

COLORADO

Part 19. SECURE UNITS

19.1 COMPLIANCE. Any facility that has one or more units that are secured to prohibit free egress of residents shall comply with the standards in this Part in addition to all other applicable requirements of this chapter.

19.2 MENTAL HEALTH FACILITIES. Any facility that is a “designated” or “placement” facility under 27-10-101 C.R.S., et seq, shall comply with the regulations or the Department of Human Services. In the case of conflicting regulations, the stricter shall apply.

19.3 ADMISSIONS.

19.3.1 Residents on a secure unit shall be placed so as to insure that those placed in the unit because they are dangerous to self or wander out of the building and are unable to return on their own are protected from harm by residents who are a danger to others or whose behavior seriously disrupts the rights of other residents.

19.3.2 Placement on a secure unit shall not be used for the punishment of a resident or the convenience of the staff and shall be the least restrictive alternative available.

19.3.3 A facility shall have written programs to treat residents whom it admits, as required by 19.7.

19.3.4 Residents of a secure unit shall be allowed to have visitors on the unit. Residents of the facility may participate in organized activities on the unit.

19.4 PRE-ADMISSION SCREENING AND PLACEMENT. The facility shall not place a resident into a secure unit unless the requirements of this section are met:

19.4.1 An evaluation team finds, based on available evidence, that:

- (1) the resident is a serious danger to self or others, or
- (2) the resident habitually wanders or would wander out of buildings and is unable to find the way back, or
- (3) the resident has a significant behavior problem that seriously disrupts the rights of other residents; and in all cases
- (4) less restrictive alternatives have been unsuccessful in preventing harm to self or others; and
- (5) legal authority for such restrictive authority has been established.

19.4.2 The evaluation team shall consist of at least the Director of Nursing, Social Services staff member, member of the facility's utilization control committee, if any, and a person with mental health or social work training (as appropriate to the needs of the unit's residents) who is not a facility staff member. Such non-staff member need not participate in prior review of admissions. A facility that is a mental health “placement

facility” under 27-10-101, C.R.S., et seq. shall have a person from its contracting “designated facility” on the evaluation team for evaluations of clients referred by the designated facility.

19.4.3 Written findings and their factual basis shall be documented in the health record.

19.4.4 The resident or his/her legally responsible and authorized representative gives informed, written consent, and

19.4.5 A physician has authenticated the placement.

19.5 PLACEMENT EVALUATION. A resident's placement in or restriction to a secure unit shall terminate when the condition or behavior justifying the placement have diminished to the extent that the criteria in 19.4.1 are no longer met or when consent is terminated or withdrawn or if the facility and physician determine that such continued placement would adversely affect resident health or safety.

19.5.1 The facility shall provide the same notice and appeal rights required by Section 12.6 before moving a resident out of a secure unit.

19.5.2 The evaluation team described in Subsection 19.4.2 shall re-evaluate the placement of each resident 30 days after initial placement and no less often than every 180 days thereafter. Persons under involuntary mental health placement under 27-10-101, C.R.S., et seq, shall be evaluated as prescribed in rules of the Department of Human Services.

19.5.3 For residents with Alzheimer's disease whose conditions have stabilized, the evaluation team may recommend continued placement on the unit if it finds that placement is necessary to avoid a likely recurrence of the condition that was the purpose of the initial placement on the unit.

19.6 STAFFING. The facility shall provide a sufficient number of qualified staff to meet fully the needs of residents in the secure unit, which may require a higher staffing ratio than in other units in the facility, particularly on the night shift.

19.6.1 Staff in the special secure unit shall be experienced and trained in the particular needs and care of the types of residents in the unit.

19.6.2 For residents in the secure unit, the facility shall provide additional social work and activities staff to meet the social, emotional, and recreational needs of the residents and the social and emotional needs of their families in coping with the resident's illness.

19.6.3 For residents with mental illness, the facility shall provide staff who have demonstrated knowledge and skill in caring for residents with mental illness.

19.7 PROGRAMS. In addition to meeting the special medical and nursing needs of each resident in the secure unit, the facility shall provide social services and activity programs especially designed for the residents of the secure unit to avoid programmatic isolation.

19.7.1 Activities and social services programs shall include the opportunity for regular interaction with non-confused residents of the facility and regular interaction with the community outside the facility.

19.7.2 Residents of the secure unit may not be locked into or out of their rooms, except that facilities that are “designated” or “placement” facilities under 27-10-101, C.R.S. et seq, may use seclusion under procedures prescribed by Department of Human Services' regulations.

19.8 PHYSICAL FACILITIES. In addition to the physical plant requirements of these regulations, the facility shall provide at least 10 square feet per resident (excluding hallways) of common areas within the secure unit.

19.8.1 The facility shall identify its method for securing the unit and establish and implement procedures for monitoring the effectiveness of the security system.

19.8.2 Any facility that has an outside area or yard that residents in the non-secure areas of the facility may use shall establish a secure outside area for residents of the secure unit.

19.8.3 In accordance with 6 CCR 1011-1, Chapter II, Part 4, a facility may seek a waiver from the standards required in Part 18 of this Chapter that may be detrimental to resident needs, safety, or health.

19.9 REVIEW OF PLANS. A facility wishing to open a secure unit shall submit the fee for opening a secured unit, along with its plans for physical plant, staffing, and program to the Department for prior review of conformity with these standards.