Chapter 96. Hospitals—Crisis Receiving Centers

Subchapter A. General Provisions

§9601. Introduction

A. A crisis receiving center is a specialty unit of a hospital that provides health care services to individuals who are experiencing a behavioral health crisis.

B. Crisis receiving centers shall receive, examine, triage, refer or treat individuals that present to the unit and are in need of assistance with a behavioral health crisis.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 36:513 (March 2010).

§9603. Licensure Requirements

A. All crisis receiving center specialty units must be licensed by the department and shall comply with the provisions of §9333 of these hospital licensing standards.

B. A crisis receiving center specialty unit (CRC-SU) shall have approval from the Office of Mental Health (OMH) and/or the human service district before applying to become licensed as part of the hospital.

C. Prior to securing licensure and operating the CRC-SU, the hospital shall submit architectural plans of the CRC-SU to the department's Division of Engineering for approval.

D. A CRC-SU shall not operate until it has been licensed by the Health Standards Section (HSS) as a specialty unit of the hospital. No retroactive licenses shall be granted.

E. A CRC-SU shall be located in a designated area of the hospital or offsite campus of the hospital. The CRC-SU shall not relocate to another location, even within the hospital, without prior written approval from HSS.

F. If the CRC-SU is located at the main campus of the hospital, the hospital shall have a dedicated emergency department which shall comply with all Emergency Medical Treatment and Active Labor Act (EMTALA) regulations.

G. If the CRC-SU is located at an offsite campus, the CRC-SU shall be considered a dedicated emergency department. The CRC-SU shall comply with all EMTALA regulations if the unit meets one of the following criteria:

1. the entity is licensed by the state as an emergency department;

2. holds itself out to the public as providing emergency care; or

3. during the preceding calendar year, the entity provided at least one-third of its outpatient visits for the treatment of emergency medical conditions.

H. The following levels of a CRC-SU may be licensed as an optional service of the hospital:

1. Level I CRC-SU; and

2. Level II CRC-SU.

I. A CRC-SU shall comply with:

1. Office of Public Health (OPH) regulations;

2. Office of State Fire Marshal regulations; and

3 the physical plant requirements of this Chapter.

J. The CRC-SU shall develop and implement policies and procedures regarding the segregation of child and adolescent patients from adult patients.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 36:513 (March 2010).

§9605. Licensing Process

A. The hospital shall submit the following items to the department in order to add a CRC-SU to its existing license:

1. a licensing application on the department's designated form;

2. the appropriate licensing fee, if applicable;

3. a copy of the prerequisite approval from OMH and/or the appropriate human service district; and

4. other documentation as required by the department, including a current Office of Public Health (OPH)/Sanitation approval, Division of Engineering approval and Office of State Fire Marshal approval for occupancy.

B. Following receipt of the completed licensing application, the department shall conduct an on-site survey and inspection to determine compliance with the licensing laws, regulations, and standards.

1. For a Level I CRC-SU, the department may, in its sole discretion, allow a verified attestation by the licensed hospital to substitute for an on-site survey and inspection.

C. If the on-site inspection determines that the hospital is compliant with the requirements and licensing standards for a CRC-SU, the department shall issue the hospital a sub-license/certificate indicating that the CRC-SU is licensed as a specialty unit of the hospital.

1. The sub-license/certificate shall designate the level of the CRC-SU and the number of beds licensed in the CRC-SU.

2. The sub-license/certificate shall be posted in a conspicuous place in the designated CRC-SU.

D. A hospital shall not operate a CRC-SU at a level higher than what has been licensed and designated by the department on the sub-license/certificate.

E. The expiration date of the sub-license/certificate shall coincide with the expiration date of the hospital license. The CRC-SU sub-license/certificate shall be renewed at the time the hospital's license is renewed. The licensing agency may perform an on-site survey and inspection for an annual renewal.

F. The sub-license/certificate shall be valid only for the designated geographical location and shall be issued only for the person/premises named in the application. The geographical location of the CRC-SU shall not be moved, changed, or relocated without notification to HSS, approval by HSS, and the re-issuance of the sub-license/certificate.

G. The sub-license/certificate shall not be transferable or assignable. If the hospital undergoes a change of ownership, the new owning entity shall obtain written consent from OMH and/or the appropriate human service district, and shall submit a new license application to the department for the CRC-SU.

H. The department may conduct on-site surveys and inspections at the CRC-SU as necessary to ensure compliance with these licensing standards.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 36:513 (March 2010).

§9607. Discharges, Referrals or Transfers

A. Patients that are discharged home from the CRC-SU shall be given verbal and written discharge instructions and any referral information regarding follow-up care and treatment.

B. If it is deemed necessary that the patient be admitted for inpatient behavioral health services, the CRC-SU shall provide an appropriate and immediate mechanism for transporting the individual to such inpatient facility. Copies of pertinent patient information shall be transferred to the treating facility.

C. The CRC-SU shall establish and implement a standard method of follow-up to ensure that the patient has been received and engaged in the referred service(s).

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 36:514 (March 2010).

§9609. Training Requirements

A. A CRC-SU shall ensure that all staff providing direct patient care has documentation of crisis services and intervention training in accordance with this Chapter.

B. Crisis services and intervention training shall include, but is not limited to the following:

1. an organized training program that includes an initial 40 hours of training to be completed upon hire and a minimum of 12 hours of training to be completed annually thereafter. Required training includes, but is not limited to the following areas:

a. components of the crisis cycle;

b. recognizing the signs of anxiety and escalating behavior;

c. therapeutic communication;

d. high-risk behavior assessment techniques;

e. verbal de-escalation techniques;

f. positive behavior management and limit-setting;

g. nonviolent physical intervention techniques;

h. establishing a therapeutic rapport and professional boundaries;

i. levels of observation;

j. maintaining a safe and therapeutic milieu;

k. an overview of mental illness and substance abuse;

l. safe application of physical and mechanical restraints;

m. physical assessment of the restrained individual;

n. statutes, regulations, standards and policies related to seclusion and restraint;

o. confidentiality and Health Insurance Portability and Accountability Act (HIPPA) regulations; and

p. an overview of behavioral health settings and levels of care.

C. All formal training shall be provided by qualified behavioral health personnel with extensive experience in the field in which they provide training. Nonviolent physical interventions shall be taught by a trainer with documented current certification by a nationally established crisis intervention program (e.g. Crisis Prevention and Intervention, Tactical Crisis Intervention, Crisis Intervention Training, etc.).

D. In addition to the initial 40 hour crisis services and intervention training, nurses shall receive 24 hours of training focused on psychotropic medications, their side effects and adverse reactions as part of their initial training. At least four hours of nurses' annual training shall focus on psychopharmacology.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 36:514 (March 2010).

Subchapter B. Level I Crisis Receiving Centers

§9615. General Provisions

A. A Level I CRC-SU shall operate 24 hours per day, seven days per week.

B. The length of a patient stay for a Level I CRC-SU shall not exceed 24 hours.

C. Services required of a Level I CRC-SU include, but are not limited to:

1. 24-hour telephone hotline;

2. triage and screening services;

3. assessment services;

4. intervention and stabilization; and

5. linking and referral services.

D. The Level I CRC-SU shall develop and implement policies and procedures for instituting an increased level of supervision for patients at risk for suicide and other self injurious behaviors.

E. The CRC-SU Level 1 shall comply with the provisions of the state Mental Health Law regarding the execution of emergency certificates pursuant to R.S. 28:53, or a successor law.

F. The CRC-SU shall maintain a policy manual that outlines the procedures to access CRC services and procedures for managing voluntary and involuntary commitments with specific focus on ensuring the patient's civil rights.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 36:514 (March 2010).

§9617. Level I Services

A. 24-Hour Telephone Hotline

1. A Level I CRC-SU shall either maintain a telephone hotline that operates 24 hours per day, seven days per week or enter into a formal cooperative agreement with an existing 24-hour hotline as specified in the region's crisis response systems plan.

2. The hotline shall be staffed at all times by trained crisis workers.

a. A trained crisis worker is one who is:

i. trained in the assessment and management of crisis phone calls;

ii. able to assess the priority of the call; and

iii. able to provide interventions that are appropriate to the level of acuity of the caller.

b. The trained crisis worker shall have resource data available whenever calls are answered in order to facilitate crisis intervention.

c. The trained crisis worker shall have the ability to provide active intervention (i.e. contacting emergency medical services, police, fire department, etc.) in life-threatening situations.

3. The CRC-SU shall have written procedures for handling crisis calls.

4. The telephone settings shall be set up so as to protect the confidentiality of callers.

5. The CRC-SU shall have well written procedures to expand the facility's capacity to handle multiple calls coming into the CRC-SU simultaneously.

B. Triage and Screening

1. The Level I CRC-SU shall conduct a triage/screening of each individual who applies for crisis assistance or is under an order for involuntary examination.

2. The triage/screening shall be available 24 hours per day and shall be conducted within 15 minutes of the individual presenting to the unit. The CRC-SU shall have procedures to prioritize imminently dangerous patients and to differentiate between medical emergencies and behavioral health emergencies.

3. Until a patient receives triage/screening, he or she shall wait in a location with restricted access and egress with constant staff observation and monitoring.

4. The triage/screening shall include:

a. an evaluation of the existence of a medical emergency;

b. an evaluation of imminent threat of harm to self or others;

c. an evaluation for the presence or absence of cognitive signs suggesting delirium or dementia;

d. an evaluation of the need for an immediate full assessment;

e. an evaluation of the need for an emergency intervention; and

f. a medical screening including at a minimum, vital signs and a medical history, whenever possible.

5. The triage/screening shall be conducted by licensed professionals in the medical or behavioral health fields that have the training and experience to screen individuals for both behavioral and medical emergent needs in accordance with the scope of practice of their licensed discipline.

6. When emergency medical services are not available onsite at the Level I CRC-SU, the staff shall be prepared to render first-responder healthcare (basic cardiac life support, first aid, etc.) at all times. A CRC-SU shall also ensure that access to emergency transportation services to the nearest emergency department is available.

7. A Level I CRC-SU shall have procedures in place to ensure that based on the triage/screening, patients are prioritized for further assessment and services according to their risk level, or they are referred to other resources for care.

C. Assessments

1. After the triage/screening is completed, patients who have not been referred to other resources shall receive a full assessment.

2. Assessments shall be conducted based on the priority level determined by the triage/screening. Every patient under the age of 18 shall be assessed by staff with appropriate training and experience in the assessment and treatment of children and adolescents in a crisis setting.

3. The assessment shall be initiated within two hours of the triage/screening evaluation and shall include:

a. a full behavioral health assessment;

b. a physical health assessment; and

c. an assessment for possible abuse and/or neglect.

4. A full behavioral health assessment shall include:

a. patient interviews by board certified/eligible psychiatrist(s)trained in emergency psychiatric assessment and treatment;

b. a review of the medical and psychiatric records of current and past diagnoses, treatments, medications and dose response, side-effects and compliance;

c. contact with current mental health providers whenever possible;

d. a psychiatric diagnostic assessment;

e. identification of social, environmental, and cultural factors that may be contributing to the crisis;

f. an assessment of the patient's ability and willingness to cooperate with treatment;

g. a general medical history that addresses conditions that may affect the patient's current state (including a review of symptoms) and is focused on conditions that may present with psychiatric symptoms or that may cause cognitive impairment, e.g., a history of recent physical trauma; and

h. a detailed assessment of substance use, abuse/ and misuse.

5. All individuals shall see a psychiatrist within eight hours of the triage/screening. The board certified/eligible psychiatrist shall formulate a preliminary psychiatric diagnosis based on review of the assessment data collected.

6. A physical health assessment shall be conducted by a licensed physician, nurse practitioner, or physician's assistant and shall include the following:

a. vital signs;

b. a cognitive exam that screens for significant cognitive or neuropsychiatric impairment;

c. a neurological screening exam that is adequate to rule out significant acute pathology;

d. medical history and review of symptoms;

e. pregnancy test in all fertile women;

f. urine toxicology evaluation;

g. blood levels of psychiatric medications that have established therapeutic or toxic ranges; and

h. other testing or exams as appropriate and indicated.

7. An assessment for possible abuse and neglect shall be conducted (at the minimum) by a crisis worker trained in how to conduct an assessment to determine abuse and neglect. The CRC-SU must ensure that every patient is assessed for sexual, physical, emotional, and verbal abuse and/or neglect.

D. Brief Intervention and Stabilization

1. If an assessment reveals that immediate stabilization services are required, the Level I CRC-SU shall provide behavioral health interventions and stabilization which may include the use of psychotropic medications which can be administered and benefits generally realized within a 24-hour period.

2. Following behavioral health interventions and stabilization measures, the Level I CRC-SU shall assess the patient to determine if referral to community based behavioral health services is appropriate; or a higher level of care is required.

E. Linking/Referral Services

1. If an assessment reveals a need for emergency or continuing care for a patient, the Level I CRC-SU shall make arrangements to place the patient into the appropriate higher level of care. Patients in a Level I CRC-SU shall be transitioned out of the Level I CRC-SU within 24 hours.

2. If the assessment reveals no need for a higher level of care, the Level I CRC-SU shall provide:

a. referrals to appropriate community-based behavioral health services for individuals with developmental disabilities, addiction disorders, and mental health issues; and

b. brief behavioral health interventions to stabilize the crises until referrals to appropriate community-based behavioral health services are established.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 36:515 (March 2010).

§9619. Staffing Requirements

A. A Level I CRC-SU shall be under the direction of a qualified member of the medical staff of the hospital.

B. A Level I CRC-SU shall have the following staff on duty at all times:

1. a registered nurse in charge of the unit who meets the following criteria:

a. currently licensed in Louisiana and in good standing;

b. has one year of experience in the field of behavioral health; and

c. has documented crisis services and intervention training in accordance with the provisions of this Chapter; and

2. at least one additional worker with documented crisis services and intervention training.

C. A Level I CRC-SU shall have the following staff on call at all times and available to be onsite at the CRC-SU within one hour:

1. a behavioral health counselor who meets the following criteria:

a. has a master's degree in psychology, social work or counseling;

b. has one year of experience in the field of behavioral health; and

c. has documented crisis services and intervention training in accordance with this Chapter;

2. a licensed practical nurse (LPN) or RN who meets the following criteria:

a. currently licensed in Louisiana and in good standing;

b. has one year of experience in the field of behavioral health; and

c. has documented crisis services and intervention training in accordance with this Chapter.

D. A psychiatrist shall be on call at all times to fulfill these licensing requirements and to meet the needs of the patient(s).

E. A Level I CRC-SU shall have sufficient numbers and types of qualified staff on duty and available at all times to provide necessary care and safety, based on the acuity of the patients, the mix of the patients present in the Level I CRC-SU, and the need for extraordinary levels of care.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 36:516 (March 2010).

§9621. Physical Environment

A. A Level I CRC-SU shall be located in an exterior area of the hospital which is easily accessible to patients seeking CRC-SU services. Patients shall not be required to go through other areas of the hospital to get to a Level I CRC-SU. The CRC-SU may share an entrance with an emergency department.

1. A Level I CRC-SU may also be located in a licensed offsite location of the hospital.

B. The CRC-SU shall give special design considerations to prevent injury and suicide in all patient care areas.

C. The layout, design details, equipment, and furnishings shall be such that patients shall be under continuous visual observation at all times and shall not be afforded opportunities for hiding, escape or injury to themselves or others.

D. Interior finishes, lighting, and furnishings shall suggest a residential, rather than institutional setting, while conforming to applicable fire safety codes. Security and safety devices shall not be presented in a manner to attract or challenge tampering by patients.

E. Grab bars, if provided, must meet the following specifications:

1. of an institutional type;

2. shall not rotate within their fittings;

3. must be securely fastened with tamper-proof screw heads;

4. shall be free of any sharp or abrasive elements; and

5. if mounted adjacent to a wall, the space between the wall and the grab bar shall be one and one-half inches.

F. Towel racks, closet and shower curtain rods, if provided, must be the breakaway type.

G. Plastic bags and trash can liners shall not be used in patient care areas.

H. Electrical receptacles shall be of the safety type or protected by 5 milli ampere ground-fault-interrupters.

I. A Level I CRC-SU shall have at least two rooms that afford privacy for the triage/screening and/or assessment of individuals presenting to the unit. Rooms for triage/screening, and/or assessment shall have:

1. a minimum area of 120 square feet and shall be located within the CRC-SU unit; and

2. doors to these rooms shall swing outward or be double hinged.

J. A Level I CRC-SU shall have at least one designated area for the holding and monitoring of patients who are in the process of being triaged/screened, assessed and awaiting referral.

K. A Level I CRC-SU shall have at least one seclusion room. The seclusion room shall be intended for the short-term occupancy by violent or suicidal patients and provide an area for patients requiring security and protection. The seclusion room shall:

1. enable direct staff supervision of the patient by direct visualization or through the use of electronic monitoring;

a. if electronic monitoring equipment is used, it shall be connected to the hospitals' emergency electrical source;

2. be designated for single occupancy and contain at least 80 square feet;

3. be constructed to prevent patient hiding, escape, injury or suicide;

4. contain a restraint bed;

5. have a minimum ceiling height of 9 feet;

6. have ceiling construction that is monolithic or tamper proof;

7. be located in close proximity to a toilet room;

8. not contain protruding edges or corners;

9. have doors that:

a. are 3 feet, 8 inches wide;

b. swing out; and

c. permit staff observation of the patient while also maintaining provisions for patient privacy; and

10. not have electrical switches and receptacles.

L. There shall be a locked storage area to secure a patient's personal items and to secure contraband.

1. The CRC-SU shall have policies and procedures for the handling of such items.

2. The locked storage area shall be accessible only to authorized personnel.

M. The CRC-SU shall have a minimum of two single-use toilet rooms accessible to patients and at least one toilet room for CRC-SU staff.

1. All toilet rooms shall contain a toilet and a lavatory.

2. All plumbing and piping connections to fixtures shall be enclosed and not accessible to tampering by patients.

3. The doors on the toilet rooms shall swing out or be double hinged.

4. If mirrors are located in the toilet rooms, they shall be fabricated with laminated safety glass or protected by polycarbonate laminate or safety screens.

5. Bathroom/toilet room hardware and accessories shall be of special design to give consideration to the prevention of injury and suicide.

N. The CRC-SU shall have at least one single-use shower facility for the use of patients within the confines of the CRC-SU.

1. Shower sprinkler heads shall be recessed or of a design to minimize patient tampering.

O. All windows in the CRC-SU shall be fabricated with laminated safety glass or protected by polycarbonate laminate or safety screens.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 36:516 (March 2010).

Subchapter C. Level II Crisis Receiving Centers

§9631. General Provisions

A. A Level II CRC-SU is an intermediate level of care unit that provides for:

1. an increased opportunity for observation;

2. improved diagnostic accuracy;

3. brief interventions;

4. psychotropic medications;

5. the ability to denote response to intervention; and

6. an appropriate referral for extended services as necessary.

B. The goal of a Level II CRC-SU is to stabilize the patient and prevent the need for admission to a higher level of psychiatric care.

C. A Level II CRC-SU shall meet all of the requirements of a Level I CRC-SU and shall operate 24 hours per day, seven days per week.

D. The length of a patient stay at a Level II CRC-SU shall not exceed 72 hours.

E. The Level II CRC-SU shall be located adjacent to the Level I CRC-SU.

F. The beds in a Level II CRC-SU shall not be licensed as hospital beds and shall not be counted in the aggregate number of licensed hospital beds.

G. A Level II CRC-SU shall not be included, considered or certified as a portion or part of a distinct part psychiatric unit.

H. Patients may be directly admitted to a Level II CRC-SU from:

1. a Level I CRC-SU after the triage/screening and assessment has been completed;

2. an emergency department of a hospital, provided that the patient has undergone an emergency medical screening; or

3. an outpatient setting, provided that the outpatient setting has within the previous 24-hour period completed a triage/screening and assessment that meets the established criteria under the Level I CRC-SU provisions of this Chapter.

NOTE: If the required components of triage/screening and/or assessment have not been completed by the transferring hospital or outpatient setting, then immediately upon entry, the Level II CRC-SU shall conduct the additional components of the assessment prior to admitting the patient.

I. The Level II CRC-SU shall develop and implement policies and procedures for the use of psychotropic medications and pharmacy services.

J. The Level II CRC-SU shall develop and implement policies and procedures to utilize behavior management and therapeutic interventions to stabilize the behavioral health crisis in the least restrictive manner.

K. The Level II CRC-SU shall develop and implement policies and procedures on seclusion and restraint in accordance with federal requirements. All staff shall be trained on seclusion and restraint policies and procedures, and shall utilize the least restrictive method.

1. Policies shall include procedures and performance improvement measures to minimize the use of seclusion and restraints.

L. The Level II CRC-SU shall develop and implement policies and procedures for instituting an increased level of supervision for patients at risk for suicide and other self injurious behaviors.

M. When a Level II CRC-SU receives a patient with a properly executed emergency certificate, the CRC-SU shall immediately notify the coroner's office.

1. If an emergency certificate is issued by appropriately licensed personnel of the CRC-SU, the CRC-SU shall immediately notify the coroner's office or physician as applicable.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 36:517 (March 2010).

§9633. Level II Services

A. In addition to the services required in §9617 of this Chapter, the Level II CRC-SU must provide the following services.

1. A Level II CRC-SU shall provide continuous observation of the patient in order to determine the following:

a. adherence to the initial service plan;

b. response to medications;

c. response to therapeutic interventions; and

d. evidence of deterioration or stabilization of behaviors.

2. The Level II CRC-SU shall assure access to necessary medical supports and services in order to stabilize acute medical conditions.

3. The Level II CRC-SU shall provide therapeutic milieu that encompasses:

a. a calming physical environment;

b. staff members knowledgeable of therapeutic communication; and

c. an atmosphere conducive to enhancing the mental health of the patients being served.

4. The Level II CRC-SU shall conduct a psychosocial assessment on each patient within 24 hours of admission. This assessment shall be conducted by a:

a. behavioral health counselor who has:

i. a master's degree in psychology, social work or counseling;

ii. one year of experience in the field of behavioral health; and

iii. training in crisis services and intervention.

5. The Level II CRC-SU shall develop an initial service plan for each patient admitted based on their individual needs that includes, but is not limited to the following:

a. continued reassessments;

b. brief behavioral health interventions;

c. family or support system involvement;

d. substance abuse treatment and relapse prevention, as indicated;

e. peer support services;

f. psychotropic medications; and

g. discharge planning and referral.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 36:518 (March 2010).

§9635. Staffing Requirements

A. A Level II CRC-SU shall meet all of the staffing requirements of the Level I CRC-SU in addition to the following requirements.

1. A Level II CRC-SU shall have an RN in charge of the unit at all times. This RN may be the same nurse in charge of the Level I CRC-SU, providing he/she is not assigned to provide patient care to patients in the Level II CRC-SU.

2. The Level II CRC-SU shall have sufficient numbers and types of qualified staff on duty and available at all times to provide necessary care, services, treatment and safety, based on the acuity of the patients, the mix of the patients present in the CRC-SU, and the need for extraordinary levels of care.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 36:518 (March 2010).

§9637. Physical Environment

A. A Level II CRC-SU shall meet the physical requirements of a Level I CRC-SU unless otherwise specified herein.

B. A Level II-CRC-SU may be located in an interior area of the hospital provided that it is immediately adjacent to the Level I CRC-SU.

1. A Level II CRC-SU may be located in a licensed offsite location of the hospital.

C. A Level II CRC-SU shall not be required to have the triage/screening rooms within the area of the Level II CRC-SU.

D. The Level II CRC-SU shall have patient rooms that meet the following requirements:

1. single occupancy rooms;

2. minimum of 100 square feet of space;

3. monolithic or tamper-proof ceilings;

4. have closet or storage space for personal belongings; and

5. electrical receptacles shall be of the safety type or protected by 5 milli ampere ground-fault-interrupters; and

6. doors that swing outward or are double hinged.

E. Electric patient beds shall not be used.

F. An electronic nurse call system is not required, but if it is included, provisions shall be made for easy removal and for covering call button outlets. The CRC-SU shall have policies and procedures to address calls where no electronic system is in place.

G. Bathrooms

1. The Level II CRC-SU shall have a minimum of two toilet rooms that contain all of the following:

a. toilet;

b. shower; and

c. lavatory;

i. if the lavatory is in the patient room and not contained within the bathroom, the lavatory shall be adjacent to the bathroom.

2. If the Level II CRC-SU has more than 12 patient beds, there shall be one additional bathroom for each additional four beds.

3. The bathrooms shall be outfitted as follows.

a. All plumbing and piping connections to fixtures shall be enclosed and not accessible to tampering by patients.

b. The doors on the toilet rooms shall swing out or be double hinged.

c. If mirrors are located in the toilet rooms, they shall be fabricated with laminated safety glass or protected by polycarbonate laminate, or safety screens.

d. Bathroom/toilet room hardware and accessories shall be of special design to give consideration to the prevention of injury and suicide.

4. Shower sprinkler heads shall be recessed or of a design to minimize patient tampering.

H. The Level II CRC-SU shall have a toilet room and a break room designated for staff use.

I. Separate and apart from the seclusion room required in a Level I CRC-SU, the Level II CRC-SU shall have a minimum of one seclusion room for every 12 beds.

1. The seclusion room in the Level II CRC-SU shall meet the same requirements specified for the seclusion room in the Level I CRC-SU.

2. The patient rooms in the Level II CRC-SU may be used as seclusion rooms provided they meet the same requirements as specified for the seclusion room in the Level I CRC-SU.

J. The Level II CRC-SU shall have separate consultation room(s) with a minimum floor space of 100 square feet each, provided at a room-to-bed ratio of one consultation room for each 12 beds. Consultation rooms within the unit shall be used for interviews with the patient and/or their families. The room shall be designed for acoustical and visual privacy.

K. The Level II CRC-SU shall have a room with a minimum of 225 square feet for group therapy, treatment team planning and conferencing.

L. The Level II CRC-SU shall have a room within the unit with a minimum of 120 square feet for examination and treatment of patients.

M. The Level II CRC-SU shall have an area for accommodation of charting, storage of records, and the storage and preparation of medications. Provisions shall be made for securing patient records and medications in this area.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 36:518 (March 2010).