

Division of Health Service Regulation  
Mental Health Licensure and Certification Section  
**Policy & Procedures: Initial Licensure Survey**

Important Note: This form is a tool designed to help the MHL&C initial surveyor while reviewing the agency's policy & procedure manual. The information below is only a snapshot of the actual rules and *is not* a substitute for obtaining the licensure rule book. Providers are welcome to use the form as a tool if desired but it is not a requirement.

Facility Name:		MHL#:		10NCAC 27G Licensure Code(s):	
County:		Date:		Time Begin:	Time End:
Consultant Name:				Type of survey (initial or change):	

Section 10A NCAC 27G .0200 Operation and Management Rules

10A NCAC 27G .0201: Governing Body Policies

<input type="checkbox"/> Delegation of Management Authority	<input type="checkbox"/> Admission Criteria	<input type="checkbox"/> Discharge Criteria
<input type="checkbox"/> Who Will Perform Assessments	<input type="checkbox"/> Assessment Time Frame	<input type="checkbox"/> Persons authorized to document in ct record
<input type="checkbox"/> Transporting Records	<input type="checkbox"/> Safeguarding of Records	<input type="checkbox"/> Accessibility of records to Authorized Persons
<input type="checkbox"/> Assurance of Confidentiality of Records	<input type="checkbox"/> Assessment of Presenting Problem	<input type="checkbox"/> Assessment of Ability to Provide Service(s)
<input type="checkbox"/> Disposition of Ct(s)	<input type="checkbox"/> QA/QI Activities and Composition	<input type="checkbox"/> Written Plan for QA/QI
<input type="checkbox"/> Methods of Monitoring Ct Care	<input type="checkbox"/> Qualified Supervision	<input type="checkbox"/> Intervention Advisory Committee
<input type="checkbox"/> Strategies for Improving Ct Care	<input type="checkbox"/> Staff Credentialing/Privileging	<input type="checkbox"/> Review of Fatalities
<input type="checkbox"/> Standards of Practice	<input type="checkbox"/> Incident Reporting	<input type="checkbox"/> Medication Usage (27G .0209 for detailed list)
<input type="checkbox"/> Voluntary Non-Compensated Ct Work	<input type="checkbox"/> Fee Assessment & Collection	<input type="checkbox"/> Medical Emergency Plan
<input type="checkbox"/> Authorization for Follow Up of Lab Tests	<input type="checkbox"/> Transportation	<input type="checkbox"/> Safety Precautions (Fire/Disaster Plan)
<input type="checkbox"/> Volunteers: Confidentiality Requirements	<input type="checkbox"/> Staff Training & CEU's	<input type="checkbox"/> Ct Grievance Policy
<input type="checkbox"/> Infectious Disease (identify, control, report, investigate)		

10A NCAC 27G .0203: Competencies of Qualified and Associate Professionals

<input type="checkbox"/> Initiation of individualized supervision plan upon hiring each associate professional
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10A NCAC 27G .0204: Competencies and Supervision of Paraprofessionals

<input type="checkbox"/> Initiation of individualized supervision plan upon hiring each paraprofessional
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Notes:

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### 10A NCAC 27D .0102 Suspensions and Expulsion Policy

<input type="checkbox"/> No ct shall be threatened w/unwarranted suspension or expulsion	<input type="checkbox"/> <b>Policy &amp; criteria for suspension</b>	<input type="checkbox"/> Time and conditions for resuming services
<input type="checkbox"/> Documentation of efforts to make alternative services available	<input type="checkbox"/> Discharge Plan, if any	

### 10A NCAC 27D .0103 Search and Seizure Policy

<input type="checkbox"/> Ct should have privacy	<input type="checkbox"/> <b>Policy on search/seizure of ct's possessions (including circumstances)</b>	<input type="checkbox"/> Documentation of search/seizure including: Scope, search, reason, procedures followed, account of disposition of seized property
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### 10A NCAC 27D .0104 Periodic Internal Review

<input type="checkbox"/> Facility shall conduct a review at least every 3 years to check for compliance with applicable laws	<input type="checkbox"/> The governing body will keep the last 3 written reports of the findings of the reviews
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### 10A NCAC 27D .0201 Informing Clients

<input type="checkbox"/> Written client rights given to ct or guardian	<input type="checkbox"/> Each ct must be informed of right to contact Governor's Advocacy Council	<input type="checkbox"/> Documentation in record that rights were explained
<input type="checkbox"/> Within 72 hours or three visits, ct will be informed of rules and violation penalties; disclosure rules for confidential info; procedure for obtaining a copy of treatment plan; grievance procedure (including contact person); suspension/expulsion and search and seizure		
<input type="checkbox"/> In facilities using RI: within 72 hours or 3 visits, ct will be informed of the purpose, goal & reinforcement structure of a behavior management system; potential restrictions; notification provisions regarding use; notice that the legally responsible person after use of a RI; a competent adult may designate an individual to receive information after RI and notification provisions regarding restriction of rights		

### 10A NCAC 27D .0202 Informing Staff

<input type="checkbox"/> <b>Written policy on informing staff of ct rights</b>	<input type="checkbox"/> Documentation of receipt of information by each staff
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### 10A NCAC 27D .0301 Social Integration

<input type="checkbox"/> Each ct will be encouraged to participate in activities	<input type="checkbox"/> Cts will not be prohibited from activities unless restricted in writing and in record
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### 10A NCAC 27D .0302 Client Self Governance

<input type="checkbox"/> <b>Written policy allows ct input into facility governance &amp; development of ct self governance groups</b>
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### 10A NCAC 27D .0303 Informed Consent

<input type="checkbox"/> Ct will be informed about the alleged benefits, potential risks and alternative treatments	<input type="checkbox"/> Ct will be informed about the length of time the consent is valid and procedure to withdraw consent	<input type="checkbox"/> Consent for use of RI valid for 6 months
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## Section 10A NCAC 27E Treatment of Habilitation Rights

### 10A NCAC 27E .0100 Protection Regarding Intervention Procedures

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| <input type="checkbox"/> If the Facility uses Seclusion, Restraints and Isolation Time Out this section must be checked in the rulebook and must be reflected in the facility's policy and procedure manual. |
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### 10A NCAC 27E .0101 Least Restrictive Alternative

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| <input type="checkbox"/> Facilities shall provide services using the least restrictive, most appropriate and effective positive treatment policy | <input type="checkbox"/> The use of RI to reduce a behavior will be used with positive treatment or habilitation methods | <input type="checkbox"/> Treatment methods shall include: deliberative teaching & reinforcement of behaviors which are non-injurious; improvement of conditions associated with non-injurious behaviors (i.e. enriched social and educational environment); alteration or elimination of environments conditions correlated with self injury |
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### 10A NCAC 27E .0102 Prohibited Procedures

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| <input type="checkbox"/> The following procedures are prohibited: corporal punishment; painful body contact; substances which create painful bodily reactions; electric shock; insulin shock; unpleasant tasting foodstuffs; application of noxious substances (noise, bad smells, splashing with water); physically painful procedures to reduce behavior | <input type="checkbox"/> The governing body may determine to prohibit use of any interventions deemed unacceptable |
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### 10A NCAC 27E .0103 General Policies Regarding Intervention Procedures

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| <input type="checkbox"/> The following procedures can only be used when clinically/medically indicated as a method of treatment: planned non-attention to specific undesirable behaviors when they are health threatening; contingent deprivation of any basic necessity or professionally acceptable behavior modification procedures not prohibited by rules .0102 or .0104 |
| <input type="checkbox"/> The determination that a procedure is clinically/medically indicated and the authorization for use of such treatment for a specific ct can only be made by a physician or a licensed PHD who has been formally trained and privileged in the use of a procedure.   |

### 10A NCAC 27E .0104 Seclusion, Restraint and Isolation Time Out

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| <input type="checkbox"/> Use of RI shall be limited to emergency situations (to terminate dangerous behavior) or as a planned measure of therapeutic treatment  | <input type="checkbox"/> RI will not be used as retaliation or convenience of staff & will not cause harm  |
| <input type="checkbox"/> <b>Written policy delineates use of RI</b>   | <input type="checkbox"/> <b>Written policy when RI is used must be written and approved by the Commission and must follow rules 27E .0104(e)(1)(A-D) or the facility must have provisions included in the next box</b> |
| <input type="checkbox"/> (e)(2) Review of ct's health history or ct's comprehensive health assessment conducted upon admission to the facility. The assessment shall include pre-existing medical conditions or any disabilities and limitations that would put the ct at risk during the RI; continuous assessments and monitoring of the ct's physical and psychological well being throughout the duration of the RI by a staff present and trained in RI; continuous monitoring of the ct's physical and psychological well being by a staff trained in CPR during the use of the restraint and continued monitoring of the ct's physical and psychological well being by a staff trained in CPR for a minimum of 30 minutes to the termination of RI |  |

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<input type="checkbox"/> If the facility complies with (3) (2) then the following provisions apply: and room used for seclusion will comply with 8(A-I).	<input type="checkbox"/> When a ct is in seclusion or physical restraint they must be observed ≤ 15 minutes; ct will be allowed meals, bathing and toilet use; both of which must be recorded in the ct record	
<input type="checkbox"/> When RI is used documentation in the ct record will include: notation of the ct’s physical and psychological well being, notation of the frequency, intensity & duration of behavior leading to the RI and circumstances leading to the behavior; rationale for using RI which addresses the inadequacy of less restrictive techniques; description of intervention and date time & duration of use; description of accompanying positive methods of intervention; a description of the debriefing and planning with the ct and legal responsible person for the emergency use of seclusion, physical restraint or isolation time out; a description of the debriefing and planning with the ct and the legal responsible person for the planned use of seclusion, physical restraint or isolation time out; a signature & title of the staff who initiated and the staff who further authorized the use of the intervention		
<input type="checkbox"/> Emergency use of RI will be limited to : staff privileged to use RI based on experience & training; continued use of interventions will be authorized only by staff privileged to use RI; the responsible staff will meet with and conduct an assessment that includes the physical and psychological well being of the ct and write continuation authorization ASAP after the time of initial use of intervention; verbal authorization can be five if responsible staff concurs that it is justified; verbal authorization will not exceed 24 hours; and a written order for seclusion, physical restraint or isolation timeout is limited		
<input type="checkbox"/> When RI is used as planned intervention the facility policy shall specify consent or approval valid for no more that 6 months based on recent behavioral evidence intervention is positive and continues to be needed	<input type="checkbox"/> When ct is in isolation time out there will be staff solely to monitor ct, there will be continued visual and verbal interaction which will be documented in the ct record	
<input type="checkbox"/> RI will be discontinued ASAP or within 30 minutes of behavior control, new authorization must be obtained for RI over 30 minuets to four hours for adult cts; two hour for children and adolescents ages 9 – 17; one hour for cts under age 9. The original order shall be renewed with these limits or up to a total of 24 hours.		
<input type="checkbox"/> Written approval required for RI exceeding 24 hours	<input type="checkbox"/> Standing orders or PRN orders shall not be used to authorize the use of RI	<input type="checkbox"/> When ct is in physical restraint staff will remain with the ct continuously
<input type="checkbox"/> Documentation of RI must be in ct record. When RI issued notification to the treatment team & designee of the governing body must occur ASAP or within 72 hours	<input type="checkbox"/> Review and report of RI must be conducted regularly; investigations of unusual or unwarranted patterns of utilization	
<input type="checkbox"/> Documentation shall be maintained on a log including: Name of ct; name of responsible staff; date, time type, duration, reason for intervention, positive and less restrictive alternative used or considered and why used, debriefing and planning conducted to eliminate or reduce the probability of future use of RI and negative effects of RI on the physical and psychological well being of the ct	<input type="checkbox"/> The facility shall collect and analyze data on the use of seclusion and restraining on the following: the type of procedure used and length of time employed; the alternatives considered or employed; and the effectiveness of the procedure or alternative employed	
<input type="checkbox"/> RI can be considered a planned intervention and will be included in the ct’s treatment plan when used: ≥ 4X or ≥ 40hrs in 30 consecutive days; in a single episode for ≥24 continuous hrs in an emergency; or as a measure of therapeutic treatment designed to reduce behavior to allow less restrictive treatment		
<input type="checkbox"/> When RI is used as a planned intervention the facility policy shall specify consent or approval valid for no more that 6 months based on recent behavioral evidence intervention is positive and continues to be needed	<input type="checkbox"/> Prior to initiation or continued used of planned RI, written consent/approval in ct record – approval of plan by professional and treatment team, consent of ct or legally responsible person, notification of ct advocate, and physician approval	
<input type="checkbox"/> Documentation in ct record regarding use of planned intervention shall indicate: description and frequency of debriefing. Debriefing shall be conducted to the level of functioning of the ct; bi-monthly evaluation of the planned intervention by the responsible professional; and review at least monthly by the treatment/habilitation team that approved the planned intervention		
<input type="checkbox"/> Ct’s are able to request voluntary RI		

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### 10A NCAC 27E .0105 Protective Devices

<input type="checkbox"/> When protective devices are used, a written policy will ensure that: the need has been assessed and the device applied by staff trained and privileged to do so; it is the most appropriate treatment; the ct is frequently observed and given opportunity to use the toilet, exercise and is monitored every hour	<input type="checkbox"/> Documentation and interventions will be recorded in ct record	<input type="checkbox"/> Protective devices are to be cleaned regularly
<input type="checkbox"/> Facilities operative by or under contract with an area program will be subject to review by the ct rights committee	<input type="checkbox"/> Use of devices will comply with 27E .0104	

### 10A NCAC 27E .0106 Intervention Advisory Committees (only if RI are used)

<input type="checkbox"/> An Intervention Advisory Committee will be established to provide additional safeguards in a facility using RI	<input type="checkbox"/> The Intervention Advisory Committee should have at least one member who has been a member of direct services or a close relative of a consumer and: for an area program facility the Committee will be the ct rights committee; in a facility not operated by an area program, the Committee will be the Human Rights Committee; or a facility will have a committee will have 3 citizens who are not employees of members of the governing body	<input type="checkbox"/> Intervention Advisory Committees shall have a member or regular independent consultant who is a professional with training and expertise in the use of the type of interventions who is not directly involved with the treatment of the ct
<input type="checkbox"/> The Intervention Advisory Committee will have a policy that governs the operations and states that ct information will only be given to committee members when necessary to perform duties	<input type="checkbox"/> Intervention Advisory Committee will receive specific training and orientation, be provided with copies of related statutes and rules, maintain minutes of each meeting, and make an annual written report to the governing body on activities of the committee	

### 10A NCAC 27E .0201 Safeguards Regarding Medications

<input type="checkbox"/> Use of experimental drugs is research and will be governed by GS 122c-57(f)	<input type="checkbox"/> Use of other drugs as treatment measure shall be governed by GS 122c-57, GS 90 Articles 1, 4A and 9A
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Notes:


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## Section 10A NCAC 27F Specific Rules for 24-Hour Facilities

### 10A NCAC 27F .0101 Scope

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| <input type="checkbox"/> Article 3, Chapter 122C of the General Statutes provides specific rights for each ct who receives a mental health, developmental disability or substance abuse service. This subchapter delineates the rules regarding those rights for cts in a 24-hour facility |
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### 10A NCAC 27F .0102 Living Environment

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| <input type="checkbox"/> Efforts to make a quite atmosphere for uninterrupted sleep, privacy areas | <input type="checkbox"/> Ct may suitably decorate room, when appropriate |
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### 10A NCAC 27F .0103 Health, Hygiene and Grooming

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| <input type="checkbox"/> Ct will have the right to dignity, privacy and humane care in healthy hygiene and grooming                           | <input type="checkbox"/> Cts will have access to shower/tub daily or more often as needed; access to a barber or beautician, access to linens and towels and other toiletries |
| <input type="checkbox"/> Adequate toilets, lavatory and bath facilities equipped for use by a ct with a mobility impairment will be available | <input type="checkbox"/> Ct bathtubs, showers and toilets will be private   |

### 10A NCAC 27F .0104 Storage and Protection of Clothing and Possessions

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| <input type="checkbox"/> Staff will make every effort to protect ct personal clothing and possessions from loss or damage |
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### 10A NCAC 27F .0105 Client's Personal Funds

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| <input type="checkbox"/> Each ct will be encouraged to maintain funds in a personal account | <input type="checkbox"/> Funds managed by staff will: assure ct right to deposit and withdraw money; regulate the receipt and distribution, and deposits of funds; provide adequate financial records on all transactions; assure ct funds are kept separate; allow deduction from accounts for payment of treatment/habilitation services when authorized; issue receipts for deposits and withdrawals provide ct quarterly statements | <input type="checkbox"/> Authorization by ct required before a deduction can be made from an account for any amount owed for damages done by the ct to the facility, to an employee of the facility, a visitor or another ct. |
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## Section 10A NCAC 130 Healthcare Personnel Registry

### 10A NCAC 130 .0102 Investigating and Reporting Health Care Personnel Registry

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| <input type="checkbox"/> The reporting by health care facilities to the Department of all allegations against health care personnel as defined in G.S. 131E-256 (a)(1), including injuries of unknown source, shall be done within 24 hours of the health care facility becoming aware of the allegation. The results of the health care facility's investigation shall be submitted to the Department in accordance with G.S. 131E-256(g). |
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