

PIEDMONT BEHAVIORAL HEALTHCARE
LME ON-SITE RIGHT RESTRICTIONS REVIEW

RECORD NUMBER:		REVIEWER:			
Reference:	Review Item	Met	Not Met	N/A	Comments
Documentation Required for Rights Restrictions NCGS 122C-62 APSM 95-2	1. Restriction has been ordered by qualified professional responsible for treatment/habilitation plan				
	2. Detailed reason for restriction				
	3. Reason must be reasonable & relate to consumer treatment/habilitation plan				
	4. Restriction cannot exceed 30 days				
	5. Restriction evaluation every 7 days by Qualified Professional at which time restriction can be removed.				
	6. Restriction may be renewed w/written statement by QP in record w/reason for renewal.				
	7. If applicable, legally responsible person is notified at the initial and each renewal of the restriction.				
	8. Competent adult clt has designated individual to be notified of rights restriction, there is documentation of this notification at initial & each renewal.				
Emergency Restrictions APSM 95-2	If intervention(s) was used in an emergency situation:				
	a. The intervention was used for only up to 15 min. without authorization.				
	b. The person providing authorization to continue the restriction was trained/privileged in the intervention.				
	c. The person authorizing the continuation of the intervention assessed physical & psychological status				
	d. Verbal authorization cannot exceed 3 hours Order timeframes - see comments				4 hrs= adults; 2 hrs = children 9-17 1hr = children 0-9
Planned Interventions APSM 95-2	1. If interventions are used more than 4 times or 40 hours in a calendar month				
	2. If interventions are used for more than 24 hours in a single episode then a plan is developed.				
	3. If interventions are used as a measure of therapeutic treatment designed to reduce dangerous, aggressive, self injurious or undesirable behaviors to a level which will allow less restrictive interventions then a plan is developed.				

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Documentation Required for all Restrictive Interventions APSM 95-2	1. Notation of physical / psychological well-being				
	2. Notation of frequency, intensity & duration of the behavior that led to the intervention				
	3. Precipitating circumstance contributing to behavior				
	4. Rationale for use of the intervention to include: Positive / less restrictive interventions attempted Inadequacy of less restrictive intervention tech's				
	5. Description of intervention, date, time & duration				
	6. Description of accompanying positive methods of intervention				
	7. Effectiveness of procedure/alternative employed				
	8. Description of debriefing & planning with the clt, LRP, if applicable, for emergency use of S, PR, IT to eliminate or reduce the probability for future use				
	9. Description of debriefing & planning with the clt, LRP, if applicable, for planned use of S, PR, IT if determined to be clinically necessary				
	10. Signature / Title of facility employee that initiated				
	11. Signature / Title of QP that authorized use of RI				
	12. Written order for Restrictive Intervention				
Notifications to be Documented	13. Notifications: a. Immediately - LRP if applicable b. W/in 24 hrs - Treatment team & designee of AP				
Documentation Required for all Planned Restrictive Interventions APSM 95-2	1. Consent / approval by clt / LRP - valid for 6 months				
	2. Decision to continue specific intervention must be based on clear / recent behavioral evidence that intervention is having positive impact & is needed.				
	3. Prior to initiation / continued use of Planned RI, the following notifications / consents are required: a. Plan approval by responsible professional & treatment team - should be based on assessment & review of documentation				
	b. Consent of clt / LRP after participation in tx planning & after specific intervention / reason have been explained				

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Documentation Required for all Planned Restrictive Interventions APSM 95-2	c. Notification of advocate/CR advocate that specific intervention is planned for clt with rationale				
	d. Physician approval if there is reasonably foreseeable physical consequences. Periodic planned monitoring by physician should be in plan.				
	4. Description / Frequency of debriefing w/clt, LRP & staff if determined clinically necessary. Debriefing should be at cognitive functioning level of the clt.				
	5. Bi-monthly evaluation of the planned RI by the responsible professional that approved planned RI				
	6. Review, at least monthly, by treatment team that approved the planned RI				
Intervention Procedures APSM 95-2	The following procedures are only employed when clinically or medically indicated as a method of treatment.				
	1. Planned non-attention to a specific undesirable behavior when those behaviors are health threatening				
	2. Contingent deprivation of any basic necessity 3. Other professionally acceptable behavior modification procedures that are not prohibited				
Protective Devices APSM 95-2	If protective devices are utilized the following is noted:				
	a. Necessity for the device has been assessed.				
	b. Employees utilizing the device have been privileged in its use.				
	c. Device is determined to be positive & least restrictive alternative.				
	d. Consumer is provided opportunities for toileting, exercise, etc...				
	e. Consumer is frequently observed.				
	f. If device limits consumer's freedom of movement the consumer is observed every hour.				
	g. Hourly observations are documented.				
	h. When a consumer is restrained and subject to injury by other consumers an employee stays with the consumer continuously.				
	i. Protective device is cleaned at a regular basis.				
j. If agency policy, protective devices reviewed by CRC					

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Service Notes for Protective Devices APSM 95-2, 14R .0105	1. Observation of consumer (at least hourly if freedom of movement is limited)				
	2. When restrained and subject to injury by another consumer, documentation of continuous staff supervision				
Suspensions Expulsions APSM 95-2	If consumer has been S / E the following applies: Reasons for suspension are consistent with criteria listed in suspension policy				
	S / E is supported by documentation that includes:				
	a. Specific time for resuming services.				
	b. Specific conditions for resuming services.				
	c. Efforts by staff to find alternative services				
	d. Discharge plan if applicable				
Search/Seizure APSM 95-2	Search/seizure occurs only under conditions outlined in the policy.				
	Documentation on any search/seizure includes:				
	a. Scope of search				
	b. Reason for search				
	c. Procedures to be followed in search				
	d. Description of any property seized				
	e. Account of the disposition of the seized property.				

TOTALS

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POSSIBLE SCORES:	0
# N/A	0
TRUE NUMBER SCORED	0
# MET	0
% MET	#DIV/0!
# NOT MET	0
% NOT MET	#DIV/0!

