STATE OF CALIFORNIA--HEALTH AND WELFARE AGENCY

PETE WILSON, GOVERNOR

DEPARTMENT OF MENTAL HEALTH
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SACRAMENTO, CA 95814

(916) 654-2309

September 20, 1995

DMH LETTER NO.: 95-05

TO: LOCAL MENTAL HEALTH DIRECTORS
LOCAL MENTAL HEALTH PROGRAM CHIEFS
LOCAL MENTAL HEALTH ADMINISTRATORS
CHAIRPERSONS, LOCAL MENTAL HEALTH BOARDS

SUBJECT: NOTIFICATION OF APPROVED MENTAL HEALTH REHABILITATION CENTER (MHRC) EMERGENCY REGULATIONS

A copy of the approved MHRC emergency regulations is enclosed. The regulations were filed with the Secretary of State and became effective on August 21, 1995.

The emergency regulations implement the requirements of Senate Bill 2017 (Chapter 678, Statutes of 1994) which allow the development of a regional pilot MHRC for Placer and other neighboring counties. The legislation also requires the Department to consider MHRC proposals from other counties.

Also enclosed is an application form which should be submitted, along with the other material required by the regulations, with each application for licensure.

If you have any questions or need further clarification regarding these regulations, please contact Al Schmid, Ph.D., Chief of Licensing and Certification at (916) 654-2396.

Sincerely,

A C Schmid, Ph.D. / for

J. RUBEN LOZANO, Pharm.D.
Deputy Director
Program Compliance

Enclosures

cc: California Mental Health Planning Council
Chief, Technical Assistance and Planning

APPLICATION FOR LICENSURE
MENTAL HEALTH REHABILITATION CENTER (MHRC)
MH 8001 (New 9/95)

Name of Applicant-Facility Name		Program Director
Mailing Address (street, city, zip code)		City
Host County	Zip Code	Telephone ( )

Type of Ownership

☐ Government Entity ☐ Non-Profit Corp. ☐ Individual or Proprietary Corp. ☐ Partnership ☐ Other _____

Is the property owned by the applicant. If no, state the name, address, and affiliation of the property owner.
☐ Yes ☐ No

Capacity to be licensed

Current Status of the Facility

☐ To be constructed

☐ Existing Community Care Facility (to be remodeled: Yes or No)

☐ Existing Health Facility (to be remodeled: Yes or No)

☐ Other (to be remodeled: Yes or No) _____

Current facility license classification (if any)	Address (street, city, zip code)
Setting ☐ Rural ☐ Urban	General Target Population
Legal classes to be admitted: ☐ Voluntary ☐ LPS Conservatee ☐ Involuntary ☐ Judicially Committed	Provisions for physical health treatment: Transfer Agreement with: _____

The following must be submitted with this application:

A. A specific description of what makes the program innovative compared to existing licensed or certifed mental health programs.

B. Those items required by Section 783.10, Title 9.

C. A description of the applicant's experience in mental health service delivery.

D. The number, description and qualifications of staff, by class. (Show only staff time to be worked in the MHRC)

Applicant's Signature	Title
Organization	Date

Approved:

Mental Health Director Signature	County of	Date

ADOPTION OF NEW REGULATIONS
TITLE 9. CALIFORNIA CODE OF REGULATIONS

SUBCHAPTER 3.5. MENTAL HEALTH REHABILITATION CENTERS

Article 1. Application

781.00 Application of Subchapter.

This subchapter shall apply to programs authorized by Welfare and Institutions Code Section 5768, hereinafter denoted as mental health rehabilitation centers.

Note: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994.
Reference: Sections 5675 and 5768, Welfare and Institutions Code.

Article 2. Definitions

782.00 Application of Definitions.

The definitions included in this article shall apply to the regulations contained in this subchapter.

Note: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994.
Reference: Sections 5675 and 5768, Welfare and Institutions Code.

782.10 Meaning of Words.

Words shall have their usual meaning unless the context or a definition clearly indicates a different meaning. Words used in the present tense include the future; words in the singular number include the plural number; words in the plural number include the singular number. Shall means mandatory. May means permissive. Should means suggested and recommended.

Note: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994.
Reference: Sections 5675 and 5768, Welfare and Institutions Code.

782.11 Accredited Record Technician.

Accredited record technician means a person who has a certificate of accreditation as a record technician from the American Medical Record Association.

Note: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994.
Reference: Sections 5675 and 5768, Welfare and Institutions Code.

782.12 Activity Director.

Activity Director means a person who is an occupational therapist, music therapist, art therapist, dance therapist or recreation therapist, as defined in this subchapter.

Note: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994.
Reference: Sections 5675 and 5768, Welfare and Institutions Code.

782.13 Alteration.

Alteration means any construction work other than maintenance in an existing building which does not increase the floor area or roof area or the volume of enclosed space.

Note: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994.
Reference: Sections 5675 and 5768, Welfare and Institutions Code.

782.14 Art Therapist.

Art therapist means a person who is registered or eligible for registration as an art therapist with the American Art Therapy Association.

Note: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994.
Reference: Sections 5675 and 5768, Welfare and Institutions Code.

782.15 Client.

Client means a person admitted to a mental health rehabilitation center for evaluation, observation, diagnosis, rehabilitation or treatment.

Note: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994.
Reference: Sections 5675 and 5768, Welfare and Institutions Code.

782.16 Client Record.

Client record means a record that organizes all information on the care, treatment and rehabilitation rendered to a client in a mental health rehabilitation center.

Note: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994.
Reference: Sections 5675 and 5768, Welfare and Institutions Code.

782.17 Conservator.

Conservator means a person appointed by a court pursuant to Section 5350 et seq. of the Welfare and Institutions Code.

Note: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994.
Reference: Sections 5675 and 5768, Welfare and Institutions Code.

782.18 Controlled Drugs.

Controlled drugs means those drugs covered under the Federal Comprehensive Drug Abuse Prevention Control Act of 1970, as amended, or the California Uniform Controlled Substances Act.

Note: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994.
Reference: Sections 5675 and 5768, Welfare and Institutions Code.

782.19 Dance Therapist.

Dance therapist means a person who is registered or eligible for registration as a dance therapist by the American Dance Therapy Association.

Note: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994.
Reference: Sections 5675 and 5768, Welfare and Institutions Code.

782.20 Department.

Department means the State Department of Mental Health (see Section 4000 et seq. of the Welfare and Institutions Code).

Note: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994.
Reference: Sections 5675 and 5768, Welfare and Institutions Code.

782.21 Dietitian.

Dietitian means a person who is registered or eligible for registration as a dietitian by the American Dietetic Association.

Note: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994.
Reference: Sections 5675 and 5768, Welfare and Institutions Code.

782.22 Director.

Director means the Director of the State Department of Mental Health.

Note: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994.
Reference: Sections 5675 and 5768, Welfare and Institutions Code.

782.23 Drug.

(a) Drug means the following:

(1) Articles intended for use in the diagnosis, cure, mitigation, treatment or prevention of disease in man or other animals.

(2) Articles (other than food) intended to affect the structure or any function of the body of man or other animals.

(3) Articles intended for use as a component of any article designated in sudivision (1) and (2) of this section.

(b) Legend drug means any of the following:

(1) Any drug labeled with the statement "Caution: Federal Law prohibits dispensing without prescription" or words of similar import.

(2) Any dangerous drug under Section 4211 of the Business and Professions Code

Note: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994.
Reference: Sections 5675 and 5768, Welfare and Institutions Code.

782.24 Drug Administration.

Drug administration means the act in which a single dose of a prescribed drug or biological is given to a client. The complete act of administration entails removing an individual dose from a container (including a unit dose container), verifying the dose with the prescriber's orders, giving the individual dose to the client and promptly recording the time and dose given.

Note: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994.
Reference: Sections 5675 and 5768, Welfare and Institutions Code.

782.25 Drug Dispensing.

Drug dispensing means the act entailing the following of a prescription order for a drug or biological and the proper selection, measuring, packaging, labeling and issuance of the drug or biological to a client.

Note: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994.
Reference: Sections 5675 and 5768, Welfare and Institutions Code.

782.26 Facility Director.

Facility Director means a person who is licensed as a nursing home administrator by the California Board of Examiners of Nursing Home Administrators; or a person who has a state civil service classification or a state career executive appointment to perform facility director's functions in a state facility.

Note: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994.
Reference: Sections 5675 and 5768, Welfare and Institutions Code.

782.27 Guardian.

Guardian means a person appointed by the court pursuant to Section 1500 et seq., of the Probate Code, to take care of the person or the property, or both, of a ward of the court.

Note: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994.
Reference: Sections 5675 and 5768, Welfare and Institutions Code.

782.28 Licensed Nursing Staff.

Licensed nursing staff means a licensed registered nurse, licensed vocational nurse or a licensed psychiatric technician as defined in this subchapter, and employed by a mental health rehabilitation center to perform functions within their scope of practice.

Note: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994.
Reference: Sections 5675 and 5768, Welfare and Institutions Code.

782.29 Licensed Psychiatric Technician.

Licensed psychiatric technician means a person licensed as a psychiatric technician by the California Board of Vocational Nurse and Psychiatric Technician Examiners.

Note: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994.
Reference: Sections 5675 and 5768, Welfare and Institutions Code.

782.30 Licensed Vocational Nurse.

Licensed vocational nurse means a person licensed as a licensed vocational nurse by the California Board of Vocational Nurse and Psychiatric Technician Examiners.

Note: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994.
Reference: Sections 5675 and 5768, Welfare and Institutions Code.

782.31 Licensee.

Licensee means the person, persons, firm, partnership, association, organization, company, corporation, business trust, political subdivision of the state, or other governmental agency to whom a license has been issued.

Note: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994.
Reference: Sections 5675 and 5768, Welfare and Institutions Code.

782.32 Local Bank.

Local bank means a bank or branch of that bank which is in the same neighborhood , community, city or county in which the facility is physically located.

Note: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994.
Reference: Sections 5675 and 5768, Welfare and Institutions Code.

782.33 Marriage, Family and Child Counselor.

Marriage, Family and Child Counselor means a person licensed as a marriage, family and child counselor by the California Board of Behavioral Science Examiners, or persons granted a waiver pursuant to Section 5751.2 of the Welfare and Institutions Code.

Note: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994.
Reference: Sections 5675 and 5768, Welfare and Institutions Code.

782.34 Medication.

For the puposes of this subchapter, medication shall mean the same as drug as defined in Section 782.23.

Note: Auhtority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994.
Reference: Sections 5675 and 5768, Welfare and Institutions code.

782.35 Mental Health Rehabilitation Center.

Mental health rehabilitation center means a facility that provides a 24-hour program, licensed by the Department, which provides intensive support and rehabilitation services designed to assist persons with mental disorders who would have been placed in a state hospital or another health facility to develop the skills to become self-sufficient and capable of increasing levels of independent functioning.

Note: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994.
Reference: Sections 5675 and 5768, Welfare and Institutions Code.

782.36 Mental Health Rehabilitation Specialist.

Mental Health Rehabilitation Specialist means a person who has a baccalaureate degree and four years of experience in a mental health setting as a specialist in the fields of physical restoration, social adjustment, or vocational adjustment. Up to two years of graduate professional education may be substituted for the experience requirement on a year-for-year basis; two years of post associate arts clinical experience may be substituted for a baccalaureate degree.

Note: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994.
Reference: Sections 5675 and 5768, Welfare and Institutions Code.

782.37 Music Therapist.

Music therapist means a person who has a bachelor's degree in music therapy and who is registered or eligible for registration as a music therapist by the National Association for Music Therapy.

Note: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994.
Reference: Sections 5675 and 5768, Welfare and Institutions Code.

782.38 Occupational Therapist.

Occupational therapist means a person who is registered or who is eligible for registration as an occupational therapist by the American Occupational Therapy Association.

Note: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994.
Reference: Sections 5675 and 5768, Welfare and Institutions Code.

782.39 Pharmacist.

Pharmacist means a person licensed as a pharmacist by the California Board of Pharmacy.

Note: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994.
Reference: Sections 5675 and 5768, Welfare and Institutions Code.

782.40 Physician.

Physician means a person licensed as a physician and surgeon by the California Medical Board or by the Board of Osteopathic Examiners.

Note: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994.
Reference: Sections 5675 and 5768, Welfare and Institutions Code.

782.41 Program Director.

Program director means an individual designated in writing by the licensee who meets the criteria of Sections 623, 624, 625, 626, 627, 628, 629, or 630 of Title 9 of the California Code of Regulations.

Note: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994.
Reference: Sections 5675 and 5768, Welfare and Institutions Code.

782.42 Postural Support.

Postural support means devices that are applied to assist persons in achieving proper body position or balance, whether to prevent injury to those who cannot sit or lie in bed without falling, or to improve a person's mobility and independent functioning.

Note: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994.
Reference: Sections 5675 and 5768, Welfare and Institutions Code.

782.43 Psychologist.

Psychologist means a person licensed as a psychologist by the California Board of Psychology, or persons granted a waiver pursuant to Section 5751.2 of the Welfare and Institutions Code.

Note: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994.
Reference: Sections 5675 and 5768, Welfare and Institutions Code.

782.44 Psychotherapeutic Medication.

Psychotherapeutic medication means a drug customarily used for the treatment of symptoms of psychoses and other severe mental and emotional disorders.

Note: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994.
Reference: Sections 5675 and 5768, Welfare and Institutions Code.

782.45 Recreation Therapist.

Recreation therapist means a person who is registered or eligible for registration as a recreation therapist by the California Board of Park and Recreation Personnel or the National Therapeutic Recreation Society.

Note: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994.
Reference: Sections 5675 and 5768, Welfare and Institutions Code.

782.46 Registered Nurse.

Registered nurse means a person licensed as a registered nurse by the California Board of Registered Nursing.

Note: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994.
Reference: Sections 5675 and 5768, Welfare and Institutions Code.

782.47 Registered Record Administrator.

Registered record administrator means a person who is registered as a record administrator by the American Medical Record Association.

Note: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994.
Reference: Sections 5675 and 5768, Welfare and Institutions Code.

782.48 Registry Staff.

Registry staff means mental health rehabilitation center licensed personnel provided by a placement service on a temporary, or on a day-to-day, basis to work in the mental health rehabilitation center.

Note: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994.
Reference: Sections 5675 and 5768, Welfare and Institutions Code.

782.49 Restraint.

Restraint, for the purposes of the regulations included in this subchapter, shall mean:

(a) Physical restraint, which means any method or physical device, such as hard or soft ties or belts, cloth vests, and posey chairs, which restricts client movement. Physical restraint does not include the use of the least restrictive immobilization reasonably necessary to administer necessary emergency treatment of a therapeutic, non-continuous nature, and where the immobilization is removed upon the administration of such treatment. This exception shall not include immobilizations for continuously administered treatments such as intravenous therapy; or

(b) Chemical restraint, which means the use of a drug to control behavior.

Note: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994.
Reference: Sections 5675 and 5768, Welfare and Institutions Code.

782.50 Seclusion.

Seclusion means the involuntary confinement of a client in a room, where the client is prevented from physically leaving, for any period of time.

Note: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994.
Reference: Sections 5675 and 5768, Welfare and Institutions Code.

782.51 Self Administration of Medication.

Self administration of medication by clients means clients' shall be responsible for the control, management and use of his or her own medication.

Note: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994.
Reference: Sections 5675 and 5768, Welfare and Institutions Code.

782.52 Social Worker.

Social worker means a person who is licensed as a clinical social worker by the California Board of Behavioral Science Examiners, or persons granted a waiver pursuant to Section 5751.2 of the Welfare and Institutions Code.

Note: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994.
Reference: Sections 5675 and 5768, Welfare and Institutions Code.

782.53 Standing Orders.

Standing orders means those written instructions which are used or intended to be used in the absence of a prescriber's specific order for a specified client.

Note: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994.
Reference: Sections 5675 and 5768, Welfare and Institutions Code.

782.54 Supervision.

(a) Supervision means to instruct an employee or subordinate in their duties and to oversee or direct work, but does not necessarily require the immediate presence of the supervisor.

(b) Direct supervision means the supervisor shall be present in the same building as the person being supervised, and available for consultation and assistance.

(c) Immediate supervision means that the supervisor shall be physically present while a task is being performed by the person being supervised.

Note: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994.
Reference: Sections 5675 and 5768, Welfare and Institutions Code.

782.55 Therapeutic Diet.

Therapeutic diet means any diet modified from a regular diet in a manner essential to the treatment or control of a particular disease or illness.

Note: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994.
Reference: Sections 5675 and 5768, Welfare and Institutions Code.

782.56 Unit Dose Medication System.

Unit dose medication system means a system in which single dosage units of drugs are prepackaged and prelabeled in accordance with all applicable laws and regulations governing these practices and be made available separated as to client and by dosage time. The system shall also comprise, but not be limited to, all equipment and appropriate records deemed necessary to make the dose available to the client in an accurate and safe manner. A pharmacist shall be in charge of and responsible for the system.

Note: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994.
Reference: Sections 5675 and 5768, Welfare and Institutions Code.

Article 3. License

783.00 Application Required.

(a) Whenever either of the following circumstances occur, a verified application for a new license completed on forms furnished by the Department shall be submitted to the Department.

(1) Establishment of a mental health rehabilitation center.

(2) Change of ownership of a mental health rehabilitation center.

(b) Whenever any of the following circumstances occur, the licensee shall submit to the Department a verified application for a corrected license completed on forms furnished by the Department.

(1) Construction of a new or replacement mental health rehabilitation center.

(2) Change in licensed bed capacity of a facility.

(3) Change of name of a facility.

(4) Change of licensed category of a facility.

(5) Change of location of a facility.

Note: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994.
Reference: Sections 5675 and 5768, Welfare and Institutions Code.

783.10 Application Requirements.

(a) Any adult, firm, partnership, association, corporation, county, city, public agency, or other governmental entity desiring to obtain a license for a facility as a mental health rehabilitation center shall file an application with the Department, except as provided in Subsection (b).

(b) A nongovernmental entity proposing a mental health rehabilitation center shall submit a written plan of operation as specified in Section 783.13, to the local mental health director for review and approval. The local mental health director shall have the flexibility to base approval of the plan of operation upon local program need, as well as a determination of whether the plan of operation is complete and meets the requirements of Section 783.13. Evidence that the plan of operation has been approved by the local mental health director shall be in writing. The local mental health director shall forward this approved plan of operation with the application to the Department.

(c) If the applicant is a firm, association, corporation, county, city, public, or other governmental entity, the application shall be signed by the chief executive officer or authorized representative.

(d) An applicant shall cooperate with the Department by providing information and documentation as requested by the Department.

(e) Approval of an application by the Department does not constitute the licensing of a facility as a mental health rehabilitation center. The final approval for the licensing of a facility as a mental health rehabilitation center will be based on a site visit(s) conducted by the Department, within 60 calendar days following the applicant receiving written notification of approval of the application from the Department.

(f) Each year following the initial licensing of a facility, the licensee shall submit any changes to the approved plan of operation to the local mental health director and to the Department.

Note: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994.
Reference: Sections 5675 and 5768, Welfare and Institutions Code.

783.11 Application Content.

(a) The application shall, at a minimum, contain the following information:

(1) Name, or proposed name, and address of the mental health rehabilitation center.

(2) Name, residence, and mailing address of applicant.

(A) If the applicant is a partnership, the name and principal business address of each partner.

(B) If the applicant is a corporation or association, the name, title, and business address of each officer and member of the governing board.

(C) Name and address of the owner of the facility premises if the applicant is leasing or renting.

(3) Written administrative policies and procedures as specified in Section 784.56 of these regulations.

(4) A written plan of operation as specified in Section 783.13 of these regulations. The plan of operation shall also include program evaluation measures in accordance with the provisions included in Section 5675 of the Welfare and Institutions Code.

(5) A written financial plan including an actual or proposed annual budget, and the most recent financial audit, if available.

Note: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994.
Reference: Sections 5675 and 5768, Welfare and Institutions Code.

783.12 Application Process.

(a) Whenever an application is submitted pursuant to these regulations, the Department shall notify the applicant, in writing, within thirty calendar days of receipt of the application, that the application is complete and accepted for filing or that the application is incomplete, and what specific information or documentation is required to complete the application.

(b) If the applicant fails to respond within thirty calendar days to the Department, following receipt of notification pursuant to (a) above, for additional information or documentation, the application shall be deemed to have been withdrawn by the applicant. Any applicant deemed to have withdrawn an application may reapply by submitting a new application.

(c) The Department shall notify an applicant, in writing, within 60 calendar days following the acceptance of an application for filing, of the Department's decision to approve or deny the application.

(1) The sixty days shall not begin until all information or documentation required for completion of the application is received by the Department.

(2) If the Department fails to notify an applicant by the ending calendar date of the 60 day time period, the applicant may request, in writing, a review by the Deputy Director responsible for facility licensure, or the designee of the Director, at the principal address of the Department in Sacramento, California. The written request shall include:

(A) An identification of the applicant;

(B) The date upon which the application was submitted;

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

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

(d) An applicant may request a review of a denial or disapproval of an application by sending a written request to the Deputy Director responsible for facility licensure, or the designee of the Director, at the principal address of the Department in Sacramento, California.

(1) A request for review must be postmarked no later than fifteen calendar days after receipt of the notification of the denial or disapproval of the application.

(2) An applicant requesting a review shall be responsible for submitting all documents, information, and arguments which the applicant wishes to be considered in the review. The documents, information, and arguments the applicant wishes to be considered may be submitted with the request for review or sent separately, but shall be postmarked no later than thirty calendar days after receipt of the written notification of denial or disapproval of the application.

(3) The Deputy Director or the designee shall review the written notification of application denial or disapproval, and any related information and documents justifying or supporting the application denial or disapproval, the request for review submitted by the applicant, and the information, documents and arguments submitted by the applicant. If deemed necessary for completion of the review, the Deputy Director or the designee may request clarification or additional information from the applicant.

(4) Upon completion of the review a decision to affirm or reverse the application denial or disapproval shall be prepared by the Department. A decision shall become final when adopted by the Deputy Director or designee.

(5) A written notification of the decision to affirm or reverse the action to deny or disapprove an application shall be sent to the applicant. A decision adopted by the Department shall become effective upon receipt by the applicant.

Note: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994.
Reference: Sections 5675 and 5768, Welfare and Institutions Code.

783.13 Plan of Operation Requirements.

(a) The plan of operation shall describe the following components for the proposed mental health rehabilitation center:

(1) Summary of Administrative Polices and Procedures as specified in Section 784.56 of these regulations.

(2) Basic Services and Staffing.

(3) Rehabilitation Program and Staffing.

(4) Activity Program and Staffing.

(5) Admissions Process and Criteria.

(6) Discharge Planning and Transition Process.

(7) Health Records and Services Content.

(8) Client Records and Content.

(9) Client Rights and Empowerment.

(10) Pharmaceutical Services and Self-Medication.

(11) Program Space Requirements.

(12) Restraint and Seclusion Policies and Procedures.

(13) Physical Plant or Building(s).

(14) Program Supplies.

(15) Program Equipment.

(16) Clinical Treatment Programs.

(17) Interdisciplinary Treatment Teams.

(18) Psychiatric and Psychological Services.

(b) The plan of operation shall specify each target population group that the proposed mental health rehabilitation center plans to serve. The description of the population group to be served shall include the following:

(1) Age range.

(2) Gender.

(3) Ethnicity.

(4) Degree or level of impairment.

(5) Diagnosis as listed in the most current edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM).

(6) Number of clients to be served.

(7) Identification of the particular needs of the population.

(8) The rehabilitation program designed to meet the identified service needs of the population.

(9) Method and frequency of evaluating client progress.

Note: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994.
Reference: Sections 5675 and 5768, Welfare and Institutions Code.

783.14 Safety, Zoning and Building Clearance.

(a) A license shall not be issued to any applicant which does not conform to the State Fire Marshal's requirements for fire and life safety, the State requirements for environmental impact, and also to local fire safety, zoning, and building ordinances. Evidence of such compliance shall be presented in writing to the Department.

(b) The licensee shall maintain the mental health rehabilitation center in a safe structural condition. If the Department determines, in a written report submitted to the licensee, that an evaluation of the structural condition of a mental health rehabilitation center building is necessary, the licensee may be required to submit a report by a licensed structural engineer which shall evaluate the structural condition of the facility, and, if necessary, establish a basis for eliminating or correcting the structural conditions which may be hazardous to occupants. The licensee shall eliminate or correct any hazardous conditions.

Note: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994.
Reference: Sections 5675 and 5768, Welfare and Institutions Code.

783.15 Separate Licenses.

Separate licenses shall be required for mental health rehabilitation centers which are maintained on separate premises even though they are under the same management. Separate licenses shall not be required for separate buildings on the same grounds or adjacent grounds, used for the provision of the same program under the requirements of these regulations.

Note: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994.
Reference: Sections 5675 and 5768, Welfare and Institutions Code.

783.16 Posting.

The license or a true copy thereof shall be posted in a conspicuous location accessible to public view within the mental health rehabilitation center.

Note: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994.
Reference: Sections 5675 and 5768, Welfare and Institutions Code.

783.17 Report of Changes.

The licensee shall notify the Department in writing of any changes in the following information within 10 calendar days of the changes. This notification shall include information and documentation regarding such changes.

(a) A change of program director occurs. Such notification shall include the name and license number, if applicable, of the new program director.

(b) A change of the mailing address of the licensee. Such notification shall include the new mailing address of the licensee.

(c) A change in the principal officer of a corporate licensee (chairman, president or general manager) occurs. Such notification shall include the name and business address of such officer.

(d) Any decrease in licensed bed capacity of the facility.

Note: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994.
Reference: Sections 5675 and 5768, Welfare and Institutions Code.

783.18 Program Flexibility and Monitoring.

All mental health rehabilitation centers shall maintain compliance with the licensing requirements. These requirements do not prohibit the use of alternate concepts, methods, procedures, techniques, equipment, personnel qualifications or the conducting of pilot projects, provided such exceptions are carried out with provision for safe and adequate care and with the prior written approval of the Department. Such approval shall provide for the terms and conditions under which the exception is granted. A written request and substantiating information and documents supporting the request shall be submitted by the applicant or licensee to the Department.

(a) Any approval of the Department granted under this section, or a true copy thereof, shall be posted immediately adjacent to the center's license.

(b) The local mental health director shall monitor each mental health rehabilitation center providing a program based on a plan of operation, as specified in Section 783.10, and approved by the local mental health director and the Department, pursuant to Welfare and Institutions Code, Section 5768 (e)(2).

Note: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994.
Reference: Sections 5675 and 5768, Welfare and Institutions Code.

783.19 Conviction of Crime: Standards for Evaluating Rehabilitation.

When considering the denial, suspension or revocation of a license based on the applicant's or licensee's conviction of a crime in accordance with Section 1265.1 or 1294 of the Health and Safety Code, the following criteria shall be considered in evaluating the applicant's or licensee's rehabilitation:

(a) The nature and the seriousness of the crime(s) under consideration.

(b) Evidence of conduct subsequent to the crime which suggests responsible or irresponsible character.

(c) The time which has elapsed since commission of the crime(s) or conduct referred to in subdivision (a) or (b).

(d) The extent to which the applicant has complied with any terms of parole, probation, restitution, or any other sanction lawfully imposed against the applicant.

(e) Any rehabilitation evidence submitted by the applicant.

Note: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994.
Reference: Sections 5675 and 5768, Welfare and Institutions Code.

783.20 Bonds.

The amount of the Bond required in Section 1318 of the Health and Safety Code shall be in accordance with the following schedule:

(a) Total Amount of Client Monies Handled Per Month	Amount of Bond Required
$750 or less	$1,000
$751 to $1,500	$2,000
$1,501 to $2,500	$3,000

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

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

(1) Any client.

(2) All clients in any month.

(d) No licensee shall handle money of a client or handle amounts greater than those stated in the affidavit submitted by him/her without first notifying the Department and filing a new or revised bond if requested.

(e) Charges for the surety company bond to handle client monies shall not be paid out of client monies.

Note: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994.

Reference: Sections 5675 and 5768, Welfare and Institutions Code.

Article 4. General Requirements

784.00 Administration.

The licensee shall be responsible for compliance with licensing requirements and for the organization, management, operation and control of the licensed facility. The delegation of any authority by a licensee shall not diminish the responsibilities of the licensee.

Note: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994.
Reference: Sections 5675 and 5768, Welfare and Institutions Code.

784.10 Facility Director and Facility Staff.

Each mental health rehabilitation center shall employ or otherwise provide a facility director to be responsible for the administration and management of the facility. The facility director shall be responsible for the administration and management of only one mental health rehabilitation center.

(a) The licensee may act as the facility director or shall appoint a facility director. The licensee shall delegate to the designated facility director, in writing, authority to organize and manage the day-to-day functions of the facility. If the facility director is to be absent for more than 30 calendar days, the licensee shall appoint an acting facility director to be responsible for the day-to-day functions of the facility.

(b) A copy of the current mental health rehabilitation center regulations contained in this chapter shall be maintained by the facility director and shall be available to all personnel.

(c) The facility director shall be responsible for informing appropriate staff of the applicable additions, deletions and changes to mental health rehabilitation center regulations.

(d) The facility director shall be responsible for informing the Department, or its designee, via telephone within 24-hours of any unusual occurrence, as specified in Section 784.16. If the unusual occurrence involves the discontinuance or disruption of services occurring during other than regular business hours of the Department or its designee, a telephone report shall be made immediately upon the resumption of business hours of the Department.

(e) The licensee shall employ the number of qualified personnel needed to comply with all regulatory requirements and shall provide for an initial orientation of all new employees, a continuing in-service training program and supervision. The licensee shall also ensure that consumers and family members of persons with mental disabilities shall have opportunities for employment and the provision of peer counseling in each mental health rehabilitation center operated by the licensee.

(f) If any language or communication barriers exist between mental health rehabilitation center staff and clients, arrangements shall be made for interpreters or for the use of other mechanisms to ensure adequate communication between clients and personnel.

(g) The Department reserves the right to require the licensee to provide additional professional, administrative or supportive personnel whenever the Department determines through a written evaluation that additional personnel are needed to provide for the health and safety of clients.

(h) The licensee shall ensure that all employees serving clients or the public shall wear name and title badges.

(i) Each facility shall have an orientation program for all newly hired employees. Each new employee shall be provided 20 hours of initial orientation to the facility's organization, administrative policies and procedures, and plan of operation during the first week of employment.

Note: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994.
Reference: Sections 5675 and 5768, Welfare and Institutions Code.

784.11 Admission of Clients.

The licensee shall:

(a) Have and implement written admission and discharge policies encompassing which licensed mental health professionals can accept clients for admission to the facility, the types of diagnoses for which clients can be admitted, limitations imposed by law or licensure, and staffing limitations. These policies shall be made available to clients or their representatives upon admission, and shall be made available to the public upon request.

(b) Not admit or discharge a client on the basis of race, color, religion, ancestry or national origin. Any bonafide nonprofit religious, fraternal or charitable organization which can demonstrate to the satisfaction of the Department that its primary or substantial purpose is not to evade this subsection may establish admission policies limiting or giving preference to its own members or adherents and such policies shall not be construed as a violation of (d) below. Any admission of nonmembers or nonadherents shall be subject to (d) below.

(c) Admit only those persons that are referred by the local mental health director or designee. The referral shall be in writing and signed by the local mental health director or designee. Clients admitted for treatment and rehabilitation shall be persons considered seriously and persistently disabled who otherwise are placed in a state hospital or other health facility, and for whom such a setting is the least restrictive alternative available to meet their needs.

(d) Not admit any person that is nonambulatory, requires extensive medical care, who would be more appropriately served by an acute psychiatric facility, or that is diagnosed only with a substance abuse or eating disorder.

(e) Make provision for the inventory and identification of clients' personal possessions, equipment and valuables.

(f) Have all clients screened for tuberculosis upon admission. The procedure shall conform with the State Department of Health Services' public health turberculosis screening standards and requirements. A tuberculosis screening procedure may not be required if there is satisfactory written evidence available that a tuberculosis screening procedure has been completed within 90 days of the date of admission to the facility. Subsequent tuberculosis screening procedures shall be determined by a physician.

Note: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994.
Reference: Sections 5675 and 5768, Welfare and Institutions Code.

784.12 Client Transfer.

The licensee shall maintain written transfer agreements with health or other facilities to make the services of those facilities accessible to the mental health rehabilitation center clients. Complete and accurate client information, in sufficient detail to provide for continuity of care, shall be transferred with the client at time of transfer.

(a) When a client is transferred to another facility, the following shall be entered in the client record:

(1) The date, time, condition of the client and a written statement of the reason for the transfer.

(2) Informed written or telephone acknowledgment of the transfer by the client, client's guardian or legal representative except in an emergency as provided in Subsection 784.30(e).

Note: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994.
Reference: Sections 5675 and 5768, Welfare and Institutions Code.

784.13 Consumer Information to be Posted.

(a) The following consumer information shall be conspicuously posted in a prominent location accessible to the public.

(1) Name, license number and date of employment of the current facility director of the mental health rehabilitation center.

(2) A listing of all services and special programs provided in the mental health rehabilitation center and those provided through written contracts.

(3) The current and following week's menus for regular and therapeutic diets.

(4) A notice that the mental heath rehabilitation center's written admission and discharge policies are available upon request.

(5) A notice that a copy of the most recent licensing visit report is available for public review, upon request.

(6) The names and addresses of all previous owners of the facility.

(7) A listing of all other mental health rehabilitation centers and other facilities owned by the same person, firm, partnership, association, or corporation.

(8) A statement that an action to revoke the facility's license is pending, if such an action has been initiated by the filing of an accusation, pursuant to Section 11503 of the Government Code, and the accusation has been served on the licensee.

(9) A notice of the name, address and telephone number of the Licensing and Certification office, Department of Mental Health, which has jurisdiction over the facility.

Note: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994.
Reference: Sections 5675 and 5768, Welfare and Institutions Code.

784.14 Use of Outside Resources.

(a) If a facility does not employ qualified personnel to render a specific service to be provided by the facility, there shall be arrangements through a written agreement with outside resources which shall meet the standards and requirements of these regulations.

(b) Copies of affiliation agreements, contracts or written arrangements for advice, consultation, services, training or transportation, with other facilities, organizations or individuals, public or private agencies, shall be on file in the facility's administrative office. These shall be readily available for inspection and review by the Department.

Note: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994.
Reference: Sections 5675 and 5768, Welfare and Institutions Code.

784.15 Reporting of Communicable Diseases.

All cases of reportable communicable diseases shall be reported to the local health officer in accordance with, Article 1 (commencing with Section 2500), Subchapter 1, Chapter 4, Title 17, California Code of Regulations.

Note: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994.
Reference: Sections 5675 and 5768, Welfare and Institutions Code.

784.16 Unusual Occurrences.

(a) Occurrences such as epidemic outbreaks, poisonings, fires, major accidents, death from unnatural causes or other catastrophes and unusual occurrences which threaten the welfare, safety or health of clients, personnel or visitors shall be reported by the facility within 24-hours either by telephone (and confirmed in writing), by electronic or telephonic means, or by telegraph to the local mental health director and the Department.

(1) An incident report shall be retained on file by the facility for one year.

(2) The facility shall furnish such other pertinent information related to such occurrences as the local health officer or the Department may require.

(3) Every fire or explosion which occurs in or on the premises shall be reported within 24-hours to the local fire authority or in areas not having an organized fire service, to the State Fire Marshal.

(b) Client deaths shall be reported by the licensee to the Department or its designee by no later than twenty-four (24) hours following a client death.

Note: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994.
Reference: Sections 5675 and 5768, Welfare and Institutions Code.

784.17 Infectious Diseases.

The facility shall adopt, observe and implement written infection control policies and procedures. These policies and procedures shall be reviewed at least annually and revised as needed.

Note: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994.
Reference: Sections 5675 and 5768, Welfare and Institutions Code.

784.18 Cleaning, Disinfecting and Sterilizing.

(a) Each facility shall have a written manual on cleaning, disinfecting and sterilizing procedures. The manual shall include procedures to be used in the care of utensils, instruments, solutions, dressings, articles and surfaces and shall be available for use by facility personnel. All procedures shall be carried out in accordance with the manual.

(b) Each facility shall make provision for the cleaning and disinfecting of contaminated articles and surfaces which cannot be sterilized.

(c) Individual client care supply items designed and identified by the manufacturer to be disposable shall not be reused.

(d) The facility shall provide for:

(1) Effective separation of soiled and contaminated supplies and equipment from clean and sterilized supplies and equipment.

(2) Clean cabinets for the storage of sterile supplies and equipment.

(3) An orderly system of rotation of supplies so that the supplies stored first shall be used first.

Note: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994.

Reference: Sections 5675 and 5768, Welfare and Institutions Code.

784.19 Employee Personnel Records.

(a) Each licensee shall maintain current complete and accurate personnel records for all employees.

(1) The record shall include:

(A) Full name.

(B) Social Security Number.

(C) Professional license or registration number and date of expiration, if applicable.

(D) Employment classification.

(E) Information as to past employment and qualifications.

(F) Date of beginning employment.

(G) Date of termination of employment.

(H) Documented evidence of orientation to the mental health rehabilitation center and in-service training.

(I) Performance evaluations.

(2) Such records shall be retained for at least three (3) years following termination of employment. Employee personnel records shall be maintained in a confidential manner, and shall be made available to authorized representatives of the Department upon request.

(b) Records of hours and dates worked by all employees during at least the most recent 12-month period shall be kept on file at the place of employment or at a central location within the State of California. Upon request, such records shall be made available at a time and location specified by the Department.

(c) A permanent log of the temporary personnel employed in the facility shall be kept for three (3) years, and shall include the following:

(1) Employee's full name.

(2) Name of temporary services personnel agency.

(3) Professional license and registration number and date of expiration, if applicable.

(4) Verification of health status.

(5) Record of hours and dates worked.

Note: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994.

Reference: Sections 5675 and 5768, Welfare and Institutions Code.

784.20 Employees' Health Examination and Health Records.

(a) All employees working in the facility, including the licensee, shall have a health examination within 90 days prior to employment, or within seven (7) days after employment, and at least annually thereafter by a person lawfully authorized to perform such a procedure. Each such examination shall include a medical history and physical evaluation. The report signed by the examiner shall indicate that the person is sufficiently free of disease to perform assigned duties and does not have any health condition that would create a hazard for self, fellow employees, clients, or visitors.

(b) The initial health examination and subsequent annual examination shall include a screening for tuberculosis. The procedure shall conform with the State Department of Health Services' public health tuberculosis screening standards and requirements for employees of health facilities. Satisfactory written evidence of a tuberculosis screening within 90 days prior to employment shall be considered as meeting the intent of this section.

(c) The facility shall maintain a health record of the facility director and for each employee which includes reports of all employment-related health examinations. Such records shall be kept for a minimum of three years following termination of employment.

Note: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994.
Reference: Sections 5675 and 5768, Welfare and Institutions Code.

784.21 Clients' Records.

(a) Clients' records shall be permanent, either typewritten or legibly written in ink, be capable of being photocopied and shall be kept on all clients admitted or accepted for care. All health records of discharged clients shall be completed and filed within 30 days after discharge date and such records shall be kept for a minimum of seven (7) years. All required records, either originals or accurate reproductions thereof, shall be maintained in such form as to be legible and readily available upon the request of the attending physician, the facility staff or any authorized officer, agency, or employee of either, or any other person authorized by law to make such request.

(b) Information contained in the clients' records shall be confidential and shall be disclosed only to authorized persons in accordance with federal, state and local laws.

(c) If a facility ceases operation, the Department shall be informed within three (3) business days by the licensee of the arrangements made for the safe preservation of the client's health records.

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

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

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

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

(3) The reason for the unavailability of such records.

(f) Clients' records shall be current and kept in detail consistent with good medical and professional practice based on the service provided to each client. Such records shall be filed and maintained in accordance with these requirements and shall be available for review by the Department. All entries in the record shall be authenticated with the date, name, and title of the persons making the entry.

(g) All current clinical information pertaining to clients' stay shall be centralized in clients' records.

(h) Clients' records shall be filed in an accessible manner in the facility or in health record storage. Storage of records shall provide for prompt retrieval when needed for continuity of care. Records can be stored off the facility premises only with the prior approval of the Department.

(i) Clients' records shall not be removed from the facility, except for storage after the client is discharged, unless expressly and specifically authorized by the Department.

Note: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994.
Reference: Sections 5675 and 5768, Welfare and Institutions Code.

784.22 Admission Records.

(a) For each client a facility shall complete an admission record which shall include the following:

(1) Name and Social Security Number.

(2) Current address.

(3) Age and date of birth.

(4) Sex.

(5) Date of admission.

(6) Name, address and telephone number of guardian, authorized representative, person or agency responsible for client and next of kin.

(7) Name, address and telephone number of the physician, podiatrist, dentist or psychologist, if such practitioner is primarily responsible for the treatment of the client.

(8) Admission diagnoses.

(9) Medicare and Medi-Cal numbers when appropriate.

(10) An inventory including but not limited to:

(A) Items of jewelry.

(B) Items of furniture.

(C) Radios, television and other appliances.

(D) Prosthetic and orthopedic devices.

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

Note: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994.
Reference: Sections 5675 and 5768, Welfare and Institutions Code.

784.23 Clients' Rights.

Clients served by a mental health rehabilitation center shall have all the rights guaranteed pursuant to Section 5325(a) through (i) of the Welfare and Institutions Code, a list of which shall be prominently posted in English, Spanish and any other language representing at least five percent of the county population in which the mental health rehabilitation center is located.

Note: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994.
Reference: Sections 5675 and 5768, Welfare and Institutions Code.

784.24 Abuse and Corporal Punishment.

Clients shall not be subjected to verbal or physical abuse of any kind. Corporal punishment of clients is prohibited. Clients shall not discipline other clients.

Note: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994.
Reference: Sections 5675 and 5768, Welfare and Institutions Code.

784.25 Restraint and Seclusion.

(a) Restraint and seclusion shall not be used except when necessary to prevent immediate injury to the person or others, and only when there is no less restrictive method to prevent injurious behavior. Restraint and seclusion shall not be used as punishment or for the convenience of the staff, or as a substitute for less restrictive alternate forms of treatment. Clients will be released when they no longer meet the criteria for seclusion or restraint.

(b) Restraint or seclusion shall not be initiated absent the documentation of a separate justification for each intervention.

Note: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994.
Reference: Sections 5675 and 5768, Welfare and Institutions Code.

784.26 Acceptable Forms of Restraints.

(a) Mechanical or physical restraints are defined as any apparatus that interferes with the free movement of a client. Physical restraint means restraint to control an acutely disturbed person to prevent the person from causing harm to self or others. The tying of hands or feet, whether or not the person is restrained in a bed, chair or wheelchair, shall be considered a physical restraint. Only the following types of physical restraint may be used:

(1) Soft tie consisting of cloth which prevents movements of a client.

(2) Mittens without thumbs which are securely fastened around the wrist with a small tie.

(3) Cloth vests consisting of sleeveless cloth webbing.

(4) Belts and cuffs, which are well padded, used to control seriously disturbed, assaultive clients.

Note: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994.
Reference: Sections 5675 and 5768, Welfare and Institutions Code.

784.27 Orders for Restraint and Seclusion.

(a) Restraint or seclusion shall only be used as authorized by the order of a physician or psychologist. Those orders shall include the date and time of the order, specific behaviors that would demonstrate that the person no longer requires seclusion or restraint to prevent immediate injury to self or others.

(1) For restraint, the order shall also include the type of restraint and the number of points.

(2) Orders for seclusion or restraint shall not exceed 24-hours in duration.

(b) An order for restraint or seclusion shall be issued only if it is determined that indication for use of restraint or seclusion outweigh medical risks to the person.

(c) At the time restraint or seclusion is initiated, or as soon as practical, but in every case within one (1) hour, information regarding the client's medical condition, including but not limited to, vital signs, medications, current medical treatments and any relevant medical circumstances specific to the client shall be reviewed by an on-duty member of the licensed nursing staff.

(d) In a clear case of emergency, when a physician or psychologist is not available and reasonable less restrictive behavior interventions have been attempted or considered, a client may be placed in restraint or seclusion at the discretion of a registered nurse. This occurrence must be reviewed and a order signed by a physician or psychologist within 24-hours of the time of the occurrence.

(e) Orders for restraint and seclusion shall not be written on a standing or as needed basis.

Note: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994.
Reference: Sections 5675 and 5768, Welfare and Institutions Code.

784.28 Restrictions on Applying Restraints and Utilizing Seclusion.

(a) Every four (4) hours, when a person is secluded or restrained, the medical director, a physician, a psychologist or a registered nurse designated by the facility director, shall in person assess the client's clinical condition face-to-face and determine if the client meets the criteria for continued restraint or seclusion, and whether the indications for its use outweigh the clinical risks to the person.

(b) As soon as practicable after restraint or seclusion has been initiated both of the following shall take place and be noted in the client's record;

(1) Reasonable attempts to explain to the client the justification for the restraint or seclusion and the types of behaviors that would demonstrate that the client meets the criteria for release.

(2) Inform the client regarding nursing care he or she is entitled to while in restraint or seclusion, and the manner and frequency of assessment for release.

(c) Client's in restraint or seclusion shall be provided all of the following:

(1) Timely and appropriate nursing and medical care and attention to their physical condition, including vital signs at least once per shift, not to exceed eight (8) hours, or more often if indicated by the client's condition.

(2) Regular observation and assessment, which shall include a determination of whether the client meets the criteria for release by authorized staff members, at least every 15 minutes.

(3) The observation and assessment shall include face-to-face interaction with the client unless the staff member determines that it is inappropriate or unnecessary to assure that the client is not in distress.

(4) Regular range of motion exercise of at least 10 minutes every two (2) hours of restraint. When range of motion is not appropriate, a physician or a psychologist shall document the reason in the client's record.

(5) The client shall be repositioned when appropriate.

(6) Prompt and appropriate response to all requests made for assistance and services.

(7) Attention to feeding, hydration, bathing, and toileting needs.

(8) A clean and comfortable environment.

(d) The client shall be released at the time he or she no longer meets the criteria for restraint or seclusion.

Note: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994.
Reference: Sections 5675 and 5768, Welfare and Institutions Code.

784.29 Restraint and Seclusion - Documentation and Reporting Policies and Procedures.

(a) Care provided to a client in restraint or seclusion shall be documented in the client record.

(1) The policies and procedures of the facility shall describe the manner in which this documentation shall be entered in the client record.

(2) Notations, check marks, and flow charts are allowable if the chart provides opportunity for narrative descriptions by staff, when appropriate, and when sufficient to provide all the necessary information.

(b) The documentation shall include, but not be limited to, all of the following:

(1) Clinical condition, circulation, condition of limbs, and attention to hydration, elimination, and nutrition needs.

(2) Behavioral assessments.

(3) Justifications for continued use of restraint or seclusion, the types of behaviors that would facilitate release and evidence that this information was communicated to the client, along with his or her response, if any.

(4) Time placed in and time removed from restraint or seclusion.

(5) 15-minute observations and assessments.

(6) When face-to-face interaction does not occur, documentation of the reason why that interaction was inappropriate or unnecessary and what alternative means were used to determine the client was not in distress.

(c) For all clients secluded or restrained for over eight hours, consistent with the advocate monitoring responsibilities set forth in subdivision (b) of Section 5520 of the Welfare and Institutions Code, the facility shall notify the patients' rights advocate.

(d) Quarterly, any facility that uses restraint or seclusion shall report to the local mental health director or designee, who shall transmit copies to the Department, all of the following:

(1) The number of restraint or seclusion incidents, or both.

(2) The number of restraint or seclusion incidents that continue beyond eight consecutive hours.

(3) The number of restraint or seclusion incidents according to age, sex, race and primary diagnosis.

(4) The client's age shall be classified as one of the following:

(A) Age 0 to 17 years, inclusive,

(B) Age 18 to 54 years, inclusive, and

(C) Age 54 and over.

(e) Facilities that use restraint or seclusion, or both, shall have written policies, and procedures concerning their use. These policies shall include the standards and procedures for all of the following.

(1) Placement of a person in restraint or seclusion, including a list of less restrictive alternatives, the situations in which the use of restraint or seclusion is to be considered and the physician(s) and psychologist(s) who can order its use.

(2) Assessment and release, including guidelines for duration of use of specific behavioral criteria for release.

(3) Provision of nursing care and medical care, including the administration of medication.

(4) Procedures for advocate notification regarding any client restrained or secluded for more than eight (8) hours.

(5) Provision of staff training.

(f) Facilities that use restraint or seclusion shall implement an oversight process to ensure that all incidents of seclusion and restraint are reviewed and that any incidents or patterns of use which do not comply with the facility's policies and procedures or other clinical or legal standards are investigated. This oversight process shall ensure that appropriate policies and procedures are developed and implemented, including training of staff. Consumer input into the oversight process shall be incorporated.

Note: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994.
Reference: Sections 5675 and 5768, Welfare and Institutions Code.

784.30 Informed Consent to Treatment.

(a) It is the responsibility of the facility to determine what information a reasonable person in the client's condition and circumstances would consider material to a decision to accept or refuse a proposed treatment or procedure. The disclosure of any information and obtaining informed consent shall be the responsibility of the facility.

(b) The information material to a decision concerning the administration of a psychotherapeutic medication or physical restraint, or the prolonged use of a device that may lead to the inability of the client to regain use of a normal bodily function, shall include at least the following:

(1) The reason for the treatment and the nature and seriousness of the client's illness.

(2) The nature of the procedures to be used in the proposed treatment including their probable frequency and duration.

(3) The probable degree and duration (temporary or permanent) of improvement or remission, expected with or without such treatment.

(4) The nature, degree, duration and probability of the side effects and significant risks, commonly known by the health professions.

(5) The reasonable alternative treatments and risks, and why the health professional is recommending this particular treatment.

(6) That the client has the right to accept or refuse the proposed treatment, and if he or she consents, has the right to revoke his or her consent for any reason at any time.

(c) Before initiating the administration of psychotherapeutic medication, or restraints, or the prolonged use of a device that may lead to the inability to regain use of a normal bodily function, facility staff shall verify that the client's health record contains documentation that the client has given informed consent to the proposed treatment or procedure.

(d) This section shall not be construed to require obtaining informed consent each time a treatment or procedure is administered unless material circumstances or risks change.

(e) There shall be no violation for initiating treatment without informed consent if there is documentation within the client's health record that an emergency exists where there is an unanticipated condition in which immediate action is necessary for preservation of life or the prevention of serious bodily harm to the client or others or to alleviate severe physical pain, and it is impracticable to obtain the required consent, and provided that the action taken is within the customary practice of physicians of good standing in similar circumstances.

(f) Notwithstanding (b)(4) above, disclosure of the risks of a proposed treatment or procedure may be withheld if there is documentation of one of the following in the client record:

(1) That the client or client's representative specifically requested that he or she not be informed of the risk of the recommended treatment or procedure. This request does not waive the requirement for providing the other material information concerning the treatment or procedure.

(2) That the physician relied upon objective facts, as documented in the client's treatment record, that would demonstrate to a reasonable person that the disclosure would have so seriously upset the client that the client would not have been able to rationally weigh the risks of refusing to undergo the recommended treatment and that a client's legal representative gave informed consent as set forth herein.

(g) A general consent provision in a contract for admission shall only encompass consent for routine nursing care or emergency care. Routine nursing care, as used in this section, means a treatment or procedure that does not require informed consent as specified in this section, or that is determined by the physician not to require the disclosure of information material to the individual client. Routine nursing care includes, but is not limited to, care that does not require the order of a physician. This section does not preclude the use of informed consent forms for any specific treatment or procedure at the time of admission or at any other time. All consent provisions or forms shall indicate that the client or incapacitated client's legal representative may revoke his or her consent at any time.

(h) If a client or his or her legal representative cannot communicate with the physician because of language or communication barriers, the mental health rehabilitation center shall arrange for an interpreter.

(1) An interpreter shall be someone who is fluent in both English and the language used by the client and his or her legal representative, or someone who can communicate with a deaf person, if deafness is the communication barrier.

(2) When interpreters are used, documentation shall be placed in the client record indicating the name of the person who acted as the interpreter and his or her relationship to the client and to the facility.

Note: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994.
Reference: Sections 5675 and 5768, Welfare and Institutions Code.

784.31 Safeguards for Clients' Monies and Valuables.

(a) Each facility to whom a client's monies or valuables have been entrusted shall comply with the following:

(1) No licensee shall comingle clients' monies or valuables with that of the licensee or the facility. Clients' monies and valuables shall be maintained separately, intact and free from any liability that the licensee incurs in the use of the licensee's or the facility's funds. The provisions of this section shall not be interpreted to preclude prosecution for the fraudulent appropriation of clients' monies or valuables as theft, as defined by Section 484 of the Penal Code.

(2) Each licensee shall maintain safeguards and accurate records of clients' monies and valuables entrusted to the licensee's care including the maintenance of a detailed inventory and at least a quarterly accounting of financial transactions made on clients' behalf.

(A) Records of clients' monies which are maintained as a drawing account shall include a control account for all receipts and expenditures, supporting vouchers and receipts for all expenditures of monies and valuables entrusted to the licensee, an account for each client and supporting vouchers filed in chronological order. Each account shall be kept current with columns for debits, credits and balance. All of these records shall be maintained at the facility for a minimum of three years from the date of transaction. At no time may the balance in a client's drawing account be less than zero.

(B) Records of clients' monies and other valuables entrusted to the licensee for safekeeping shall include a copy of the receipt furnished to the client or to the client's authorized representative. Each item of client property entrusted to the licensee shall be clearly identified as belonging to that client.

(3) Clients' monies not kept in the facility shall be deposited in a demand trust account in a local bank authorized to do business in California, the deposits which are insured by the Federal Deposit Insurance Corporation, or in a federally insured bank or savings and loan association under a plan approved by the Department. If a facility is operated by a county, such funds may be deposited with the county treasurer. All banking records related to these funds, including but not limited to deposit slips, checks, cancelled checks, statements and check registers, shall be maintained in the facility for a minimum of three years from the date of transaction. Identification as a client trust fund account shall be clearly printed on each client's trust account checks and bank statements.

(4) A separate list shall be maintained for all checks from client funds which are, or have been, outstanding for 45 days or more as reflected on the most recent bank statement. Bank statements shall be reconciled monthly with copies of the reconciliation maintained by the facility. Any checks on such accounts written off or uncashed shall result in an addition to the appropriate client's account.

(5) Expenditures, for a particular client, from the client fund account as specified in (3) above may not exceed the drawing

right that the client has in the account. Expenditures from the client fund account shall only be for the immediate benefit of that particular client. No more than one month's advance payment for care may be received from a client's account.

(6) A person, firm, partnership, association or corporation which is licensed to operate more than one health facility shall maintain a separate demand trust account as specified in (3) above for each such facility. Records relating to these accounts shall be maintained at each facility as specified in (2) above. Client funds from one facility shall not be mingled with funds from another facility.

(7) When the amount of clients' money entrusted to a licensee exceeds $500, all money in excess of $500 shall be deposited in a demand trust account as specified in (3) above unless the licensee provides a fireproof safe and the licensee desires the protection accorded by Section 1860 of the Civil Code.

(8) Upon discharge of the client, all money and valuables of that client which have been entrusted to the licensee and kept within the facility shall be surrendered to the client or authorized representative in exchange for a signed receipt. Monies in a demand trust account or with the county treasurer shall be surrendered to the client or authorized representative in exchange for a signed receipt. Monies in a demand trust account or with the county treasurer shall be made available within three (3) normal banking days. Upon discharge, the client or authorized representative shall be given a detailed list of personal property and a current copy of the debits and credits of the client's monies.

(9) Within 30 days following the death of a client, except in a coroner or medical examiner case, all money and valuables of that client which have been entrusted to the licensee shall be surrendered to the person responsible for the client or to the executor or the administrator of the estate in exchange for a signed receipt. Whenever a client without known heirs dies, immediate notice shall be given by the facility to the public administrator of the county as specified by Section 7600.5 of the California Probate Code and documentation of this notice shall be available in the facility for review by the Department.

(10) Upon change of ownership of a facility, there shall be a written verification by a certified public accountant of all clients' monies which are being transferred to the custody of the owner(s). A signed receipt for the amount of funds in the client's trust account shall be given by the new owner to the previous owner.

(11) Upon closure of a facility, a written verification by a public accountant of all clients' funds shall be available for review by the Department. Each client's funds shall be transferred with the client.

(b) If property is purchased for use of more than one client, from client trust funds, the facility shall secure a written agreement between all clients whose funds are used, or their authorized representatives. The agreement shall expressly acknowledge consent of all parties and shall provide for disposition of the property in the event of disagreements, discharge, transfer or death.

disposition of the property in the event of disagreements, discharge, transfer or death.

(c) No licensee, owner, program director, employee or their immediate relative or representative of the aforementioned may act as an authorized representative of clients' funds or valuables, unless the client is a relative within the second degree of consanguinity.

(d) The facility shall make reasonable efforts to safeguard clients' property and valuables that are in possession of the client.

(e) For purposes of this section, clients' funds maintained in a financial institution shall be deemed to be entrusted to a facility if the licensee, or any agent or employee thereof, is an authorized signatory to said account. Records maintained and provided by the financial institution in accordance with a plan which has obtained the written approval of the Department, may fulfill the obligation of the facility with regard to the maintenance of records for such funds.

Note: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code.
Reference: Sections 5675 and 5768, Welfare and Institutions Code.

784.32 Liability for Rent and Return of Rental Advance.

(a) Whenever accommodations in a mental health rehabilitation center are rented by, or for, a client on a month-to-month basis, the renter or his heir, legatee or personal representative shall not be liable for any rent due under the rental agreement for accommodations beyond the date on which the client died.

(b) Any advance of rent by the renter shall be returned to the heir, legatee or personal representative of the client no later than two weeks after discharge or death of the client.

(c) The rights described in (a) and (b) above shall not be modified or waived in the rental agreement.

Note: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code.
Reference: Sections 5675 and 5768, Welfare and Institutions Code.

784.33 Fire Safety.

(a) The licensee shall be responsible for maintaining the facility in conformity with the regulations adopted by the State Fire Marshal for the prevention of fire and for the protection of life and property against fire and panic. The licensee shall also secure and maintain a clearance relative to health safety from the State Fire Marshal in order to comply with the requirements for participation in the Federal Medicare and California's Medi-Cal programs.

(b) Clients shall not be permitted to smoke in the facility.

(1) The facility shall provide designated outside areas for smoking.

(A) Clients shall be permitted to smoke only in the designated areas.

(B) The designated area shall be under the periodic observation of facility personnel.

(2) "No Smoking" signs shall be posted in prominent locations within the facility.

(c) Smoking or open flames shall not be permitted in any space where oxygen cylinders are stored or where oxygen is in use. Such space shall be identified by prominently posted "No Smoking" or "No Open Flame" signs.

Note: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994.
Reference: Sections 5675 and 5768, Welfare and Institutions Code.

784.34 Fire and Internal Disasters.

(a) A written fire and internal disaster plan incorporating evacuation procedures shall be developed with the assistance of qualified fire, safety and other appropriate experts. A copy of the plan shall be available on the premises for review by the staff and the Department.

(b) The written plan shall include at least the following:

(1) Procedures for the assignment of personnel to specific tasks and responsibilities.

(2) Procedures for the use of alarm systems and signals.

(3) Procedures for fire containment.

(4) Priority for notification of staff including names and telephone numbers.

(5) Location of fire-fighting equipment.

(6) Procedures for evacuation and specification of evacuation routes.

(7) Procedures for moving clients from damaged areas of the facility to undamaged areas.

(8) Procedures for emergency transfer of clients who can be moved to health facilities, including arrangements for safe and efficient transportation.

(9) Procedures for emergency discharge of clients who can be discharged without jeopardy into the community, including prior arrangements for their care, arrangements for safe and efficient transportation and at least one follow-up inquiry within 24 hours to ascertain that clients are receiving their required care.

(10) A written disaster tag or note containing all pertinent personal and medical information to accompany each client who is moved, transferred, discharged or evacuated.

(11) Procedures for maintaining a record of client relocation.

(12) Procedures for handling incoming or relocated clients.

(13) Other provisions as dictated by circumstances.

(c) Fire and internal disaster drills shall be held at least quarterly, under varied conditions for each individual shift of the facility personnel. The actual evacuation of clients to safe areas during a drill is optional.

(d) The evacuation plan shall be posted throughout the facility and shall include at least the following:

(1) Evacuation routes.

(2) Location of fire alarm boxes.

(3) Location of fire extinguishers.

(4) Emergency telephone number of the local fire department.

(e) A dated, written report and evaluation of each drill and rehearsal shall be maintained and shall include signatures of all employees who participated.

Note: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code.
Reference: Sections 5675 and 5768, Welfare and Institutions Code.

784.35 External Disaster and Mass Casualty Program.

(a) A written external disaster and mass casualty program plan shall be adopted and followed. The plan shall be developed with the advice and assistance of county or regional and local planning offices and shall not conflict with county and community disaster plans. A copy of the plan shall be available on the premises for review by the Department.

(b) The plan shall provide procedures in event of community and widespread disasters. The written plan shall include at least the following:

(1) Sources of emergency utilities and supplies, including gas, water, food and essential medical supportive materials.

(2) Procedures for assigning personnel and recalling off-duty personnel.

(3) Unified medical command; chart of lines of emergency authority in the facility.

(4) Procedures for the conversion of all usable space into areas for client observation and immediate care of emergency admissions.

(5) Prompt transfer of casualties when necessary and after preliminary medical services have been rendered, to the facility most appropriate for administering definitive care. Procedures for moving clients from damaged areas of the facility to undamaged areas.

(6) Arrangements for provision of transportation of clients including emergency housing where indicated. Procedures for emergency transfers of clients who need to be moved to health care facilities, including arrangements for safe and efficient transportation and transfer information.

(7) Procedures for emergency discharge of clients who can be discharged without jeopardy into the community, including prior arrangements for their care, arrangements for safe and efficient transportation and at least one follow-up inquiry within 24 hours, to ascertain that clients are receiving required care.

(8) Procedures for maintaining a record of client relocation.

(9) An evacuation plan, including evacuation routes, emergency phone numbers of physicians, health facilities, the fire department and local emergency medical services agencies and arrangements for the safe transfer of clients after evacuation.

(10) A tag containing all pertinent personal and medical information which shall accompany each client who is moved, transferred, discharged or evacuated.

(11) Procedures for maintaining security in order to keep relatives, visitors and curious persons out of the facility during a disaster.

(12) Procedures for providing emergency care to incoming clients from other facilities.

(13) Assignment of public relations liaison duties to a responsible individual employed by the facility to release information to the public during a disaster.

(c) The plan shall be reviewed at least annually and revised as necessary to ensure that the plan is current. All personnel shall be instructed in the requirements of the plan. There shall

be evidence in the personnel files, or the orientation checklist, indicating that all new employees have been oriented to the plan and procedures at the beginning of their employment.

(d) The facility shall participate in all local and state disaster drills and test exercises when asked to do so by the local or state disaster or emergency medical services agencies.

(e) A disaster drill shall be held by the facility at six(6)-month intervals. There shall be a written report of the facility's participation in each drill or test exercise. Staff from all shifts shall participate in drills or test exercises.

Note: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994.
Reference: Sections 5675 and 5768, Welfare and Institutions Code.

784.36 Alterations to Existing Buildings or New Construction.

(a) Alterations to existing buildings or new construction shall be in conformance with the California Building Standards Code, Title 24, California Code of Regulations and requirements of the State Fire Marshal.

(b) Facilities licensed and in operation prior to the effective date of changes to applicable law or regulations shall not be required to institute corrective alterations or construction in order to comply with such new requirements. Any facility for which preliminary or working drawings and specifications have been approved by the Department prior to the effective date of changes to construction regulations shall not be required to comply with such new requirements provided substantial actual construction is commenced within one year of the effective date of such new requirements.

(c) All facilities shall maintain in operating condition all buildings, fixtures and spaces in the numbers and types as specified in the construction requirements under which the facility or unit was first licensed.

Note: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994.
Reference: Sections 5675 and 5768, Welfare and Institutions Code.

784.37 Space Conversion.

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

Note: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994.
Reference: Sections 5675 and 5768, Welfare and Institutions Code.

784.38 Notice to Department.

The Department shall be notified in writing, by the owner or licensee of the mental health rehabilitation center, within five (5) days of the commencement of any construction, remodeling or alterations to the facility.

Note: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994.
Reference: Sections 5675 and 5768, Welfare and Institutions Code.

784.39 Client Capacity.

(a) A facility shall not have more clients or beds set up for use than the number for which it is licensed except in case of emergency when temporary permission may be granted by the Director or designee.

(b) Clients shall not be housed in areas which have not been approved by the Department for client housing and which have not been given a fire clearance by the State Fire Marshal except as provided in (a) above.

(c) The number of licensed beds shown on a license shall not exceed the number of beds for which the facility meets applicable construction and operational requirements.

Note: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994.
Reference: Sections 5675 and 5768, Welfare and Institutions Code.

784.40 Client Rooms.

(a) Each client's room shall be labeled with a number, letter or combination of the two for identification.

(b) Clients' rooms shall not be kept locked when occupied except in rooms approved by the Department for seclusion of clients.

(c) Only upon the written approval of the Department shall an exit door, corridor door, yard enclosure or perimeter fences be locked to egress.

Note: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994.
Reference: Sections 5675 and 5768, Welfare and Institutions Code.

784.41 Client's Property Storage and Room Furnishings.

(a) Each client room shall be provided with a closet or locker space for clothing, toilet articles and other personal belongings.

(b) For each licensed bed there shall be provided:

(1) A clean comfortable bed with an adequate mattress, sheets, pillow, pillow case and blankets, all of which shall be in good condition, and consistent with individual client needs.

(2) A night stand, chair, and reading light, all of which shall be in good condition.

Note: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994.
Reference: Sections 5675 and 5768, Welfare and Institutions Code.

784.42 Housekeeping.

(a) Each facility shall routinely clean articles and surfaces such as furniture, floors, walls, ceilings, supply and exhaust grills and lighting fixtures.

(b) Schedules and procedures shall be posted which indicate the areas of the facility which shall be cleaned daily, weekly or monthly. The cleaning schedules and procedures shall be implemented.

(c) Cleaning supplies and equipment shall be available to housekeeping staff. Such cleaning supplies and equipment shall meet the following requirements:

(1) Cleaning supplies and equipment shall be stored in rooms for housekeeping use only.

(2) A commercial detergent germicide shall be used for all cleaning.

(3) Mop heads shall be removable and changed at least daily.

(d) Housekeeping personnel shall be employed to maintain the interior of the facility in a safe, clean, orderly and attractive manner free from offensive odors.

(e) Janitor closets, service sinks and storage areas shall be clean and maintained to meet the needs of the facility.

Note: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994.
Reference: Sections 5675 and 5768, Welfare and Institutions Code.

784.43 Laundry.

(a) Laundry services operated by the facility or provided commercially, shall be:

(1) Located in relationship to other areas so that steam, odors, lint and objectionable noises do not reach client or personnel areas.

(2) Adequate in size, well-lighted, ventilated to meet the needs of the facility, and be kept clean and sanitary.

(3) Laundry equipment shall be kept in good condition, maintained in a sanitary condition, and have a suitable capacity.

(b) Laundry areas shall have, at a minimum, the following:

(1) Separate rooms for the storage of clean linen and soiled linen.

(2) Handwashing and toilet facilities maintained at locations convenient for laundry personnel.

(3) Separate linen carts labeled "soiled" or "clean" linen and constructed of washable materials which shall be laundered or suitably cleaned as needed to maintain sanitation.

(c) Written procedures for handling, storage, transportation and processing of linens shall be posted in the laundry and shall be implemented.

Note: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994.
Reference: Sections 5675 and 5768, Welfare and Institutions Code.

784.44 Clean Linen.

(a) Clean linen shall be stored, handled and transported in a way that precludes cross-contamination.

(b) Clean linen shall be stored in clean, ventilated closets, rooms or alcoves, used only for that purpose.

(c) Clean linen from a commercial laundry shall be delivered to a designated clean area in a manner that prevents contamination.

(d) Linens shall not be threadbare and shall be maintained in good repair.

(e) A supply of linen shall be provided sufficient for not less than three complete bed changes for the facility's licensed capacity.

(f) A supply of clean wash cloths and towels shall be provided and available to staff to meet the care needs of the clients.

Note: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994.
Reference: Sections 5675 and 5768, Welfare and Institutions Code.

784.45 Soiled Linen.

(a) Soiled linen shall be handled, stored and processed in a manner that will prevent the spread of infection.

(b) Soiled linens shall be sorted in a separate room by methods affording protection from contamination.

(c) Soiled linen shall be stored and transported in a closed container which does not permit airborne contamination of corridors and areas occupied by clients and precludes cross contamination of clean linen.

(d) When laundry chutes are used to transport soiled linen, they shall be maintained in a clean, sanitary state.

Note: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994.
Reference: Sections 5675 and 5768, Welfare and Institutions Code.

784.46 General Maintenance.

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

(b) Buildings and grounds shall be free of environmental pollutants and such nuisances as may adversely affect the health or welfare of clients to the extent that such conditions are within the reasonable control of the facility.

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

(d) Personnel shall be employed to provide preventive maintenance and to carry out the required maintenance program.

(e) Equipment provided shall meet all applicable California Occupational Safety and Health Act requirements in effect at the time of purchase. All portable electrical medical equipment designed for 110-120 volts, 60 hertz current, shall be equipped with a 3 wire-grounded power cord with a hospital-grade 3 prong plug. The cord shall be an integral part of the plug.

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

Note: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994.
Reference: Sections 5675 and 5768, Welfare and Institutions Code.

784.47 Air Filters.

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

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

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

(d) Where a filter maintenance is performed by an equipment service company, a certification shall be provided to the licensee that the requirements listed in this section have been accommodated.

Note: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994.
Reference: Sections 5675 and 5768, Welfare and Institutions Code.

784.48 Storage and Disposal of Solid Waste.

(a) Solid wastes shall be stored and eliminated in a manner to preclude the transmission of communicable disease. These wastes shall not be a nuisance or a breeding place for insects or rodents nor be a food source for either.

(b) Solid waste containers shall be stored and located in a manner that will minimize odors in client or dietary areas.

(c) Before being discarded into waste containers, syringes and needles shall be rendered unusable.

Note: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994.
Reference: Sections 5675 and 5768, Welfare and Institutions Code.

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784.49 Solid Waste Containers.

(a) All containers used by the facility, except movable bins used for storage of solid waste, shall have tight-fitting covers in good repair, external handles and be leakproof and rodent proof.

(b) Movable bins when used for storing or transporting solid waste from the premises shall have approval of the local health Department and shall meet the following requirements:

(1) Have tight-fitting covers, closed when not being loaded.

(2) Be in good condition.

(3) Be leakproof.

(4) Be rodent proof unless stored in a room or screened enclosure.

(c) All containers receiving putrescible wastes shall be emptied at least every four days, or more, if necessary.

(d) Solid waste containers, including movable bins, shall be thoroughly washed and cleaned each time they are emptied unless soil contact surfaces have been completely protected from contamination by disposable liners, bags or other devices removed with the waste. Each movable bin shall be accessible and shall have a drainage device to allow complete cleaning at the storage area.

Note: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994.
Reference: Sections 5675 and 5768, Welfare and Institutions Code.

784.50 Infectious Waste.

Infectious waste means medical waste, as defined in Health and Safety Code Section 25023.2, shall be handled and disposed of in accordance with the Medical Waste Management Act, Chapter 6.1 of Division 20, Health and Safety Code (commencing with Section 25016).

Note: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994.
Reference: Sections 5675 and 5768, Welfare and Institutions Code.

784.51 Water Supply and Plumbing.

(a) Where water for human consumption is from an independent source, it shall be subjected to bacteriological analysis by the local health Department or a licensed commercial laboratory at least every three months. A copy of the most recent laboratory report shall be available for inspection.

(b) Plumbing, drainage facilities, and drinking water supplies shall be maintained in compliance with Part 5, Title 24, California Code of Regulations, Basic Plumbing Requirements.

(c) Vacuum breakers shall be maintained in operating condition where required by Part 5, Title 24, California Code of Regulations.

(d) Hot water temperature controls shall be maintained to automatically regulate temperature of hot water delivered to plumbing fixtures used by clients to attain a hot water temperature in compliance with Part 5, Title 24, California Code of Regulations.

(e) Minimum hot water temperature shall be maintained at the final rinse section of dishwashing facilities as required by Part 5, Title 24, California Code of Regulations, unless alternate methods are approved by the Department.

(f) Taps delivering water at or above the state temperatures shall be in compliance with requirements specified in Part 5, Title 24, California Code of Regulations. Special precautions shall be taken to prevent the scalding of clients.

(g) Grab bars, readily accessible to clients, shall be maintained at each toilet, bathtub and shower used by clients.

(h) Toilet, handwashing and bathing facilities shall be maintained in operating condition and in the number and types specified in construction requirements in effect at the time the building or unit was constructed. Those handwashing facilities listed in Part 5, Title 24, California Code of Regulations, shall not be equipped with aerators.

(i) If the facility accepts physically handicapped clients, the water closets, bathing and toileting appliances shall be equipped for use by the physically handicapped.

Note: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994.
Reference: Sections 5675 and 5768, Welfare and Institutions Code.

784.52 Lighting and Power System.

(a) All rooms, attics, basements, passageways, and other spaces shall be provided with artificial illumination, as set forth in Part 3, Title 24, California Code of Regulations.

(b) All client rooms shall have a minimum of 30 foot candles of light delivered to reading or working surfaces and not less than 20 foot candles of light in the rest of the room.

(c) All accessible areas of corridors, storerooms, stairways, ramps, exits and entrances shall have a minimum of 20 foot candles of light.

(d) Auxiliary lighting and power facilities shall be provided as required by Part 3, Title 24, Califoria Code of Regulations. Flashlights shall be in readiness for use at all times. Open-flame type of light shall not be used.

(e) The licensee shall provide and maintain an emergency electrical system in safe operating condition and in compliance with subsections (d), (e), and (f). The system shall serve all lighting, signals, alarms and equipment required to permit continued operation of all necessary functions of the facility for a minimum of six hours.

(f) If the Department determines that an evaluation of the emergency electrical system of a facility or portion thereof is necessary, the Department may require the licensee to submit a report by a registered electrical engineer which shall establish a bias for alteration of the system to provide reasonable compliance with Part 3, Title 24, California Code of Regulations. Essential engineering data, including load calculations, assumptions and tests, and, where necessary, plans and specifications, acceptable to the Department, shall be submitted in substantiation of the report. When corrective action is determined to be necessary, the work shall be initiated and completed within an acceptable time limit.

(g) The emergency lighting and power system shall be maintained in operating condition to provide automatic restoration of power for emergency circuits within ten seconds after normal power failure.

(h) Emergency generators shall be tested at least every 14 days under full load condition for a minimum of 30 minutes.

(i) A written record of inspection, performance, exercising period, and repair of the emergency electrical system shall be regularly maintained on the premises and available for inspection by the Department.

Note: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994.
Reference: Sections 5675 and 5768, Welfare and Institutions Code.

784.53 Maintenance Manual.

(a) A written manual on maintenance of heating, air conditioning and ventilation systems shall be adopted by each facility.

(b) A log shall be utilized to document maintenance work performed.

(c) When maintenance is performed by an equipment service company, a certification shall be provided to the licensee that the required work has been performed in accordance with acceptable standards. This certification shall be retained on file in the facility for review by the Department.

Note: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994.
Reference: Sections 5675 and 5768, Welfare and Institutions Code.

784.54 Mechanical Systems.

Heating, air conditioning and ventilating systems shall be maintained in normal operating conditions to provide a comfortable temperature and shall meet the requirements of Part 4, Title 24, California Code of Regulations.

Note: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994.
Reference: Sections 5675 and 5768, Welfare and Institutions Code.

784.55 Space.

Space located in the facility or internally connected to a licensed facility shall be considered a part of the facility and shall be subject to licensing regulations.

Note: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994.
Reference: Sections 5675 and 5768, Welfare and Institutions Code.

784.56 Administrative Policies and Procedures.

(a) Written administrative, management and personnel policies shall be established and implemented to govern the administration and management of the facility.

(b) All policies and procedures required by these regulations shall be in writing and shall be carried out as written. Policies and procedures shall be reviewed at least annually and revised as needed by the licensee.

(c) Personnel policies and procedures which shall include:

(1) Written job descriptions detailing qualifications, duties and limitations of each classification of employee available to all personnel.

(2) Employee orientation to facility, job, client population, policies, procedures and staff.

(3) Employee benefits.

(4) Employee health and grooming.

(5) Verification of licensure, credentials and references.

(d) Policies and procedures for client admission, leave of absence, transfer, pass and discharge, categories of clients accepted and retained, rate of charge for services included in the basic rate, charges for extra services, limitations of services, cause for termination of services and refund policies applying to termination of services.

(e) Written policies and procedures governing client records which shall be developed with the assistance of a person skilled in record maintenance and preservation.

(1) Policies and procedures governing access to, duplication of, and dissemination of, information from client records.

(2) Policies and procedures shall be established to ensure the confidentiality of client information, in accordance with applicable laws and regulations.

(f) Procedures for reporting of unusual occurrences.

(g) The facility shall have a written organizational chart showing the major programs of the facility, the person in charge of each program, the lines of authority, responsibility and communication and the staff assignments. Policies and procedures shall be reviewed at least annually and revised as needed.

(h) Restraint and seclusion policies and procedures.

(i) Infection control policies and procedures.

(j) Dietary services policies and procedures which include:

(1) Provision for safe, nutritious food preparation and service.

(k) Housekeeping services policies and procedures which include provision for maintenance of a safe, clean environment for clients, employees and the public.

(l) All policies and procedures required by these regulations shall be made available upon request to physicians and other involved mental health professionals, clients or their representatives, employees, and the public.

Note: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994.
Reference: Sections 5675 and 5768, Welfare and Institutions Code.

Article 5. Basic Services

785.00 Services - General.

(a) Mental health rehabilitation centers shall provide, at a minimum, the following services; physician, nursing, pharmaceutical, and dietary services.

(b) If a service cannot be brought into the facility, the facility shall assist the client in arranging for transportation to and from a service location.

(c) The facility shall ensure that all orders, written by a person lawfully authorized to prescribe, shall be carried out unless contraindicated.

Note: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994.
Reference: Sections 5675 and 5768, Welfare and Institutions Code.

785.10 Medical Director.

(a) The facility shall have a physician designated as the medical director who shall be responsible for standards, coordination, surveillance and planning for improvement of medical care in the facility.

(b) The medical director shall:

(1) Act as a liaison between administration and other physicians.

(2) Be responsible for reviewing and evaluating administrative and client care policies and procedures.

(3) Act as a consultant to the director of nursing service in matters relating to client care services.

(4) Be responsible for reviewing employees' preemployment and annual health examination reports.

Note: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994.
Reference: Sections 5675 and 5768, Welfare and Institutions Code.

785.11 Physician Services - General.

(a) Physician services shall be provided by physicians that are either employees of the facility, or under contract with the facility.

(b) Physician services shall include, but are not limited to:

(1) Client evaluation including a written report of a physical examination within 72 hours following admission.

(2) An evaluation of the client and review of orders for care and treatment on change of physicians.

(3) Advice, treatment and determination of appropriate level of care needed for each client.

(4) Written and signed orders for diet, care, diagnostic tests and treatment of clients by others.

(5) Health care progress notes and other appropriate entries in the client record.

(c) Nonphysician practitioners may be permitted to render those medical services which they are legally authorized to perform.

Note: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994.
Reference: Sections 5675 and 5768, Welfare and Institutions Code.

785.12 Nursing Service - General.

(a) Nursing service shall include, but not be limited to, the following:

(1) Planning of client care which shall include at least the identification of care needs based upon an initial written and continuing evaluation of the client's needs with input, as necessary, from health professionals involved in the care of the client. Initial evaluation shall commence at the time of admission of the client and be completed within seven (7) days after admission.

(2) Implementing of each client's care plan according to the methods indicated. Each client's care shall be based on this plan.

(3) Notifying the physician promptly of:

(A) The admission of a client.

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

(C) An unusual occurrence involving a client, as specified in Section 784.16.

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

(E) Any untoward response or reaction by a client to a medication or treatment.

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

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

(b) All attempts to notify physicians shall be noted in the client's record including the time and method of communication and the name of the person acknowledging contact, if any. If the physician is not readily available, arrangements for emergency medical care shall be completed.

(c) Licensed nursing staff shall ensure that clients are served the diets as prescribed by physicians.

Note: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994.
Reference: Sections 5675 and 5768, Welfare and Institutions Code.

785.13 Nursing Service - Administration of Medication and Treatment.

(a) Medication and treatment shall be administered as follows:

(1) No medication or treatment shall be administered except on the order of a person lawfully authorized to give such order.

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

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

(4) Preparation of doses for more than one scheduled administration time shall not be permitted, except for self-medication in which medications should be prepared for up to 7 days in advance.

(5) All medication and treatment shall be administered only by licensed medical or licensed nursing personnel.

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

(7) Clients shall be identified prior to administration of a drug or treatment.

(8) Drugs may be administered in the absence of a specific duration of therapy on a licensed prescriber's new drug order if the facility applies its stop-order policy for such drugs. The prescriber shall be contacted prior to discontinuing therapy as established by stop-order policy.

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

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

Note: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994.
Reference: Sections 5675 and 5768, Welfare and Institutions Code.

785.14 Nursing service - Client Care.

(a) Each client shall be encouraged and assisted to achieve and maintain the highest level of self-care and independence. Every effort shall be made to keep clients active, and out of bed for reasonable periods of time, except when contraindicated by physician's orders.

(b) Each client shall be provided with good nutrition and with necessary fluids for hydration.

(c) The weight and height of each client shall be taken and recorded in the client record upon admission, and the weight shall be taken and recorded once a month thereafter.

(d) Each client shall be provided visual privacy during treatment and personal care.

Note: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994.
Reference: Sections 5675 and 5768, Welfare and Institutions Code.

785.15 Nursing Service - Clients with Infectious Diseases.

The facility shall adopt, observe and implement written infection control policies and procedures. These policies and procedures shall be reviewed at least annually and revised as necessary.

Note: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994.
Reference: Sections 5675 and 5768, Welfare and Institutions Code.

785.16 Nursing Service - Space.

(a) A nursing station shall be maintained in each nursing unit or building.

(b) Each nursing station shall have a cabinet, a desk, space for records, a bulletin board, a telephone and a specifically designated and well illuminated medication storage compartment with a lockable door. If a separate medication room is maintained, it shall have a lockable door and a sink with water connections for care of equipment and for handwashing.

Note: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994.
Reference: Sections 5675 and 5768, Welfare and Institutions Code.

785.17 Nursing Service - Director of Nursing Service.

(a) The director of nursing service shall be a registered nurse and shall be employed 40 hours per week.

(b) The director of nursing service shall have at least one year of experience in nursing supervision within the last five (5) years.

(c) The director of nursing service shall have, stated in writing, administrative authority, responsibility and accountability for the nursing services within the facility and serve only one facility in this capacity at any one time.

(d) The director of nursing service shall not have charge nurse responsibilities.

Note: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994.
Reference: Sections 5675 and 5768, Welfare and Institutions Code.

785.18 Nursing Service - Staff.

(a) Nursing service staff shall be employed and on duty in at least the number and with the qualifications determined by the Department to provide the necessary nursing services for clients admitted for care.

(1) Each facility shall provide for the full time equivalent of nursing staff of not less than one nursing staff per twelve clients on each eight-hour shift, during each 24-hour period, on a seven day (weekly) basis.

(b) Nursing service charge staff on all shifts shall have at least one year of experience or training related to mental health rehabilitation programs, or shall participate in in-service training provided by the facility.

(c) There shall be at least one registered nurse, licensed psychiatric technician or licensed vocational nurse, awake and on duty, in the facility at all times, day and night.

(d) A licensed psychiatric technician may:

(1) Serve as a charge nurse.

(2) Administer medications in a mental health rehabilitation program.

Note: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994.
Reference: Sections 5675 and 5768, Welfare and Institutions Code.

785.19 Dietetic Service - General.

(a) The total daily diet for clients shall be of the quality and in the quantity to meet the needs of the clients and shall meet the "Recommended Dietary Allowances", 1989 edition, adopted by the Food and Nutrition Board of the National Research Council of the National Academy of Science, adjusted to the age, activity and environment of the group involved. All food shall be of good quality and be selected, stored, prepared and served in a safe and healthful manner. The following shall apply:

(1) Arrangements shall be made so that each client has available at least three meals per day. Not more than 14 hours shall elapse between the last and first meal.

(2) Client food preferences shall be adhered to as much as possible and shall be from appropriate food groups.

(3) A facility shall either purchase, store and prepare the required food for its clients, or it shall purchase prepared meals from other appropriate sources, through a written contract.

(4) Between-meal feeding shall be provided as required by a diet order. Bedtime nourishments shall be made available unless contraindicated.

(5) A person shall be designated by the facility director to be responsible for the management and operation of the food service.

(A) This may be provided by a full-time or part-time employee with the facility, or through a written contract with an outside supplier or food service.

(B) If this person is not a dietitian, provision shall be made for consultation from a person so qualified, who shall provide this consultation at least four (4) hours every (3) three months.

(C) If the total food service is by contract, a staff member will be designated to monitor the operation of the food service within the facility.

(6) If clients participate in food preparation and/or service to the client population as part of their individual service plan, they shall comply with the same policies and procedures as those required for food service personnel.

(7) Supplies of staple foods for a minimum of two days shall be maintained on the premises.

(8) The facility shall maintain a written plan to provide clients' food service in emergencies.

(9) Provisions shall be made to provide clients with access to beverages and nourishments at times when the main food service is not in operation.

(b) All kitchen equipment, fixed or mobile, and dishes shall be kept clean and maintained in good condition and free from breaks, open seams, cracks or chips.

(c) All utensils used for eating and drinking and in the preparation of food and drink shall be clean and sanitized after each usage.

Note: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994.
Reference: Sections 5675 and 5768, Welfare and Institutions Code.

785.20 Dietetic Service - Therapeutic Diets.

Therapeutic diets shall be provided for each client as prescribed and shall be planned, prepared and served with supervision or consultation from the dietitian. Persons responsible for therapeutic diets shall have sufficient knowledge of food values to make appropriate substitutions when necessary.

Note: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994.
Reference: Sections 5675 and 5768, Welfare and Institutions Code.

785.21 Dietetic Service - Menus.

(a) Menus for regular and therapeutic diets shall be written at least one week in advance, dated and posted in a conspicuous place in the facility and in the kitchen at least one week in advance.

(b) All menus shall be approved by the dietician.

(c) If any meal served varies from the planned menu, the change and the reason for the change shall be noted in writing on the posted menu in the kitchen.

(d) Menus shall provide a variety of foods and indicate standard portions at each meal. Menus shall be varied for the same day of consecutive weeks. If a cycle menu is used, the cycle shall be of no less than three weeks duration and shall be revised quarterly.

(e) Menus shall be adjusted to include seasonal commodities.

(f) Menus shall be planned with consideration of cultural background and food habits of clients.

(g) A copy of the menu as served shall be kept on file for at least one year.

Note: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994.
Reference: Sections 5675 and 5768, Welfare and Institutions Code.

785.22 Dietetic Service - Staff.

(a) Sufficient staff shall be employed, oriented, trained and their working hours scheduled to provide for the nutritional needs of the clients and to maintain the dietetic service areas.

(b) Current work schedules by job titles and weekly time schedules by job titles shall be posted.

(c) Dietetic service personnel shall be trained in basic food sanitation techniques, wear clean clothing, and a cap or a hair net, and shall be excluded from duty when affected by skin infection or communicable diseases. Beards and mustaches which are not closely cropped and neatly trimmed shall be covered.

(d) Under supervision, clients can assist in cooking/kitchen activities as part of their skills training program.

Note: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994.
Reference: Sections 5675 and 5768, Welfare and Institutions Code.

785.23 Pharmaceutical Service - General.

(a) Arrangements shall be made with pharmacists licensed by the California Board of Pharmacy to ensure. that pharmaceutical services are available to provide clients with prescribed drugs and biologicals.

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

(c) If a pharmacy is located on the premises, the pharmacy shall be licensed by the California State Board of Pharmacy and approved by the Department. The pharmacy shall not serve the general public unless a separate public entrance or a separate public serving window is utilized. Pharmacies located on the licensed premises of rehabilitation services program centers shall be opened for inspection upon the request of an authorized Department representative.

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

Note: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994.
Reference: Sections 5675 and 5768, Welfare and Institutions Code.

785.24 Pharmaceutical Service - Requirements.

(a) Pharmaceutical service shall include, but not be limited to, the following:

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

(A) Drugs ordered "Stat" that are not available in the facility emergency drug supply shall be available and administered within one (1) hour of time ordered during normal pharmacy hours. For those hours during which the pharmacy is closed, drugs ordered "Stat" shall be available and administered within two hours of the time ordered. Drugs ordered "Stat" which are available in the emergency drug supply shall be administered immediately.

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

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

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

(2) Dispensing of drugs and biologicals.

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

(4) Provision of consultative and other services furnished by pharmacists which assist in the development, coordination, supervision and review of the pharmaceutical services within the facility.

Note: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994.
Reference: Sections 5675 and 5768, Welfare and Institutions Code.

785.25 Pharmaceutical Service - Labeling and Storage of Drugs.

(a) Containers which are cracked, soiled or without secure closures shall not be used. Drug labels shall be legible.

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

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

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

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

(f) Drugs shall be stored in appropriate temperatures. Drugs required to be stored at room temperature shall be stored at a temperature between 15°C (59°F) and 30°C (86°F). Drugs requiring refrigeration shall be stored in a refrigerator between 2°C (36°F) and 8°C (46°F). When drugs are stored in the same refrigerator with food, the drugs shall be kept in a closed container clearly labeled "drugs."

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

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

(i) Drugs shall be accessible only to personnel designated in writing by the licensee.

(j) Storage of nonlegend drugs at the bedside shall meet the following conditions:

(1) The manner of storage shall prevent access by other clients. Lockable drawers or cabinets need not be used unless alternate procedures, including storage on a client's person or in an unlocked drawer or cabinet, are ineffective.

(2) The facility shall record in the client's health record the bedside medications used by the client, based on observation by nursing personnel and/or information supplied by the client.

(3) The quantity of each drug supplied to the client for bedside storage shall be recorded in the health record each time the drug is so supplied.

(k) Storage of legend drugs at the bedside shall meet the conditions of (a) through (j) above, and shall in addition:

(1) Be specifically ordered by the prescriber of the drugs, and

(2) Be limited to sublingual or inhalation forms of emergency drugs.

(l) Drugs shall not be kept in stock after the expiration date on the label and no contaminated or deteriorated drugs shall be available for use.

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

(n) Discontinued drug containers shall be marked, or otherwise identified, to indicate that the drug has been

discontinued, or shall be stored in a separate location which shall be identified solely for this purpose. Discontinued drugs shall be disposed of within 90 days of the date the drug order was discontinued, unless the drug is reordered within that time.

Note: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994.
Reference: Sections 5675 and 5768, Welfare and Institutions Code.

785.26 Pharmaceutical Service - Stop Orders.

Written policies shall be established and implemented limiting the duration of new drug orders in the absence of a prescriber's specific indication for duration of therapy. The prescriber shall be contacted for new orders prior to the termination time established by the policy. These policies shall include all categories of drugs.

Note: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994.
Reference: Sections 5675 and 5768, Welfare and Institutions Code.

785.27 Pharmaceutical Service - Orders for Drugs.

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

(b) All drug orders shall be written, dated, and signed by the person lawfully authorized to give such an order. The name, quantity or specific duration of therapy, dosage and time or frequency of administration of the drug, and the route of administration if other than oral shall be specific. "P.R.N." order shall also include the indication for use of a drug.

(c) Verbal orders for drugs and treatments shall be received only by licensed nurses, psychiatric technicians, pharmacists, physicians, physicians' assistants from their supervising physicians only, and certified respiratory therapists when the orders relate specifically to respiratory care. Such orders shall be recorded immediately in the client's health record by the person receiving the order and shall include the date and time of the order. The order shall be signed by the prescriber within five days.

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

Note: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994.
Reference: Sections 5675 and 5768, Welfare and Institutions Code.

785.28 Pharmaceutical Service - Drug Order Processing.

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

Note: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994.
Reference: Sections 5675 and 5768, Welfare and Institutions Code.

785.29 Pharmaceutical Service - Personal Medications.

(a) Facilities shall maintain a record which includes, for each drug ordered by prescription, the name of the client, the drug name, and strength, the date ordered, the date and amount received and the name of the issuing pharmacy. The records shall be kept at least one year.

(b) Medications brought by or with the client on admission to the facility shall not be used unless the contents of the containers have been examined and positively identified after admission by the client's physician or a pharmacist retained by the facility.

(c) The facility may use drugs transferred from other licensed facilities or those drugs dispensed or obtained after admission from any licensed or governmental pharmacy and may accept the delivery of those drugs by any agency of the client or pharmacy without the necessity of identification by a physician or pharmacist.

Note: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994.
Reference: Sections 5675 and 5768, Welfare and Institutions Code.

785.30 Pharmaceutical Service - Controlled Drugs.

(a) Drugs listed in Schedules II, III, and IV of the Federal Comprehensive Drug Abuse Prevention and Control Action of 1970 shall not be accessible to other than licensed nursing, pharmacy and medical personnel designated by the licensee. Drugs listed in Schedule II of the above Act shall be stored in a locked cabinet or a locked drawer, separate from noncontrolled drugs, unless they are supplied on a scheduled basis as part of a unit dose medication system.

(b) Separate records of use shall be maintained on all Schedule II drugs. Such records shall be maintained accurately and shall include the name of the client, the prescription number, the drug name, strength and dose administered, the date and time of administration and the signature of the person administering the drug. Such records shall be reconciled at least daily and shall be retained at least one year. If such drugs are supplied on a scheduled basis as part of a unit dose medication system, such records need not be maintained separately.

(c) Drug records shall be maintained for drugs listed in Schedules III and IV of the above Act in such a way that the receipt and disposition of each dose of any such drug may be readily traced. Such records need not be separate from other medication records.

Note: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994.
Reference: Sections 5675 and 5768, Welfare and Institutions Code.

785.31 Pharmaceutical Service - Disposition of Drugs.

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

(1) The discharging physician specifies otherwise, or

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

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

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

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

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

(c) Clients's drugs supplied by prescription which have been discontinued and those which remain in the facility after discharge of the client shall be destroyed by the facility in the following manner:

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

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

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

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

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

(3) The signatures of the receiving pharmacist and a registered nurse employed by the facility are recorded in a separate log which lists the name of the client, the name, strength, prescription number (if applicable), the amount of the drug returned and the date of return. The log must be retained for at least three (3) years.

Note: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994.
Reference: Sections 5675 and 5768, Welfare and Institutions Code.

785.32 Pharmaceutical Service - Unit Dose Medication System.

In facilities utilizing a unit dose medication system, there shall be at least a 24-hour supply of client medications on hand at all times, except those drugs that are to be discontinued within the 24-hour period. Drugs that are part of a unit dose medication system shall not exceed a 48-hour supply.

Note: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994.
Reference: Sections 5675 and 5768, Welfare and Institutions Code.

785.33 Pharmaceutical Service - Staff

(a) Facilities shall retain a consulting pharmacist who devotes a sufficient number of hours during a regularly scheduled visit, for the purpose of coordinating, supervising and reviewing the pharmaceutical service committee, or its equivalent, at least quarterly. The report shall include a log or record of time spent in the facility. There shall be a written agreement between the pharmacist and the facility which includes duties and responsibilities of both.

(b) A pharmacist shall review the drug regimen of each client at least monthly and prepare appropriate reports. The review of the drug regimen of each client shall include all drugs currently ordered, information concerning the client's condition relating to drug therapy, medication administration records, and where appropriate, physician's progress notes, nurse's notes, and laboratory test results. The pharmacists shall be responsible for reporting, in writing, irregularities in the dispensing and administration of drugs and other matters relating to the review of the drug regimen to the administrator and director of the nursing service.

Note: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994.
Reference: Sections 5675 and 5768, Welfare and Institutions Code.

785.34 Pharmaceutical Service - Equipment and Supplies.

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

(1) Refrigerator with an accurate thermometer.

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

(3) Drug service trays and/or carts.

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

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

(b) Emergency supplies shall be readily available to each nursing station. Emergency drug supplies shall meet the following requirements:

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

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

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

(C) Not more than six (6) emergency drugs in solid, oral dosage form or suppository dosage form for anti-infective, antidiarrhea, antinausea, or analgesic use may be stored, if in sealed containers. Not more than four doses of any one drug may be so stored.

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

(3) The contents of the supply shall be listed on the outside of the container.

(4) The supply shall be checked at least monthly by the pharmacist.

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

Note: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994.
Reference: Sections 5675 and 5768, Welfare and Institutions Code.

Article 6. Required Programs

786.00 Program Requirements - General

(a) Mental health rehabilitation centers shall have the capability of providing, at a minimum, a rehabilitation and activity program as specified in these regulations.

(b) The objective shall be to provide a rehabilitation and activity program aimed at improving the adaptive functioning of persons with mental disabilities to enable clients to move into a less restrictive environment while preventing regression to a lower level of functioning.

(c) Orientation and in-service training of staff members to assist them in the recognition and understanding of the emotional problems, social needs of clients, and the means for taking appropriate action. Available community resources and services, including consumers and family members, should be included in the orientation.

(d) Each client admitted shall have a comprehensive individual mental health evaluation within 30 days of admission, signed by a licensed mental health professional upon completion.

(e) The facility shall comply with all requirements of its approved Plan of Operation and any approved, specific alternate requirement which shall govern the operation of the program notwithstanding the provisions of any other regulations contained in this subchapter.

Note: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994.
Reference: Sections 5675 and 5768, Welfare and Institutions Code.

786.10 Rehabilitation Program - Services

(a) The program shall include services designed to assist persons considered seriously disabled due to a mental illness to develop skills to become self-sufficient and capable of increasing levels of independent functioning in the community. The services in this program shall include, but not be limited to, clinical treatment which includes psychiatric and psychological services, learning disability assessment and educational services, prevocational and vocational counseling, development of independent living skills, self-help and social skills, and community outreach to develop linkages with other support and service systems.

(b) All services shall be client centered, in recognition of varying individual goals, diverse needs, concerns, strengths, motivations, and disabilities.

(c)The program shall emphasize the participation of clients in all aspects of the program including, but not limited to, individual treatment/service planning, program design and evaluation.

(d) Structured day and evening services shall consist of, at a minimum, an average of fourteen (14) rehabilitation service hours and seven (7) activity program hours per week for each client, and shall be available seven (7) days a week. Services shall include, but not be limited to:

(1) Individual and group counseling or therapy.

(2)Crisis intervention.

(3)Pre-vocational or vocational counseling.

(4)Provision of educational services and remediation.

(5)Client advocacy, including assisting clients to develop their own advocacy skills.

(6)Independent living skills.

(7)Money management.

(8)Self-control and symptom management.

(9)Sex education.

(10) Self-medication education.

(11) Personal grooming and hygiene.

(12) An activity program that encourages socialization within the program and general community, and that assists linking the client to resources which are available after leaving the program

(e) Consultative resources shall be used, including consumer and family members, in the planning and organization of rehabilitation services for persons with mental disabilities, incorporating discharge planning intended to enable the client to function and gain independence.

Note: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994.
Reference: Sections 5675 and 5768, Welfare and Institutions Code.

786.11 Rehabilitation Program - Admission Requirements

(a) The facility shall have an admission agreement, signed by the client or authorized representative, describing the services to be provided and the expectations and rights of the client regarding program rules, client empowerment and involvement in the program, and fees. The client shall receive a copy of the signed admission agreement.

(b) There shall be an initial written assessment of each client within fifteen (15) days of admission, unless a similar assessment has been done by the referring agency within thirty (30) days prior to admission to the facility. The assessment shall include, at a minimum:

(1) Health and psychiatric histories.

(2) Psychosocial skills.

(3) Social support skills.

(4) Current psychological, education, vocational and other functional needs and/or limitations.

(5) Medical needs, as reported.

(6) Self control and symptom management.

(7) The signature of a licensed mental health professional.

Note: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994.
Reference: Sections 5675 and 5768, Welfare and Institutions Code.

786.12 Rehabilitation Program - Rights of Clients.

(a) Each client admitted to a mental health rehabilitation center shall have the rights specified in Subdivision 5325(a) through (i), inclusive of the Welfare and Institutions Code.

(b) Notification and documentation of these rights, as well as the denial of such rights, shall conform to the requirements of Division 1, Chapter 4, Article 6 of Title 9, California Code of Regulations.

(c) In determining whether medication, restraint or seclusion is the least restrictive method for controlling injurious behavior, the client's preferences shall be solicited when the list of rights described in Welfare and Institutions Code, Subdivision 5325(a) through (i), inclusive, are explained to the person at the time of admission.

Note: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994.
Reference: Sections 5675 and 5768, Welfare and Institutions Code.

786.13 Rehabilitation Program - Staff.

(a) Licensees are required to provide additional mental health professional, administrative or supportive personnel whenever the Department determines, through a written evaluation, that additional personnel are needed to provide for the health, safety and rehabilitation needs of clients.

(b) Interdisciplinary Professional Staff: The facility shall provide either through direct employment or by contractual arrangement, an interdisciplinary professional staff to develop and implement a specialized rehabilitation program and services, and to provide specific expertise to the program staff, and to provide direct client services.

(1) The interdisciplinary professional staff shall be composed of at least two of the following disciplines:

(A) Psychologist.

(B) Social Worker.

(C) Marriage, Family and Child Counselor.

(D) Occupational Therapist.

(E) Mental Health Rehabilitation Specialist.

(F) Licensed Nursing Staff.

(G) Any other related discipline approved by the Department

(2) Each member of the professional staff shall have a minimum of one (1) year of experience or training in a mental health setting.

(3) In addition to other staffing requirements, a licensed mental health rehabilitation facility which provides a rehabilitation services program shall provide interdisciplinary professional staff as required in (b) above, in accordance with the following schedule:

(A) For facilities having an average of 59 or fewer clients per week, a minimum of 24 hours per week of interdisciplinary professional staff time.

(B) For facilities having an average of 60 or more clients per week, a minimum of 48 hours per week of interdisciplinary professional staff time.

(c) Program Staff shall include only those mental health rehabilitation center full or part-time employees whose duties and responsibilities include the treatment, counseling or supervision of the facility's program population.

(1) At a minimum, all program staff shall have graduated from high school or possess a General Eqivalency Diploma (GED) and have a minimum of one (1) year of full-time experience, or its part-time equivalent, working in a mental health program serving persons with severe and persistent mental disabilities. Such experience shall be in the direct provision of services to a program's identified clients or residents.

(A) Persons who have been consumers of mental health services can be utilized in the program when consistent with program design and services provided, and (c)(1) above.

(B) Program staff shall be employed and on duty in at least the number and with the qualifications determined by the Department to provide the required rehabilitation services.

(2) The facility shall provide at least one (1) hour of

program staff time for each seven hours of rehabilitation services or activity programs provided for each client. Program staff time shall not include the program director, interdisiciplinary professional staff, director of nursing service or nursing staff.

Note: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994.
Reference: Sections 5675 and 5768, Welfare and Institutions Code.

786.14 Rehabilitation Program - Program Director.

(a) The facility shall have a program director who meets the requirements of Section 782.41. The program director shall not be the director of nursing service or a charge nurse.

(b) The program director shall also have at least two years experience or training in a mental health setting, one year of which shall include experience or training in program development for persons with severe and persistent mental disabilities.

(c) The program director shall ensure that an in-service education program is provided.

Note: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994.
Reference: Sections 5675 and 5768, Welfare and Institutions Code.

786.15 Rehabilitation Program - In-Service Education.

(a) The facility shall provide to all rehabilitation and activity staff an average of fifty two (52) hours per year of ongoing, planned academic and on-the-job in-service education. The education shall include, but not be limited to, the following:

(1) Client-centered approach as to addressing the needs and goals of persons with mental disabilities.

(2) Principles and practices of psychosocial rehabilitation and community support, including self-help and peer support.

(3) Cultural competence.

(4) Interpersonal relationships and communication skills.

(5) Confidentiality of client information.

(6) Preservation of client dignity, including provision of privacy.

(7) Client rights and civil rights.

(8) Conflict resolution.

(9) Prevention and control of infections.

(10) Fire prevention and safety.

(11) Accident prevention and safety measures.

(12) Choking prevention and intervention.

(13) Sex education.

(b) In addition to (a) above, all direct service staff shall have training in cardiopulmonary resuscitation.

(c) The facility shall maintain a record of the in-service education. This record shall include the signature of staff in attendance, the number of hours, the date and the subjects covered.

Note: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994.
Reference: Sections 5675 and 5768, Welfare and Institutions Code.

786.16 Rehabilitation Program - Individual Service Plan and Documentation Requirements.

(a) The written service plan shall include, but not be limited to, the following:

(1) Specific goals and measurable objectives, the staff and client's responsibilities for their achievement.

(A) Statement of specific treatment/rehabilitation needs and goals.

(B) The plan shall indicate the services to be provided, the objectives to be accomplished, and the staff responsible for the provision of each service.

(C) The objectives shall be measurable, with time frames, and shall be reviewed and updated at least monthly.

(b) There shall be weekly progress notes in the record for each client which shall include notes written by members of the program staff or interdisciplinary professional staff providing rehabilitation services to the client. The notes shall be a general review of weekly progress.

(c) Documentation of reviews by staff and clients of the treatment/rehabilitation plan on at least a monthly basis.

(1) Clients shall be involved in an on-going review of progress towards goal attainment and in the planning and evaluation of their treatment/rehabilitation goals.

(2) Anticipated length of stay for the client in the facility, needed to accomplish identified goals, and methods to evaluate the achievement of these goals.

(d) There shall be a review and updating of the individual service plan as necessary but at least quarterly, and more often if there is a change in the client's condition.

(1) The quarterly review shall include a reevaluation which shall be a summary of the progress of the client in the rehabilitation program, the appropriateness of identified needs, client goals and objectives and the success of the plan.

(e) The service plan shall be approved by a licensed mental health professional, and signed by the client.

(f) Prior to discharge, there shall be a written discharge summary prepared by the staff which shall include an outline of services provided, goals accomplished, reason and plan for discharge, and referral follow-up plans.

Note: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994.
Reference: Sections 5675 and 5768, Welfare and Institutions Code.

786.17 Rehabilitation Program - Equipment.

There shall be sufficient equipment, assistive devices and supplies available to implement the treatment/rehabilitation program ordered or indicated for meeting the mental and emotional needs of clients.

Note: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994.
Reference: Sections 5675 and 5768, Welfare and Institutions Code.

786.18 Rehabilitation Program - Space.

(a) The rehabilitation program shall have identified program or service areas in order to provide at least the required program services.

(b) Indoor and outdoor areas shall be designated for rehabilitation program services.

Note: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994.
Reference: Sections 5675 and 5768, Welfare and Institutions Code.

786.19 Activity Program - General.

An activity program shall be staffed and equipped to encourage the participation of each client and to meet the activity needs and interests of each client.

Note: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994.
Reference: Sections 5675 and 5768, Welfare and Institutions Code.

786.20 Activity Program - Requirements.

(a) Clients shall be encouraged to participate in activities planned to meet their individual assessed needs. An activity program shall have a written, planned schedule of social and other purposeful independent or group activities. The program shall be designed to stimulate and support physical and mental capabilities to the fullest extent, and to enable the client to maintain the highest attainable social, physical and mental functioning but not necessarily to correct or remedy a mental disability.

(b) The activity program shall consist of individual activities, and small and large group activities which are designed to meet the needs and interests of each client and which include, but are not limited to:

(1) Social activities.

(2) Indoor and outdoor activities.

(3) Supervised activities away from the facility.

(4) Opportunity for client involvement for planning and implementation of the activity program.

(5) Creative activities.

(6) Educational activities.

(7) Exercise activities.

(8) Religious programs.

(9) Client government.

(c) Activities shall be available on a daily basis.

(d) There shall be an activity director, who shall:

(1) Develop and implement the activity program under the supervision of the program director.

(2) Coordinate the activity schedule with other client services.

(3) Post the activity schedule conspicuously, in large visible print, for the information of clients and staff.

(4) Maintain age appropriate equipment and supplies in sufficient quantity.

(5) Develop and maintain contacts with community agencies and organizations.

(6) Maintain progress notes specific to the leisure and activity needs of the clients, at least quarterly, and more frequently if needed, in the client record.

(7) Maintain a current record of the type of frequency of activities provided and the names of clients participating in each activity.

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

Note: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994.
Reference: Sections 5675 and 5768, Welfare and Institutions Code.

786.21 Activity Program - Staff.

(a) Activity staff with appropriate training and experience shall be available to meet the needs and interest of clients.

(1) At a minimum, all activity staff shall have graduated from high school or possess a General Equivalency Diploma (GED) and have a minimum of one (1) year of full-time experience, or its part-time equivalent, working in a mental health program serving persons with mental disabilities. Such experience shall be in the direct provision of services to a program's identified clients or residents.

(A) Persons who have been consumers of mental health services can be utilized in the activity program when consistent with program design and services provided, and (a)(1) above.

(b) An activity director shall be designated by and be responsible to the program director.

(1) Be an occupational therapist, art therapist, music therapist, dance therapist, or recreation therapist.

(2) Have two (2) years of experience in a social or recreational program within the past five (5) years, one (1) year of which was full-time in client activities and programs in a mental health setting.

Note: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994.
Reference: Sections 5675 and 5768, Welfare and Institutions Code.

786.22 Activity Program - Equipment and Supplies.

Each facility shall provide equipment and supplies for both independent and group activities and for clients having special interests.

Note: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994.
Reference: Sections 5675 and 5768, Welfare and Institutions Code.

786.23 Activity Program - Space.

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

(b) Storage space for equipment and supplies shall be provided and shall be maintained in a clean and orderly manner.

Note: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994.
Reference: Sections 5675 and 5768, Welfare and Institutions Code.

Article 7. Violations and Penalties

787.00 Definitions.

(a) The following definitions shall apply to this article:

(1) Substantial probability means that the likelihood of an event is real, actual and not imaginary, insignificant or remote.

(2) Physical harm means that type of dangerous bodily injury, illness or condition in which:

(A) A part of the body would be permanently removed, rendered functionally useless or substantially reduced in capacity, either temporarily or permanently and/or;

(B) A part of an internal function of the body would be inhibited in its normal performance to such a degree as to temporarily or permanently cause a reduction in physical or mental capacity or shorten life.

(3) Direct relationship means one in which a significant risk or effect is created and does not include a remote or minimal risk or effect.

Note: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994.
Reference: Sections 5675 and 5768, Welfare and Institutions Code.

787.10 Filing of Names and Addresses.

(a) The licensee of each mental health rehabilitation center shall file with the Department the address of the licensee to whom all license revocation citations and notices concerning any violations shall be mailed by the Department.

(b) Each licensee shall also designate one or more persons who is authorized to accept, on the licensee's behalf, any license revocation citations to be served by any representative of the Department.

(c) Each licensee shall file with the Department the names or titles of those persons who are such designees of the licensee.

(d) Each licensee shall also file with the Department a written notice of any change in address or of any change of designee. The Department shall mail all license revocation citations or notices to the latest address on file with the Department.

Note: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994.
Reference: Sections 5675 and 5768, Welfare and Institutions Code.

787.11 Issuance of Revocation of License Citations.

(a) Each citation shall be in writing and shall include at least the following:

(1) The earliest feasible time for the elimination of the condition constituting the violation. Such time shall be the shortest possible time within which the licensee reasonably can be expected to correct the alleged violation. In prescribing such time, the Department shall consider the following factors:

(A) The risk of physical harm to clients or staff because of the alleged violation.

(B) The number of clients affected.

(C) The availability of required equipment or personnel.

(D) The estimated time required for delivery, and any installation of required equipment.

(E) Any other relevant circumstances.

Note: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994.
Reference: Sections 5675 and 5768, Welfare and Institutions Code.

787.12 Conditions of Revocation.

(a) In establishing the conditions for imposing license revocation violations, the Department shall consider:

(1) the gravity of the violation which shall include:

(A) The degree of substantial probability that death or physical harm to the client would result and if applicable, did result, from the violation.

(B) The severity of serious physical harm to a client or guest which was likely to result, and if applicable, that did result, from the violation.

(C) The extent to which the provisions of the applicable statutes or regulations were violated.

(2) Mitigating circumstances, which shall include awareness of the applicable statutes and regulations and reasonable diligence in complying with such requirements, prior accomplishments manifesting the licensee's desire to comply with such requirements, and any other mitigating factors in favor of the licensee.

(3) Any previous license revocation violations committed by the licensee.

Note: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994.
Reference: Sections 5675 and 5768, Welfare and Institutions Code.

787.13 Appeal of Revocation.

The licensee may appeal any license revocation citations or notices imposed by submitting a written appeal to the Director within 30 calendar days of the issuance of a citation or the imposition of a penalty. The Director shall respond to the appeal within 60 calendar days. If an appeal is denied, the licensee may request a citation review conference.

Note: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994.
Reference: Sections 5675 and 5768, Welfare and Institutions Code.

787.14 License Revocation Citation Review Conference.

(a) At a citation review conference:

(1) The licensee shall have the right to be represented by legal counsel, or a person of the licensee's choosing, to present oral or written information on the licensee's behalf, and to explain any mitigating circumstances.

(2) The representatives of the Department who issued the citation should attend the conference and present information, oral or written, in substantiation of the alleged violation.

(3) The conference shall be an informal proceeding, and shall not be conducted in the manner of a judicial hearing or as a hearing under the Administrative Procedure Action (Chapter 5 [commencing with Section 11500] of Part 1 of Division 3 of Title 2 of the Government Code), and need not be conducted according to technical rules relating to evidence and witnesses.

(4) Neither the licensee nor the Department shall have the right to subpoena any witness to attend the conference, to record testimony at the conference, nor to formally cross-examine any person testifying at the conference. However, the licensee and the Department may present any witness on its behalf at the conference.

Note: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994.
Reference: Sections 5675 and 5768, Welfare and Institutions Code.