:** 65E-12.104(1), F.A.C.  
Every CSU and SRT is required to obtain a license from the AHCA unless specifically excluded from licensure under the provisions of section 394.875(5), F.S. Compliance with chapter 394, part I, F.S., shall be a condition of licensure. | When surveying a CSU, use these instruments, as well as those for 394, Part I, F.S. and chapter 65E-5, F.A.C. |
| CSU/SRT OO3 | **Title:** LICENSING PROCEDURE - ANNUAL LICENSURE  
**Cite:** 65E-12.104(7), F.A.C.  
One license shall be secured annually to operate a CSU or an SRT program within any Department of Children and Families district. The license shall be posted in a conspicuous place on the premises and shall state the type of service to be performed and the maximum bed capacity of the premises. | Tour the unit to ensure the license is posted as required. |
| CSU/SRT 004 | Title: LICENSING PROCEDURE - PROGRAM CLOSURE  
Cite: 65E-12.104(9), F.A.C. |
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<td>If closure of a CSU or an SRT program by the licensee is pending, the licensee shall notify the AHCA in writing at least 90 days prior to such closure. The program which is closing, with the assistance of the department and the AHCA, shall attempt to place all persons receiving services, with their valid lawful consent, in other programs to which respective clinical records shall be transferred.</td>
<td>Verify that the date notice was received by AHCA was at least 90 days prior to the anticipated date of program closure. If 90 days has not been given, the CSU is subject to sanctions under s.394.879(4), F.S.</td>
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| CSU/SRT 010 | Title: MINIMUM STAFFING STANDARDS  
Cite: 65E-12.105(1), F.A.C. |
|-------------|-----------------------------------------------------------------|
| Each facility shall designate an individual who is responsible for the overall management and operation of a CSU or SRT and whose qualifications and duties are defined in the individual's job description. The job description shall ensure that other job responsibilities will not impede the operation and administration of the CSU or SRT. The occupant of this position shall possess experience in acute mental health and hold at least a bachelor's degree in the human services field or be a registered nurse. | Identify the person with overall management responsibility no later than the entrance conference.  
Review the person’s job description to ensure no conflicting duties exist and the Director’s resume to ensure he or she meets the minimum training required.  
Obtain a copy of the person’s license or the license number to verify currency.  
Review the organizational chart to verify line of authority. |

| CSU/SRT 011 | Title: MINIMUM STAFFING STANDARDS  
Cite: 65E-12.105(2), F.A.C. |
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<td>(a) Every CSU and SRT shall have at least one psychiatrist as primary medical coverage as defined in section 394.455(24), F.S. Back-up coverage may be a physician who will consult with the psychiatrist. The psychiatrist or physician shall be on call 24-hours-a-day and will make daily rounds. Counties of less than 50,000 population may utilize a licensed physician for on-call activities and daily rounds as long as the physician has postgraduate training and experience in diagnosis and treatment of mental and nervous disorders.</td>
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| (b) The psychiatrist shall be responsible for the development of general medical policies, prescription of medications, and medical treatment of persons receiving services. Each person shall be provided medical or psychiatric services as considered appropriate and such services shall be recorded by the | a) Obtain the name and resume of the psychiatrist that provides primary medical coverage at the facility.  
b) Review the psychiatrist’s job description or contract to ensure it accurately describes the required responsibilities. |
| CSU/SRT 012 | Title: MINIMUM STAFFING STANDARDS  
Cite: 65E-12.105(3), F.A.C. | At times, there may need to be more than the minimum number of staff on duty to ensure client safety. Minimum staffing may not be sufficient staffing, should the acuity of the clients require one-on-one supervision of a particular client or the mix of clients requires extraordinary levels of care. The CSU/SRT should have procedures to call in additional staff for such situations.  
Review the number and types of staffing on all shifts to ensure it meets the minimum requirements of TAGs CSU/SRT 014 and 015 or more staffing if the acuity of the clients requires it. This should be the actual numbers of persons working, not just the number of positions allocated.  
Interview staff to ensure they feel safe and in control of the unit. Interview clients to ensure they feel safe on the unit.  
Review incident reports to assess adequacy of unit control and safety of clients. |
| CSU/SRT 013 | Title: MINIMUM STAFFING STANDARDS  
Cite: 65E-12.105(4), F.A.C. | At least one registered nurse shall be on duty 24-hours-a-day, 7-days-a-week.  
Review the facility staffing to ensure at least one RN is on duty at all times. |
### Title: MINIMUM STAFFING STANDARDS
#### Cite: 65E-12.105(5), F.A.C.

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

<table>
<thead>
<tr>
<th>Number of Beds</th>
<th>Registered Nurses</th>
<th>Mental Health Treatment Staff</th>
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<tbody>
<tr>
<td></td>
<td>CSU</td>
<td>SRT</td>
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<tr>
<td>1-10</td>
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<tr>
<td>11-20</td>
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</tr>
<tr>
<td>21-30</td>
<td>2*</td>
<td>1</td>
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*Licensed Practical Nurse may substitute for one registered nurse.

Review the facility’s staffing, using Personnel Worksheet to document the number and type of staff on duty for each shift.

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

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

If questions remain, examine employee’s time cards or employer’s pay records to verify staffing.

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### Title: MINIMUM STAFFING STANDARDS
#### Cite: 65E-12.105(6), F.A.C.

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

<table>
<thead>
<tr>
<th>Number Of Beds</th>
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Review the facility’s staffing, using Personnel Worksheet to document the number and type of staff on duty for each shift.

If questions remain, examine employee’s time cards or employer’s pay records to verify staffing.

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### Title: MINIMUM STAFFING STANDARDS
#### Cite: 65E-12.105(7), F.A.C.

A person with a minimum of a master's degree in psychology, social work, psychiatric nursing, counseling education, or mental health counseling, and has received clinical training, shall regularly provide staff consultation and treatment.

Review the staffing pattern to ensure a qualified professional is available to provide regular staff consultation.
services to the CSU and SRT as described in the facility's policies and procedures.

| CSU/SRT 017 | Title: **MINIMUM STAFFING STANDARDS**  
| Cite: 65E-12.105(8), F.A.C.  
|  
| Rehabilitative services shall be made available to the SRT. |

| CSU/SRT 018 | Title: **MINIMUM STAFFING STANDARDS - EMERGENCY SCREENING STAFF**  
| Cite: 65E-12.105(9)(a), F.A.C.  
|  
| The following requirement shall apply to all persons who assume emergency screening responsibilities after the effective date of this rule. Staff who have the responsibility of conducting emergency screening for possible admission to the CSU shall have a master’s degree in psychology, social work, counseling education, mental health counseling, psychiatric nursing; or be a registered nurse; or be a person with a bachelor's degree, in a human services field, with a minimum of 1 year of work experience in a mental health related field. |

| CSU/SRT 019 | Title: **MINIMUM STAFFING STANDARDS - EMERGENCY SCREENING STAFF**  
| Cite: 65E-12.105(9)(b), F.A.C.  
|  
| All emergency screeners assuming emergency screening responsibilities after the effective date of this rule shall complete a course in emergency screening prior to or within 3 months of assuming emergency screening responsibilities. This course shall include 12 contact hours of training in emergency screening.  
|  
| Review the personnel record of each person who performs admission screenings at the facility to ensure they have no less than the required training and experience. See Personnel Worksheet. |

Examine personnel records for the following:

1. Current license,
2. Qualifications, and
3. Education and experience.

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

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

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

Review the personnel record of each emergency screener to ensure the documentation of training completion within three months of beginning duty is present.
including clinical assessment, mental status examination, crisis intervention, Baker Act admission criteria, and the American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Revised, Washington, DC, American Psychiatric Association, 1994, which is incorporated by reference and may be obtained from the American Psychiatric Association, 1400 K Street, N.W., Washington, DC 20005. Completion of the training course shall be documented.

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

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<tr>
<th>CSU/SRT 020</th>
<th>Title: MINIMUM STAFFING STANDARDS - EMERGENCY SCREENING STAFF</th>
<th>Cite: 65E-12.105(9)(c), F.A.C.</th>
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<td>Face-to-face consultation shall be available from a mental health professional or a mental health counselor licensed under chapter 491, F.S., at all times for newly employed emergency screeners who have not completed the required training. They shall also receive intensive supervision and on the job training until successful completion of the training course.</td>
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Review the staffing pattern to ensure the licensed professional is available at all times for new staff.

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<tr>
<th>CSU/SRT 021</th>
<th>Title: MINIMUM STAFFING STANDARDS – EMERGENCY SCREENING STAFF</th>
<th>Cite: 65E-12.105(9)(d), F.A.C.</th>
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<td>Emergency screeners shall, at all times, be under the supervision of a mental health professional or a mental health counselor licensed under chapter 491, F.S. The extent and type of supervision provided to emergency screeners shall be specified in the CSUs policy and procedures manual.</td>
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Review the staffing pattern to ensure the licensed professional is available to supervise emergency screeners.

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

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

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<tr>
<th>CSU/SRT 022</th>
<th>Title: MINIMUM STAFFING STANDARDS - EMERGENCY SCREENING STAFF</th>
<th>Cite: 65E-12.105(9)(e), F.A.C.</th>
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<td>All emergency screening staff shall have 10 documented contact hours of relevant staff development and training each calendar year.</td>
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Review the personnel records of emergency screeners to ensure the required annual training is documented.
The CSU will include a training plan in their policy and procedures manual that will reinforce the initial training curriculum and be responsive to their quality assurance findings.

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

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

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

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

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

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

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

Request and review a roster of board members to ensure the composition of the board reflects that required by these rules as well as by its own bylaws. Review minutes of the board meetings.
meetings; attendance; and specific recommendations or decisions of the board.

to ensure meetings occur at least quarterly, have a quorum, and that issues are addressed.

| CSU/SRT 031 | Title: COMMON MINIMUM PROGRAM STANDARDS - PERSONNEL POLICIES Cite: 65E-12.106(2), F.A.C. | Personnel policies shall be made available in writing to all personnel. Policies shall include rules governing the ethical conduct of staff and volunteers, rights and confidentiality of information regarding persons receiving services. | Review the facility’s personnel policies to ensure they include the required information and confirm from personnel interviews that the policies have been communicated to staff. |
| CSU/SRT 032 | Title: COMMON MINIMUM PROGRAM STANDARDS - PERSONNEL POLICIES – PERFORMANCE EVALUATION OF STAFF Cite: 65E-12.106(2)(a), F.A.C. | An annual performance evaluation of all personnel shall be conducted. The program shall provide for the signature of the employee or volunteer acknowledging receipt of the evaluation. | Review personnel charts to ensure that an annual performance evaluation has been completed and signed by the employee or volunteer. See Personnel Worksheet. |
| CSU/SRT 033 | Title: COMMON MINIMUM PROGRAM STANDARDS-PERSONNEL POLICIES – PERSONNEL RECORDS Cite: 65E-12.106(2)(b), F.A.C. | Records on all employees and volunteers shall be maintained by the agency. Each employee record, available for employee review shall contain: 
1. The individual's current job description with minimum qualifications for the position; 
2. The employment application or resume with evidence that references were checked prior to employment; 
3. The employee’s annual evaluations; 
4. A receipt indicating that the employee has been trained and understands program policies and procedures, patient rights as stated in section 394.459, F.S., ethical conduct, and confidentiality of information regarding persons receiving services; 
5. Documentation that the employee has been trained and understands the legal mandate under section 415.103, F.S., to report suspected abuse and neglect as well as the use of the Florida Abuse Registry; and | Obtain a list of employees and volunteers. Request a minimum of five employee personnel records 
Review personnel charts to ensure that one exists for each employee. Confirm that the charts contain no less than the required elements. See Personnel Worksheet. |
6. Documentation that the individual has been fingerprinted and screened, if appropriate, in accordance with section 394.4572, F.S.

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

### CSU/SRT 034

**Title:** COMMON MINIMUM PROGRAM STANDARDS - PERSONNEL POLICIES - FINGERPRINT SCREENING  
**Cite:** 65E-12.106(2)(c), F.A.C.

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

1. A current list, which identifies, by position title, all positions, which require fingerprint screening.

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

Review the list of positions that are required to be fingerprinted. Sample personnel charts for employees who fill such positions to ensure that each employee has undergone background screening as required.

### CSU/SRT 035

**Title:** COMMON MINIMUM PROGRAM STANDARDS - PERSONNEL POLICIES - STAFF DEVELOPMENT AND TRAINING  
**Cite:** 65E-12.106(3), F.A.C.

Each CSU and SRT shall provide staff development and training for facility staff, part-time and temporary personnel, and volunteers, and shall develop policies and procedures for implementing these activities. Policies and procedures shall be reviewed annually.

There shall be a qualified and experienced staff person responsible for staff development and training who is, under the supervision of, or receives consultation from, a mental health professional or a mental health counselor licensed under chapter 491, F.S.

All staff development and training activities shall be documented and shall include:

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

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

Review a list of training events that have been
| CSU/SRT 036 | **Title:** COMMON MINIMUM PROGRAM STANDARDS - FINANCIAL RECORDS  
**Cite:** 65E-12.106(4), F.A.C.  
Financial records that identify all income by source, and report all expenditures by category, shall be maintained in a manner consistent with chapter 65E-14, F.A.C.  
Since each CSU is funded under contracted with DCF, consult with district office program specialist to document that financial records are kept properly. |
| --- | --- |
| CSU/SRT 037 | **Title:** COMMON MINIMUM PROGRAM STANDARDS - CONFIDENTIALITY AND CLINICAL RECORDS  
**Cite:** 65E-12.106(5), F.A.C.  
Every CSU and SRT shall maintain a record on each person receiving services, assuring that records and identifying information are maintained in a confidential manner, and securing valid lawful consent prior to the release of information in accordance with sections 394.459(3) and 394.4615, F.S.  
Review personnel charts to confirm that staff have received the required training on confidentiality at the time of orientation and updated after that time. |
| CSU/SRT 038 | **Title:** COMMON MINIMUM PROGRAM STANDARDS - CONFIDENTIALITY AND CLINICAL RECORDS - CLINICAL RECORD SYSTEM  
**Cite:** 65E-12.106(5)(a), F.A.C.  
Each CSU and SRT shall have policies and procedures, in accordance with sections 394.459(3) and 394.4615, F.S., for a clinical record system.  
Review the facility's policies and procedures governing clinical records.  
Review a sample of clinical records for program compliance but, at the same time, note accuracy, legibility, organization, and quality of recording.  
The clinical record is the focal point of treatment documentation and is a legal document. Entries placed in the clinical record to document the individual's progress or facility's actions must be objective, legible, accurate, dated, timed when appropriate, and authenticated with the writer's legal signature, title and discipline. The clinical record shall be organized and maintained for easy access. |
Clinical record services shall be the responsibility of an individual who has demonstrated competence and training or experience in clinical record management.

Adequate space shall be provided for the storage and retrieval of the records. The records shall be kept secure from unauthorized access, and each program shall adopt policies and procedures which regulate and control access to and use of clinical records.

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

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

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

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

The required signature of treatment personnel shall be original as opposed to the facsimile.

Review a sample of clinical records and ensure that no facsimile stamps are used to substitute for original signatures.

Policies and procedures shall require the clinical record to clearly document the extent of progress toward short-term objectives and long-term view. Clinical record documentation for each order or treatment decision shall include:

- Its respective basis or justification,
- Actions taken,
- Description of behaviors or response, and
- Staff evaluation of the impact of the treatment on the individual's progress.
Clinical records shall contain:

1. The individual's name and address;

2. Name, address, and telephone number of guardian, or representatives in accordance with chapter 65E-5, F.A.C.;

3. The source of referral and relevant referral information;

4. Intake interview and initial physical assessment;

5. The signed and dated informed consent for treatment as mandated under sections 394.459(3) and 394.4615, F.S.;

6. Documentation of orientation to program and program rules;

7. The medical history and physical examination report with diagnosis;

8. The report of the mental status examination and other mental health assessments as appropriate, such as psychosocial, psychological, nursing, rehabilitation and nutritional;

9. The original service implementation plan, dated and signed, by the person receiving services and treatment staff, which contains short-term treatment objectives that relate to the long-term view in the comprehensive service plan, if the person has one, and description and frequency of services to be provided;

10. The signed and dated service implementation plan reassessments and reviews;

11. Examination, diagnosis and progress notes by physician, nurses, mental health treatment staff and other mental health professionals that relate to the service implementation plan objectives;

12. Laboratory and radiology results, if applicable;

13. Documentation of seclusion or restraint observations, if utilized;
14. A record of all contacts with medical and other services;

15. A record of medical treatment and administration of medication, if administered;

16. An original or original copy of all physician medication and treatment orders;

17. Signed consent for the release of information, if information is released;

18. An individualized discharge plan;

19. All appropriate forms mandated under chapter 65E-5, F.A.C.;

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

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

**Title: COMMON MINIMUM PROGRAM STANDARDS - CONSENT TO TREATMENT**

Cite: 65E-12.106(6), F.A.C.

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

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

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

**THIS IS A MAJOR CLIENT RIGHTS ISSUE!!**

Review clinical records to determine that an authorization for treatment was signed by the client or legally authorized substitute decision-maker prior to the administration of any medications. Such consent must be based upon full disclosure about the nature of the treatment, side effects, alternative treatment modalities, and anticipated length of treatment.

Review policy and procedures to ensure the facility has provided for obtaining express and informed consent before any treatment is provided.
| CSU/SRT 042 | Title: **COMMON MINIMUM PROGRAM STANDARDS - ADMISSION AND DISCHARGE CRITERIA**  
  Cite: 65E-12.106(7), F.A.C.  
  |  |  
  |  | Interview staff to verify their understanding of the requirements for express and informed consent.  
  |  | Review the facility’s policies and procedures to ensure the presence of material on all required elements. See Policies and Procedures Worksheet.  
  |  | Review the facility’s policy and procedures manual to ensure that it describes the information needed to accompany the client to the facility. Also confirm that the client’s case manager, if any, is notified of the admission and treatment/discharge planning events as desired by the client.  
  |  | Each CSU and SRT shall develop and utilize policies and procedures pursuant to chapter 394, F.S., for the intake, screening, admission, referral, disposition, and notification of guardians or representatives of individuals seeking treatment.  
  |  | There shall be adequate intake procedures to ensure that individuals being received from an emergency room, agency, facility, or other referral source shall have all the required paperwork and documentation for admission. If an individual has a case manager, he shall be notified and shall provide appropriate information and participate in the development of the discharge plan.  
  |  | Persons receiving services, or significant others, shall be informed of their eligibility or ineligibility status for publicly paid CSU or SRT services, either at admission or shortly thereafter, pursuant to chapters 65E-5 and 65E-14, F.A.C.  
  | CSU/SRT 043 | Title: **COMMON MINIMUM PROGRAM STANDARDS - ADMISSION AND DISCHARGE CRITERIA-MENTAL ILLNESS CRITERIA**  
  Cite: 65E-12.106(7)(a), F.A.C.  
  |  | Review clinical records to confirm that persons meet the criteria for being mentally ill and other factors incorporated in either the voluntary or involuntary admission provisions of the Baker Act.  
  |  | To be voluntary, must be mentally ill, competent to provide express and informed consent, and be suitable for treatment.  
  |  | "Mental illness" means an impairment of the emotional processes that exercise conscious control of one’s actions or of the ability to perceive or understand reality, which impairment substantially interferes with a  
  |  | All individuals admitted shall meet the criteria defined under section 394.455(18), 394.4625, or 394.463, F.S.
person's ability to meet the ordinary demands of living, regardless of etiology. For the purposes of this part, the term does not include retardation or developmental disability as defined in chapter 393, intoxication, or conditions manifested only by antisocial behavior or substance abuse impairment.

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

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

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

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**CSU/SRT 044**

**Title:** COMMON MINIMUM PROGRAM STANDARDS - ADMISSION AND DISCHARGE CRITERIA-SUPERVISORY CLINICAL REVIEW  
**Cite:** 65E-12.106(7)(b), F.A.C.

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

**CSU/SRT 045**

**Title:** COMMON MINIMUM PROGRAM STANDARDS - ADMISSION AND DISCHARGE CRITERIA - ORIENTATION TO PROGRAM AND ABUSE REPORTING  
**Cite:** 65E-12.106(7)(c), F.A.C.

Each CSU and SRT shall conduct and document an orientation session with each
person receiving services and significant others, if applicable, regarding admission and discharge standards, rules, procedures, activities and concepts of the program. A written copy of the above shall be provided to persons receiving services and their guardians.

Persons receiving services shall be informed in writing of protection standards, possible searches and seizures, in-house grievance protocol, function of the human rights advocacy committee and current procedures for reporting abuse, neglect, or exploitation to the central abuse registry as required by section 415.1034, F.S. Programs shall not discourage or prevent anyone from contacting the central abuse registry.

| CSU/SRT 046 | Title: COMMON MINIMUM PROGRAM STANDARDS - PROTECTION OF PERSONS RECEIVING SERVICES  
| Cite: 65E-12.106(8), F.A.C. |

Unless abridged by a court of law, the rights of individuals who are admitted to CSU and SRT programs shall be assured as mandated under chapter 394, part I, F.S., and chapter 65E-5, F.A.C.

Each CSU and SRT shall be operated in a manner that protects the individual's rights, life, and physical safety while under evaluation and treatment. In addition to all rights granted under chapter 394, part I, F.S., individuals shall be:

(a) Assigned a primary therapist or counselor; and

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

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

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

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

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<tr>
<th>CSU/SRT 047</th>
<th>Title: COMMON MINIMUM PROGRAM STANDARDS - QUALITY ASSURANCE PROGRAM-INCLUSIONS</th>
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<td>Cite: 65E-12.106(9)(a), F.A.C.</td>
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<td>Every CSU and SRT shall comply with the requirements of section 394.907, F.S.</td>
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<td>Every CSU and SRT shall have, or be an active part of, an established multidisciplinary quality assurance program and develop a written plan which addresses the minimum guidelines to ensure a comprehensive integrated review of all programs, practices, and facility services, including the following: facilities safety and maintenance; care and treatment practices; resource utilization review; peer review; infection control; records review; maintenance of clinical records; pharmaceutical review; professional and clinical practices; curriculum, training and staff development; and incidents with appropriate policies and procedures.</td>
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<td>The quality assurance program must include:</td>
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<td>1. Composition of quality assurance review committees and subcommittees, purpose, scope, and objectives of the quality assurance committee and each subcommittee, frequency of meetings, minutes of meetings, and documentation of meetings;</td>
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<td>2. Procedures to ensure selection of both difficult and randomly selected cases for review;</td>
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<td>3. Procedures to be followed in reviewing cases and incident reports;</td>
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<td>4. Criteria and standards used in the review process and procedures for their</td>
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<td>THIS IS A MAJOR STANDARD FOR ALL FACILITIES AND MUST BE SURVEYED TO ENSURE COMPLIANCE.</td>
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<td>&quot;Quality Assurance&quot; is a program designed to evaluate the quality of care of the program and to promote efficient and effective screening, evaluation, and treatment services. CSUs and SRTs that are a part of a community mental health center, as defined in section 394.907(1), F.S., may be included in that agency's quality assurance program.</td>
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<td>Review the facility's policy and procedure manual to confirm that it incorporates the program’s quality assurance program and all its required elements.</td>
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<td>Request to review a list of members of the Quality Assurance Committee membership.</td>
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<td>Request to review the minutes of the Quality Assurance Committee meetings for the last year to determine the frequency of meetings, attendance, and content of meetings.</td>
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5. Procedures to be followed to assure dissemination of the results and verification
   of corrective action;

6. Tracking capability of incident reports, pertinent issues and actions; and

7. Procedures for measuring and documenting progress and outcome of persons
   served.

A quality assurance program includes:

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

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

Review minutes of the Quality Assurance Committee minutes to confirm that the reviews included all required elements.
treatment orders, and medical emergencies, are conducted according to facility policy.

10. High risk situations and special cases are reviewed within 24 hours. These shall include suicides, death, serious injury, violence, and abuse of any person.

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

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

13. Supportive services are ordered and obtained as needed.

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

15. Delay in receiving services is minimal.

| CSU/SRT 049 | **Title:** COMMON MINIMUM PROGRAM STANDARDS - QUALITY ASSURANCE PROGRAM-INCLUSIONS  
| Cite: 65E-12.106(9)(c), F.A.C. |

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

|  | Request and review the quarterly reports provided by the Quality Assurance Committee in the past 12 months to the Agency Director and board.  
|  | Review the QA reports for:  
|  | 1. Verification of inclusion of peer and utilization review;  
|  | 2. Results and findings;  
|  | 3. Recommendations and interventions;  
|  | 4. Timeliness; and  
|  | 5. Implementation plan as indicated.  
|  | Review Governing Body minutes and verify that problems identified were in fact addressed and resolved.  

| CSU/SRT 050 | Title: COMMON MINIMUM PROGRAM STANDARDS - EVENT REPORTING  
Cite: 65E-12.106(10), F.A.C. |
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<td>Every CSU and SRT shall report events according to HRS Regulation No. 215-6, &quot;Comprehensive Client Risk Management,&quot; June 1, 1990.</td>
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<td>(a) Every CSU and SRT shall develop policies and procedures for reporting to the department major events within 1 hour of their discovery or in accordance with the reporting provisions of an applicable district operating procedure.</td>
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<td>(b) Only major types of events shall be reported. Every CSU and SRT shall develop a list, subject to district alcohol, drug abuse and mental health program office approval, that shall include the following: any death, serious injury or illness, any event involving recent non-admission or discharge, a felony crime, fire, natural or other disaster, epidemic, escape, riot, elopement, sexual harassment, sexual battery, or any situation which may evoke public reaction or media coverage.</td>
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<tr>
<td>a) Review the facility’s policy and procedure manual to confirm inclusion of event reporting as required.</td>
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<td>b) Request to review the list of required events but do not make copies of the list for removal from the premises.</td>
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| CSU/SRT 051 | Title: COMMON MINIMUM PROGRAM STANDARDS - DATA  
Cite: 65E-12.106(11), F.A.C. |
| Every CSU and SRT shall participate in reporting data as mandated under sections 394.77 and 20.19(13), F.S. |
| Contact the district DCF Program Specialist to confirm facility compliance with requirements to report service and financial information. |
| CSU/SRT 052 | Title: COMMON MINIMUM PROGRAM STANDARDS - FOOD SERVICES  
Cite: 65E-12.106(13)(a), F.A.C. |
| At least three nutritious meals per day and nutritional snacks, shall be provided each individual. No more than 14 hours may elapse between the end of an evening meal and the beginning of a morning meal. Special diets shall be provided when an individual requires it. Under no circumstance may food be withheld for disciplinary reasons. Menus shall be reviewed and approved in advance at least quarterly by a Florida registered* dietitian. |
| Review documentation that a Florida Registered dietitian had approved the menus at least quarterly. Verify qualifications and current registration. |
| Review menus for nutritional value and variety. |
| Interview clients to determine their satisfaction with the quality, quantity, variety, and timeliness of food provided. Also ensure that special requests and needs are complied with as appropriate. See Client Interview form. |

*Florida licenses dietitians while the registration process is a federal one.
Observe clients’ meal times for:
1. Degree of expressed satisfaction;
2. Method of serving;
3. Assistance provided as needed; and
4. Consistency of posted menu with food served.

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

| CSU/SRT 053 | Title: COMMON MINIMUM PROGRAM STANDARDS - FOOD SERVICES  
Cite: 65E-12.106(13)(b), F.A.C. | Review the food service inspection report completed by the Department of Health. If any deficiencies have been cited, there should be a follow-up report verifying correction.

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

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

| CSU/SRT 054 | Title: COMMON MINIMUM PROGRAM STANDARDS - FOOD SERVICES-THIRD PARTY FOOD SERVICE  
Cite: 65E-12.106(13)(c), F.A.C. | The third party contractor should provide a copy of its food service and sanitation inspection reports as proof of compliance with chapter 64E-11, F.A.C. – This is not a AHCA survey item; |

For food service areas with a capacity of 13 or more persons, all matters pertaining to food service shall comply with the provisions of chapter 64E-11, F.A.C.
There shall be a formal contract between the facility and provider containing assurances that the provider will meet all food service and dietary standards imposed by this rule.

Sanitation reports and food service establishment inspection reports shall be on file in the facility.

| CSU/SRT 055 | Title: **COMMON MINIMUM PROGRAM STANDARDS - HOUSEKEEPING AND MAINTENANCE**  
Cite: 65E-12.106(14), F.A.C. |
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<td>Every CSU and SRT shall have housekeeping and maintenance standards. Assurance of the following must be provided:</td>
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<td>(a) Facilities shall be clean, in good repair, and free of hazards such as cracks in floors, walls, or ceilings; warped or loose boards, tile, linoleum, hand rails or railings; broken window panes; and any similar type hazard.</td>
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<td>(b) The interior and exterior of the building shall be painted, stained, or maintained so as to keep it reasonably attractive. Loose, cracked or peeling wallpaper or paint shall be promptly replaced or repaired to provide a satisfactory finish.</td>
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<td>(c) All furniture and furnishings shall be attractive, clean and in good repair, and contribute to creating a therapeutic environment.</td>
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<td>(d) An adequate supply of linen shall be maintained to provide clean and sanitary conditions for each person at all times.</td>
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<td>(e) Mattresses and pillows shall have fire retardant covers or similar protection for</td>
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Non-compliance with this standard may require the agency to develop and implement a cleaning checklist and schedule.

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

b) See Facility Checklist.
| CSU/SRT 056 | **Title: COMMON MINIMUM PROGRAM STANDARDS - COMPLIANCE WITH STATUTES AND RULES**  
Cite: 65E-12.106(15), F.A.C. |
|-------------|--------------------------------------------------------------------------------|

The program director or administrator shall ensure that the program complies with chapter 394, F.S., and chapters 65E-5 and 65E-14, F.A.C., and these rules.

| CSU/SRT 057 | **Title: COMMON MINIMUM PROGRAM STANDARDS - CLIENT REGISTER AND CENSUS**  
Cite: 65E-12.106(16), F.A.C. |
|-------------|--------------------------------------------------------------------------------|

An admission and discharge logbook shall be maintained which lists persons admitted sequentially by name with identifying information about each including:
- age,
- race,
- sex,
- county of residence,
- disposition, and
- the actual location to which the individual was discharged or transferred.

A daily census record shall be maintained which includes the name of individuals on the unit and on authorized pass.

| CSU/SRT 058 | **Title: COMMON MINIMUM PROGRAM STANDARDS - PHARMACEUTICAL SERVICES**  
Cite: 65E-12.106(17), F.A.C. |
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(a) Every CSU and SRT shall handle, dispense or administer drugs in accordance with chapters 465, 499, and 893, F.S.

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<td>Request and review the facility admission and discharge logbook to ensure that all required information is present.</td>
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<td>Request a copy of the daily census record to ensure it contains all clients. Use this list and information about each client to determine which clinical records to review.</td>
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|                      | (a) The statutes referenced here are as follows:  
Chapter 465, F.S. governs pharmacists.  
Chapter 499, F.S. governs drugs, including their labeling, storage and handling.  
Chapter 893, F.S. governs drug abuse prevention and control, including controlled substances.  
Tour medication storage area to verify that drugs are stored in a secure area, that the area is accessible to authorized personnel only, and that controlled substances are |
(b) The professional services of a consultant pharmacist shall be used in the delivery of pharmaceutical services. Standards, policies and procedures shall be established by the consultant pharmacist for the control and accountability of all drugs kept at the program.

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

- Route;
- Time;
- Dosage; and
- Type

Observe drug pass to verify compliance with medication protocols.

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

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

Determine that the facility uses the services of a consultant pharmacist. Review any reports or recommendations made to the facility. Has the facility implemented the recommendations made?
(c) Medication Orders. All orders for medications shall be issued by a Florida licensed physician.

| CSU/SRT 059 | Title: COMMON MINIMUM PROGRAM STANDARDS – EMERGENCY MEDICAL SERVICES  
| Cite: 65E-12.106(18), F.A.C. | Every CSU or SRT shall have written policies and procedures for handling medical emergency cases which may arise subsequent to a person's admission. All staff shall be familiar with the policies and procedures. | Review medical equipment and supplies kept accessible on the unit and determine appropriateness of their maintenance schedule, and capability of unit staff to use in an emergency.  
Review the facility's policy and procedure manual to confirm presence of information on handling medical emergencies.  
Interview staff to determine their familiarity with the medical emergency procedures. |

| CSU/SRT 060 | Title: COMMON MINIMUM PROGRAM STANDARDS - EMERGENCY MEDICAL SERVICES - EMERGENCY TREATMENT ORDERS  
| Cite: 65E-12.106(18)(a), F.A.C. | Policies and procedures shall be written to address the use of emergency treatment orders as specified in chapter 394, part I, F.S. They shall address the following:  
1. Emergency treatment orders shall be initiated only upon direct order of a physician or psychiatrist;  
2. The clinical justification shall be documented in the clinical record; and  
3. The use of standing or routine orders for emergency treatment orders is prohibited. | Review the facility's policy and procedure manual regarding emergency treatment orders. Ensure that policies required all such orders only be issued by a physician and that use of standing orders for emergency treatment is prohibited.  
Review clinical records of clients for whom emergency treatment was ordered to confirm that the orders were by a physician and that there was clinical justification for the orders. |

| CSU/SRT 061 | Title: COMMON MINIMUM PROGRAM STANDARDS - EMERGENCY MEDICAL SERVICES - CPR AND CHOKE RELIEF  
| Cite: 65E-12.106(18)(b), F.A.C. | All nurses and mental health treatment staff shall be trained to practice basic cardiopulmonary resuscitation (CPR) and choke relief technique at employment or | Review the personnel charts of clinical staff to confirm documentation of CPR training within |
| CSU/SRT 062 | **Title:** COMMON MINIMUM PROGRAM STANDARDS - EMERGENCY MEDICAL SERVICES - MEDICAL KIT AND EMERGENCY INFORMATION  
**Cite:** 65E-12.106(18)(c), F.A.C.  
A physician, psychiatrist, consultant pharmacist and registered nurse, designated by the program director or administrator, shall select drugs and ancillary equipment to be included in an emergency medical kit. The kit shall be maintained at the program and safeguarded in accordance with laws and regulations pertaining to the specific items included.  
A list of emergency programs and poison centers shall be maintained near a telephone for easy access by all staff. |
| CSU/SRT 063 | **Title:** COMMON MINIMUM PROGRAM STANDARDS - CLIENT PROTECTION – UNAUTHORIZED ENTRY OR EXIT  
**Cite:** 65E-12.106(19)(a), F.A.C.  
Verify that the kit is maintained and safeguarded at the program. Request to see the emergency medical kit to confirm that its contents remain current.  
Review policy and procedures manual to document:  
1. Professionals designated to participate in the selection of kit contents;  
2. Training of personnel;  
3. Content; and  
4. Maintenance and restocking procedure.  
Request to see the list of emergency programs and poison centers that should be posted near the staff telephone. |
| CSU/SRT 064 | Title: COMMON MINIMUM PROGRAM STANDARDS - CLIENT PROTECTION – CONTROL OF POTENTIALLY INJURIOUS ITEMS  
Cite: 65E-12.106(19)(b), F.A.C. |
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<td>Each CSU and SRT shall have policies and procedures regarding unauthorized entry to or exit from the unit.</td>
<td>Units will be locked to control entrance and egress and to restrict unauthorized persons and hazardous contraband from the unit.</td>
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<td>Review the facility’s policy and procedure manual to document presence of any off-premises activities.</td>
<td>Tour facility and observe if:</td>
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| 1. The facility is locked;  
2. Pathways are locked when clients are moved to other areas;  
3. There is a common key;  
4. Locks have quick releasing and single turn mechanisms; and  
5. Staff escorts are provided when clients are moved to other areas. | Policies and procedures must identify precautions to be taken that will prevent the introduction of prohibited and potentially injurious items onto the unit. |
| 1) Review the facility’s policy and procedure manual to confirm prohibition of allowing harmful items or substances onto the unit. Conspicuously posted signs at public entrances shall warn that introduction of weapons or other contraband is illegal.  
2) Tour the unit and any area used for recreational or occupational therapy to observe if dangerous items are available. Observe the unit for hazardous conditions or |
| 2. Therapeutic activities materials shall also exclude similarly potentially hazardous items such as bats, paddles, mallets, knives, ropes, cords, wire clothes hangers, wire, sharp pointed scissors, luggage straps and sticks. |  |
3. Housekeeping supplies and chemicals shall, whenever practical, be non-toxic or non-caustic. The unit shall implement procedures to avoid access by persons receiving services during use or storage.

4. Nursing and medical supplies including drugs, sharps and breakables shall be safeguarded from access by persons receiving services through storage, use and disposal processes.

### CSU/SRT Note to Surveyor Regarding Restraints and Seclusion:

In addition to state requirements, the Federal Health Care Financing Administration (HCFA) issued new Conditions of Participation for hospitals participating in Medicare and Medicaid programs, due to the danger posed to patient health and safety by violations of basic patients’ rights, such as freedom from restraints and seclusion. The new HCFA regulations mirror, in most respects, those contained in Joint Commission on Accreditation of Healthcare Organizations (JCAHO). In addition to the regulations, HCFA will be issuing interpretive guidelines that will implement the regulations. The requirements, which took effect on August 2, 1999, are found in 42 CFR Part 482.13(f). While these requirements only apply to hospitals at this time (not to CSUs and SRTs), such standards quickly become prevailing community standards for other like facilities. Encouragement should be given to CSUs and SRTs to adopt the hospital standards.

**Principles:**
The patient has a right to be free from seclusion and restraints, of any form, imposed as a means of coercion, discipline, convenience, or retaliation by staff. Seclusion or a restraint can only be used in emergency conditions if needed to ensure the patient’s physical safety and less restrictive interventions have been determined to be ineffective.

**Definitions:**
- **Restraint** includes either a physical restraint or a drug that is being used as a
restraint.

- **Physical restraint** is any manual method or physical or mechanical device, material, or equipment attached or adjacent to the patient’s body that he or she cannot easily remove that restricts freedom of movement or normal access to one’s body.

- **Drug used as a restraint** is a medication used to control behavior or to restrict the patient’s freedom of movement and is not a standard treatment for the patient’s medical or psychiatric condition. However, the appropriate medications of patients who are, for example, in pain or clinical depressed, have a positive value as part of a well-planned therapeutic strategy. A “drug used as a restraint” is one which not part of a standard treatment for the patient’s medical or psychiatric condition instead of one that is being used as an integrated part of the care plan.

- **Seclusion** is the involuntary confinement of a person in a room or an area where the person is physically prevented from leaving.

**Training Required:**
All staff who have direct patient contact must have ongoing education and training in the proper and safe use of seclusion and restraint application and techniques and alternative methods for handling behavior, symptoms, and situations that traditionally have been treated through the use of restraints and seclusion. For example:

- CPR techniques;
- Methods for appropriately positioning a restrained patient’s head and body to ensure proper respiration and circulation; and
- Methods for monitoring cardiovascular status.

**Use of Restraints and Seclusion:**
The use of restraints or seclusion to manage behavior is an emergency measure that should be reserved for those occasions when an unanticipated, severely aggressive or destructive behavior places the patient or others in imminent danger. Restraints and seclusion should only be used:

- When less restrictive measures have been found to be ineffective to protect the patient or others from harm;
- Upon order of a physician or L.I.P. (a licensed independent practitioner is defined by the Florida AHCA as an M.D. or D.O.);
- In accordance with a written modification to the patient’s plan of care;
• When employing safe appropriate restraining techniques;
• When the treating physician has been consulted ASAP if not ordered by the treating physician; and
• **When a physician or L.I.P. sees and evaluates the need for restraint or seclusion within 1 hour after initiation.**

**Emergency Initiation:**
Hospitals may develop an emergency protocol approved by the medical staff to be used in emergency situations, including the use of verbal or telephone orders.

**Length of Restraint or Seclusion:**
Each written order for a physical restraint or seclusion is limited to:

- 4 hours adults
- 2 hours – ages 9-17
- 1 hour child under 9

**Renewal of Order:**
The original order may only be renewed in accordance with these limits for up to a total of 24 hours. After the original order expires, a physician or L.I.P. must see and assess the patient before issuing a new order.

**Patient Monitoring Required:**
The condition of the patient who is in a restraint or in seclusion must continually be assessed, monitored, and reevaluated. Continuous assessment and reevaluation of the patient’s condition should include items such as:

- Vital signs;
- Circulation;
- Hydration needs;
- Level of distress; and
- Agitation

**Specific Prohibitions:**
PRN and standing orders should never be used with or as a part of seclusion and restraints. Restraint and seclusion may not be used simultaneously unless the patient is:

- Continually monitored face-to-face by an assigned staff member; or
- Continually monitored by staff using both video and audio equipment.

This monitoring must be in close proximity to the patient.

**Release of Patients from Restraints and Seclusion:**
Restraints and seclusion should be discontinued at the earliest possible time; as soon as the patient can commit to safety and no longer pose a threat to themselves or others.

**Reporting Required:**
The hospital must report to HCFA any death that occurs while patient is restrained or in seclusion, or where it is reasonable to assume that a patient’s death is a result of restraint or seclusion. (Consideration being given to require reporting of serious injury or abuse as well). Facilities must report a death of a patient caused by a medical device to FDA and the manufacturer, and a serious injury to the manufacturer only.

| CSU/SRT 066 | Title: **COMMON MINIMUM PROGRAM STANDARDS - CLIENT PROTECTION - USE OF RESTRAINT AND SECLUSION**  
Cite: 65E-12.106(19)(c)1, F.A.C. |
|--------------|------------------------------------------------------------------------------------------|
| **Verbal interventions are appropriate as behaviors are escalating, before requiring physical interventions. Staff should be trained in appropriate verbal techniques to effect timely, non-physical interventions in escalating situations.**  
**Review clinical records of clients, if any, for whom restraints or seclusion have been ordered. Confirm that the required documentation is present.**  
**See Restraint and Seclusion Worksheet.** |
| **The use of restraint or seclusion shall require documented clinical justification, including the failure of less restrictive means, and shall be employed only after less restrictive means have been attempted without success and to prevent a person from injuring himself or others, or to prevent serious disruption of the therapeutic environment.**  
**Restrain or seclusion shall not be employed as punishment or for the convenience of staff. Persons placed in seclusion or restraints shall be informed of the specific reason for seclusion or restraints and precondition for release.** |

| CSU/SRT 067 | Title: **COMMON MINIMUM PROGRAM STANDARDS - USE OF RESTRAINT AND SECLUSION-SECLUSION ROOM**  
Cite: 65E-12.106(19)(c)2, F.A.C. |
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<td><strong>Tour the unit to confirm that at least one seclusion room is available that is not used for any other purpose. Examine the seclusion</strong></td>
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<td><strong>Each CSU shall have at least one seclusion room located in the CSU facility. Additional space shall be available that can be used either as a seclusion room or bedroom, as need dictates. Policies and procedures shall be developed on</strong></td>
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| **CSU/SRT 068** | **Title:** COMMON MINIMUM PROGRAM STANDARDS - USE OF RESTRAINT AND SECLUSION - TRANSFER  
Cite: 65E-12.106(19)(c)3, F.A.C.  
A person who is in restraint or seclusion may be considered for transfer to an inpatient unit. |
| **CSU/SRT 069** | **Title:** COMMON MINIMUM PROGRAM STANDARDS - USE OF RESTRAINT AND SECLUSION - TRAINING  
Cite: 65E-12.106(19)(c)4, F.A.C.  
Staff who implement written orders for seclusion or restraints shall have documented performance based training, at least annually, in the proper use of the procedures, including verbal and physical aggression control techniques. |
| **CSU/SRT 070** | **Title:** COMMON MINIMUM PROGRAM STANDARDS - USE OF RESTRAINT AND SECLUSION - POLICIES AND PROCEDURES  
Cite: 65E-12.106(19)(c)5, F.A.C.  
The CSU and SRT shall develop and maintain detailed, written policies and procedures for the use of restraints or seclusion which shall include the following provisions: |

| | **Handling emergency situations that require seclusion. Each SRT shall have a seclusion room.** |
| | **Room(s) for safety, odors, cleanliness, sharp edges, and other hazardous conditions.**  
Review the facility’s policy and procedure manual to confirm that it addresses seclusion in emergency situations. |
| | **Interview newly hired staff to verify training in proper use of seclusion and restraint.** |
| | **Review personnel charts of staff who are authorized to implement orders for seclusion or restraint to confirm that the required training has occurred within the 12 months.** |
| | **A. Policies and Procedures Availability.** Such policies and procedures shall be made available to the appropriate staff and to the persons served and their significant others.** |
| | **b. Restraint.** Protective restraint shall consist of any apparatus or condition which interferes with free movement.** |
| | **Review the facility’s policy and procedure manual to confirm that the required information (items a-j) is included.**  
See Restraint and Seclusion Policy Worksheet.** |
<p>| | <strong>a. Interview staff to verify their knowledge of policies and procedures</strong> |
| | <strong>b. Self-explanatory</strong> |</p>
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<tr>
<td><strong>c. Physical Holding</strong>. Only in an emergency shall physical holding be employed unless there is a physician's or psychiatrist's order for a restraint.</td>
<td>c. Self-explanatory</td>
</tr>
<tr>
<td><strong>d. Client Protection</strong>. Physical holding or restraints, such as canvas jackets or cuffs, shall be used only when necessary to protect individuals from injury to themselves or others. All persons placed in protective restraints shall be physically isolated from other persons receiving services.</td>
<td>d. Self-explanatory</td>
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<tr>
<td><strong>e. Restraint Order</strong>. Use of restraints reflect a psychiatric emergency and shall be ordered by a physician, or psychiatrist, be administered by trained staff and be documented in the clinical records. An order for a restraint shall designate the type of restraint to be used, the circumstance under which it is to be used and the duration of its use. Each written order shall be time-limited according to the clinical need. The order shall not exceed 24 hours and shall be reordered if further restraint is required. Orders by a physician or psychiatrist over the telephone must be given to a registered nurse. Telephone orders shall be reviewed and signed within 24 hours by a physician or psychiatrist. When a person is in imminent danger, a registered nurse may initiate use of restraint prior to obtaining a physician's or psychiatrist's order. In all instances an order must be obtained within 1 hour of initiating the restraints. The issuance of a standing or PRN order for the use of restraints is prohibited.</td>
<td>e. Review clinical records to verify that signed order was received within 24 hours of initiation. Interview clients if possible who have been placed into restraints to determine what factors may have prompted the escalation of behaviors and whether the client believes such intervention could be avoided.</td>
</tr>
<tr>
<td><strong>f. Documentation.</strong> Justification of need for the type of restraint ordered and used, the length of time employed, conditions for release, and condition of the individual restrained shall be recorded in the clinical record. Fifteen-minute observations must be face-to-face and must be recorded at the time they are made. Documentation must include name of observer and time of the observation. Documentation must reflect unit policies and procedures for circulation and respiration checks, opportunity for fluids, meals, bathing, toileting, comfort and safety, and motion or exercise. The observation flow sheet must have a key to correctly identify symbols used for the person's behavior and activities, and a key to identify staff initials.</td>
<td>f. Review clinical records to verify that the use of restraints was fully justified, time limits specified, and the conditions necessary for the client’s release specified. Review policies and procedures to verify all required elements have been incorporated. Review observation flow sheet to verify that clients were directly observed at least every 15-minutes and their condition recorded.</td>
</tr>
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</table>
| **g. Seclusion Order**. Each written order for seclusion shall be limited to 24 hours and must be rewritten if further seclusion is required. Orders given by a physician or psychiatrist over the telephone must be given directly to a registered nurse. Telephone orders shall be reviewed and signed within 24 hours by a physician or psychiatrist. When a person is deemed in imminent danger, a registered nurse may initiate use of restraint prior to obtaining a physician's or psychiatrist's order. In all instances an order must be obtained within 1 hour of initiating the restraints. The issuance of a standing or PRN order for the use of seclusion is prohibited. | g. Review clinical records to verify that signed order was received within 24 hours of initiation. Interview clients if possible who have been
danger, a registered nurse may initiate seclusion prior to obtaining a physician’s or psychiatrist’s order. In all instances an order must be obtained within 1 hour of initiating the seclusion. The issuance of a standing or PRN order for seclusion is prohibited.

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

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

j. **Logbook of Restraints and Seclusion.** A logbook shall be maintained by each CSU and SRT that will sequentially indicate the individuals placed in seclusion or restraint by name, date, time, specified reason for seclusion or restraint, time removed, and length of time in seclusion or restraint and condition upon release.

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

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

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

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

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

j. Review observation charting for apparent “filling in” prematurely or after the fact. Observe accuracy of intervals of any seclusion and restraint checks while in the unit. Observe clients in seclusion or restraints if possible to verify adherence to standards.
assessed to be potentially suicidal and require a higher level of supervision.

2. The modification or removal of suicide precautions shall require clinical justification determined by an assessment and shall be specified by the attending physician and documented in the clinical record. A registered nurse, clinical psychologist or other mental health professional may initiate suicide precautions prior to obtaining a physician's or psychiatrist's order, but in all instances must obtain an order within 1 hour of initiating the precautions. Telephone orders shall be reviewed and signed by a physician within 24 hours of their initiation.

3. Each CSU shall develop policies and procedures for implementing suicide precautions addressing: assessment, staffing, levels of observation and documentation. Policies and procedures shall require constant visual observation of persons clinically determined to be actively suicidal.

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**CSU/SRT 072**

**Title:** COMMON MINIMUM PROGRAM STANDARDS - CLIENT PROTECTION  
**Cite:** 65E-12.106(19)(e), F.A.C.

Other high risk behaviors, such as elopement and assaultive behavior, shall be addressed in the CSU and SRT policies and procedures.

**CSU/SRT 073**

**Title:** COMMON MINIMUM PROGRAM STANDARDS - NURSING SERVICES  
**Cite:** 65E-12.106(20), F.A.C.

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

(b) Nursing Standards. Each CSU and SRT shall develop and maintain a standard manual of nursing services which shall address medications, treatments, diet, personal hygiene care and grooming, clean bed linens and environment, and the process for instituting, altering or removing suicide precautions.

2. Review the clinical records of all current clients, if any, for whom suicide precautions had been ordered to confirm that the order had been issued by a physician, and if ordered by telephone, committed to writing by the physician within 24 hours.

3. Review the facility's policy and procedure manual to confirm the presence of the required information, especially the constant observation of persons who are actively suicidal. Interview staff to determine their understanding of policy addressing suicide precautions.

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

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

Review the facility’s policy and procedure manual for nursing services to confirm that it includes the required elements.
| CSU/SRT 074 | **Title:** COMMON MINIMUM PROGRAM STANDARDS – CONTINUITY OF CARE SERVICES  
**Cite:** 65E-12.106(21), F.A.C. |
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<td>Upon admission, all priority clients as defined in chapter 65E-15, F.A.C., in both a CSU and SRT shall be assigned a case manager who will function pursuant to chapter 65E-15, F.A.C.</td>
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<td>Priority clients are persons of all ages with one of the following characteristics:</td>
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<td>a.</td>
<td>Are being admitted to or are awaiting admission to a state treatment facility;</td>
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<td>b.</td>
<td>Are in a state treatment facility regardless of admission date;</td>
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<td>c.</td>
<td>Have moved into the district from a district where they had been receiving case management;</td>
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<td>d.</td>
<td>Are at risk of institutionalization or incarceration of mental health reasons;</td>
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<td>e.</td>
<td>Have been discharged from a state treatment facility;</td>
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<td>f.</td>
<td>Have had one or more admissions to a CSU, SRT, or inpatient psychiatric unit;</td>
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<td>g.</td>
<td>Who reside or have been discharged from a mental health RTF;</td>
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<td>h.</td>
<td>Are experiencing long-term or serious acute episodes of mental impairment that may put them at risk of requiring more intensive services.</td>
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<td>When case management resources are inadequate to meet the demand, the DCF district administrator shall develop client specific criteria to determine which from among this group shall not be offered CCMH case management.</td>
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| CSU/SRT 075 | **Title:** COMMON MINIMUM PROGRAM STANDARDS - CHILDREN  
**Cite:** 65E-12.106(22), F.A.C. |
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<td>Every program which serves persons under 18 years of age shall define, in local program standards, the services and supervision to be provided to the children.</td>
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<td>SRTs should not admit minors.</td>
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<td>Minors can be very vulnerable on CSUs that</td>
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Minors under the age of 14 years shall not be admitted to a bed in a room or ward with an adult. They may share common areas with an adult only when under direct visual observation by unit staff.

Minors who are 14 years of age and older may be admitted to a bed in a room or ward in the mental health unit with an adult, if the clinical record contains documentation by a physician that such placement is medically indicated or for reasons of safety. This shall be reviewed and documented on a daily basis.

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

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

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

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

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

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**CSU/SRT 076**

**Title:** COMMON MINIMUM PROGRAM STANDARDS - COLLOCATION  
**Cite:** 65E-12.106(23), F.A.C.

(a) Collocation means the operation of CSU and SRT, or CSU and substance abuse detoxification services from a common nurses’ station without treatment

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

a) Tour any CSU that shares services with an SRT or detoxification program. Ensure that
system integration. It may result in the administration of those services by the same organization and the sharing of common services, such as housekeeping, maintenance and professional services. A CSU shall be separated and secured by locked doors, used by persons receiving services, from the SRT and detoxification units.

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

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

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

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

c) Confirm from observation and interviews that clients do not share common space or commingle, except as authorized by their physician with all required justification documented in the clinical record.

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

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<th>CSU/SRT 077</th>
<th>Title: COMMON MINIMUM PROGRAM STANDARDS - PASSES</th>
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<td>Cite: 65E-12.106(24), F.A.C.</td>
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(a) A physician's written order shall be written in accordance with unit policies and procedures specifying each occasion that a person receiving services is permitted off unit and consistent with the service implementation plan.

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

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

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

Review policies and procedures to verify compliance with rule requirements.
| CSU/SRT 078 | Title: COMMON MINIMUM PROGRAM STANDARDS – SMOKING  
Cite: 65E-12.106(25), F.A.C.  
Each CSU and SRT shall designate smoking areas or declare the facility non-smoking and shall post signs to so indicate. Areas frequented by non-smokers, such as the only room with a television set, or activity or dining room, shall not be designated a smoking area. If the facility is non-smoking, a sheltered outside area shall be designated as a smoking area. The facility shall ensure the operation of adequate smoke evacuation mechanisms to maintain a healthful air quality throughout. | Interview staff to verify their knowledge of unit policies and procedures regarding passes.  
If smoking is allowed in the unit, smoking areas must be designated and adequate smoke ventilation assured. |
|-------------|-------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| CSU/SRT 079 | Title: COMMON MINIMUM PROGRAM STANDARDS - PERSONAL ITEMS  
Cite: 65E-12.106(26), F.A.C.  
Persons residing in CSUs and SRTs are entitled to wear their own clothing except when this right is restricted for safety. This restriction must be fully justified in the clinical record. Policies and procedures shall be developed which describe the utilization of special clothing, or describe unit restrictions concerning other potentially hazardous personal articles, such as sharps and ingestibles. | When touring the unit, observe whether or not individuals appear to be wearing their own clothing. Interview clients regarding any clothing restrictions.  
Review the facility’s policy and procedure manual to confirm the presence of information regarding clients’ right to retain personal items. The procedures to restrict this right must be described.  
Review the clinical records of clients restricted from wearing their own clothing to confirm the presence of justification.  
Interview any clients on the unit who are not in their own clothing to determine the reason. |
| CSU/SRT 080 | Title: COMMON MINIMUM PROGRAM STANDARDS - UNIVERSAL INFECTION CONTROL  
Cite: 65E-12.106(27), F.A.C.  
Each CSU and SRT shall develop and implement policies and procedures for universal infection control and prevention to protect people from blood and body fluid borne disease. | Review the facility’s policy and procedure manual to confirm the presence of required information. |
Specific procedures shall include management of persons who potentially have infectious diseases, such as Hepatitis B, Human Immunodeficiency Virus (HIV), Acquired Immune Deficiency Syndrome (AIDS), or other infectious diseases.

These procedures shall include: isolation, specific infection control techniques, availability of proper equipment, proper disposal of potentially infected waste, transfer, and the release of confidential information to select unit medical and direct care staff on a need-to-know basis.

Any testing for AIDS shall be done in accordance with chapter 381, F.S., and 64D-2, F.A.C. Policies and procedures shall be regularly updated to include information provided by the department and the Center for Disease Control.

All biohazardous waste shall be handled and disposed in accordance with chapter 381, F.S., and 64E-16, F.A.C.

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| CSU/SRT Title: COMMON MINIMUM PROGRAM STANDARDS - HIV AND AIDS EDUCATION REQUIREMENTS  |
| Cite: 65E-12.106(28), F.A.C. |

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

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

1. The emotional, cognitive and functioning level of the person;
2. The time spent in the CSU or SRT;
3. The physical health of the person;
4. The educational level of the person;
5. The socioeconomic, cultural and ethnic background of the person; and
6. The high risk and drug use behaviors of the person.

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

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

Review the personnel charts of non-licensed staff to confirm that they had the required number of hours of training within the time periods allowed. Confirm the information in the personnel chart by asking the employee if training was actually received.
| 082 | **PROCEDURES MANUALS**  
Cite: 65E-12.106(29), F.A.C. |
|------|--------------------------------------------------|
| Unit operating policy and procedure manuals shall be organized and maintained for easy access and reference and available to all facility staff at all times.  
The CSU and SRT shall have a copy of chapter 394, F.S., chapter 65E-5, F.A.C., chapter 65E-12, F.A.C., and chapter 65E-15, F.A.C., on the unit available to all staff and persons receiving services at all times. |
| Request and review the unit operating policy and procedure operating manual(s) to confirm their presence on the unit.  
Confirm that the four required documents are included in the manuals and interview staff to ensure they are aware of the manuals and that the manuals must be made available to clients on the unit, upon request. |

| CSU/SRT 083 | **COMMON MINIMUM PROGRAM STANDARDS - PROTOCOLS**  
Cite: 65E-12.106(30), F.A.C. |
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<td>CSUs and SRTs shall ensure that the unit's licensed professionals, as defined in sections 394.455(2), (21), (23), and (24), F.S., and other unit staff function together under a set of written reciprocal unit protocols. These protocols shall establish the sequence of activities to be performed, designate authorized or responsible personnel, and establish standards for the accuracy, completion, and comprehensiveness of activities.</td>
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<tr>
<td>Review the written reciprocal unit protocols to ensure that they include all required elements for licensed professionals (clinical psychologists, physicians, psychiatric nurses, and psychiatrists) and other unit staff.</td>
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Standards Specific to Crisis Stabilization Units

| CSU/SRT 090 | Title: MINIMUM STANDARDS FOR CRISIS STABILIZATION UNITS  
Cite: 65E-12.107, F.A.C. |
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<td>In addition to sections 65E-12.104, 65E-12.105, and 65E-12.106, F.A.C., above, these standards apply to CSU programs.</td>
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| CSU/SRT 091 | Title: CRISIS STABILIZATION UNITS AND RESIDENTIAL TREATMENT FACILITIES; AUTHORIZED SERVICES; LICENSE REQUIRED; PENALTIES  
Cite: 394.875(1)(a), F.S. |
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<td>The purpose of a crisis stabilization unit is to stabilize and redirect a client to the most appropriate and least restrictive community setting available, consistent with the client’s needs.</td>
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<td>Crisis stabilization units may screen, assess, and admit for stabilization persons who present themselves to the unit and persons who are brought to the unit under s. 394.463, F.S. (Involuntary Examination).</td>
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<td>Clients may be provided 24-hour observation, medication prescribed by a physician or psychiatrist, and other appropriate services.</td>
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<td>Crisis stabilization units shall provide services regardless of the client's ability to pay and shall be limited in size to a maximum of 30 beds.</td>
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<td>Tour the unit to verify there is no more than 30 beds. Verify that services are available on a 24-hour, 7-day-a-week basis.</td>
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| CSU/SRT 092 | Title: DEFINITIONS  
Cite: 65E-12.103(1), F.A.C. |
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<td>A Crisis Stabilization Unit (CSU) is a state-supported mental health service or program and is a short-term alternative to inpatient psychiatric hospitalization and an integrated part of a designated public receiving facility under the authority of chapter 394, F.S. A CSU provides brief intensive services for individuals who are presented as acutely mentally ill on a 24-hour-a-day 7-day-a-week basis, under the licensing authority of the department. The purpose of a CSU is to examine, stabilize and redirect people to the most appropriate and least restrictive treatment settings consistent with their needs.</td>
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<tr>
<th>CSU/SRT 093</th>
<th>Title: CRISIS STABILIZATION UNITS AND RESIDENTIAL TREATMENT FACILITIES; AUTHORIZED SERVICES; LICENSE REQUIRED; PENALTIES</th>
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Cite: 394.875(9), F.S.

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

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

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<tr>
<th>CSU/SRT 094</th>
<th>Title: MINIMUM STANDARDS FOR CRISIS STABILIZATION UNITS – EMERGENCY SCREENING</th>
<th>Cite: 65E-12.107(1), F.A.C.</th>
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<tr>
<td>All persons who apply for admission pursuant to section 394.4625, F.S., or for whom involuntary examination is initiated pursuant to section 394.463, F.S., shall be assessed by the CSU or by the emergency services unit of the public receiving facility.</td>
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<td>Each receiving facility shall provide emergency screening services on a 24-hours-a-day, 7-days-a-week basis and shall have policies and procedures for identifying individuals at high risk.</td>
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<td>No person can be detained for more than 12 hours without being admitted or released.</td>
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<td>Everyone for whom involuntary examination is initiated pursuant to section 394.463, F.S., shall receive a face-to-face examination by a physician or clinical psychologist prior to release. The examination shall include a psychiatric evaluation, including a mental status examination, or a psychological status report.</td>
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Review clinical records of voluntary and involuntary clients to confirm their assessment.

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

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

Review clinical records of persons who came to the facility to confirm that they were not released without a psychiatric or psychological examination. (65E-5 further requires that such an examination occur prior to allowing a client to transfer from involuntary to voluntary status).

<table>
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<tr>
<th>CSU/SRT 095</th>
<th>Title: MINIMUM STANDARDS FOR CRISIS STABILIZATION UNITS – EMERGENCY SCREENING</th>
<th>Cite: 65E-12.107(1)(a), F.A.C.</th>
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<tr>
<td>Unit policies and procedures shall be written concerning the detainment of persons</td>
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Review the unit's policies and procedures to
| CSU/SRT 096 | Title: MINIMUM STANDARDS FOR CRISIS STABILIZATION UNITS - 
EMERGENCY SCREENING/REFERRAL  
Cite: 65E-12.107(1)(b), F.A.C. |
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<td>Individuals referred, or to be referred, to a receiving facility under chapter 394, part I, F.S., who also require treatment for an acute physical condition shall be delivered and, if appropriate, admitted to an emergency medical or inpatient service for health care until medically cleared and stabilized to meet the CSUs medical criteria as prescribed in its policies and procedures. Medical clearance shall be documented in the clinical record.</td>
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<tr>
<td>Review the facility’s policy and procedure manual to confirm that persons who require medical clearance or emergency medical treatment are transported by the CSU or other medical transportation service to a hospital. <strong>Law enforcement is not required to provide this function.</strong></td>
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| CSU/SRT 097 | Title: MINIMUM STANDARDS FOR CRISIS STABILIZATION UNITS – 
EMERGENCY SCREENINGS/PAYING FEES  
Cite: 65E-12.107(1)(c), F.A.C. |
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<tr>
<td>Individuals who can pay for services and who wish to be admitted to a private hospital facility authorized to provide services under chapter 394, part I, F.S., may be referred without prior examination by the receiving facility.</td>
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<tr>
<td>Review the facility’s policy and procedure manual to confirm that the information is consistent with 394.4685 (2), F.S. that governs the transfer of clients from public to private facilities. Any such transfer must be based upon the prior acceptance of the client by the private facility.</td>
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| CSU/SRT 098 | Title: MINIMUM STANDARDS FOR CRISIS STABILIZATION UNITS – 
ADMISSION  
Cite: 65E-12.107(2)(a), F.A.C. |
|---|---|
| All persons admitted to a CSU shall be admitted pursuant to chapter 394, part I, F.S., and chapter 65E-5, F.A.C.  
Each CSU shall provide admission services on a 24-hour-a-day, 7-days-a-week basis. |
| Confirm from staff interviews that admissions occur at anytime. In reviewing clinical records, note the times of admission. |

| CSU/SRT 099 | Title: MINIMUM STANDARDS FOR CRISIS STABILIZATION UNITS – 
ADMISSION/INITIAL ASSESSMENT  
Cite: 65E-12.107(2)(b)1, F.A.C. |
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<tr>
<td>Upon admission to the CSU, an emotional and behavioral assessment as</td>
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<tr>
<td>Review policies and procedures to verify</td>
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specified in (d) below shall be made based on facility program policy and procedures. This assessment shall be made by a mental health professional, registered nurse, or other unit staff under the supervision of a mental health professional.

The consultation of a physician, psychiatrist, or clinical psychologist shall be available to the CSU staff for purposes of assisting in this assessment.

Examination and disposition of a person who has been admitted involuntarily shall be in accordance with the provisions of section 394.463, F.S.

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

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

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

<table>
<thead>
<tr>
<th>CSU/SRT 100</th>
<th>Title: MINIMUM STANDARDS FOR CRISIS STABILIZATION UNITS – ADMISSION/INITIAL ASSESSMENT</th>
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</thead>
<tbody>
<tr>
<td>Cite: 65E-12.107(2)(b)2, F.A.C.</td>
<td>All persons admitted to a CSU shall be provided a nursing assessment, begun at time of admission and completed within 24 hours, by a registered nurse as part of the assessment process.</td>
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A "Nursing Assessment" is a general physical assessment, begun immediately upon admission and completed within 24 hours, conducted by a registered nurse as defined under section 464.003, F.S., known as Nurse Practice Act, and is a procedure which is a preliminary part of the initial admission process which is not intended to serve as the physical examination required under section 394.459(2)(c), F.S., unless it is performed as a physical examination by an advanced registered nurse practitioner as provided under section 464.012, F.S.

Review clinical records to confirm the presence of a nursing assessment for all clients who were admitted and retained at least 24 hours.
**Cite: 65E-12.107(2)(c), F.A.C.**

All persons admitted to a CSU shall be provided a physical examination within 24 hours of admission, based on program policies and procedures.

The physical examination shall include a complete medical history and documentation of significant medical problems. It shall contain specific descriptive terms and not the phrase, "within normal limits." General findings shall be written in the clinical records within 24 hours.

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

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

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**CSU/SRT 102**

**Title: MINIMUM STANDARDS FOR CRISIS STABILIZATION UNITS – ADMISSION/EMOTIONAL AND BEHAVIORAL ASSESSMENT**

**Cite: 65E-12.107(2)(d), F.A.C.**

For everyone admitted to a CSU an emotional and behavioral assessment shall be completed within 72 hours and entered into the clinical record. The assessment shall be made by a mental health professional or other unit staff under the supervision of a mental health professional.

The assessment shall include the following:


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

3. A direct psychiatric evaluation to be completed by a physician or psychiatrist to include a mental status examination which includes behavioral descriptions, including symptoms, not summary conclusions, and concise evaluation of cognitive functioning. A diagnosis, made by the physician or psychiatrist, shall be recorded in the clinical record, with a minimum of Axes I, II, and III, from the American Psychiatric Association: Diagnostic and Statistical Manual of Mental Health.

Review clinical records to ensure the presence of the required assessment, completed within 72 hours of admission and including all essential elements; specifically with time frames, assessment staff requirements, and assessment content.
CSU/SRT
103

Title: MINIMUM STANDARDS FOR CRISIS STABILIZATION UNITS –
ADMISSION/LABORATORY WORK
Cite: 65E-12.107(2)(e), F.A.C.

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

Review clinical records to confirm that any laboratory or diagnostic procedures ordered by a physician were completed and the written results filed in the records.

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

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

CSU/SRT
104

Title: MINIMUM STANDARDS FOR CRISIS STABILIZATION UNITS –
ADMISSION/MEDICAL CARE
Cite: 65E-12.107(3)(a), F.A.C.

The development of medical care policies and procedures shall be the responsibility of the psychiatrist or physician.

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

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

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

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

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

Definitions:

A “Service Implementation Plan” is a plan with documented input from the person receiving services and signed by the person receiving services, the responsible physician, psychiatrist, or a staff.
member privileged by policies and procedures within 24 hours of the individual's admission.

The CSU shall develop a service implementation plan that has objectives and action steps written for the person in behavioral terms. The objectives shall be related directly to one or more goals in the person's comprehensive service plan, if there is one.

The plan shall be fully developed within 5 days of admission and must contain short-term treatment objectives stated in behavioral terms relative to the long-term view and goals in the comprehensive service plan, if there is one, an aftercare plan, and a description of the type and frequency of services to be provided in relation to treatment objectives.

A copy of the service implementation plan shall be provided to the person receiving services and his guardian as provided for by law.

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

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

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

Interview clients to determine the extent the plan represents their input and whether they (and/or legally authorized decision-maker) had received a copy of the plan.
Each CSU shall provide the following services on a 24-hour-a-day, 7-day-a-week basis:

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

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

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

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

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

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

---

**Title:** MINIMUM STANDARDS FOR CRISIS STABILIZATION UNITS – REQUIRED CSU SERVICES/ROUTINE ACTIVITIES

**Cite:** 65E-12.107(5)(b), F.A.C.

Basic routine activities for persons admitted to a CSU shall be delineated in program policies and procedures which shall be available to all personnel.

The daily activities shall be planned to provide a consistent, well structured, yet flexible, framework for daily living and shall be periodically reviewed and revised as the needs of individuals or the group change.

Basic daily routine shall be coordinated with special requirements of the service implementation plan. A schedule of daily activities shall be posted or otherwise available to all persons receiving services.

Review facility written program policies and procedures and ensure that the policies and procedures are available to all personnel.

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

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

Observe clients’ activities on the unit for:

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

See Tag #077 for requirements dealing with passes.

<table>
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<tr>
<th>CSU/SRT 111</th>
<th>Title: MINIMUM STANDARDS FOR CRISIS STABILIZATION UNITS – REQUIRED CSU SERVICES</th>
<th>Interview staff to determine if clients leave the premises in groups.</th>
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<td>Cite: 65E-12.107(5)(c), F.A.C.</td>
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<td>Off-premises activities by two or more persons being served are not permitted except in cases as documented in the individual's clinical record pursuant to section 65E-12.106(24) of this rule.</td>
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<th>CSU/SRT 112</th>
<th>Title: MINIMUM STANDARDS FOR CRISIS STABILIZATION UNITS – REQUIRED CSU SERVICES - CONTINUITY OF CARE</th>
<th>A &quot;Discharge Plan&quot; is a written plan related specifically to the person's release from the CSU or SRT, describing and justifying the proposed setting where the individual will reside and aftercare treatment. The discharge planning process begins at the time of admission and involves the person receiving services, family, case manager and other individuals or agencies in accordance with the person's needs. Review the clinical records of persons approaching discharge to ensure that all required elements are present. Interview clients who are ready for discharge to determine their level of input into and satisfaction with the discharge plan.</th>
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<td>Cite: 65E-12.107(5)(d), F.A.C.</td>
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<td>1. Discharge Preparation. Prior to discharge or departure from the CSU, the staff, with the consent of the person receiving services, shall work with the individual's support system including family, friends, employers and case manager, as appropriate, to assure that all efforts are made to prepare the individual for returning to a less restrictive setting.</td>
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<td>2. Referral Services. All CSUs shall develop and maintain written referral agreements.</td>
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| CSU/SRT 113 | Title: MINIMUM STANDARDS FOR CRISIS STABILIZATION UNITS – REQUIRED CSU SERVICES - REFERRAL TO HOSPITAL INPATIENT CARE |                                                                     |
|--------------|---------------------------------------------------------------------------------|                                                                     |
|              |                                                                                 |                                                                     |

Page 51 of 97 March, 2000
| CSU/SRT 114 | **Title**: MINIMUM STANDARDS FOR CRISIS STABILIZATION UNITS – REQUIRED CSU SERVICES – TRANSPORTATION  
Cite: 65E-12.107(5)(f), F.A.C.  
| **The CSU shall provide or have access to transportation to a hospital inpatient unit on an emergency basis when necessary.**  
| **Determine from staff interviews how the CSU transports or arranges transport to hospitals when necessary. Use of law enforcement officers is not acceptable.** |
| CSU/SRT 115 | **Title**: MINIMUM STANDARDS FOR CRISIS STABILIZATION UNITS – REQUIRED CSU SERVICES - LABORATORY AND RADIOLOGY SERVICES/REQUIREMENT  
Cite: 65E-12.107(5)(g)1, F.A.C.  
| **The CSU shall provide or contract with licensed laboratory and radiology services commensurate with the needs of the persons receiving services.**  
| **Review clinical records to document that any order for laboratory or radiology was made by a physician and that the results were filed in the record.**  
| **Review the facility’s policy and procedure manual to document that the CSU can safely collect, preserve and transport specimens. Specifically, the following should be included:**  
1. Use of a licensed provider;  
2. Continuous service (nights, weekends, and holidays);  
3. Professional ordering tests;  
4. Timeliness of reports;  
5. Physician notification;  
|
| CSU/SRT 116 | **Title:** MINIMUM STANDARDS FOR CRISIS STABILIZATION UNITS – REQUIRED CSU SERVICES - LABORATORY AND RADIOLOGY SERVICES/CONTRACTS  
**Cite:** 65E-12.107(5)(g)2, F.A.C.  
When the CSU depends on an outside laboratory or radiology clinic for services, there shall be a written contract detailing the conditions, procedures and availability of work performed. The contract shall be reviewed and approved by the CSU director or administrator. | 6. Posting in client’s record;  
7. Intervention;  
8. Follow-up, as necessary;  
9. Method of specimen collection and storage;  
10. Transportation of specimens;  
11. Transportation of clients, if applicable; and  
12. Informed consent for HIV testing.  
Interview staff to verify that emergency lab and radiology services are available 24-hours-a-day, 7-days-a-week, including holidays.  
Observe specimen storage area to verify that specimens are stored in a separate refrigerator from food. | Request and review copies of contracts for laboratory and radiology services to ensure that all required elements are included and that it has been signed by an authorized person.  
See listing in above requirement to ensure all services are available as needed. |
| CSU/SRT 117 | **Title:** MINIMUM STANDARDS FOR CRISIS STABILIZATION UNITS – REQUIRED CSU SERVICES - SPACE  
**Cite:** 65E-12.107(6), F.A.C.  
Each person receiving services shall be provided a minimum of 175 square feet of usable client space within the CSU.  
Bedrooms shall be spacious and attractive, and activity rooms or space shall be provided. | **Usable Client Space** is the sum, in gross square feet, of all rooms, interior wall to interior wall, that are part of a CSU and SRT facility. Mechanical and electrical rooms, administrative and staff offices, screening areas, nurses’ station, visitor and reception area, crawl space |
and attic space are excluded. Closets and hallways are also excluded; bathrooms are also usually excluded.

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

| CSU/SRT 118 | Title: MINIMUM STANDARDS FOR CRISIS STABILIZATION UNITS – REQUIRED CSU SERVICES - LOCKED DOORS  
Cite: 65E-12.107(7), F.A.C. |
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<tr>
<td>CSU facilities shall be locked to provide reasonable control over access to and egress from the unit and emergency reception areas. When individuals are moved to other areas, the pathways shall also be locked or have adequate control provisions to prevent elopement. Such controlled passageways shall include access to the emergency reception area, unit proper, off unit doorways, and recreational areas. All unit door locks shall employ a common key for rapid access in emergency situations with quick releasing or single-turn mechanisms.</td>
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<tr>
<td>Tour the unit to confirm that the CSU is locked at all times, except when staff safely enter or exit the unit. Verify that the unit has a common key system to speed access in emergencies.</td>
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</table>
### Minimum Standards for Short-term Residential Treatment Programs (SRT)

| CSU/SRT 125 | Title: CRISIS STABILIZATION UNITS AND RESIDENTIAL TREATMENT FACILITIES; AUTHORIZED SERVICES; LICENSE REQUIRED; PENALTIES  
Cite: 394.875(1)(b), F.S.  
The purpose of a residential treatment facility is to be a part of a comprehensive treatment program for mentally ill individuals in a community-based residential setting. |
|---|---|
| CSU/SRT 126 | Title: DEFINITIONS  
Cite: 65E-12.103(2), F.A.C.  
"Short-term Residential Treatment Program," referenced herein as SRT, is a state-supported acute care 24-hour-a-day, 7-day-a-week residential alternative service, generally of 90 days or less, and which is an integrated part of a designated public receiving facility and receiving state mental health funds under the authority of chapter 394, F.S. The purpose of an SRT is to provide intensive short-term treatment to individuals who are temporarily in need of a 24-hour-a-day structured therapeutic setting in a less restrictive, but longer-stay alternative to hospitalization. |
| CSU/SRT 127 | Title: MINIMUM STANDARDS FOR SHORT-TERM RESIDENTIAL TREATMENT PROGRAMS (SRT)  
Cite: 65E-12.108, F.A.C.  
In addition to sections 65E-12.104, 65E-12.105, and 65E-12.106, F.A.C., above, these standards apply to SRT programs. |
| CSU/SRT 128 | Title: MINIMUM STANDARDS FOR SHORT-TERM RESIDENTIAL TREATMENT PROGRAMS (SRT) – ADMISSION CRITERIA  
Cite: 65E-12.108(1), F.A.C.  
(a) Referral Required. People may be admitted to an SRT only following a psychiatric or psychological evaluation and referral from a CSU, inpatient unit, or a designated public or private receiving facility.  
(b) Admission. All individuals shall be admitted pursuant to chapter 394, part I, F.S., and chapter 65E-5, F.A.C., and only on the order of a physician or psychiatrist.  
SRTs do not provide 24-hour reception and evaluation. Hence, they only accept transfers from units performing these activities. SRTs are designed to be a second tier type facility for more stabilized and longer-term clients, primarily as a diversion from state hospital care. |
| 129 | **TREATMENT PROGRAMS (SRT) - NURSING ASSESSMENT AND PHYSICAL EXAMINATION**  
Cite: 65E-12.108(2), F.A.C.  
All persons shall be given a nursing assessment and shall be given a physical examination within 24 hours of admission. The physical examination shall include a complete medical history and documentation of significant medical problems. It must contain specific descriptive terms and not the phrase, "within normal limits." If the person received a physical examination at an inpatient program or CSU prior to transfer to the SRT, no further physical examination will be necessary unless clinically indicated or it does not meet the requirements of this section. General findings must be written in the individual's clinical record within 24 hours. | SRT policy and procedures must ensure the provision of a physical exam within 24 hours of admission unless exempted by a previous exam. |
|---|---|---|
| CSU/SRT 130 | **Title: MINIMUM STANDARDS FOR SHORT-TERM RESIDENTIAL TREATMENT PROGRAMS (SRT) – EMOTIONAL AND BEHAVIORAL ASSESSMENT**  
Cite: 65E-12.108(3), F.A.C.  
For all individuals who are admitted to an SRT an emotional and behavioral assessment shall be completed and entered into the individual's clinical record within 72 hours. The assessment shall be made by a mental health professional or other unit staff under the supervision of a mental health professional. If the individual received an assessment at an inpatient program or CSU prior to transfer to the SRT, another assessment is not required unless clinically necessary or it does not meet the requirements of this section. The assessment shall include the following.  
(a) A history of previous emotional, behavioral, and substance abuse problems and treatment.  
(b) A social assessment to include a determination of the need for participation of family members or significant others in the person's treatment; the social, peer group, and environmental setting from which the person comes; family circumstances; current living situation; employment history; social, ethnic, cultural factors; and childhood history.  
(c) A direct psychiatric evaluation to be completed by a physician or psychiatrist to include a mental status examination which includes behavioral descriptions, including symptoms, not summary conclusions, and concise evaluation of cognitive functioning. A diagnosis, made by the physician or psychiatrist, shall be recorded in the individual's clinical record, with a minimum of Axes I, II, and... | Review unit policy and procedures to verify that this standard is reflected in operations.  
Review admission records to verify compliance with time frames, assessment staff requirements, and assessment content requirements. |

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

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

| CSU/SRT 131 | Title: MINIMUM STANDARDS FOR SHORT-TERM RESIDENTIAL TREATMENT PROGRAMS (SRT) – MEDICAL CARE  
| Cite: 65E-12.108(4), F.A.C. |  |
| | (a) The development of medical care policies and procedures shall be the responsibility of the psychiatrist or physician. The policies and procedures for medical care shall include the procedures that may be initiated by a registered nurse in order to alleviate a life-threatening situation. Medication or medical treatment shall be administered upon direct order from a physician or psychiatrist, and orders for medications and treatments shall be written and signed by the physician or psychiatrist. |
| | (b) There shall be no standing orders for any medication used primarily for the treatment of mental illness. |
| | (c) Every order given by telephone shall be received and recorded immediately only by a registered nurse with the physician's or psychiatrist's name, and signed by the physician or psychiatrist within 24 hours. Such telephone orders shall include a progress note that an order was made by telephone, the content of the order, justification, time, and date. |

| CSU/SRT 132 | Title: MINIMUM STANDARDS FOR SHORT-TERM RESIDENTIAL TREATMENT PROGRAMS (SRT) – COMPREHENSIVE SERVICE AND IMPLEMENTATION PLANS  
| Cite: 65E-12.108(5), F.A.C. |  |
| | At the time of admission to the SRT the previously completed comprehensive service plan shall be reviewed and revised as needed with the person's service plan manager. The SRT shall develop a service implementation plan which has |

Review policy and procedure manual to verify procedures have been established for implementing, recording, and documenting treatment orders.

Review client records to verify that treatment orders follow established protocols.
objectives and action steps written for the person in behavioral terms. The objectives shall be related directly to one or more goals in the person’s comprehensive service plan. The service implementation plan shall be initiated with documented input from the person receiving services and signed by the responsible physician or psychiatrist or a staff member privileged by policies and procedures within 24 hours of admission. The service implementation plan shall be fully developed within 5 days of admission and must contain short-term treatment objectives stated in behavioral terms, relative to the long-term view and goals in the comprehensive service plan, and a description of the type and frequency of services to be provided in relation to treatment objectives. The plan shall be reviewed and updated at least every 30 days. A copy of the plan shall be signed by and provided to the individual and his guardian as provided by law. A new aftercare plan shall be developed prior to discharge from the SRT.

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

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

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

CSU/SRT 133
Title: MINIMUM STANDARDS FOR SHORT-TERM RESIDENTIAL TREATMENT PROGRAMS (SRT) – PREVIOUS RECORD
Cite: 65E-12.108(6), F.A.C.

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

Review clinical records to verify the required documentation is present.

CSU/SRT 134
Title: MINIMUM STANDARDS FOR SHORT-TERM RESIDENTIAL TREATMENT PROGRAMS (SRT) – REQUIRED SRT SERVICES
Cite: 65E-12.108(7)(a), F.A.C.

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

1. Twenty-four hour supervision;
2. Individual, group, and family counseling services directed toward alleviating the crisis or symptomatic behavior which required admission to an SRT;
3. Medical or psychiatric treatment;

Daily activities should be planned to provide a consistent, well-structured, yet flexible, framework for daily living. These activities should be periodically reviewed and revised as the needs of individual clients or the group change. Basic daily routine is coordinated with special requirements of the client’s individual
4. Social and recreational activities, inside and outside the context of the facility; referral to other less restrictive, nonresidential treatment services, when appropriate. Each SRT shall have access to the CSU, if one exists in the area, and to hospital emergency services in the event of a crisis that cannot be managed within the facility; and

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

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

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

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

Client activities and responses provide a basis for clinicians to assess their mental condition and discharge readiness. Clients are to be engaged in activities beyond watching television, wandering, sleeping, or smoking.

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

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

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

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

Review the facility’s policy and procedure manual to document that the CSU can safely collect, preserve and transport specimens. Specifically, the following should be included:
c. Record. All laboratory reports shall be filed in the individual's clinical record.

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

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

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

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

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

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

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Discharge planning should begin upon admission to the SRT and be focused on identifying strengths, needs, and post-discharge environment. The clinical record should evidence attempts to contact and involve family and friends in discharge placement and support.
2. Referral Services. All SRT facilities shall develop and maintain written referral agreements. Clients with a history of recidivism should be prioritized for case management services.

| CSU/SRT 138 | Title: MINIMUM STANDARDS FOR SHORT-TERM RESIDENTIAL TREATMENT PROGRAMS (SRT) – REQUIRED SRT SERVICES  
Cite: 65E-12.108(7)(e), F.A.C. | Each SRT shall have access to a hospital inpatient unit to assure that referred persons are admitted as soon as necessary.  
Review policy and procedure manual to determine criteria and procedures for the referral of clients to hospital inpatient care.  
Interview staff to determine their familiarity with the agency's policies. |
| CSU/SRT 139 | Title: MINIMUM STANDARDS FOR SHORT-TERM RESIDENTIAL TREATMENT PROGRAMS (SRT) – SPACE  
Cite: 65E-12.108(8), F.A.C. | Each person receiving services shall be provided a minimum of 175 square feet of usable client space within the SRT. Bedrooms shall be spacious and attractive, and activity rooms or space shall be provided. |
| CSU/SRT 140 | Title: MINIMUM STANDARDS FOR SHORT-TERM RESIDENTIAL TREATMENT PROGRAMS (SRT) – ACCESS AND EGRESS  
Cite: 65E-12.108(9), F.A.C. | Each SRT shall provide reasonable control over access to and egress from the unit and recreational area. |

**FACILITY STANDARDS FOR CSUs AND SRTs LICENSED PRIOR TO FEBRUARY 1986**

| CSU/SRT 145 | Title: COMMON MINIMUM PROGRAM STANDARDS - FACILITY STANDARDS FOR FACILITIES LICENSED PRIOR TO FEBRUARY 1986-BUILDING CONSTRUCTION REQUIREMENTS  
Cite: 65E-12.106(12)(a)1, F.A.C. | Facility standards were initially developed that applied to existing facilities constructed prior to February 1986. More extensive standards were |
| CSU/SRT 146 | Title: COMMON MINIMUM PROGRAM STANDARDS - FACILITY STANDARDS FOR FACILITIES LICENSED PRIOR TO FEBRUARY 1986 - BUILDING CONSTRUCTION REQUIREMENTS-MODERNIZATION OR RENOVATION  
Cite:  65E-12.106(12)(a)2, F.A.C.  
Any alterations, or any installations of new equipment, shall be accomplished as nearly as practical in conformance with the requirements for new construction and accessibility. Alterations shall not diminish the level of safety or usable client space below that which exists prior to the alteration. Life safety features which do not meet the requirements for new buildings but exceed the requirements for existing buildings shall not be further diminished. Life safety features in excess of those required for new construction are not required to be maintained. In no case shall the resulting life safety be less than that required for existing buildings. | d. The federal Americans with Disabilities Act as referenced in chapter 59A-3, F.A.C.  
developed to apply to new facilities, effective March 1987 and also to July 14, 1993. The latter can be found in 65E-12.109, F.A.C.  
Verify that code inspections by local authorities have been done in the last year, for at least the following areas:  
1. Fire safety  
2. Dietary  
3. Sanitation |

| CSU/SRT 147 | Title: COMMON MINIMUM PROGRAM STANDARDS – FACILITY STANDARDS FOR FACILITIES LICENSED PRIOR TO FEBRUARY 1986 - BUILDING CONSTRUCTION REQUIREMENTS-SEWAGE  
Cite:  65E-12.106(12)(a)3, F.A.C.  
Sewage, including liquid wastes from cleaning operations, shall be disposed of in a public sewage system or other approved sewage system in accordance with chapter 381, F.S., 64E-6, F.A.C., Standards for Individual Sewage Disposal Facilities or chapter 62-600, F.A.C., Domestic Wastewater Facilities.  
Tour facility to verify that waste, including biohazardous waste, is stored and collected as specified in rule. |  |

| CSU/SRT 148 | Title: COMMON MINIMUM PROGRAM STANDARDS – FACILITY STANDARDS FOR FACILITIES LICENSED PRIOR TO FEBRUARY 1986 - BUILDING CONSTRUCTION REQUIREMENTS-SANITARY FACILITIES  
Cite:  65E-12.106(12)(a)4, F.A.C.  |  |
| CSU/SRT 149 | Title: **COMMON MINIMUM PROGRAM STANDARDS - FACILITY STANDARDS FOR FACILITIES LICENSED PRIOR TO FEBRUARY 1986-BUILDING CONSTRUCTION REQUIREMENTS - PLUMBING**  
Cite: 65E-12.106(12)(a)5, F.A.C. | All plumbing shall comply with the requirements of chapter 9B-51, F.A.C., Plumbing, or with the plumbing code legally applicable to the area where the facility is located. |
| CSU/SRT 150 | Title: **COMMON MINIMUM PROGRAM STANDARDS - FACILITY STANDARDS FOR FACILITIES LICENSED PRIOR TO FEBRUARY 1986-BUILDING CONSTRUCTION REQUIREMENTS - WATER SUPPLY**  
Cite: 65E-12.106(12)(a)6, F.A.C. | The water supply must be adequate, of safe and sanitary quality and from an approved source in accordance with chapters 381, F.S., and 64E-8, F.A.C., Drinking Water Systems. In rural areas, if water is not from a municipal or county supply, request documentation of water quality from sample supplied to a testing laboratory. |
| CSU/SRT 151 | Title: **COMMON MINIMUM PROGRAM STANDARDS - FACILITY STANDARDS FOR FACILITIES LICENSED PRIOR TO FEBRUARY 1986-BUILDING CONSTRUCTION REQUIREMENTS - HEAT**  
Cite: 65E-12.106(12)(a)7, F.A.C. | Heat shall be supplied from a central heating plant or by an approved heating in accordance with chapter 59A-3, F.A.C. No space heaters (electric or fuel run) are allowed in these facilities. |
| CSU/SRT 152 | Title: COMMON MINIMUM PROGRAM STANDARDS - FACILITY STANDARDS FOR FACILITIES LICENSED PRIOR TO FEBRUARY 1986  
Cite: 65E-12.106(12)(b)1, F.A.C.  

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

<p>| | |</p>
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<tbody>
<tr>
<td>a.</td>
<td>In multiple occupancy bedrooms or sleeping areas there shall be a minimum of 60 square feet per bed and no less than a 30-inch separation between beds. Bedrooms shall be limited to a maximum of four occupants.</td>
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<tr>
<td>b.</td>
<td>The minimum size of a single occupant bedroom shall be 55 square feet.</td>
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<td>c.</td>
<td>Each CSU shall have at least one seclusion room and another room which may be used as a seclusion room as provided for in section 65E-12.106(19)(c)2. of this rule. Seclusion rooms shall be a minimum of 55 square feet. If a restraint bed is utilized it shall have access around it and be bolted to the floor. Seclusion rooms shall minimally include a mattress. Ceilings shall be solid, and all lighting fixtures shall be tamper-proof, and power receptacles are not permitted in the room.</td>
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<td>d.</td>
<td>The facility shall have at least one water fountain readily accessible for the use of persons receiving services.</td>
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<td>e.</td>
<td>The facility shall have a minimum ratio of one shower for each eight individuals and one toilet and lavatory for each six individuals. Individual shower stalls and dressing areas shall be provided. The use of gang showers is prohibited. Access to a bathroom shall not be through another person's room.</td>
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<tr>
<td>f.</td>
<td>The facility shall have a locked area for personal possessions being held for safekeeping. Individual shelves or other similar dividers shall be provided in the locked area for the storage of personal possessions. The facility shall have written policies and procedures to ensure reasonable access to personal possessions.</td>
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<td>g.</td>
<td>Each facility shall have a fenced outside recreation area with a minimum fence height of no less than six feet suitable for impeding elopements.</td>
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<td>g.</td>
<td>Individuals who are in good physical condition may be able to climb a six-foot fence. The fence needs to be constructed in such a...</td>
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</table>
h. External windows shall have security screens or equivalent protection.

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

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

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

CSU/SRT 153

Title: COMMON MINIMUM PROGRAM STANDARDS - FACILITY STANDARDS FOR FACILITIES LICENSED PRIOR TO FEBRUARY 1986-HEALTH AND SAFETY - DISASTER PREPAREDNESS

Cite: 65E-12.106(12)(c)1, F.A.C.

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

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

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

   (A) Use of the fire alarm;

   (B) Transmission of the alarm to the fire department;

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

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

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

   The unit’s fire/safety manual must describe the operation of essential fire protection and suppression equipment on the unit if manner that climbing it is difficult or impossible.
(C) Response to the alarm;
(D) Isolation of the fire;
(E) Evacuation of the fire area or facility utilizing posted evacuation routes;
(F) Preparation of the residents and building for evacuation;
(G) Fire extinguishment;
(H) Descriptive procedures for the operation and maintenance of fire equipment;
(I) Procedures for staff training and the provision of monthly fire drills rotated so that all shifts have at least one fire drill quarterly;
(J) Documentation of monthly and periodic professional inspections of equipment; and
(K) Provision for annual review and revision of the fire safety manual and plan.

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

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

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

Observe posted evacuation routes behind protective covers.

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

Review in-service training schedule and staff attendance.

FOR FACILITIES LICENSED PRIOR TO FEBRUARY 1986-HEALTH AND SAFETY - PERSONAL SAFETY

Cite: 65E-12.106(12)(c)3, F.A.C.

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

CSU/SRT Title: COMMON MINIMUM PROGRAM STANDARDS - FACILITY STANDARDS FOR FACILITIES LICENSED PRIOR TO FEBRUARY 1986-HEALTH AND SAFETY - HEALTH AND SANITATION

Cite: 65E-12.106(12)(c)4, F.A.C.

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

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

c. Garbage, Trash and Rubbish Disposal.

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

(II) If public or contract garbage collection service is available, the facility shall subscribe to these services unless the volume makes on-site disposal feasible. If garbage and trash are disposed of on premises, the method of disposal shall not create sanitary nuisance conditions and shall comply with provisions of chapter 17-7, F.A.C.
## Facility Standards for CSUs and SRTs Licensed After July 14, 1993

| CSU/SRT 160 | Title: **MINIMUM CONSTRUCTION STANDARD FOR NEW CSU AND SRT FACILITIES INITIALLY LICENSED AFTER JULY 14, 1993 - GENERAL PROVISIONS - CONSTRUCTION REQUIREMENTS**  
Cite:  65E-12.109(1)(a)1, F.A.C.  
New facility construction and additions, refurbishing, renovations and alterations to existing facilities shall comply with the following codes and standards:  

- a. The building codes described in section 9B-3.047, F.A.C.;  
- b. The fire codes contained in chapter 4A-3, F.A.C., as described in the National Fire Protection Association (N.F.P.A.) 101, chapters 12 and 13, Special Definitions, as applicable to limited health care facilities, which is included by reference in chapter 59A-3, F.A.C.;  
- c. The accessibility by handicapped persons standards in chapter 553, part V, F.S.; and  
- d. The federal Americans with Disabilities Act as referenced in chapter 59A-3, F.A.C.  

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

| CSU/SRT 161 | Title: **MINIMUM CONSTRUCTION STANDARD FOR NEW CSU AND SRT FACILITIES INITIALLY LICENSED AFTER JULY 14, 1993 - GENERAL PROVISIONS - MODERNIZATION OR RENOVATION**  
Cite:  65E-12.109(1)(a)2, F.A.C.  
Any alteration, or any installation of new equipment, shall be accomplished, as nearly as practical, in conformance with the requirements for new construction. Alterations shall not diminish the level of safety or usable client space below that which exists prior to the alteration. Life safety features which do not meet the requirements for existing buildings shall not be further diminished. Life safety features in excess of those required for new construction are not required to be maintained. In no case shall the resulting life safety be less than that required for existing buildings. |
| --- | --- |

| CSU/SRT 162 | Title: **MINIMUM CONSTRUCTION STANDARD FOR NEW CSU AND SRT FACILITIES INITIALLY LICENSED AFTER JULY 14, 1993 - GENERAL PROVISIONS-CONSTRUCTION REQUIREMENTS - SEWAGE**  
Cite:  65E-12.109(1)(a)3, F.A.C.  
Sewage, including liquid wastes from cleaning operations, shall be disposed of in |
a public sewage system or other approved sewage system in accordance with chapters 381, F.S., and 403, F.S.

CSU/SRT 163
Title: MINIMUM CONSTRUCTION STANDARD FOR NEW CSU AND SRT FACILITIES INITIALLY LICENSED AFTER JULY 14, 1993 - GENERAL PROVISIONS-CONSTRUCTION REQUIREMENTS - SANITARY FACILITIES
Cite: 65E-12.109(1)(a)4, F.A.C.

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

CSU/SRT 164
Title: MINIMUM CONSTRUCTION STANDARD FOR NEW CSU AND SRT FACILITIES INITIALLY LICENSED AFTER JULY 14, 1993 - GENERAL PROVISIONS - CONSTRUCTION REQUIREMENTS - PLUMBING
Cite: 65E-12.109(1)(a)5, F.A.C.

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

CSU/SRT 165
Title: MINIMUM CONSTRUCTION STANDARD FOR NEW CSU AND SRT FACILITIES INITIALLY LICENSED AFTER JULY 14, 1993 - GENERAL PROVISIONS - CONSTRUCTION REQUIREMENTS - WATER SUPPLY
Cite: 65E-12.109(1)(a)6, F.A.C.

The water supply must be adequate, of safe and sanitary quality and from an approved source in accordance with chapter 381, F.S., and 64E-4, F.A.C.

CSU/SRT 166
Title: MINIMUM CONSTRUCTION STANDARD FOR NEW CSU AND SRT FACILITIES INITIALLY LICENSED AFTER JULY 14, 1993 - GENERAL PROVISIONS - CONSTRUCTION REQUIREMENTS
Cite: 65E-12.109(1)(a)7, F.A.C.

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

CSU/SRT 167
Title: MINIMUM CONSTRUCTION STANDARD FOR NEW CSU AND SRT FACILITIES INITIALLY LICENSED AFTER JULY 14, 1993-GENERAL PROVISIONS-CONSTRUCTION REQUIREMENTS
Cite: 65E-12.109(1)(a)8, F.A.C.

No unsprinklered building classification as defined in the 1985 Standard Building Code, as incorporated by reference in chapter 59A-3, F.A.C., is allowed.
| CSU/SRT 168 | Title: MINIMUM CONSTRUCTION STANDARD FOR NEW CSU AND SRT FACILITIES INITIALLY LICENSED AFTER JULY 14, 1993 - GENERAL PROVISIONS - CONSTRUCTION REQUIREMENTS  
Cite: 65E-12.109(1)(a)9, F.A.C.  
All facilities shall be protected throughout by an approved automatic sprinkler and smoke detection system to include a smoke detector in every bedroom. Provision must be made for automatic emergency forces notification. |
| CSU/SRT 169 | Title: MINIMUM CONSTRUCTION STANDARD FOR NEW CSU AND SRT FACILITIES INITIALLY LICENSED AFTER JULY 14, 1993 - GENERAL PROVISIONS - CONSTRUCTION REQUIREMENTS  
Cite: 65E-12.109(1)(a)10, F.A.C.  
Surge protection in compliance with the National Electric Code Article 280, as incorporated by reference in chapter 59A-3, F.A.C., shall be installed to protect each service entrance equipment and have integral visual indication of surge protector failure. Additional surge protection shall be provided for all low voltage and power connections to all electronic equipment and conductors entering or exiting the building and other life safety systems equipment such as fire alarm, telephone, and nurse call. Protection shall be in accordance with appropriate IEEE standards for the type of equipment being protected. |
| CSU/SRT 170 | Title: MINIMUM CONSTRUCTION STANDARD FOR NEW CSU AND SRT FACILITIES INITIALLY LICENSED AFTER JULY 14, 1993 - GENERAL PROVISIONS - OVERALL FUNCTIONAL DESIGN  
Cite: 65E-12.109(1)(b), F.A.C.  
1. The CSU or SRT shall be designed to provide a locked perimeter around a living unit and fenced exercise area within which individuals can reside 24 hours a day in an environment designed to minimize potential for injury. The CSU or SRT structure shall be single story ground level facility. These facilities shall have separate off-unit reception and administration areas which may also be locked. Service corridors and pathways to other non-unit activities shall not be through the locked CSU or SRT unit.  
2. The walls throughout all client areas of the CSU or SRT shall either be concrete block or a double layer of gypsum wallboard or three-quarter inch thick plaster or metal lath to minimize maintenance of the facility. The general architecture of the unit shall provide for optimal line-of-sight observation from the nurses' station throughout the unit, minimizing hidden spots and blind corners. |
3. The CSU or SRT shall be designed to create a pleasant functional therapeutic environment throughout, by the use of sunlight, colors, designs, textures, and furnishings. The design shall achieve a secure unit which looks more residential than institutional in its construction and furnishings, while incorporating substantial safety considerations throughout.

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

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

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

5. All areas of CSUs and SRTs shall be ventilated by central, ducted supply and return forced air systems. Toilets, bathrooms and soiled function rooms shall be mechanically exhausted to the outside. Ventilation units shall distribute tempered heated or cooled air to all spaces and shall supply outside air in the quantity of either the sum of all exhausts or 20 cfm per person whichever is greater. The quality of all exhausts must match the intake volume of all outside air. Supply, exhaust, and return fans shall run continuously while the building is occupied. Areas in which smoking is permitted shall be well vented by at least 35 cfm per person to the outside in order to minimize smoke diffusion throughout the unit.

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

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

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

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

10. Since glass fragments are a safety hazard throughout the unit, the use of glass shall be minimal.

11. All television sets must be securely fastened.

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

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

14. CSUs and SRTs with electronic or magnetic door locks or other fundamental operational components which are electric shall have either: a battery back-up system rated for facility emergency power draw and capable of sustaining door locks and emergency operations for a minimum period of 6 hours; or an emergency generator with transfer switch with a battery pack back-up system capable of operating for 2 hours at facility emergency power draw level.
15. The use of door vision panels and windows shall minimize the opportunity for isolation of staff or persons served in unobserved areas. This does not include privacy provisions such as bathrooms and bedrooms.

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<tr>
<th>CSU/SRT 171</th>
<th>Title: MINIMUM CONSTRUCTION STANDARD FOR NEW CSU AND SRT FACILITIES INITALLY LICENSED AFTER JULY 14, 1993 - UNIFORM SPECIFICATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cite: 65E-12.109(2), F.A.C.</td>
<td>(a) Design shall ensure that each person receiving services in a CSU or SRT is provided a minimum of 175 square feet of usable client space.</td>
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<td>(b) Tamper-resistant screws shall be used to protect electrical switches and outlets throughout the facility in all areas accessible to persons receiving services. Lighting fixtures shall be tamper-proof type throughout the facility in all areas accessible to persons receiving services.</td>
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<td></td>
<td>(c) All electrical switches and outlets in wet areas shall be ground-fault protected with a remote breaker switch. Tamper-proof, safety type duplex outlets shall be used in all areas accessible to persons receiving services.</td>
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<td>(d) Air ducts shall be covered with a perforated type metal grill, not residential louvered grills, throughout the unit in all areas accessible to persons receiving services.</td>
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<td>(e) All hose bibs shall be equipped with a vacuum breaker device.</td>
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<td>(f) The unit shall have a minimum of one drinking fountain.</td>
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<td></td>
<td>(g) Ceiling height in bedrooms, activity areas, and bathrooms shall be at least nine feet.</td>
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<tr>
<td></td>
<td>(h) The operation of all perimeter locks shall ensure reasonable control over both access and egress.</td>
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</table>
| CSU/SRT 172 | Title: **MINIMUM CONSTRUCTION STANDARD FOR NEW CSU AND SRT FACILITIES INITIALLY LICENSED AFTER JULY 14, 1993 - UNIFORM SPECIFICATIONS - ADMINISTRATION AND PUBLIC AREAS**  
| Cite: 65E-12.109(3), F.A.C. |  
| (a) Waiting rooms shall have an adjacent rest room which is designed to accommodate persons with physical disabilities. |  
| (b) The entrance shall be grade-level, sheltered from inclement weather and accessible to persons with physical disabilities. |  
| (c) The lobby shall include a drinking fountain and space for clerical personnel. Private interview space for emergency screening of voluntary persons shall be adjacent to the lobby. |  

| CSU/SRT 173 | Title: **MINIMUM CONSTRUCTION STANDARD FOR NEW CSU AND SRT FACILITIES INITIALLY LICENSED AFTER JULY 14, 1993 - UNIFORM SPECIFICATIONS - EMERGENCY SCREENING AREA FOR CSUs**  
| Cite: 65E-12.109(4), F.A.C. |  
| (a) This shall be a locked area in which law enforcement admissions may be received. This area shall not be wholly isolated visually from the CSU to provide safety for emergency screening personnel who may become isolated in this area. This area shall provide for medical clearance, emergency screening, bathroom facilities, and other activities which may be necessary. |  
| (b) A separate entrance shall be provided directly to emergency screening areas and examination rooms for law enforcement personnel. It shall have a driveway where a law enforcement vehicle can pull immediately adjacent to the building before transferring a person through the separate entrance to the emergency screening area. The law enforcement entrance shall also have a lock box where the law enforcement officer can lock his weapons during such time as he is in the facility. |  
| (c) A separate bathroom with supervised shower area shall be located so that all persons being admitted may be showered before being admitted to the residential section of the unit. |
### MINIMUM CONSTRUCTION STANDARD FOR NEW CSU AND SRT FACILITIES INITIALLY LICENSED AFTER JULY 14, 1993 – UNIFORM SPECIFICATIONS - SECLUSION ROOMS

Cite: 65E-12.109(5), F.A.C.

(a) Each CSU shall have a minimum of two seclusion rooms that shall share a common vestibule with a bathroom off the vestibule area. Each SRT shall have at least one seclusion room. Seclusion rooms shall be free of sharp edges or corners and be strongly constructed to withstand repeated physical assaults. Walls shall be either concrete block or double layered to provide resistance and be smooth. The ceilings shall be nine feet in clear height, hard-coated, and lighting fixtures recessed and tamper-proof. Lighting fixtures shall be nonbreakable, preferably Lexan, and shall be installed with tamper-proof screws, as shall any other items in the seclusion rooms. The seclusion room door shall be heavy wood or metal at least 36 inches in width and shall open outward. The door frame shall be heavy steel and shall be thoroughly bolted into the wall and cemented in.

(b) At least one seclusion room in the CSU shall have a sturdily constructed bed, without sharp edges and bolted to the floor. A bed in the SRT seclusion room is optional; however, if present, the bed shall meet the same requirements as specified for the CSU. Its placement in the room shall provide adequate space for staff to apply restraints and not assist individuals in tampering with the lights, smoke detectors, cameras, or other items that may be in the ceiling of the room. There shall be a rheostat control mechanism outside the room to adjust the illumination of the light in the seclusion room.

(c) The floor and walls, up to a height of three feet, shall be coated with an impermeable finish to resist penetration of body fluids. One seclusion room shall have a floor drain. A hose bib shall be in a readily adjacent area such as a bathroom.

(d) There shall be a vision panel in the door of the seclusion room, no larger than eight inches by eight inches, which provides a view of the entire room. This vision panel shall be Lexan or other suitably strong material and it shall be securely mounted in the door. Provisions shall be made to ensure privacy from the public and other persons receiving services while providing easy access for staff observation.

(e) Seclusion rooms shall be a minimum of 70 square feet and a minimum room
(f) Fire sprinkler heads shall be ceiling mounted and either recessed or flush mounted type without a looped spray dispersal head.

(g) A voice activated and switchable emergency calling system for monitoring persons receiving services shall be provided in each seclusion room.

(h) Each seclusion room shall have an electronic visual monitoring system capable of viewing the entire room and be monitored from the nurses’ station.

| CSU/SRT 175 | Title: MINIMUM CONSTRUCTION STANDARD FOR NEW CSU AND SRT FACILITIES INITIALLY LICENSED AFTER JULY 14, 1993 - UNIFORM SPECIFICATIONS - JANITOR’S CLOSET |
| Cite: 65E-12.109(6), F.A.C. |
| (a) A janitor’s closet shall be on the unit. It shall contain a floor receptor for mop water and provide space for mop bucket, brooms, and other minimal items. Caustic and other dangerous chemicals shall not be stored in this closet. |
| (b) This closet shall have an automatic door closer and have automatic relocking type lock. |

| CSU/SRT 176 | Title: MINIMUM CONSTRUCTION STANDARD FOR NEW CSU AND SRT FACILITIES INITIALLY LICENSED AFTER JULY 14, 1993 - UNIFORM SPECIFICATIONS - BATHROOMS |
| Cite: 65E-12.109(7), F.A.C. |
| (a) Access to a bathroom shall not be through another person’s bedroom. Bathrooms shall provide space, in addition to bathing, for dry clothes and changing of clothes and for observation staff. The shower head shall be recessed or have a smooth curve from which items cannot be hung. There shall be no overhead rod, privacy stall supports, protrusions, or fixtures capable of carrying more than 40 pounds of weight. The ceiling shall be hard coated. Sprinkler heads shall be either recessed or a flush mounted type |
dispersal head. The toilet shall be a flushometer-type, not residential with water tank and cover. Toilets shall be of heavy duty construction securely fastened to the floor and have seats with locking nuts. Secure cleanout access shall be provided for the toilet to clean out plugs and pipes. Floor drains in bathroom areas shall be of sufficient size that they cannot be plugged by standing on them.

(b) Mirrors shall not be common glass. A polycarbonate mirror, fully secured, and flat-mounted to the wall is required. Polished metal mirrors shall not be permitted.

(c) Lighting fixtures shall be recessed and tamper-proof with Lexan or other strong translucent material.

(d) Bathroom fixtures, shower, lavatory, and toilet shall be readily accessible from a common area. If not accessible from a common area, they will be deemed to be available only to the occupants of directly adjoining bedroom or bedrooms.

(e) Each CSU and SRT shall have a bathroom of sufficient size for use by persons with physical disabilities. It shall include toilet, lavatory, shower, and safety grab bars for shower and toilet.

(f) The facility shall have a minimum ratio of one shower for each eight persons receiving services and one toilet and lavatory for each six persons receiving services. Individual shower stalls and dressing areas shall be provided. The use of gang showers is prohibited.

CSU/SRT 177
Title: MINIMUM CONSTRUCTION STANDARD FOR NEW CSU AND SRT FACILITIES INITIALLY LICENSED AFTER JULY 14, 1993 - UNIFORM SPECIFICATIONS - NURSE’S STATION
Cite: 65E-12.109(8), F.A.C.

(a) The nurses’ station shall be positioned so that the unit may be under constant direct visual surveillance. Charting and records areas shall be located in the rear of the nurses’ station, and not in a separate area, so that staff on duty can readily observe the client areas. A bathroom shall be nearby for staff use. The nurses’ station, if separated from client areas, shall utilize either Lexan or safety wire glass for enclosure to above counter top level. If not enclosed the counter top shall be at least 18 inches in width.

(b) Thirty is the maximum number of beds which may be served by a common
nurses’ station in collocated units, as described in section 65E-12.106(23) of this rule.

(c) The nurses’ station, which functions as the primary control center, shall have necessary electronic assistance such as camera monitors and intercoms in more remote areas where persons may become isolated. Areas warranting visual and auditory monitoring include remote entrance or egress doors, isolated hallways, after hours law enforcement entrance, emergency screening area, and fenced recreational yard.

| CSU/SRT 178 | Title: MINIMUM CONSTRUCTION STANDARD FOR NEW CSU AND SRT FACILITIES INITIALLY LICENSED AFTER JULY 14, 1993 - UNIFORM SPECIFICATIONS – MEDICATION ROOM | 
| Cite: 65E-12.109(9), F.A.C. |
| The medication room shall be located near the nurses' station. The medication room shall have a sink, refrigerator, locked storage, and facilities for dispensing medication. Security against unauthorized access must be assured. The refrigerator shall store medications and clean materials only. |

| CSU/SRT 179 | Title: MINIMUM CONSTRUCTION STANDARD FOR NEW CSU AND SRT FACILITIES INITIALLY LICENSED AFTER JULY 14, 1993 - UNIFORM SPECIFICATIONS - EXAMINATION ROOM | 
| Cite: 65E-12.109(10), F.A.C. |
| A suitable examination room shall be provided for physical examinations, nursing assessments, and other related medical activities. It shall include a sink for handwashing. |

| CSU/SRT 180 | Title: MINIMUM CONSTRUCTION STANDARD FOR NEW CSU AND SRT FACILITIES INITIALLY LICENSED AFTER JULY 14, 1993 – UNIFORM SPECIFICATIONS – BEDROOMS | 
| Cite: 65E-12.109(11), F.A.C. |
| (a) Ceilings shall be non-accessible to prohibit persons receiving services from entering attic spaces or having access to overhead pipes and beams. Light switches and electrical outlets shall be secured with non-tamper type screws. When feasible each bedroom shall have a window, operable by staff, with an exterior view. Window sills shall not exceed a height of 36 inches above floor level and should incorporate protective screens or Lexan type material to prevent direct access to glass surfaces. There should be no overhead protrusions available for hanging in excess of 40 pounds weight. |
(b) Beds and other heavy furniture suitable for barricading the door shall be secured to the floor or walls.

(c) Multiple occupant bedrooms shall be limited to a maximum of four occupants and shall be a minimum size of 60 square feet per bed with no less than a 30 inch separation between beds. Single occupant bedrooms shall be a minimum of 80 square feet.

(d) Bedroom doors shall be a minimum of 36 inches wide.

Title: MINIMUM CONSTRUCTION STANDARD FOR NEW CSU AND SRT FACILITIES INITIALLY LICENSED AFTER JULY 14, 1993 – UNIFORM SPECIFICATIONS - KITCHEN AND NOURISHMENT PREPARATION AREA

Cite: 65E-12.109 (12), F.A.C.

(a) Preparation or food handling areas shall have water and plumbing fixtures suitable for cleaning dining utensils. The requirements for nourishment preparation areas are less than that of kitchens due to the minimal scale of operations for these areas. If these areas are accessible to persons receiving services, they should include appropriate safety considerations for sharp and other dangerous instruments and the elimination of hot surfaces. Space shall be provided for disposal of wet garbage. Refrigeration and freezer space shall be provided in these areas for the carry-over of a minimum amount of perishable food.

(b) Kitchens shall comply with chapter 64E-11, F.A.C., Food Preparation and Sanitation Requirements, as well as the 1985 National Fire Protection Association, section 101, chapters 12 and 13, Fire Safety Requirements as incorporated by reference in chapter 59A-3, F.A.C. Kitchens shall be designed with flow-through type operation where food arriving is immediately placed into dry storage or freezer units without walking through food preparation areas. The flow-through type system would provide for the preparation of food, serving and dishes returned with garbage and waste going out to an adjacent dumpster and can-wash with water collection curbing and drain. A concrete pad shall be provided for the trash dumpster and garbage truck entrance.

(c) Kitchens shall be equipped with fire-suppression hoods and through-wall grease laden air evacuation and ventilation systems. All electrical outlets shall be ground-faulted. If meals are to be served via an open area, directly from the kitchen, this area shall have a fire-rated steel retractable overhead door type.
mechanism to continue the firewall protection around the kitchen area. Kitchens shall have heat detectors rather than smoke sensors.

(d) External to the kitchen, and outside the waste exit door, there shall be a curbed slop sink for mops and dirty kitchen water with an immediately accessible hose bib and drain. This area shall be external to the kitchen area, but immediately adjacent to it, to provide ready disposal of waste water as well as for the removal of cleaning items from the kitchen when they are not in use.

(e) There shall be a large food storage pantry in or adjacent to the kitchen.

(f) Facilities utilizing off-site kitchens for food preparation shall have an on-site food reception, warming, and holding area of sufficient size and with sufficient equipment to warm and hold food for each meal served. Required space shall include provision for proper disposal or holding of used implements and disposal of wet garbage in accordance with chapter 64E-11, F.A.C.

| CSU/SRT 182 | Title: MINIMUM CONSTRUCTION STANDARD FOR NEW CSU AND SRT FACILITIES INITIALLY LICENSED AFTER JULY 14, 1993 - UNIFORM SPECIFICATIONS - DINING AREA  
Cite: 65E-12.109(13), F.A.C.  
  
Each CSU or SRT shall have an attractive dining area on the unit. Seating capacity shall reflect the licensed capacity of the entire CSU or SRT, although residents may eat or be served in shifts during daily operations. Individual, rather than bench seating, shall be used for easy floor cleaning. |

| CSU/SRT 183 | Title: MINIMUM CONSTRUCTION STANDARD FOR NEW CSU AND SRT FACILITIES INITIALLY LICENSED AFTER JULY 14, 1993 - UNIFORM SPECIFICATIONS - LAUNDRY FACILITIES  
Cite: 65E-12.109(14), F.A.C.  
(a) Provision shall be made for the storage of soiled laundry in an adjacent, isolated, fire-resistant area.  

(b) Each CSU or SRT shall have a personal laundry room which shall incorporate a flow-through design in which dirty laundry enters, is sorted, placed in the washer, dried, folded, and moved out without crossing clean laundry with dirty laundry. CSUs and SRTs shall have a small washer and dryer for immediate unit needs and to wash clothes. These washing and drying units shall be equipped to sanitize clothes as a preventive measure of infection control. |
(c) The soiled laundry room shall have a locked door equipped with automatic door closer to restrict access to cleaning chemicals. The soiled laundry room air shall be exhausted outside the facility.

| CSU/SRT 184 | Title: MINIMUM CONSTRUCTION STANDARD FOR NEW CSU AND SRT FACILITIES INITIALLY LICENSED AFTER JULY 14, 1993 - UNIFORM SPECIFICATIONS - CLEAN LAUNDRY ROOM  
Cite: 65E-12.109(15), F.A.C. |
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<td>(a) A separate space shall be provided for clean laundry capable of storing an adequate supply of laundry for the size of the CSU or SRT. The laundry closet shall have a locked door to prevent access to these items by persons receiving services.</td>
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<td>(b) Items stored on the top shelf shall provide an 18 inch clear space from sprinkler heads so as to not block dispersal of water.</td>
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| CSU/SRT 185 | Title: MINIMUM CONSTRUCTION STANDARD FOR NEW CSU AND SRT FACILITIES INITIALLY LICENSED AFTER JULY 14, 1993 - UNIFORM SPECIFICATIONS – FENCED RECREATIONAL AREA  
Cite: 65E-12.109(16), F.A.C. |
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<td>(a) CSUs and SRTs shall have a no less than six foot high fenced, out-of-doors area where persons receiving services may have access to fresh air and exercise. It must provide privacy for persons receiving services otherwise exposed to public view. This area shall be constructed to retain persons inside the area and minimize elopements from the area, although it is not a secure area.</td>
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<td>(b) The fenced area shall provide some shaded area where persons receiving services may be out of doors without being in direct sunlight or may receive sunlight as they desire. The enclosing fences shall have an exit gate which is located away from the building as a secondary egress from the fenced area, for use in fire situations, or access by lawn maintenance equipment. The gate shall be provided with a lock which is readily accessible from both sides. The area of this fenced enclosure shall be at least 1,100 square feet including an activity area having dimensions of not less than 20 feet by 40 feet.</td>
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<td>(c) Objects shall not be placed near the fence to provide a ready step ladder over the fence and, if fabric fencing is used, the horizontal bracing used for corners shall be outside the fabric to preclude its use as an escape ladder step. The</td>
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| CSU/SRT 186 | Title: MINIMUM CONSTRUCTION STANDARD FOR NEW CSU AND SRT FACILITIES INITIALLY LICENSED AFTER JULY 14, 1993 - UNIFORM SPECIFICATIONS – MULTI-PURPOSE ROOM  
Cite: 65E-12.109(17), F.A.C.  
In addition to open, on-unit floor space, each CSU and SRT shall have an accessible multipurpose room for group activities of at least 180 square feet. This area may be the dining area. |
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| CSU/SRT 187 | Title: MINIMUM CONSTRUCTION STANDARD FOR NEW CSU AND SRT FACILITIES INITIALLY LICENSED AFTER JULY 14, 1993 - UNIFORM SPECIFICATIONS – FURNISHINGS  
Cite: 65E-12.109(18), F.A.C.  
(a) CSU and SRT furniture shall be durably constructed for heavy wear and use. Furniture shall not be readily throwable. Furnishings shall have a flame resistant rating.  
(b) Hollow-based type furniture shall not be used, as they provide ready concealment of contraband items such as medications, sharps, wires, or cords.  
(c) Furnishings shall have finishes which are readily cleanable.  
(d) Bedroom furniture shall provide limited storage space since individuals stay a short period of time and personal supplies are limited.  
(e) Within the above constraints, furniture shall contribute to the appearance of a residential rather than institutional environment. |
| CSU/SRT 188 | Title: **MINIMUM CONSTRUCTION STANDARD FOR NEW CSU AND SRT FACILITIES INITIALLY LICENSED AFTER JULY 14, 1993 - UNIFORM SPECIFICATIONS - OFF UNIT STORAGE AREAS**  
Cite: 65E-12.109(19), F.A.C.  
(a) Each CSU and SRT shall have appropriate storage, in non-client areas, for operating supplies and materials.  
(b) Adjacent non-client area storage for personal belongings must be a minimum of eight cubic feet for each person receiving services. |