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**Aspen State Regulation Set: C 2.00 RTC FOR CHILDREN & ADOLESCENTS**

**ST - C0000 - INITIAL COMMENTS**

**Title** INITIAL COMMENTS

**Statute or Rule**

**Type** Memo Tag

**Regulation Definition**

**Interpretive Guideline**

These guidelines are meant solely to provide guidance to surveyors in the survey process.

**ST - C0001 - License Required**

**Title** License Required

**Statute or Rule** 394.875(2), F.S.

**Type** Rule

**Regulation Definition**

(2) The requirements of part II of chapter 408 apply to the provision of services that require licensure under ss. 394.455-394.903 and part II of chapter 408 and to entities licensed by or applying for such licensure from the Agency for Health Care Administration pursuant to ss. 394.455-394.903. A license issued by the agency is required in order to operate a crisis stabilization unit, a residential treatment facility, or a residential treatment center for children and adolescents, or to act as a crisis stabilization unit, a residential treatment facility, or a residential treatment center for children and adolescents in this state.

**Interpretive Guideline**

When surveying a RTC, use Chapter 394, Part IV, F.S. and Chapter 65E-9.003, F.A.C.  
Florida Statute Chapter 394, Part IV = Community Substance Abuse And Mental Health Services  
  
Florida Statute Chapter 408, Part II = Health Care Licensing: General Provisions.  
  
F.A.C. Chapter 65E-9 = Licensure Of Residential Treatment Centers

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**ST - C0002 - Licensing Procedure - Annual Licensure**

**Title** Licensing Procedure - Annual Licensure

**Statute or Rule** 65E-9.003(1)&(5) F.A.C.

**Type** Rule

**Regulation Definition**

65E-9.003, F.A.C.

(1) An entity that holds itself out to be or acts as a residential treatment center, including therapeutic group homes, shall obtain annually and maintain active licensure from the agency, unless specifically excluded from being licensed under the provisions of Section 394.875(5), F.S.

(5) The license shall be displayed in a conspicuous location inside the facility.

**Interpretive Guideline**

Tour the center to ensure an unexpired license is posted as required.

**ST - C0003 - Licensing Procedure - Program Closure**

**Title** Licensing Procedure - Program Closure

**Statute or Rule** 65E-9.003(6), F.A.C.

**Type** Rule

**Regulation Definition**

(6) Program Closure. If the licensee voluntarily closes the facility, the licensee shall notify the department and AHCA in writing at least 90 days prior to such closure. The program which is closing, with the assistance of the department and the AHCA, shall attempt to place all persons receiving services, with their valid lawful consent, in other programs to which respective clinical records shall be transferred at the time the resident is relocated. The licensee shall notify the AHCA and the department where the files of previously discharged

**Interpretive Guideline**

Verify that the date notice was received by AHCA was at least 90 days prior to the anticipated date of program closure. If 90 days has not been given, the RTC is subject to sanctions under s. 394.879(4), F.S.

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residents will be stored.

**ST - C0010 - Operating Stds - Governing Body**

**Title** Operating Stds - Governing Body

**Statute or Rule** 65E-9.005(1), F.A.C.

**Type** Rule

**Regulation Definition**

(1) Governing body.

(a) Each provider shall have a governing body that exercises authority over the provider's operation, policies and practices, and compliance with this rule.

(b) For-profit and not-for-profit organizations shall maintain advisory boards that review the operational policies and practices, inspect facilities and programs, conduct interviews with children and staff members, and review matters affecting the care of and treatment for children.

(c) The governing body shall meet no less than once per year. Membership of the governing body shall not be fewer than five (5) members. The provider shall maintain a list of its members, which shall be available to the agency and the department and shall:

1. Include the names, address, and terms of membership of each member; and
2. Identify each office and the term of that office.

(d) Responsibilities of the governing body:

1. Ensure organizational policies are in place for the administration and operation of the residential treatment center, including a qualified administrator;
2. Evaluate in writing the administrator's performance annually;
3. Approve the annual budget of anticipated income and expenditures necessary to provide the services described in its statement of purpose and approve the annual financial audit report;

**Interpretive Guideline**

"Governing body" means the board of trustees, the partnership, the corporation, the association, or the person or group of persons who maintain and control the provider organization and which is legally responsible for the operation of the provider organization.

Request and review a roster of governing body members to ensure composition of the governing body reflects that required by these rules. Review minutes of the governing body meetings to ensure meetings occur no less than once per year, have a quorum, that the responsibilities of the governing body are carried out and issues are addressed.

Sources of information include:

1. Policies regarding:
  - personnel
  - member rotation
  - record storage
2. Administrator's performance review
3. Annual budget
4. Quality assurance plan including:
  - credentialing plan
  - monitoring of quality indicators
  - mortality review
5. Staff development plan

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4. Establish and ensure compliance with written personnel practices;
5. Maintain written minutes of all meetings, which shall be open to inspection by the agency and the department, upon request;
6. Develop written policies for selection criteria and rotation of its members;
7. Develop and follow a written plan for the storage of records, including children's records, in the event of the closing of the program;
8. Ensure implementation of an effective quality improvement program that addresses at least the following components:
  - a. Credentials review and granting of clinical privileges to health care providers including but not limited to physicians, Advanced Nurse Practitioners, psychologists and other staff who oversee/supervise the delivery of mental and behavioral health services;
  - b. Monitoring of quality indicators; and
  - c. Mortality reviews.
9. Staff development plan for at least 15 hours per year on job related training to each staff whose duties require direct observation or contact with children.

**ST - C0011 - Operating Stds - Written Procedures**

**Title** Operating Stds - Written Procedures

**Statute or Rule** 65E-9.005(2), F.A.C.

**Type** Rule

**Regulation Definition**

(2) Written procedures. The provider shall establish and implement written procedures that ensure compliance with all provisions of this rule.

**Interpretive Guideline**

For any potential noncompliance, review related facility policies and procedures to determine facility compliance.

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**ST - C0012 - Operating Stds - Organization Program**

**Title** Operating Stds - Organization Program

**Statute or Rule** 65E-9.005(3)(a), F.A.C.

**Type** Rule

**Regulation Definition**

(3) Organization.

(a) Program. The provider shall have a written description of its philosophy, purpose, objectives, treatment program, services and methods of service delivery. This document shall be available to the agency, the department, referral sources, the parent(s), guardian or foster parent(s) and the public upon request. The program description shall include:

1. A description of the population of children served, including age and gender, types of disorders, and financial requirements;
2. The intake and admission process;
3. The types of treatment the provider can offer, based on a child's individual needs;
4. Methods for involving the parent or guardian in assessment, treatment, discharge, and follow-up care plans; and
5. An organizational chart describing each unit or division and its services, goals, procedures, staffing patterns and relationship to other services and divisions and how these contribute to the goals of the program.

**Interpretive Guideline**

Sources of information include: the provider's written description/policy to ensure that it includes all required information as well as a description of the specific services offered or proposed to be offered.

**ST - C0013 - Operating Stds - Organization Admin**

**Title** Operating Stds - Organization Admin

**Statute or Rule** 65E-9.005(3)(b), F.A.C.

**Type** Rule

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**Regulation Definition**

(b) Administration. The provider shall have a written organizational plan, including an organizational chart, for administrative and clinical staff, which clearly explains the responsibilities of staff for services provided by the program. This plan shall include:

1. Lines of authority, accountability and communication; and
2. The names and credentials of the provider's clinical director and all clinical staff assigned responsibility on any shift for supervision of direct care staff. All clinical staff assigned supervisory responsibility shall have training or experience in child care activities and in the handling of medical and psychiatric emergencies.

**Interpretive Guideline**

Sources of information include:

- the provider's organizational plan,
- the provider's organizational chart, and
- the credentials of a sample of supervisory staff plus the clinical director.

**ST - C0014 - Operating Stds - Organization Budget/Audit**

**Title** Operating Stds - Organization Budget/Audit

**Statute or Rule** 65E-9.005(3)(c-d), F.A.C.

**Type** Rule

**Regulation Definition**

(c) Budget. The provider shall prepare a written budget annually.  
(d) Audit. The provider shall have financial records audited annually.

**Interpretive Guideline**

Review of the annual budget and audit could be completed to determine compliance.

**ST - C0015 - Operating Stds - Organization Fees/Rates**

**Title** Operating Stds - Organization Fees/Rates

**Statute or Rule** 65E-9.005(3)(e-f) & (4)(b), F.A.C.

**Type** Rule

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**Regulation Definition**

(3)(e) Fees. A sliding fee schedule shall be developed consistent with the provisions of Rule 65E-14.018, F.A.C. If fees are charged, the provider shall have a written policy describing the relationships between fees and services provided and the conditions under which fees are charged or waived. This policy shall be available to any person upon request.

(3)(f) Solicitation of funds. If provider funding is obtained through public solicitation, a charitable permit for such solicitation shall be procured.

(4)(b) The provider shall have and follow a schedule of public rates and charges for all services provided and these shall be made available to all referral sources and families.

**Interpretive Guideline**

If fees are charged, review the provider's written policy on fees and services to ensure that it contains all required information.

If funding is obtained through public solicitation, make sure the provider has procured a charitable permit for such solicitation.

Review facility referral documentation, informational pamphlets /brochures for public rates and charges.

**ST - C0016 - Operating Stds - Organization Change Notice**

**Title** Operating Stds - Organization Change Notice

**Statute or Rule** 65E-9.005(3)(g), F.A.C.

**Type** Rule

**Regulation Definition**

(3)(g) Notification of changes. The provider shall provide written notification within 30 days to the department and the agency of changes in the provider's administrator, statement of purpose, program, or admission criteria.

**Interpretive Guideline**

Verify that the date notice was received by AHCA was within 30 days of the facility changes.

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**ST - C0017 - Operating Stds - Organization Personnel P&P**

**Title** Operating Stds - Organization Personnel P&P

**Statute or Rule** 65E-9.005(3)(h)1, F.A.C.

**Type** Rule

**Regulation Definition**

(3)(h) Personnel policies, procedures and records.  
1. Personnel policies and practices shall be designed, established, followed and maintained to promote the objectives of the provider's program and to ensure there are sufficient staff to support a high quality of care and treatment.

**Interpretive Guideline**

Review the providers policies and procedures to ensure personnel policies and practices have been established.  
  
Review the staffing patterns for the two week pay period immediately prior to the survey or any other period of concern.

**ST - C0018 - Operating Stds - Organization Employ. Screen**

**Title** Operating Stds - Organization Employ. Screen

**Statute or Rule** 65E-9.005(3)(h)2, F.A.C.

**Type** Rule

**Regulation Definition**

(3)(h) Personnel policies, procedures and records.  
2. All paid personnel and volunteers shall be screened prior to employment, which shall include employment history checks, checks of references, local criminal records checks through local law enforcement agencies, fingerprinting, statewide criminal records checks through the Florida Department of Law Enforcement, and federal criminal records checks through the Federal Bureau of Investigation.

**Interpretive Guideline**

Review the provider's personnel files to ensure the appropriate screenings are done prior to employment per facility Policies and Procedures.  
  
Review a sample of five new employees and three new volunteers for screening.  
  
(Associated Tag Z815)



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**ST - C0019 - Operating Stds - Organization Personnel Proc.**

**Title** Operating Stds - Organization Personnel Proc.

**Statute or Rule** 65E-9.005(3)(h)3, F.A.C.

**Type** Rule

**Regulation Definition**

(3)(h) Personnel policies, procedures and records  
3. The provider shall have and implement written personnel procedures covering the following areas: job classification; pay plan; staff selection; probation or work-test period; tenure of office; dismissal; salary increases; health evaluations; holidays; leave policies; new employee training/orientation; ongoing staff development training; performance evaluation; employment benefits; and personnel records.

**Interpretive Guideline**

Review the provider's personnel policies to ensure they include the required information

**ST - C0020 - Operating Stds - Organization Employ. Notice**

**Title** Operating Stds - Organization Employ. Notice

**Statute or Rule** 65E-9.005(3)(h)4, F.A.C.

**Type** Rule

**Regulation Definition**

(3)(h) Personnel policies, procedures  
4. Each new employee shall be given a copy of the written personnel procedures when hired and documentation of receipt shall be maintained in the employee's personnel file. A procedure shall be established and implemented on an ongoing basis for notifying employees of changes in established policies and procedures.

**Interpretive Guideline**

Review the provider's personnel files to ensure that employees have been given a copy of the personnel policies upon hire. A procedure is in place for notifying employees of changes in established policies and procedures. If there have been changes, do personnel files contain employee acknowledgment of notification of change(s).

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**ST - C0021 - Operating Stds - Organization Job Desc**

**Title** Operating Stds - Organization Job Desc

**Statute or Rule** 65E-9.005(3)(h)5, F.A.C.

**Type** Rule

**Regulation Definition**

(3)(h)Personnel policies, procedures and records.  
5. There shall be clear job descriptions for all staff, including position title, immediate supervisor, responsibilities and authority, which shall be used as a basis for periodic evaluations by the supervisor.

**Interpretive Guideline**

Review the provider's job descriptions for staff to ensure they include the required information.  
  
During staff interviews, are staff aware of their position title, immediate supervisor, responsibilities and authority.  
Do staff acknowledge receipt of periodic evaluation.

**ST - C0022 - Operating Stds - Organization Employ. Records**

**Title** Operating Stds - Organization Employ. Records

**Statute or Rule** 65E-9.005(3)(h)6, F.A.C.

**Type** Rule

**Regulation Definition**

(3)(h) Personnel policies, procedures and records.  
6. Accurate and complete personnel records shall be maintained on each employee. Content shall include:  
a. Current background information, including the application, references, proof of satisfactory background screening results as required by Section 394.4572, F.S., and documentation to justify initial and continued employment of the individual. Applicants for positions requiring licensure, certification or accreditation shall be employed only after the provider has verified the license or accreditation. Evidence of renewal of license as required by the licensing agent shall be maintained in the employee's personnel record;  
b. Current performance evaluation;

**Interpretive Guideline**

Review a sample of personnel files to ensure that one exists for each employee and the files contain no less than the required information.  
  
The CFOP 215-6 is an operating procedure under the Department of Children and Families that establishes the guidelines for reporting and analyzing critical incidents. See website:  
[https://www.dcf.state.fl.us/admin/publications/cfops/CFOP%20215-xx%20Safety/CFOP%20215-6,%20Incident%20Reporting%20and%20Analysis%20System%20\(IRAS\).pdf](https://www.dcf.state.fl.us/admin/publications/cfops/CFOP%20215-xx%20Safety/CFOP%20215-6,%20Incident%20Reporting%20and%20Analysis%20System%20(IRAS).pdf)

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c. Record of any continuing education or staff development programs completed.

**ST - C0023 - Operating Stds - Organization Deleg. Auth.**

**Title** Operating Stds - Organization Deleg. Auth.

**Statute or Rule** 65E-9.005(3)(k), F.A.C.

**Type** Rule

**Regulation Definition**

(3)(k) Delegation of authority. To protect the health and safety of children served, any delegation of an administrator's authority pursuant to Chapter 394, F.S., or these rules shall be documented in writing prior to exercising the delegated authority. This documentation shall be placed in the individual's employee record. Routine delegations of authority shall be incorporated in the provider's written procedures.

**Interpretive Guideline**

In cases of delegation of authority, review the provider's files to ensure the proper documentation has been made.

In cases of routine delegation of authority, review the provider's written procedures to ensure the delegation of authority has been appropriately incorporated.

During staff interview, are staff aware of authority delegation.

**ST - C0024 - Operating Stds - Organization Incident Notice**

**Title** Operating Stds - Organization Incident Notice

**Statute or Rule** 65E-9.005(3)(l), F.A.C.

**Type** Rule

**Regulation Definition**

(3)(l) Incident notification.

1. The provider shall comply with the department's and the agency's procedures for reporting incidents that pose risk of serious psychological and physical harm to children being served.

2. The provider shall develop and implement on an ongoing basis a written procedure for incident notification, reflecting the requirements of the department's operating procedure CFOP 215-6, which is incorporated by reference.

**Interpretive Guideline**

Review the provider's policy and procedure manual to confirm inclusion of event reporting as required.

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**ST - C0025 - Operating Stds - Fiscal Accountability**

**Title** Operating Stds - Fiscal Accountability

**Statute or Rule** 65E-9.005(4)(a), F.A.C.

**Type** Rule

**Regulation Definition**

(4)(a) The provider shall maintain separate accounting and fiscal records and all providers receiving state funds shall permit audits of such records and accounts, at any reasonable time, by the agency, the department and all funding agencies to ensure that contracted services are being provided as required by their contract and that the standards of the department and agency are met.

**Interpretive Guideline**

Review the provider's records to ensure that separate accounting and fiscal records are kept.

**ST - C0026 - Operating Stds - Facility Handicap Accessible**

**Title** Operating Stds - Facility Handicap Accessible

**Statute or Rule** 65E-9.005(5)(a)1, F.A.C.

**Type** Rule

**Regulation Definition**

(5)(a)1. If the facility accepts children with physical handicaps, the facility shall be handicap accessible.

**Interpretive Guideline**

Tour the facility. Are children with handicapping conditions observed to move about freely, without environmental hindrances?

Is there adaptive equipment in the bathroom, bedroom and dining area?

**ST - C0027 - Operating Stds - Facility Activities Space**

**Title** Operating Stds - Facility Activities Space

**Statute or Rule** 65E-9.005(5)(a)2, F.A.C.

**Type** Rule

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**Regulation Definition**

(5)(a)2. Grounds shall have space for children's activities, which shall be designed based on the type of activities offered and age appropriateness. The grounds shall be maintained in a safe and reasonably attractive manner and kept free of standing water, debris, garbage, trash and other hazardous conditions.

**Interpretive Guideline**

Tour the facility. Is there sufficient safe and free of hazards space for play/ games?

**ST - C0028 - Operating Stds - Facility Recreation Areas**

**Title** Operating Stds - Facility Recreation Areas

**Statute or Rule** 65E-9.005(5)(a)3, F.A.C.

**Type** Rule

**Regulation Definition**

(5)(a)3. Indoor and outdoor recreation areas shall be provided with equipment and safety measures designed for the needs of children according to age, physical and mental ability.

**Interpretive Guideline**

Tour the facility. Does equipment appear safe? Is it age appropriate for the children served?

Is internet/computer equipment available based on age appropriateness?

**ST - C0029 - Operating Stds - Facility Safety Regulations**

**Title** Operating Stds - Facility Safety Regulations

**Statute or Rule** 65E-9.005(5)(a)4, F.A.C.

**Type** Rule

**Regulation Definition**

(5)(a)4. Safety regulations shall be established and followed for all hazardous equipment and children shall be prohibited from the use of such equipment.

**Interpretive Guideline**

Tour the facility. Are there any equipment hazards noted? Is lawn equipment and other potential hazards kept securely locked?

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**ST - C0030 - Operating Stds - Facility Pools**

**Title** Operating Stds - Facility Pools

**Statute or Rule** 65E-9.005(5)(a)5, F.A.C.

**Type** Rule

**Regulation Definition**

(5)(a)5. Pools. Facilities licensed for eight or more children shall meet the public swimming pool requirements of Chapter 514, F.S.- Public Swimming and Bathing Facilities. Facilities licensed for one through seven children shall meet the residential swimming pool requirements for Chapter 515, F.S. - Residential Swimming Pool Safety Act.

**Interpretive Guideline**

Tour the facility. Observe the pool area. For facilities that have a pool and are licensed for 8 or more children, request a copy of the most recent Department of Health (DOH) or local authority having jurisdiction's pool inspection. The DOH inspection should be done twice a year.

**ST - C0031 - Operating Stds - Facility Buildings/Furniture**

**Title** Operating Stds - Facility Buildings/Furniture

**Statute or Rule** 65E-9.005(5)(a)6, F.A.C.

**Type** Rule

**Regulation Definition**

(5)(a)6. The interior and exterior of buildings and the furniture and furnishings shall be safe, comfortable, reasonably attractive, in good repair and shall function for the purpose for which such building and furniture has been designed.

**Interpretive Guideline**

Tour the facility. Is furniture in good condition and functional for the population served? Are the buildings and grounds in good repair?

**ST - C0032 - Operating Stds - Facility Local Codes**

**Title** Operating Stds - Facility Local Codes

**Statute or Rule** 65E-9.005(5)(a)7, F.A.C.

**Type** Rule

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**Regulation Definition**

(5)(a)7. All heating, air conditioning, electrical, mechanical, plumbing and fire protection systems shall function properly and be in compliance with local codes.

**Interpretive Guideline**

Review the most recent fire marshal's or local authority having jurisdiction's inspection. If violations are noted, is there a follow-up documenting correction?

**ST - C0033 - Operating Stds - Facility TGH Bed Requirement**

**Title** Operating Stds - Facility TGH Bed Requirement

**Statute or Rule** 65E-9.005(5)(a)8, F.A.C.

**Type** Rule

**Regulation Definition**

(5)(a)8. Therapeutic group home beds shall meet the requirements of Chapter 419, F.S., Community Residential Homes.

**Interpretive Guideline**

In addition to meeting the requirements of Chapter 419, F.S., Therapeutic Group Homes have a maximum capacity of 12 beds.

"Therapeutic group home" means a 24-hour residential program providing community-based mental health treatment and mental health support services in a home-like setting to no more than 12 children who meet the criteria in Section 394.492(5) or (6), F.S.

**ST - C0034 - Operating Stds - Facility Interior Accomod**

**Title** Operating Stds - Facility Interior Accomod

**Statute or Rule** 65E-9.005(5)(b)1, F.A.C.

**Type** Rule

**Regulation Definition**

(5)(b) Interior accommodations.  
1. The facility's space and furnishings shall enable staff to respect the child's right to privacy and provide adequate supervision.

**Interpretive Guideline**

Tour the facility. Observe staff/ child interactions. Is supervision appropriate? Is privacy afforded for resident to residents and staff, as appropriate?

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**ST - C0035 - Operating Stds - Facility Common Area**

**Title** Operating Stds - Facility Common Area

**Statute or Rule** 65E-9.005(5)(b)2, F.A.C.

**Type** Rule

**Regulation Definition**

(5)(b)2. The facility shall have a common area large enough to accommodate group activities for the informal use by children.

**Interpretive Guideline**

Tour the facility. Observe activities in progress. Is there sufficient space?

**ST - C0036 - Operating Stds - Facility Dining Area**

**Title** Operating Stds - Facility Dining Area

**Statute or Rule** 65E-9.005(5)(b)3, F.A.C.

**Type** Rule

**Regulation Definition**

(5)(b)3. The facility shall have one or more dining areas large enough to comfortably accommodate the number of persons normally served.

**Interpretive Guideline**

Tour the facility. Observe a meal. Is space sufficient for a comfortable, pleasant dining experience?

Is the dining space handicapped accessible, if needed?

**ST - C0037 - Operating Stds - Facility Indoor Rec Space**

**Title** Operating Stds - Facility Indoor Rec Space

**Statute or Rule** 65E-9.005(5)(b)4, F.A.C.

**Type** Rule

**Regulation Definition**

(5)(b)4. The facility shall have indoor recreation space large enough to accommodate the number of children scheduled for indoor activities.

**Interpretive Guideline**

Tour the facility. Observe indoor activities. Is space sufficient?



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**ST - C0038 - Operating Stds - Facility Study Areas**

**Title** Operating Stds - Facility Study Areas

**Statute or Rule** 65E-9.005(5)(b)5, F.A.C.

**Type** Rule

**Regulation Definition**

(5)(b)5. Study areas shall have tables, chairs, appropriate lighting and bookshelves suitable for children's use.

**Interpretive Guideline**

Tour the facility. Are required furnishings available?

**ST - C0039 - Operating Stds - Facility Admin Office Space**

**Title** Operating Stds - Facility Admin Office Space

**Statute or Rule** 65E-9.005(5)(b)6, F.A.C.

**Type** Rule

**Regulation Definition**

(5)(b)6. For residential treatment centers, if administrative offices are housed in the facility, they shall be separated from the children's living area. Administrative offices do not include nursing or staff monitoring stations.

**Interpretive Guideline**

Tour the facility. Does the space meet the requirements?

Therapeutic group homes may have an office space in the facility for administrative purposes, including storage of children's records.

**ST - C0040 - Operating Stds - Facility Private Space**

**Title** Operating Stds - Facility Private Space

**Statute or Rule** 65E-9.005(5)(b)7, F.A.C.

**Type** Rule

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**Regulation Definition**

(5)(b)7. There shall be a room available, which may be used for multiple purposes, to allow staff and children to talk privately and without interruption.

**Interpretive Guideline**

Tour the facility. Is there a space for children to meet with staff privately?

Is there space for children to meet privately with family or guardian?

**ST - C0041 - Operating Stds - Facility Drinking Water**

**Title** Operating Stds - Facility Drinking Water

**Statute or Rule** 65E-9.005(5)(b)8, F.A.C.

**Type** Rule

**Regulation Definition**

(5)(b)8. Potable drinking water shall be readily available and easily accessible to children.

**Interpretive Guideline**

Tour the facility. Are water fountains / sinks / water coolers and drinking cups available?

**ST - C0042 - Operating Stds - Facility Clocks/Calendars**

**Title** Operating Stds - Facility Clocks/Calendars

**Statute or Rule** 65E-9.005(5)(b)9, F.A.C.

**Type** Rule

**Regulation Definition**

(5)(b)9. Clocks and calendars shall be provided.

**Interpretive Guideline**

Tour the facility. Are clocks and calendars in areas accessible to the children?

Is the print size of the clocks and calendars easily readable by the children?

**ST - C0043 - Operating Stds - Facility Bathrooms**

**Title** Operating Stds - Facility Bathrooms

**Statute or Rule** 65E-9.005(5)(b)10, F.A.C.

**Type** Rule

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**Regulation Definition**

(5)(b)10. Bathrooms shall be provided and shall be separated from halls, corridors and other rooms by floor to ceiling walls. Children shall not have to go through another child's bedroom to get to a bathroom. Each bathroom shall have:

- a. At least one toilet, washbasin, and tub or shower easily accessible to the bedroom area for each six children;
- b. When multiple toilets are located in a single room, they shall be separated by individual toilet stalls to provide individual privacy;
- c. Bathrooms with non-slip surfaces in showers or tubs;
- d. Toilet paper and holders, individual hand towels or disposable paper towels and soap dispensers;
- e. Distortion-free mirrors at a height convenient for use by children;
- f. A place for toiletry storage; and
- g. In a facility that houses children with physical handicaps that limit mobility, all toilet and bathing areas shall meet the requirements of the Florida Building Code for accessibility.

**Interpretive Guideline**

Tour the facility. Do bathroom facilities meet the requirements?

Are bathrooms, in facilities serving children with physical handicaps, spacious enough to accommodate wheelchairs and lift devices? Are sinks / showers wheelchair accessible?

**ST - C0044 - Operating Stds - Facility Bedrooms**

**Title** Operating Stds - Facility Bedrooms

**Statute or Rule** 65E-9.005(5)(b)11, F.A.C.

**Type** Rule

**Regulation Definition**

(5)(b)11. Bedrooms.

- a. Children shall not share sleeping areas with adolescents, and children or adolescents shall not share sleeping areas with adults.
- b. Separate sleeping areas shall be provided for boys and girls.
- c. The provider shall not permit children with physical handicaps that limit mobility to sleep above the first floor.

**Interpretive Guideline**

Tour the facility. Do sleeping quarters meet the physical requirements?

Do linens/ bedspreads appear clean?

Are children housed with others of similar age or developmental/maturity level?

Are there personalized touches to the bedrooms?

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d. Bedrooms shall have at least 50 square feet of usable floor space per resident.

e. Bedrooms with multiple occupancy shall be limited to a maximum of 4 occupants.

f. Bedrooms for children shall be separated from halls, corridors, and other rooms by floor to ceiling walls.

g. Children's bedrooms shall be ventilated, well-lighted and located convenient to a bathroom and shall have at least one operable exterior window.

h. Each bedroom shall be furnished with the following equipment for each child: personal storage space, such as a dresser; space for hanging clothes; a bed and mattress in good repair, which is at least 36 inches wide and 72 inches long, bedding suited to the seasons and a pillow.

i. Clean sheets, pillow cases, and blankets shall be provided for each child upon arrival. Sheets and pillowcases shall be laundered at least weekly unless greater frequency is indicated. A bedspread must be provided. Blankets or quilts must be available for use during cold weather. Bedspreads and blankets or quilts must be laundered at least quarterly, or more often, as needed.

j. Sleeping areas shall be assigned based on children's individual needs for group support, privacy or independence and shall be appropriate to their ages, developmental levels and clinical needs.

k. Children shall be allowed to keep and display personal belongings and to add personal touches to the decoration of their rooms. The provider shall have and follow written procedures specifying what types of decoration are acceptable.

Interview the children. Do they get along with their roommate(s)? Are they permitted or encouraged to add personal belongings to the room décor?

If there are concerns, review the facility policy on laundering of linens.

**ST - C0045 - Operating Stds - Facility Seclusion Room**

**Title** Operating Stds - Facility Seclusion Room

**Statute or Rule** 65E-9.005(5)(b)12, F.A.C.

**Type** Rule

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**Regulation Definition**

- (5)(b)12. A seclusion room must meet the following standards:
- a. Be a single room of at least 50 square feet and shall be constructed to minimize the child's hiding, escape, injury or suicide;
  - b. Allow staff full view of the resident in all areas of the room from outside of the room;
  - c. Doors.
    - (I) Doors will be made of solid-core hardwood, metal or other hard, shatter-resistant material.
    - (II) Doors must open outward and lock using a keyless locking device that will unlock upon activation of building fire alarm and will fail safe open on loss of power to the device.
    - (III) The door will have no other features greater than eighteen inches from the floor to which cloth or other material may be securely hung or tied.
  - d. Floors and walls.
    - (I) Floors and walls will be solid, smooth, and high impact resistant without metal or other protrusions.
    - (II) Walls will lack features that are higher than eighteen inches from the floor to which cloth or other material may be securely hung or tied.
    - (III) Floor tiles and baseboards are acceptable if attached securely to the floor and walls.
  - e. Ceilings less than nine feet above the floor shall be monolithic with no appendages that can be securely grasped or tied onto with cloth or other material.
  - f. Vents less than nine feet above the floor will be covered with small wire mesh, a metal plate, or other high impact resistant material (with holes no larger than three-sixteenth inch) in such a way that one would be unable to securely tie or

**Interpretive Guideline**

- Review the facility's annual seclusion room inspection.
- Interview staff re: has there been any structural changes/ damage to the room? If so, there should be an inspection related to that, as well. Ask staff about the policy for cleaning mattresses/ blankets for this area. Review that policy, if there are concerns.
- Tour the seclusion room. Does it meet the physical standards?
- Ask staff if any resident physical injuries occurred in the seclusion room?
- Review the current fire marshal's or local authority having jurisdiction's report. If violations are noted, is there a follow-up to indicate correction?

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hang cloth or other material from it and have no exposed sharp edges.

g. Lighting.

(I) Lighting less than nine feet above the floor will:

(A) Be recessed and covered with shatter-resistant material;

(B) Have no sharp exposed edges and lack space between it and the ceiling (or other mounting surface);

(C) Not possess features to which cloth or other material can be securely tied or hung;

(II) The lighting fixture need not be recessed if it is security-rated to withstand high impact and has a shatter-resistant cover.

(III) Material used to fill space between the fixture and the mounting surface will be hard epoxy or other material that cannot be easily removed.

h. Mirrors and cameras. If mirrors and cameras are located in the seclusion room and are less than nine feet above the floor, they will:

(I) Be covered with shatter-resistant material;

(II) Have no sharp exposed edges and lack space between them and the ceiling (or other mounting surface);

(III) Not possess features to which cloth or other material can be securely tied or hung;

i. Sprinklers. Sprinklers less than nine feet above the floor will:

(I) Be recessed inside a cone-shaped or other suitable housing onto which cloth or other material cannot be securely tied or hung; sprinkler systems shall be installed in accordance with National Fire Protection Association Standard 13.;

(II) Lack space between the base of the housing and the surface to which it is attached;

(III) Will use material to fill between the fixture and the

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ceiling that is hard epoxy or other material that cannot be easily removed.

j. Windows.

(I) Windows, when present, will be made of shatter-resistant material.

(II) Any glass window that is not shatter resistant will be covered with a security-rated screen or other material that prevents access to the glass.

(III) Window cranks will be flush with the window.

k. A toilet room shall be conveniently located near the seclusion room without entering into or through a common use area. It shall not open directly into or be located within the seclusion room. Toilets and sinks will be smooth and devoid of handles or parts to which cloth or other material could be securely tied or hung.

l. Smoke detectors.

(I) Smoke detectors less than nine feet above the floor will be recessed in the wall or ceiling, or enclosed in small wire mesh or other suitable material housing that prevents access to the smoke detector.

(II) The wire mesh or other enclosure will have holes that are not larger than three-sixteenth inch and lack features to which cloth or other material can be securely tied or hung and shall not prevent the smoke detector from properly functioning in accordance with National Fire Protection Association, 72, National Fire Alarm Code.

m. Electrical outlets.

(I) Electrical outlets are not permitted.

(II) Electrical switches, e.g., to adjust lighting, are permissible if switches cannot be removed by the child or otherwise manipulated to gain access to the wiring.

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(III) Switches will not protrude so far that they permit serious self-injury.

n. Beds when present will:

- (I) Be made of metal, heavy molded plastic, or other solid impact resistant material;
- (II) Be secured to the floor or wall to prevent the child from standing it upright and using it as a prop; and
- (III) Lack features to which cloth or other material can be securely tied, if it is higher than twenty-four inches above the floor.

o. Mattresses and blankets.

- (I) Each child placed in seclusion will have immediate access to one plastic or vinyl-covered mattress and at least one fire retardant, triple-stitched blanket made of tear resistant material.
- (II) Mattresses and blankets will be cleaned after each use, prior to being used by another child.

p. Each seclusion room will be inspected and certified as compliant with the above standards at least yearly and at any time damage or structural change occur.

**ST - C0046 - Operating Stds - Facility Ventilation/Lights**

**Title** Operating Stds - Facility Ventilation/Lights

**Statute or Rule** 65E-9.005(5)(b)13, F.A.C.

**Type** Rule

**Regulation Definition**

(5)(b)13. Ventilation and lighting.

a. The facility shall provide outside ventilation by means of windows, louvers, air conditioners, or mechanical ventilation in rooms used by children. Windows and doors used for outside ventilation shall be operable and shall have screens in

**Interpretive Guideline**

Tour the facility. Does there appear to be good air flow? Is the internal temperature comfortable, without drafts? Is there sufficient lighting to provide care/ conduct activities?

Are there exit lights that will continue to operate during a power outage?



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good repair.

Ask staff to demonstrate how hallway lighting operates at night.

b. All areas of the facility occupied by children shall be temperature-controlled in a manner conducive to comfort, safety and privacy. Unless otherwise mandated by federal or state authorities, a temperature of 72 to 82 degrees Fahrenheit during waking hours and 68 to 82 degrees Fahrenheit during sleeping hours shall be maintained in all areas used by children. Cooling devices shall be placed or adjusted in a manner that minimizes drafts. Table fans and floor fans shall have protective covers.

c. The facility shall provide sufficient lighting for the comfort and safety of children, including in classrooms, study areas, bathrooms and food service areas.

d. All incandescent bulbs and fluorescent light tubes shall be protected with covers or shields.

e. Hallways to bedrooms and bathrooms shall be illuminated at night.

f. The facility shall provide egress lighting that will operate if there is a power failure.

**ST - C0047 - Operating Stds-Hlth/Sanitation/Safety Inspect**

**Title** Operating Stds-Hlth/Sanitation/Safety Inspect

**Statute or Rule** 65E-9.005(6)(a), F.A.C.

**Type** Rule

**Regulation Definition**

(6) Health, sanitation and safety.

(a) Before a license is issued, and annually thereafter, the facility shall be inspected by the local office of the Department of Health to review compliance with state and local ordinances and health codes. Current written approvals or certificates of health and sanitary conditions and inspection reports shall be on file in the facility.

**Interpretive Guideline**

Review the most recent DOH and local authority having jurisdiction reports. For any violations, is there a follow-up indicating correction?

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**ST - C0048 - Operating Stds-Hlth/Sanitation/Safety Procedu**

**Title** Operating Stds-Hlth/Sanitation/Safety Procedu

**Statute or Rule** 65E-9.005(6)(b), F.A.C.

**Type** Rule

**Regulation Definition**

- (6) Health, sanitation and safety.
- (b) The provider shall have and follow written health, sanitation and safety procedures.

**Interpretive Guideline**

Tour the facility. Is the facility safe/ sanitary? Refer any apparent violations to the local DOH office.

**ST - C0049 - Operating Stds-Hlth/Sanitation/Safety Locks**

**Title** Operating Stds-Hlth/Sanitation/Safety Locks

**Statute or Rule** 5E-9.005(6)(c), F.A.C.

**Type** Rule

**Regulation Definition**

- (6) Health, sanitation and safety.
- (c) The use of door or window locks or closed sections of the building shall comply with all applicable safety and fire code standards.

**Interpretive Guideline**

Tour the facility. Are there any apparent safety violations? If so, refer those violations to the local fire authority, immediately.

Review the annual fire marshal's/ local authority having jurisdiction's inspection.

**ST - C0050 - Operating Stds-Hlth/Sanitation/Safety Phones**

**Title** Operating Stds-Hlth/Sanitation/Safety Phones

**Statute or Rule** 65E-9.005(6)(d), F.A.C.

**Type** Rule

**Regulation Definition**

- (6) Health, sanitation and safety.

**Interpretive Guideline**

Tour the facility. Are phones, including at least one cellular, readily accessible? If not apparent, ask staff where the

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(d) The facility shall have telephones, centrally located and readily available for staff and children's use in each living unit of the facility. Emergency numbers such as the fire department, police, hospital, physician, poison control center, ambulance and Florida Abuse Hotline shall be posted by each telephone. There shall be at least one cellular telephone available for use at all times in the event of power and telephone line outages.

cell phone is stored.

Are emergency numbers posted?

**ST - C0051 - Operating Stds-Hlth/Sanitation/Safety Poisons**

**Title** Operating Stds-Hlth/Sanitation/Safety Poisons

**Statute or Rule** 65E-9.005(6)(e), F.A.C.

**Type** Rule

**Regulation Definition**

(6) Health, sanitation and safety.  
(e) Poisons and toxic substances shall be prominently and distinctly marked, labeled as to contents, kept stored under lock and key, kept inaccessible to children, and used in a manner as not to contaminate food or constitute a hazard to children.

**Interpretive Guideline**

Tour the facility. Are poisons/ toxins kept securely away from children/ food?

**ST - C0052 - Operating Stds-Housekeeping Clean/Safe/Vented**

**Title** Operating Stds-Housekeeping Clean/Safe/Vented

**Statute or Rule** 65E-9.005(7)(a-b), F.A.C.

**Type** Rule

**Regulation Definition**

(7) Housekeeping.  
(a) The facility and its contents shall be kept free from dust, dirt, debris and noxious odors.  
(b) All rooms and corridors shall be maintained in a clean,

**Interpretive Guideline**

Tour the facility. Include in your tour notations of air vents.

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safe, and orderly condition, and shall be properly ventilated to prevent condensation, mold growth, and noxious odors.

**ST - C0053 - Operating Stds-Housekeeping Walls/Ceiling/Bed**

**Title** Operating Stds-Housekeeping Walls/Ceiling/Bed

**Statute or Rule** 65E-9.005(7)(c-d), F.A.C.

**Type** Rule

**Regulation Definition**

**Interpretive Guideline**

(7) Housekeeping

Tour the facility.

(c) All walls and ceilings, including doors, windows, skylights, screens, and similar closures shall be kept clean.

(d) All mattresses, pillows, and other bedding; window coverings, including curtains, blinds, and shades, cubicle curtains and privacy screens; and furniture shall be kept clean.

**ST - C0054 - Operating Stds-Housekeeping Floors**

**Title** Operating Stds-Housekeeping Floors

**Statute or Rule** 65E-9.005(7)(e), F.A.C.

**Type** Rule

**Regulation Definition**

**Interpretive Guideline**

(7) Housekeeping

Tour the facility.

(e) Floors shall be kept clean and free from spillage, and non-skid wax shall be used on all waxed floors.

Observe for dip(s) in the floor for potential fall hazards.

**ST - C0055 - Operating Stds-Housekeeping Storage Aisles**

**Title** Operating Stds-Housekeeping Storage Aisles

**Statute or Rule** 65E-9.005(7)(f), F.A.C.

**Type** Rule

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**Regulation Definition**

- (7) Houskeeping
- (f) Aisles in storage areas shall be kept unobstructed.

**Interpretive Guideline**

Tour the storage areas. Is there adequate clearance?

**ST - C0056 - Operating Stds-Housekeeping Garbage**

**Title** Operating Stds-Housekeeping Garbage

**Statute or Rule** 65E-9.005(7)(g-i), F.A.C.

**Type** Rule

**Regulation Definition**

- (7) Housekeeping
- (g) All garbage and refuse shall be collected daily, removed from the building and stored in a manner to make it inaccessible to insects and rodents.
- (h) Garbage storage rooms and outside area shall be kept clean, vermin-proof, and large enough to store the garbage containers that accumulate. Outside storage of unprotected plastic bags, wet strength paper bags, or baled units containing garbage is prohibited. Garbage containers, dumpsters, and compactor systems located outside shall be stored on or above a smooth surface of non-absorbent material, such as concrete or machine-laid asphalt, that is kept clean and maintained in good repair.
- (i) Garbage shall be removed from storage areas as often as necessary to prevent sanitary nuisance conditions. If garbage is disposed of on the premises, the method of disposal shall not create a sanitary nuisance and shall comply with the provisions of Chapter 62-701, F.A.C.

**Interpretive Guideline**

Tour the facility, including the dumpster/ compactor areas. Are the areas free of spills/ pests? Is garbage well contained?

Observe for signs of insects or rodents.

Chapter 62-701 Solid Waste Management Facilities Rule under the Florida Department of Environmental Protection.

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**ST - C0057 - Operating Stds-Housekeeping Laundry**

**Title** Operating Stds-Housekeeping Laundry

**Statute or Rule** 65E-9.005(7)(j), F.A.C.

**Type** Rule

**Regulation Definition**

(7) Housekeeping  
(j) Laundry facilities shall be located in an area separate from areas occupied by children. If children are allowed to participate in the laundering of their personal items, space for sorting, drying, and ironing shall be made available. If children are using laundry facilities, they shall be supervised by a staff member at all times.

**Interpretive Guideline**

Tour the facility. If children do participate in laundry tasks, observe for level of supervision.  
If children participate in laundry task, what education have they been provided on safety precautions?

**ST - C0058 - Operating Stds - Codes & Standards**

**Title** Operating Stds - Codes & Standards

**Statute or Rule** 65E-9.005(8)(a), F.A.C.

**Type** Rule

**Regulation Definition**

(8) Codes and standards.  
(a) Before a license is issued and annually thereafter, the facility shall be inspected by the State Fire Marshal's office or other person certified pursuant to Section 633.081, F.S., by the Division of State Fire Marshal as a fire safety inspector. A current report of inspections and satisfactory approval shall be on file in the facility.

**Interpretive Guideline**

Review the current fire marshal's or local authority having jurisdiction's report. If violations are noted, is there a follow-up to indicate correction?

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**ST - C0065 - Operating Stds - Transportation Safety**

**Title** Operating Stds - Transportation Safety

**Statute or Rule** 65E-9.005(9)(a-c), F.A.C.

**Type** Rule

**Regulation Definition**

(9) Transportation safety.

(a) Vehicles used to transport children shall be maintained in safe operating condition.

(b) The number of persons in a vehicle used to transport children shall not exceed the number of seats and seat belts. Seat belts shall be worn by all passengers when transporting children. Buses without seat belts are exempt from this requirement.

(c) Buses or vans used to transport children shall be equipped with a first aid kit and a non-expired fire extinguisher, rated 5BC.

**Interpretive Guideline**

Tour the facility vehicles. Observe children getting in/ out of vehicles to determine if seat belts are worn as needed. Check buses/ vans for the required fire extinguisher and first aid kit.

**ST - C0066 - Operating Stds-Disaster/Emergency Plan**

**Title** Operating Stds-Disaster/Emergency Plan

**Statute or Rule** 65E-9.005(10)(a) & (c), F.A.C.

**Type** Rule

**Regulation Definition**

(10) Disaster and emergency preparedness.

(a) EMERGENCY PLAN COMPONENTS. Each facility shall prepare a written comprehensive emergency management plan in accordance with CF-MH 1065, "Emergency Management Planning Criteria for Residential Treatment Facilities," dated 08/2007, which is incorporated by reference. This document is available on the Department's website at

**Interpretive Guideline**

Request a copy of the disaster plan to ensure that it contains all of the required components and has been submitted for approval to the county emergency management agency.

The Department of Children and Family Services Form # CF-MH 1065 is also available at <https://eds.myflfamilies.com/DCFFormsInternet/Search/OpenDCFForm.aspx?FormId=618>

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<http://www.dcf.state.fl.us/publications/eforms/mh1065>. The comprehensive emergency management plan must, at a minimum address the following:

1. Provision for all hazards.
2. Provision for the care of residents remaining in the facility during an emergency including pre-disaster or emergency preparation; protecting the facility; supplies; emergency power; food and water; staffing; and emergency equipment.
3. Provision for the care of residents who must be evacuated from the facility during an emergency including identification of such residents and transfer of resident records; evacuation transportation; sheltering arrangements; supplies; staffing; emergency equipment; and medications.
4. Provision for the care of additional residents who may be evacuated to the facility during an emergency including the identification of such residents, staffing, and supplies.
5. Identification of residents with mobility limitations who may need specialized assistance either at the facility or in case of evacuation.
6. Identification of and coordination with the local emergency management agency.
7. Arrangement for post-disaster activities including responding to family inquiries, obtaining medical intervention for residents; transportation; and reporting to the county office of emergency management the number of residents who have been relocated and the place of relocation.
8. The identification of staff responsible for implementing each part of the plan.

(c) EMERGENCY PLAN APPROVAL. The plan shall be submitted for review and approval to the county emergency management agency.

1. Any revisions must be made and the plan resubmitted to the county office of emergency management within 30 days of receiving notification from the county agency that the plan



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must be revised.

2. Newly-licensed facility and facilities whose ownership has been transferred, must submit an emergency management plan within 30 days after obtaining a license.

3. The facility shall review its emergency management plan on an annual basis. Any substantive changes must be submitted to the county emergency agency for review and approval.

a. Changes in the name, address, telephone number, or position of staff listed in the plan are not considered substantive revisions for the purposes of this rule.

b. Changes in the identification of specific staff must be submitted to the county emergency management agency annually as a signed and dated addendum that is not subject to review and approval.

4. Any plan approved by the county emergency management agency shall be considered to have met all the criteria and conditions established in this rule.

**ST - C0067 - Operating Stds-Disaster/Emer Prep. Evac Route**

**Title** Operating Stds-Disaster/Emer Prep. Evac Route

**Statute or Rule** 65E-9.005(10)(b), F.A.C.

**Type** Rule

**Regulation Definition**

(10) Disaster and emergency preparedness.

(b) Evacuation routes shall be posted in conspicuous places and reviewed with staff and children on a semi-annual basis. Evidence of these periodic reviews shall be maintained in the facility's files and available upon request.

**Interpretive Guideline**

Tour the facility. Are evacuation routes posted in common areas?

Review facility documentation of facility training on this.

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**ST - C0068 - Operating Stds-Disaster/Emer Plan Implementat**

**Title** Operating Stds-Disaster/Emer Plan Implementat

**Statute or Rule** 65E-9.005(10)(d), F.A.C.

**Type** Rule

**Regulation Definition**

(10) Disaster and emergency preparedness.

(d) PLAN IMPLEMENTATION. In the event of an internal or external disaster the facility shall implement the facility's emergency management plan in accordance with Section 252.356, F.S.

1. All staff must be trained in their duties and are responsible for implementing the emergency management plan.
2. If telephone service is not available during an emergency, the facility shall request assistance from local law enforcement or emergency management personnel in maintaining communication.

**Interpretive Guideline**

In the event an internal or external disaster has occurred, review facility documentation to ensure the facility's emergency management plan was properly implemented and assistance if required, was appropriately requested.

Review facility documentation to ensure staff has been trained in their emergency duties and understand they are responsible for implementing the emergency management plan.

**ST - C0069 - Operating Stds-Disaster/Emer Prep.Evacuation**

**Title** Operating Stds-Disaster/Emer Prep.Evacuation

**Statute or Rule** 65E-9.005(10)(e), F.A.C.

**Type** Rule

**Regulation Definition**

(10) Disaster and Emergency Preparedness

(e) FACILITY EVACUATION. The facility must evacuate the premises during or after an emergency if so directed by the local emergency management agency.

1. The facility shall report the evacuation to the local office of emergency management or designee and to the area Department of Children Mental Health Program Office within

**Interpretive Guideline**

If the facility has been ordered to evacuate, investigate to ensure that all aspects of this rule section was followed and the facility did not re-inhabit the buildings until given clearance from the local authority having jurisdiction.

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six hours of the evacuation order and when the evacuation is complete if the evacuation is not completed within the six hour period.

2. The facility shall not be re-occupied until the area is cleared for reentry by the local emergency management agency or its designee and the facility can meet the immediate needs of the residents.

3. A facility with significant structural damage must relocate residents until the facility can be safely re-occupied.

4. The facility is responsible for knowing the location of all residents until the resident has been relocated from the facility.

5. The facility shall provide the agency with the name of a contact person who shall be available by telephone 24-hours a day, seven days a week, until the facility is re-occupied.

6. The facility shall assist in the relocation of residents and shall cooperate with outreach teams established by the Department of Health or emergency management agency to assist in relocation efforts. Resident needs and preferences shall be considered to the extent possible in any relocation decision.

**ST - C0070 - Operating Stds - Aquatic Safety**

**Title** Operating Stds - Aquatic Safety

**Statute or Rule** 65E-9.005(11), F.A.C.

**Type** Rule

**Regulation Definition**

(11) Aquatic safety. For facilities that offer aquatic programs, the provider shall have and implement on an ongoing basis procedures that include:

(a) Children shall not participate in an aquatic activity without continuous supervision by staff trained in water rescue and lifesaving procedures.

(b) Before allowing children to participate in an aquatic activity, their swimming ability levels shall be assessed.

**Interpretive Guideline**

Review facility aquatic safety policies. Check for life saving equipment availability in the pool area.

During employee file review, determine if staff are trained in water rescue and lifesaving procedures, if appropriate.

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(c) The provider shall not permit a child to participate in an aquatic activity requiring higher skills than the child's swimming abilities, except during formal swimming instruction.

(d) A method, such as the buddy system, shall be established and enforced during aquatic activities.

(e) Lifesaving equipment shall be immediately accessible during aquatic activities. Minimum lifesaving equipment shall include:

1. A whistle or other audible signal device;
2. A first aid kit; and
3. A ring buoy, rescue tube, life jacket or other appropriate flotation device with an attached rope of sufficient length for the area.

(f) Life jackets shall be worn during all boating activities.

(g) Before any extended travel in a water craft, drills shall be practiced to approximate "man overboard" and capsized situations.

**ST - C0075 - Program Stds - Therapeutic Group Homes**

**Title** Program Stds - Therapeutic Group Homes

**Statute or Rule** 65E-9.006(1), F.A.C.

**Type** Rule

**Regulation Definition**

(1) Additional standards for therapeutic group homes. The primary mission of the therapeutic group home is to provide treatment of serious emotional disturbance. Distinguishing features of a therapeutic group home include the following:

(a) Meets the requirements of a single-family unit or community residential home as defined in Chapter 419, F.S. Community Residential Homes; the home is a non-secure or unlocked facility;

(b) The use of mechanical restraint or drugs used as restraint is prohibited;

**Interpretive Guideline**

For TGHs: Is this a community based home, serving 12 or fewer children? Is the TGH unlocked/ non-secure? Is there a seclusion room?

Review restraint policies? Do they meet criteria?

Is seclusion prohibited by policy?

Review the restraint log. Select a sample of those children restrained to determine if the requirements were met:

Was it an emergency?

Did the restraint last no longer than 30 minutes?

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(c) If physical restraint is used, the following conditions shall be met:

1. Physical restraint must be applied only during potential emergency or crisis situations for no more than 30 minutes;
2. If the use of physical restraint is required during the child's stay, the treatment team shall formally review the child's treatment plan, at least monthly, and revise at the time of the review if determined necessary, to actively address and eliminate its use. As part of its review, the treatment team will determine whether implementation of an individual behavior plan is necessary, considering such factors as the frequency and duration of the physical restraint incidents and the age and cognitive ability of the child; and
3. The guidelines in Rule 65E-9.013, F.A.C., related to physical restraint shall be met in addition to those listed above.

(d) The use of seclusion is prohibited. If time-out is used, the provider shall comply with the procedures outlined in subsection 65E-9.013(11), F.A.C.;

(e) Children or adolescents must be medically stable;

(f) Children or adolescents being served attend school in the community and engage in community recreational and social activities;

(g) Treatment plan includes treatment and support services, goals and objectives designed to enable children being served to transition to a less restrictive level of care or be reunited with their family; and

(h) Treatment and other mental health services are provided in a family-like setting, and the provider may employ professional parents to staff the home.

Were restraints reviewed by the treatment team?

Are children placed in the TGH medically stable?

**ST - C0076 - Program Stds - Collocation**

**Title** Program Stds - Collocation

**Statute or Rule** 65E-9.006(2), F.A.C.

**Type** Rule

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**Regulation Definition**

- (2) Collocation.
- (a) Upon written approval of the department and the agency, a provider may collocate other programs with programs serving children admitted under Chapter 394 or Section 39.407, F.S.
- (b) The collocated programs may share administration and facility services, such as housekeeping, food preparation, and maintenance.
- (c) Children admitted to these other programs shall be separated from the other children by staff supervision and shall not co-mingle or share a common space at the same time.

**Interpretive Guideline**

Tour the facility. Are children kept separate from clients of other programs?

**ST - C0077 - Program Stds - Treatment and Services**

**Title** Program Stds - Treatment and Services

**Statute or Rule** 65E-9.006(3), F.A.C.

**Type** Rule

**Regulation Definition**

- (3) Treatment and services.
- (a) Treatment shall be individualized, child and family centered, culturally competent, and based on the child's assessed strengths, needs, and presenting problems that precipitated admission to the program.
- (b) Treatment services shall be provided as part of an individualized written treatment, plan that complies with Rule 65E-9.009, F.A.C., of this chapter.
- (c) Treatment modalities and services shall be in accordance with the child's psychiatric, behavioral, emotional and social needs and be incorporated into their individualized treatment plan and discharge plan.
- (d) The provider shall ensure that all staff caring for or providing treatment or services for the child:
1. Have current information about the child's treatment plan

**Interpretive Guideline**

Review the treatment plan of a sample of children (10 % of census or a minimum of 3). Are the plans individualized? Do they include the required elements? Do they include information indicating which staff will provide required modalities? Are those staff qualified to complete this portion of the treatment plan? Is the treatment plan amended, as needed? Was the child and family involved in the development of the treatment plan?

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- and goals, including the child's permanency goals if admitted pursuant to Section 39.407, F.S.; and
2. Direct all aspects of the child's treatment, services and daily activities toward meeting the child's specific treatment goals.
- (e) The provider shall ensure that all staff providing a treatment modality to the child are qualified to provide that treatment modality.
- (f) Discussions are held on an on-going basis with the individuals involved in implementing treatment.
- (g) Treatment shall not be aversive, coercive, or experimental.
- (h) Treatment provided, including behavior analysis services, shall be consistent with nationally recognized standards.
- (i) When multiple modalities of treatment are provided, such as psychotherapy, behavior management, and medication, the treatment shall be coordinated among the treatment professionals.
- (j) Treatment progress shall be monitored on a continuous basis and the treatment adjusted as needed to meet the child's individual treatment goals.

**ST - C0078 - Program Stds - Activities**

**Title** Program Stds - Activities

**Statute or Rule** 65E-9.006(4), F.A.C.

**Type** Rule

**Regulation Definition**

- (4) Activities.
- (a) Basic routines shall be outlined in writing and made available to staff and children on a continuing basis.
- (b) The daily program shall be planned to provide a framework for daily living and periodically reviewed and revised as the needs of the individual child or the living group change.
- (c) Daily routines shall be adjusted as needed to meet special requirements of the child's treatment plan.

**Interpretive Guideline**

- Observe the children and staff. Is there an observable routine? Ask staff to explain what occurs on their shift. Do these routines appear to be meeting the needs of the children?
- Review the facility plan for activities/ daily schedule for the children.
- Are books, games and other activities materials available?
- Review the facility policy for community involvement.

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(d) The facility shall have a written plan for a range of age-appropriate indoor and outdoor recreational and leisure activities provided for children, including activities for evenings and weekends. Such activities shall be based on the group and individual interests and developmental needs of the children in care.

(e) Books, magazines, newspapers, arts and crafts materials, radios and televisions shall be available in accordance with children's recreational, cultural and educational backgrounds and needs.

(f) Provisions shall be made for each child to have daily time for privacy and pursuit of individual interests.

(g) The facility shall have a written policy addressing the involvement of children in community activities and services, which includes how the appropriate level of community involvement is determined for each child.

**ST - C0079 - Program Stds - Education**

**Title** Program Stds - Education

**Statute or Rule** 65E-9.006(5), F.A.C.

**Type** Rule

**Regulation Definition**

(5) Education. The provider shall arrange for or provide an educational program for children, that complies with the State Board of Education, Rule 6A-6.0361, F.A.C., effective date 2-18-93, hereby incorporated by reference.

**Interpretive Guideline**

Is there a "school day" Monday through Friday with classroom learning?

Are any of the children mainstreamed in the public school?

**ST - C0080 - Program Stds - Food and Nutrition**

**Title** Program Stds - Food and Nutrition

**Statute or Rule** 65E-9.006(6), F.A.C.

**Type** Rule



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**Regulation Definition**

(6) Food and nutrition.

(a) If the provider serves meals to staff members, they shall serve staff and children substantially the same food, except when age or special dietary requirements dictate differences.

(b) The provider shall serve three well-balanced meals a day in the morning, noon, and evening and provide snacks. If a child is admitted between meals, snacks will be provided.

When children are attending school or are not present in the facility during mealtime, the provider shall make arrangements for the children's meals.

(c) The provider shall retain menus, with substitutions, for a 12-month period, which shall be available for review. Menus shall be posted 24 hours before serving of the meal. Any change shall be noted. Menus shall be evaluated by a consultant dietitian for nutritional adequacy at least annually. The provider shall maintain records of the dietician's reviews.

(d) The provider shall plan and prepare special diets as needed (e.g., diabetic, bland, high calorie). No more than fourteen hours shall elapse between the end of the evening meal and the beginning of the morning meal where a protein is served. Meals shall meet general requirements for nutrition published by the department or currently found in the Recommended Daily Diet Allowances, Food and Nutrition Board; or by the Florida Dietetic Association.

**Interpretive Guideline**

Review facility menus, including the substitution menu and any specially prescribed diets. Has the menu been reviewed by an RD in the last 365 days?

Observe the kitchen/ pantries for food/ snack availability.

Ask the staff what the meal times are.

Observe if Menus are posted 24 hours before serving of the meal.

**ST - C0081 - Hlth/Med/EmerMed/Psych Srvs Procedures**

**Title** Hlth/Med/EmerMed/Psych Srvs Procedures

**Statute or Rule** 65E-9.006(7)(a-b), F.A.C.

**Type** Rule

**Regulation Definition**

(7) Health, medical, and emergency medical and psychiatric

**Interpretive Guideline**

Review facility procedures. Do they address the required elements?

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services.

(a) The provider shall develop and implement on an ongoing basis written procedures for health, medical, and emergency medical and psychiatric services describing how the provider obtains or provides general and specialized medical, psychiatric, nursing, pharmaceutical and dental services.

(b) The procedure shall clearly specify which staff are available and authorized to provide necessary emergency psychiatric or medical care, or to arrange for referral or transfer to another facility including ambulance arrangements, when necessary. The procedure shall include:

1. Handling and reporting of emergencies. Such procedures shall be reviewed at least yearly by all staff and updated as needed;
2. Obtaining emergency diagnoses and treatment of dental problems;
3. Facilitating emergency hospitalization in a licensed medical facility;
4. Providing emergency medical and psychiatric care; and
5. Notifying and obtaining consent from the parent or legal guardian in emergency situations. This procedure shall be discussed with the child's parent or guardian upon admission. The discussion shall be documented in the child's file.

Did the facility document an annual review for staff? This should be noted when completing personnel record reviews.

Review a sample of documentation of the implementation of emergency procedures in child's record.

**ST - C0082 - Hlth/Med/EmerMed/Psych Srvs Staff On Duty**

**Title** Hlth/Med/EmerMed/Psych Srvs Staff On Duty

**Statute or Rule** 65E-9.006(7)(c), F.A.C.

**Type** Rule

**Regulation Definition**

(7) Health, medical, and emergency medical and psychiatric services.

(c) The provider shall have a staff member on duty at all times, when children are present in the facility, who is trained and currently certified to administer first aid and CPR.

**Interpretive Guideline**

Review the staff schedule for the past pay period. Compare that with personnel records. Is there at least one staff member with documentation of current first aid and CPR training on each shift?

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**ST - C0083 - Hlth/Med/EmerMed/Psych Srvs Illness/Incident**

**Title** Hlth/Med/EmerMed/Psych Srvs Illness/Incident

**Statute or Rule** 65E-9.006(7)(d), F.A.C.

**Type** Rule

**Regulation Definition**

(7) Health, medical, and emergency medical and psychiatric services.

(d) The provider shall immediately notify the child's parent or guardian and the placing organization or the department of any serious illness, any incident involving serious bodily injury, or any severe psychiatric episode requiring the hospitalization of a child.

**Interpretive Guideline**

Do facility policies address notification?

In reviewing client records, is there documentation of notice of emergencies to the appropriate parties?

**ST - C0084 - Hlth/Med/EmerMed/Psych Srvs Agreements**

**Title** Hlth/Med/EmerMed/Psych Srvs Agreements

**Statute or Rule** 65E-9.006(7)(e), F.A.C.

**Type** Rule

**Regulation Definition**

(7) Health, medical, and emergency medical and psychiatric services.

(e) The provider shall have available, either within the provider organization or by written agreement with health care providers, a full range of services for treatment of illnesses and maintenance of general health. Agreements shall include provisions for on-site visits, office visits, and hospitalization.

**Interpretive Guideline**

Are the service needs of sampled clients being met through the numbers / types of providers with whom the facility contracts? If not, review facility agreements with service providers, including general and psychiatric care, as well as dental.

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**ST - C0085 - Hlth/Med/EmerMed/Psych Srvs Illness Setting**

**Title** Hlth/Med/EmerMed/Psych Srvs Illness Setting

**Statute or Rule** 65E-9.006(7)(f), F.A.C.

**Type** Rule

**Regulation Definition**

(7) Health, medical, and emergency medical and psychiatric services.

(f) Children who are physically ill shall be cared for in surroundings familiar to them, if medically feasible, as determined by a physician. If medical isolation is necessary, it shall be provided. There shall be a sufficient number of qualified staff available to give care and attention within a setting designed for such care.

**Interpretive Guideline**

Have sampled children had any recent illnesses? If so, did they receive care in their own living environment if possible, rather than transferring to another facility?

If a child is ill and requires extra attention, do staffing patterns remain sufficient to meet the needs of the other children in the facility?

**ST - C0086 - Hlth/Med/EmerMed/Psych Srvs Physical Exam**

**Title** Hlth/Med/EmerMed/Psych Srvs Physical Exam

**Statute or Rule** 65E-9.006(7)(g), F.A.C.

**Type** Rule

**Regulation Definition**

(7) Health, medical, and emergency medical and psychiatric services.

(g) A complete physical examination shall be provided for each child in the provider's care every 12 months and more frequently, if indicated.

**Interpretive Guideline**

In reviewing the sampled children's charts, please note if full physical exams are offered at least every 365 days.

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**ST - C0087 - Hlth/Med/EmerMed/Psych Srvs Immunizations**

**Title** Hlth/Med/EmerMed/Psych Srvs Immunizations

**Statute or Rule** 65E-9.006(7)(h), F.A.C.

**Type** Rule

**Regulation Definition**

(7) Health, medical, and emergency medical and psychiatric services.

(h) Immunization of all children shall be kept current in accordance with the American Academy of Pediatrics guidelines.

**Interpretive Guideline**

If, while reviewing sampled clients' charts, you have concerns about immunizations, review the facility immunization policy.

The web page for the American Academy of Pediatrics is: [www.aap.org](http://www.aap.org)

You may also find an immunization scheduler at: <http://www.cdc.gov/vaccines/schedules/index.html>

**ST - C0088 - Hlth/Med/EmerMed/Psych Srvs Report Illness**

**Title** Hlth/Med/EmerMed/Psych Srvs Report Illness

**Statute or Rule** 65E-9.006(7)(i), F.A.C.

**Type** Rule

**Regulation Definition**

(7) Health, medical, and emergency medical and psychiatric services.

(i) Each staff member shall be required to report to the program's physician and note in the child's record any illnesses or marked physical dysfunction of the child.

**Interpretive Guideline**

In reviewing child's charts, have you noted that changes in condition(s) are referred to the physician?

**ST - C0089 - Hlth/Med/EmerMed/Psych Srvs Emergencies**

**Title** Hlth/Med/EmerMed/Psych Srvs Emergencies

**Statute or Rule** 65E-9.006(7)(j-n), F.A.C.

**Type** Rule

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**Regulation Definition**

(7) Health, medical, and emergency medical and psychiatric services.

(j) All staff shall have training in the handling of emergency medical situations.

(k) Emergency medical services shall be available within 45 minutes, 24 hours a day, seven days a week.

(l) The program physician's name and telephone number shall be clearly posted in areas accessible by staff and others within the facility.

(m) There shall be a first aid kit available to staff for each unit or building for facilities with multiple units or buildings and one per facility for single unit or building facilities. Contents of the first-aid kits shall be selected by the medical staff.

(n) The provider shall have a written agreement with a licensed hospital verifying that routine and emergency hospitalization will be available.

**Interpretive Guideline**

Review staff personnel records. Do staff receive training during orientation on handling emergencies? If not, ask the facility education coordinator how staff are trained in handling emergencies.

During tour note: Are emergency numbers posted? Are first aid kits readily available?

If during review of client records, you note a concern regarding transfers, review the facility's hospital transfer agreement(s).

**ST - C0090 - Program Std - Med Admin Pharmaceutical Svcs**

**Title** Program Std - Med Admin Pharmaceutical Svcs

**Statute or Rule** 65E-9.006(8)(a), F.A.C.

**Type** Rule

**Regulation Definition**

(8) Administration of medication.

(a) Pharmaceutical services, if provided, shall be maintained and delivered as described in the applicable sections of Chapters 465 and 893, F.S., and the Board of Pharmacy rules.

**Interpretive Guideline**

If pharmacy services are provided, review a copy of the facility's current Department of Health (DOH) Medical Quality Assurance (MQA) pharmacy license.

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**ST - C0091 - Program Std - Med Admin Locked Storage**

**Title** Program Std - Med Admin Locked Storage

**Statute or Rule** 65E-9.006(8)(b), F.A.C.

**Type** Rule

**Regulation Definition**

(8) Administration of medication.  
(b) All medicines and drugs shall be kept in a double locked location. Prescription medications shall be prescribed only by a duly licensed physician or an ARNP or physician's assistant working under the direction of a licensed physician.

**Interpretive Guideline**

Tour the drug storage area. Are medications kept double locked, as required?  
  
Review sampled children's charts. Are medications prescribed only by an MD, ARNP, or a PA (under the direction of an MD)?

**ST - C0092 - Program Std - Med Admin Log/Self-Meds**

**Title** Program Std - Med Admin Log/Self-Meds

**Statute or Rule** 65E-9.006(8)(c-f), F.A.C.

**Type** Rule

**Regulation Definition**

(8) Administration of medication.  
(c) An accurate log shall be kept of the administration of all medication including the following:  
1. Name of the child for whom it is prescribed;  
2. Physician's name, and reason for medication;  
3. Quantity of medication in container when received;  
4. Method of administration of medication (i.e., orally, topically, or injected);  
5. Amount and dosage of medication administered;  
6. Time of day and date medication is to be administered or self-administered and time of day and date medication was taken by the child; and  
7. Signature of staff member who administered or supervised

**Interpretive Guideline**

Observe medication administration for the same number of individuals on the sample (does not need to be sampled persons though). While completing the medication review worksheet, review the client's medication record for accuracy/ completeness.  
  
During the medication pass, are medications only given to children for whom they are prescribed?  
  
During the medication pass, do any children self-administer medications? If the staff member observing the pass it not a licensed nurse/ MD, pull the personnel records of staff observing those passes to determine they have been trained in passing medications.  
  
Are staff administering medications either nurses or otherwise trained in passing medications? Review personnel records for unlicensed staff passing medications, to ensure they have related training.

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self-administration of the medication.

(d) The provider shall not permit medication prescribed for one child to be given to another child.

(e) Children capable of self-medication shall be supervised by a staff person who has been trained in medication supervision.

(f) For children not capable of self-medication, only a licensed nurse or unlicensed staff who has received training as required by this rule shall administer medications.

**ST - C0093 - Program Std - Religious & Ethnic Heritage**

**Title** Program Std - Religious & Ethnic Heritage

**Statute or Rule** 65E-9.006(9), F.A.C.

**Type** Rule

**Regulation Definition**

(9) Religious and ethnic heritage. The provider shall offer opportunities for children to participate in religious services and other religious and ethnic activities within the framework of their individual and family interests, treatment modality and provider setting. The option to celebrate holidays in the child's traditional manner shall be provided and encouraged.

**Interpretive Guideline**

Ask staff and children about participation in religious activities/ culturally relevant holidays. Is there recognition of individual needs?

**ST - C0094 - Program Std - Interpreters/Translators/Lang**

**Title** Program Std - Interpreters/Translators/Lang

**Statute or Rule** 65E-9.006(10), F.A.C.

**Type** Rule

**Regulation Definition**

(10) Interpreters, translators and language options. The provider shall establish procedures for identifying and assessing the language needs of each child and providing:  
(a) A range of oral and written language assistance options,

**Interpretive Guideline**

Review facility policy on assessing children's language needs.

If there are children/ families who use a language other than English, are interpreters / written materials available to meet the needs?



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including American Sign Language;  
(b) Written materials in languages that are spoken by the child other than English; and  
(c) Oral language interpretation for children identified with limited English proficiency.

**ST - C0095 - Program Std - Clothing & Personal Needs**

**Title** Program Std - Clothing & Personal Needs

**Statute or Rule** 65E-9.006(11), F.A.C

**Type** Rule

**Regulation Definition**

- (11) Clothing and personal needs.
- (a) The provider shall complete a written inventory of personal belongings of each child upon admission and account for all personal belongings upon discharge. This written inventory shall be maintained in the child's case file and a copy given to the parent or guardian at admission and discharge.
- (b) The provider shall ensure each child has individual personal hygiene and grooming items readily available and has training in personal care, hygiene, and grooming appropriate to the child's age, gender, race, culture and development.
- (c) The provider shall involve the child in the selection, care and maintenance of personal clothing as appropriate to the child's age and ability. Clothing shall be maintained in good repair, sized to fit the child and suited to the climate and season.
- (d) The provider shall allow a child to possess personal belongings. The provider may limit or supervise the use of these items while the child is in care.
- (e) When needed, protection from the weather or insects shall be provided, such as rain gear and insect repellent.
- (f) The provider shall return all of the child's personal clothing and belongings to the parent or guardian when the child is

**Interpretive Guideline**

- In reviewing sampled children's charts, determine if a personal inventory has been completed.
- Tour the facility. Determine if personal hygiene items are available to the children. If the items are locked, determine why. Is it for staff convenience, or is there a documented need in the child's treatment plan for such restrictions?
- Are children well-groomed and dressed in weather appropriate clothing, that is in good condition?
- Are the children's rooms personalized? Ask the children if they are allowed to keep favorite items at the facility.
- Interview staff. Ask them how about disposition of the children's personal belongings at discharge.

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discharged from the facility.

**ST - C0096 - Program Std - Child's Record Procedures**

**Title** Program Std - Child's Record Procedures

**Statute or Rule** 65E-9.006(12)(a), F.A.C.

**Type** Rule

**Regulation Definition**

(12) Child's record.

(a) The provider shall have written procedures regarding children's records, including provisions to ensure that clinical records are maintained in accordance with Section 394.4615, F.S.

**Interpretive Guideline**

Source of information: facility record maintenance policy.

**ST - C0097 - Program Std - Child's Record Content**

**Title** Program Std - Child's Record Content

**Statute or Rule** 65E-9.006(12)(b-c), F.A.C.

**Type** Rule

**Regulation Definition**

(12) Child's record.

(b) The provider shall develop an individualized record for each child. The form and detail of the records may vary but shall, at a minimum, include:

1. Identification and contact information, including the child's name, date of birth, Social Security number, gender, race, school and grade, date of admission, and the parent or guardian's name, address, home and work telephone numbers;
2. Source of referral;
3. Reason for referral to residential treatment, e.g., chief complaint, presenting problem(s);
4. Record of the complete assessment;

**Interpretive Guideline**

Review a sample of current charts (10% of census, minimum of 3) to determine compliance.

Review records of one or two children discharged in the past six months, to determine compliance with those requirements, as well.

See the Department of Children and Families (DCF) Forms website at <https://eds.myflfamilies.com/DCFFormsInternet/Search/DCFFormSearch.aspx> for CF 0794 is the ICPC Placement Request Form (ICPC 100A), and CF 0795 is the ICPC Report of Placement Status (ICPC 100B)

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5. DSM diagnosis;
6. Treatment plan;
7. Medication history;
8. Record of medication administered by program staff, including type of medication, dosages, frequency of administration, persons who administered each dose, and method of administration;
9. Documentation of course of treatment and all evaluations and examinations, including those from other facilities, such as emergency rooms or general hospitals;
10. Progress notes;
11. Treatment summaries;
12. Consultation reports;
13. Informed consent forms;
14. A chronological listing of previous placements, including the dates of admission and discharge, and dependency and delinquency actions affecting the minor's legal status;
15. Written individual education plan for the child, when applicable;
16. The discharge summary, which shall include the initial diagnosis, clinical summary, treatment outcomes, assessment of child's treatment needs at discharge, the name, address and phone number of the person to whom the child was discharged and follow-up plans. In the event of death, a summary shall be added to the record and shall include circumstances leading to the death. All discharge summaries shall be signed by the clinical or medical director;
17. For out of state children, copies of completed interstate compact ICPC 100A and ICPC 100B forms (February 2002) and a copy of each Interstate Compact Transmittal Memorandum and any attachments thereto that were sent to the Residential Treatment Center by the department's Interstate Compact on the Placement of Children Office;
18. Documentation of any use of restraint, seclusion or time out;

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19. A copy of each incident report that includes a clear description of each incident; the time, place, and names of individuals involved; witnesses; nature of injuries, if any; cause, if known; action(s) taken; a description of medical services provided, if any; by whom such services were provided; and any steps taken to prevent a recurrence. Incident reports shall be completed by the individual having first-hand knowledge of the incident, including paid and volunteer staff, emergency or temporary staff, and student interns; and

20. Documentation that all of the various notices and copies required by these rules were properly given.

(c) Records of discharged children shall be completed within 15 business days following discharge.

**ST - C0098 - Program Std - Child's Record Entries**

**Title** Program Std - Child's Record Entries

**Statute or Rule** 65E-9.006(12)(d), F.A.C.

**Type** Rule

**Regulation Definition**

(12) Child's record.

(d) Recording. Entries in the child's record shall be made by staff having pertinent information regarding the child. Staff shall legibly sign and date each entry. Symbols and abbreviations shall be used only when there is an explanatory notation. Final diagnosis, both psychiatric and physical, shall be recorded in full without the use of symbols or abbreviations.

**Interpretive Guideline**

During review of children's records, has the facility followed documentation requirements?

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**ST - C0099 - Program Std - Child's Record Maintenance**

**Title** Program Std - Child's Record Maintenance

**Statute or Rule** 65E-9.006(12)(e), F.A.C.

**Type** Rule

**Regulation Definition**

(12) Child's record.

(e) Maintenance of records.

1. Each provider shall maintain a master filing system, including a comprehensive record of each child's involvement in the program.
2. Records for children currently receiving services shall be kept in the unit where the child is being treated or be directly and readily accessible to the clinical staff caring for the child.
3. The program shall maintain a system of identification and coding to facilitate prompt location and ongoing updating of the child's clinical records.
4. Records may be removed from the program's jurisdiction and safekeeping only as required by law or rule.
5. The provider shall establish procedures regarding the storage, disposal, or destruction of clinical records, which are compatible with the protection of rights.
6. Records for each child shall be kept for at least five years after discharge.
7. The provider shall maintain a permanent admission and discharge register of all children served, including name of the child, the child's parent or guardian, address, date of admission and discharge, child's date of birth, custody status, person to which the child was discharged, and address to which discharged.

**Interpretive Guideline**

Tour the facility. Are records readily accessible to staff?

Review the records maintenance policy. If you have questions/ concerns, interview the records maintenance personnel.

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**ST - C0100 - Program Std - Quality Assurance**

**Title** Program Std - Quality Assurance

**Statute or Rule** 65E-9.006(13), F.A.C.

**Type** Rule

**Regulation Definition**

(13) Quality assurance program. The provider shall develop and follow a written procedure for a systematic approach to assessing, monitoring and evaluating its quality of care and treatment, improving its performance, ensuring compliance with standards, and disseminating results. The quality assurance program shall address and include:

(a) Appropriateness of service assignment, intensity and duration, appropriateness of resources utilized, and adequacy and clinical soundness of care and treatment given;

(b) Utilization review;

(c) Identification of current and potential problems in service delivery and strategies for addressing the problems;

(d) A written system for quality improvement, approved by the provider's governing board that includes:

1. A written delineation of responsibilities for key staff;
2. A policy for peer reviews;
3. A confidentiality policy complying with all statutory confidentiality requirements, state and federal; and
4. Written, measurable criteria and norms assessing, evaluating, and monitoring quality of care and treatment.

(e) A description of the methods used for identifying and analyzing problems, determining priorities for investigation, resolving problems, and monitoring to assure desired results are achieved and sustained;

**Interpretive Guideline**

Review the QA plan for inclusion of required components. Document findings on the QA review worksheet.

If you have further questions, interview the staff member designated in charge of QA.

Interview staff at all levels to determine their knowledge of the QA programs and how they are involved in the QA program.

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(f) A systematic process to collect and analyze data from reports, including, but not limited to, incident reports, grievance reports, department and agency monitoring or inspection reports and self-inspection reports;

(g) A systematic process to collect and analyze data on process outcomes, client outcomes, priority issues chosen for improvement, and satisfaction of clients;

(h) A process to establish the level of performance, priorities for improvement, and actions to improve performance;

(i) A process to incorporate quality assurance activities in existing programs, processes and procedures;

(j) A process for collecting and analyzing data on the use of restraint and seclusion to monitor and improve performance in preventing situations that involve risks to children and staff.

The provider shall:

1. Collect and regularly analyze, at least quarterly, restraint and seclusion data to ascertain that restraint and seclusion are used only as emergency interventions, to identify opportunities for reducing the rate and improving the safety of restraint and seclusion use, and to identify any need to redesign procedures;
2. Aggregate quarterly restraint and seclusion data by all settings, units or locations, including:
  - a. Shift;
  - b. Staff who initiated the procedure;
  - c. Details of the interactions prior to the event;
  - d. Details of the interactions during the event;
  - e. The duration of each episode;
  - f. Details of the interactions immediately following the event;
  - g. Date and time each episode was initiated and concluded;
  - h. Day of the week each episode was initiated;

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- i. The type of restraint used;
  - j. Whether injuries were sustained by the child or staff; and
  - k. Age and gender of each child for which emergency safety interventions had been found necessary.
3. Prepare and submit a report quarterly to the district/region mental health program office, including the aggregate data and:
- a. Number and duration of each instance of restraint or seclusion experienced by a child within a 12-hour timeframe;
  - b. The number of instances of restraint or seclusion experienced by each child; and
  - c. Use of psychoactive medications as an alternative for or to enable discontinuation of restraint or seclusion.

(k) Analysis of the use of time-out shall be conducted quarterly by the treatment team and shall include:

- 1. Patterns and trends, for example, by shift, staff present, or day of the week;
- 2. Multiple instances of time-out within a 12-hour timeframe;
- 3. Number of episodes per child; and
- 4. Instances of extending time-out beyond 30 minutes.

**ST - C0115 - Staff - Personnel Procedures**

**Title** Staff - Personnel Procedures

**Statute or Rule** 65E-9.007(1), F.A.C.

**Type** Rule

**Regulation Definition**

- (1) Personnel procedures. The provider shall have written personnel procedures that, at a minimum, address the following items:
- (a) The recruitment, retention, training and effective performance of qualified staff;
  - (b) The types and numbers of clinical, managerial and direct care staff needed to provide children with care and treatment

**Interpretive Guideline**

Request the related policies upon entrance to the facility. They are noted on the surveyor worksheets.



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in a safe and therapeutic environment;  
(c) The requirement of the provider, as a mandated reporter, to report all suspected cases of child abuse, neglect and exploitation involving any employee, volunteer, or student to the Abuse Registry and the department, in accordance with Chapter 39 and Section 394.459, F.S.

**ST - C0116 - Staff - Communication**

**Title** Staff - Communication

**Statute or Rule** 65E-9.007(2), F.A.C.

**Type** Rule

**Regulation Definition**

(2) Staff communication. The provider's personnel procedures shall ensure and require the inter-communication among staff of information regarding children necessary to the performance of each staff responsibility, including between working shifts, staff changes and consultations with professional staff. Where one staff member or one program group relies upon information provided through this required free interchange of information, these interactions shall be documented in writing and maintained in the respective children's case files.

**Interpretive Guideline**

In reviewing clinical records, is staff communication of relevant events apparent?

**ST - C0117 - Staff Composition - Psychiatrist**

**Title** Staff Composition - Psychiatrist

**Statute or Rule** 65E-9.007(3)(a), F.A.C.

**Type** Rule

**Regulation Definition**

(3) Staff composition. The provider shall have the following staffing, any of which may be part-time, if the required

**Interpretive Guideline**

Staffing may be part -time, if the required equivalent full-time coverage is provided, except for those positions with a required specified staffing ratio.

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equivalent full-time coverage is provided, except for those positions with a required specified staffing ratio:

(a) Psychiatrist.

1. For residential treatment centers, the provider shall have on staff or under contract a psychiatrist, licensed under Chapter 458, F.S., who is board certified or board eligible in child and adolescent psychiatry to serve as medical director for the program and such position shall oversee the development and revision of the treatment plan and the provision of mental health services provided to children. A similarly qualified psychiatrist who consults with the board certified psychiatrist may provide back-up coverage. A psychiatrist shall be on call "24 hours-a-day", seven "days-a-week", and shall participate in staffings. For children committed under Section 985.19, F.S., a psychologist as defined in paragraph 65E-9.007(3)(d), F.A.C., may be used in lieu of the medical director to oversee the development and revision of the treatment plan and the provision of mental health services provided to children.
2. For therapeutic group homes, the provider shall have on staff or under contract a board certified or board eligible psychiatrist or have a definitive written agreement with a board certified or board eligible psychiatrist or an organization to provide psychiatric services to children in the home, including participation in staffings.

**ST - C0118 - Staff Composition - M.D.**

**Title** Staff Composition - M.D.

**Statute or Rule** 65E-9.007(3)(b), F.A.C.

**Type** Rule

**Regulation Definition**

(3) Staff composition. The provider shall have the following staffing, any of which may be part-time, if the required equivalent full-time coverage is provided, except for those positions with a required specified staffing ratio:

**Interpretive Guideline**

Staffing may be part-time, if the required equivalent full-time coverage is provided, except for those positions with a required specified staffing ratio.

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(b) Medical doctor. The provider shall have an agreement with a pediatrician, family care physician, medical group or prepaid health plan to provide primary medical coverage to children in the facility.

**ST - C0119 - Staff Composition - R.N.**

**Title** Staff Composition - R.N.

**Statute or Rule** 65E-9.007(3)(c), F.A.C.

**Type** Rule

**Regulation Definition**

(3) Staff composition. The provider shall have the following staffing, any of which may be part-time, if the required equivalent full-time coverage is provided, except for those positions with a required specified staffing ratio:

(c) Registered nurse.

1. A registered nurse shall supervise the nursing staff during the times that the children are present in the facility and normally awake, the nursing staff to child ratio shall be no less than 1:30, and during normal sleeping hours, the nursing staff to child ratio shall be no less than 1:40.

2. For therapeutic group homes that do not use restraint or seclusion in their program, the provider is not required to have a registered nurse or other nursing staff on duty, but shall have definitive written agreements for obtaining necessary nursing services.

**Interpretive Guideline**

Staffing may be part-time, if the required equivalent full-time coverage is provided, except for those positions with a required specified staffing ratio.

If appropriate, review the registered nursing services written agreement.

**ST - C0120 - Staff Composition - Psychologist**

**Title** Staff Composition - Psychologist

**Statute or Rule** 65E-9.007(3)(d), F.A.C.

**Type** Rule

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**Regulation Definition**

(3) Staff composition. The provider shall have the following staffing, any of which may be part-time, if the required equivalent full-time coverage is provided, except for those positions with a required specified staffing ratio:

(d) Psychologist. Each provider shall have on staff or under contract, at a minimum, one licensed psychologist or have definitive written agreements with an individual psychologist or psychological organization to provide such services as needed.

**Interpretive Guideline**

Staffing may be part-time, if the required equivalent full-time coverage is provided, except for those positions with a required specified staffing ratio.

If appropriate, review the individual psychologist or psychological organization services written agreement.

**ST - C0121 - Staff Composition - Direct Care Staff**

**Title** Staff Composition - Direct Care Staff

**Statute or Rule** 65E-9.007(3)(e), F.A.C.

**Type** Rule

**Regulation Definition**

(3) Staff composition. The provider shall have the following staffing, any of which may be part-time, if the required equivalent full-time coverage is provided, except for those positions with a required specified staffing ratio:

(e) Direct care staff. At a minimum, two (2) direct care staff shall be awake and on duty at all times. In addition, the following direct care staff-to-child ratios shall be provided and maintained:

1. During hours when children are present in the facility and normally awake, the direct care staff to child ratio shall be no less than 1:4; and
2. During hours when the children are normally asleep, the direct care staff to child ratio shall be no less than 1:6; and
3. While residents are away from the facility, the staffing ratio for those residents shall be no less than 1:4. The need for more intensive staffing will be determined by the child's physician;

**Interpretive Guideline**

Staffing may be part-time, if the required equivalent full-time coverage is provided, except for those positions with a required specified staffing ratio.

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and

4. Direct care staff shall not divide time on their shift between programs located in other areas of the facility or other buildings; and
5. While transporting residents of residential treatment centers other than group homes, the driver shall not be counted as the direct care staff providing care, assistance or supervision of the child. For therapeutic group home residents, prior to a single staff person transporting one or more children in a motor vehicle, children must be assessed to ensure the safety of the children and staff.

**ST - C0122 - Staff Composition - Behav Analyst**

**Title** Staff Composition - Behav Analyst

**Statute or Rule** 65E-9.007(3)(f), F.A.C.

**Type** Rule

**Regulation Definition**

(3) Staff composition. The provider shall have the following staffing, any of which may be part-time, if the required equivalent full-time coverage is provided, except for those positions with a required specified staffing ratio:

(f) If the provider's program includes behavior analysis services, a certified behavior analyst, a master's level practitioner, or professionals licensed under Chapter 490 or 491, F.S., with documented training and experience in behavior management program design and implementation shall be employed on staff or under contract, either full-or part-time, to provide ongoing staff training and quality assurance in the use of the behavior management techniques, which may include, but are not limited to those listed in sub-subparagraph 65E-9.007(5)(e)4.c., F.A.C.

**Interpretive Guideline**

Staffing may be part-time, if the required equivalent full-time coverage is provided, except for those positions with a required specified staffing ratio.

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**ST - C0123 - Staff Composition - Other**

**Title** Staff Composition - Other

**Statute or Rule** 65E-9.007(3)(g), F.A.C.

**Type** Rule

**Regulation Definition**

(3) Staff composition. The provider shall have the following staffing, any of which may be part-time, if the required equivalent full-time coverage is provided, except for those positions with a required specified staffing ratio:

(g) The provider shall be able to demonstrate and provide as necessary, upon request, the ability to acquire and the past uses of the consultation services of dietitians, speech, hearing and language specialists, recreation therapists, and other specialists, when same will be or has been needed.

**Interpretive Guideline**

In reviewing client charts, is it apparent that service needs are being met? Are there any unmet service needs? If so, does the facility have an agreement with a provider of such services?

**ST - C0124 - Staff Qualifications - Administrator**

**Title** Staff Qualifications - Administrator

**Statute or Rule** 65E-9.007(4)(a), F.A.C.

**Type** Rule

**Regulation Definition**

4) Staff qualifications.

(a) The administrator shall have a master's degree in administration or be of a professional discipline such as social work, psychology, counseling, or special education and have at least two years administrative experience. The administrator may be a corporate administrator, who is not located on site. If the administrator is not routinely located on site, an individual qualified by training and experience who is routinely located on site must be appointed in writing to act as the

**Interpretive Guideline**

Review the personnel records of both the facility administrator and designee. Document findings on personnel records review worksheet.

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administrator's designee. A person with a baccalaureate degree may also qualify for administrator with seven years experience of child and adolescent mental health care and three years administrative experience. Persons occupying this position upon promulgation of this rule may be allowed to continue in this position.

**ST - C0125 - Staff Qualifications - Medical Director**

**Title** Staff Qualifications - Medical Director

**Statute or Rule** 65E-9.007(4)(b), F.A.C.

**Type** Rule

**Regulation Definition**

- (4) Staff qualifications.
- (b) The medical director shall have experience in the diagnosis and treatment of child and adolescent mental health and be board certified or board eligible in psychiatry with the American Board of Psychiatry.

**Interpretive Guideline**

Review the personnel record of the medical director. Document findings on personnel records review worksheet.

**ST - C0126 - Staff Qualifications - Clinical Director**

**Title** Staff Qualifications - Clinical Director

**Statute or Rule** 65E-9.007(4)(c), F.A.C.

**Type** Rule

**Regulation Definition**

- (4) Staff qualifications.
- (c) The clinical director shall have a minimum of a master's degree and at least two years of "specialty" experience in a clinical capacity with severely emotionally disturbed children. If the clinical director is not full-time, there shall be a full-time service coordinator who is a master's level practitioner.

**Interpretive Guideline**

Review the personnel record of the clinical director. Document findings on personnel records review worksheet.

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**ST - C0127 - Staff Qualifications - Therapy**

**Title** Staff Qualifications - Therapy

**Statute or Rule** 65E-9.007(4)(d), F.A.C.

**Type** Rule

**Regulation Definition**

(4) Staff qualifications.  
(d) Individual, group and family therapy shall be provided by a licensed practitioner, pursuant to Florida Statutes, that includes a psychiatric advanced registered nurse practitioner, psychologist, psychiatrist, clinical social worker, mental health counselor or a master's level individual working under the direct supervision of a licensed practitioner, as listed above.

**Interpretive Guideline**

While reviewing clinical records of clients, note if therapy services are provided by licensed practitioners.

**ST - C0128 - Staff Qualifications - Treatment/DC Planner**

**Title** Staff Qualifications - Treatment/DC Planner

**Statute or Rule** 65E-9.007(4)(e), F.A.C.

**Type** Rule

**Regulation Definition**

(4) Staff qualifications.  
(e) Staff responsible for treatment and discharge planning shall have a minimum of a bachelor's degree in psychology, counseling, social work, special education, health education or related human services field with at least two years of experience working with children with emotional disturbance. These staff shall be supervised by a master's level clinician.

**Interpretive Guideline**

While reviewing clinical records of clients, note if services are provided by qualified staff.

While reviewing discharge records, determine if planning involved qualified staff, supervised by a master's level clinician.



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**ST - C0129 - Staff Qualifications - Direct Care Staff**

**Title** Staff Qualifications - Direct Care Staff

**Statute or Rule** 65E-9.007(4)(f), F.A.C.

**Type** Rule

**Regulation Definition**

(4) Staff qualifications.  
(f) Direct care staff employed to work directly with children shall be at least 18 years of age and have a high school diploma or general education development (GED) certificate. Persons occupying this position upon promulgation of this rule may be allowed to continue in this position.

**Interpretive Guideline**

Review files of at least three employees hired within the past six months to determine if this requirement is met.  
Document on the personnel record review worksheet.

**ST - C0130 - Staff Orientation & Training - Written Plan**

**Title** Staff Orientation & Training - Written Plan

**Statute or Rule** 65E-9.007(5)(a), F.A.C.

**Type** Rule

**Regulation Definition**

(5) Staff orientation and training.  
(a) The provider shall have, and implement on an ongoing basis, a written plan for the orientation, ongoing training, and professional development of staff.

**Interpretive Guideline**

Request the staff orientation/ training plan at entrance. Review files of at least three employees hired within the past six months to determine if an active orientation plan is in place.

Further review could include files of employees with a tenure of at least one year to determine if in-service requirements are met. Documentation would be completed on the personnel record review worksheet.

**ST - C0131 - Staff Orientation & Training - Implementation**

**Title** Staff Orientation & Training - Implementation

**Statute or Rule** 65E-9.007(5)(b), F.A.C

**Type** Rule

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**Regulation Definition**

(5) Staff orientation and training.  
(b) The provider shall implement orientation and training programs for all new employees and ongoing staff training to increase knowledge and skills and improve quality of care and treatment services..

**Interpretive Guideline**

See guidelines for C0130.

**ST - C0132 - Staff Orientation & Training - New Employees**

**Title** Staff Orientation & Training - New Employees

**Statute or Rule** 65E-9.007(5)(c), F.A.C.

**Type** Rule

**Regulation Definition**

(5) Staff orientation and training.  
(c) The provider shall conduct orientation for each new employee during the first 2 months of employment. The orientation shall include specific job responsibilities, policies and procedures, care and supervision of children, and competency-based first aid and CPR.

**Interpretive Guideline**

Review files of at least three employees hired within the past six months to determine if this requirement is met.  
Document on the personnel record review worksheet.

**ST - C0133 - Staff Orientation & Training - Documentation**

**Title** Staff Orientation & Training - Documentation

**Statute or Rule** 65E-9.007(5)(d), F.A.C.

**Type** Rule

**Regulation Definition**

(5) Staff orientation and training.  
(d) The provider shall document training received by staff, including staff name and position, training subject, date completed and signature of instructor. The documented training shall be filed in the staff member's personnel record

**Interpretive Guideline**

During review of employees' files to determine if all required documentation meets requirements.

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and be available for review by the department and the agency.

**ST - C0134 - Staff Orientation & Training - Inservice 40hr**

**Title** Staff Orientation & Training - Inservice 40hr

**Statute or Rule** 65E-9.007(5)(e), F.A.C.

**Type** Rule

**Regulation Definition**

(5) Staff orientation and training.  
(e) The provider shall implement a minimum of 40 hours of in-service training annually for all staff and volunteers who work directly with children. Continuing education for professional licenses and certifications may count towards training hours if the training covers the appropriate areas. This training shall cover all policies and procedures relevant to each position and shall, at a minimum, include each of the following:

1. Administrative:
  - a. Administrative policies and procedures and overall program goals;
  - b. Federal and state laws and rules governing the program;
  - c. Identification and reporting of child abuse and neglect;
  - d. Protection of children's rights; and
  - e. Confidentiality.
2. Safety:
  - a. Disaster preparedness and evacuation procedures;
  - b. Fire safety;
  - c. Emergency procedures;
  - d. Violence prevention and suicide precautions; and
  - e. First aid and CPR, with competency demonstrated annually.
3. Child development:
  - a. Child supervision skills;

**Interpretive Guideline**

Review the staff in-service training plan.

Further review could include files of employees with a tenure of at least one year to determine if in-service requirements are met. Documentation would be completed on the personnel record review worksheet.

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- b. Children's physical and emotional needs;
- c. Developmental stages of childhood and adolescence;
- d. Family relationships and the impact of separation;
- e. Substance abuse recognition and prevention; and
- f. Principles and practices of child care.

4. Treatment services:

- a. Individualized treatment that is culturally competent;
- b. Treatment that addresses issues the child may have involving sexual or physical abuse, abandonment, domestic violence, separation, divorce, or adoption;
- c. Behavior management techniques include, but are not limited to: preventing problem behavior, defining and teaching expectations, teaching and encouraging the child's long-term use of new skills as alternative behaviors, contingency management, teaching and promoting choice making and self-management skills, time-out, point systems or level systems, de-escalation procedures, and crisis prevention and intervention;
- d. Treatment plan development and implementation;
- e. Treatment that supports the child's permanency goals; and
- f. The provider shall ensure ongoing training and be able to produce documentation of such training on the use of restraint and seclusion, physical escort, time-out, de-escalation procedures and crisis prevention and intervention.

(I) Before staff may participate in any use of restraint or seclusion, staff shall be competency trained to minimize the use of restraint and seclusion, to use alternative, non-physical, non-intrusive behavioral intervention techniques to handle agitated or potentially violent children, and to use restraints and seclusion safely.

(II) Staff shall complete a training course in the safe and appropriate use of seclusion and restraint and in the use of alternative non-intrusive behavior management techniques.

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The training course shall be provided by individuals qualified by education, training, and experience to provide such training. Competencies shall be demonstrated on a semiannual basis. Training requirements for all staff who participate in the use of restraint and seclusion shall include:

- (A) An understanding of the underlying causes, e.g., medical, behavioral and environmental, of consequential behaviors exhibited by the children being served;
- (B) How staff behaviors can affect the behaviors of others, especially children with a history of trauma;
- (C) The use of non-physical interventions, such as de-escalation, mediation, active listening, self-protection and other techniques, such as time-out for the purpose of preventing potential and intervening in emergency safety situations;
- (D) Recognizing signs of respiratory and cardiac distress in children;
- (E) Recognizing signs of depression and potential suicidal behaviors;
- (F) Certification in the use of cardiopulmonary resuscitation (CPR). Competency based re-certification in CPR is required annually;
- (G) How to monitor children in restraint or seclusion; and
- (H) The safe use of approved restraint techniques, including physical holding techniques, take-down procedures, and the proper application, monitoring and removal of restraints.

(III) Training requirements for staff who are authorized to monitor a child's condition and perform assessments while the child is in seclusion or restraint shall include:

- (A) Taking vital signs and interpreting their relevance to the physical safety of the child;
- (B) Tending to nutritional and hydration needs;
- (C) Checking circulation and range of motion in the

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extremities;  
(D) Addressing hydration, hygiene and elimination;  
(E) Addressing physical and psychological status and comfort;  
(F) Assisting children to de-escalate to a point that would allow for the discontinuation of restraint or seclusion;  
(G) Recognizing when the emergency safety situation has ended and the safety of the child and others can be ensured so the restraint or seclusion can be discontinued; and  
(H) Recognizing the need for and when to contact a medically trained licensed practitioner or emergency medical services in order to evaluate and treat the child's physical status.

**ST - C0135 - Staff - Volunteers**

**Title** Staff - Volunteers

**Statute or Rule** 65E-9.007(6)(a), F.A.C.

**Type** Rule

**Regulation Definition**

- (6) Volunteers and students.  
(a) A provider that uses volunteers to work directly with children shall:
1. Screen the volunteers in accordance with Section 394.4572, F.S.;
  2. Develop descriptions of duties and specific responsibilities expected of each volunteer;
  3. Provide orientation and training, including policies and procedures, the needs of children in care, and the needs of their families;
  4. Ensure that volunteers who perform any services for children have the same qualifications and training as a paid employee for the position and receive the same supervision and evaluation as a paid employee; and
  5. Keep records on the hours and activities of volunteers.

**Interpretive Guideline**

If there are volunteers working in positions similar to those filled by paid employees, review their personnel files to determine if an active orientation plan is in place.

Review the files of three or four volunteers (who meet requirements for screening) to determine if mandated background checks have been completed.

Check records to determine the facility is accounting for volunteer hours.

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**ST - C0136 - Staff - Students**

**Title** Staff - Students

**Statute or Rule** 65E-9.007(6)(b), F.A.C.

**Type** Rule

**Regulation Definition**

- (6) Volunteers and students.  
(b) A provider that accepts students who will have direct contact with residents shall:
1. Screen the students in accordance with Section 394.4572, F.S.;
  2. Develop, implement, and maintain on an ongoing basis a written plan describing student tasks and functions. Copies of the plan shall be provided to each student and his or her school;
  3. Designate a staff member to supervise and evaluate the students and conduct orientation and training, including policies and procedures, the needs of children in care and the needs of their families;
  4. Ensure that students do not assume the total responsibilities of any paid staff member (students shall not be counted in the staff to client ratio).

**Interpretive Guideline**

A volunteer who assists on an intermittent basis for less than 40 hours per month is exempt from the fingerprinting and screening requirements, provided the volunteer is under direct and constant supervision by persons who meet the screening requirements of paragraph (a).

**ST - C0140 - Admission - Written Procedures**

**Title** Admission - Written Procedures

**Statute or Rule** 65E-9.008(2), F.A.C.

**Type** Rule

**Regulation Definition**

- (2) The provider shall have and utilize written admission procedures that address:

**Interpretive Guideline**

While completing clinical record reviews, determine if the facility has met the requirements for the children.

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- |  |                                   |
|--|-----------------------------------|
| <p>(a) Admission criteria;</p> <p>(b) List of materials and forms required from the parent, guardian or referring organization;</p> <p>(c) Outline of the pre-placement procedures for the child, parent or guardian, the referring organization and the department; and</p> <p>(d) Orientation for the child and parent or guardian, and guardian ad litem.</p> | <p>Review admission policies.</p> |
|--|-----------------------------------|

**ST - C0141 - Admission - Acceptance Based on Needs**

**Title** Admission - Acceptance Based on Needs

**Statute or Rule** 65E-9.008(1) & (3), F.A.C.

**Type** Rule

**Regulation Definition**

(1) Admission procedures subsections (3) through (6) do not apply to children placed in accordance with Section 985.19, F.S. Juvenile Justice; Interstate Compact on Juveniles.

(3) Acceptance of a child for residential treatment in a residential treatment center, including therapeutic group home, shall be based on the assessed needs of the child, family, or guardian recommendations, and the determination that the child requires treatment of a comprehensive and intensive nature and the provider's ability to meet those needs.

**Interpretive Guideline**

Document compliance for sampled clients on record review worksheet.

**ST - C0142 - Admission - Placed w/State/Mdcd/Local funds**

**Title** Admission - Placed w/State/Mdcd/Local funds

**Statute or Rule** 65E-9.008(1) & (4), F.A.C.

**Type** Rule



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**Regulation Definition**

(1) Admission procedures subsections (3) through (6) do not apply to children placed in accordance with Section 985.19, F.S. Juvenile Justice; Interstate Compact on Juveniles.

(4) Children placed by the department and funded in full or in part by state, Medicaid, or local matching funds shall be admitted only after they have on recommendation of the appropriate multidisciplinary team, been personally examined and assessed for suitability for residential treatment. For children in departmental custody, the assessment must be by a qualified evaluator as defined in Section 39.407(6)(b), F.S., Children in parental custody must be assessed by a clinical psychologist or by a psychiatrist licensed to practice in the State of Florida, with experience or training in children's disorders. For children currently in residential placement, recommendations of the facility treatment team may serve as authorization for placement in therapeutic group homes. The assessment must result in a report whose written findings are that:

- (a) The child has an emotional disturbance as defined in Section 394.492(5), F.S., or a serious emotional disturbance as defined in Section 394.492(6), F.S.;
- (b) The emotional disturbance or serious emotional disturbance requires treatment in a residential treatment center;
- (c) All available treatment that is less restrictive than residential treatment has been considered or is unavailable;
- (d) The treatment provided in the residential treatment center is reasonably likely to resolve the child's presenting problems as identified by the qualified evaluator;
- (e) The provider is qualified by staff, program and equipment to give the care and treatment required by the child's condition, age and cognitive ability;
- (f) The child is under the age of 18; and
- (g) The nature, purpose and expected length of the treatment

**Interpretive Guideline**

Document compliance for sampled clients on the record review worksheet.

39.407 F.S. - Medical, psychiatric, and psychological examination and treatment of child; physical, mental, or substance abuse examination of person with or requesting child custody.

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have been explained to the child and the child's parent or guardian and guardian ad litem.

**ST - C0143 - Admission - In Legal Custody of Dept**

**Title** Admission - In Legal Custody of Dept

**Statute or Rule** 65E-9.008(1) & (5), F.A.C.

**Type** Rule

**Regulation Definition**

(1) Admission procedures subsections (3) through (6) do not apply to children placed in accordance with Section 985.19, F.S. Juvenile Justice; Interstate Compact on Juveniles.

(5) Children in the legal custody of the department shall be placed in accordance with Section 39.407, F.S., and the Amendment to the Rules of Juvenile Procedure, FLA. R. JUV. P. 8.350. Placement Of Child Into Residential Treatment Center After Adjudication Of Dependency.

**Interpretive Guideline**

FS 39.407 states: When any child is removed from the home and maintained in an out-of-home placement, the department is authorized to have a medical screening performed on the child without authorization from the court and without consent from a parent or legal custodian. Such medical screening shall be performed by a licensed health care professional and shall be to examine the child for injury, illness, and communicable diseases and to determine the need for immunization.

**ST - C0144 - Admission - Additional Admission Criteria**

**Title** Admission - Additional Admission Criteria

**Statute or Rule** 65E-9.008(1) & (6), F.A.C.

**Type** Rule

**Regulation Definition**

(1) Admission procedures subsections (3) through (6) do not apply to children placed in accordance with Section 985.19, F.S. Juvenile Justice; Interstate Compact on Juveniles.

(6) The provider may establish additional admission criteria to ensure that the program admits only children the program is capable of serving.

**Interpretive Guideline**

Review the facility's admission criteria. Do reviews of client records confirm the facility is making admission decisions, in accordance with their own policy?

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**ST - C0145 - Admission - Admission Packet**

**Title** Admission - Admission Packet

**Statute or Rule** 65E-9.008(7), F.A.C.

**Type** Rule

**Regulation Definition**

**Interpretive Guideline**

- (7) Admission packet. The provider shall require documentation in the child's admission packet, including:
- (a) The child's parent or guardian has given expressed and informed consent to treatment;
  - (b) A funding source has been secured for the expected duration of the treatment. If the department is the funding source, there shall be written authorization from the department's mental health program office that approved the funding;
  - (c) The admission packet shall request the identification of a discharge placement for the child upon their completion of treatment and the identification of a contact person who will participate in treatment and discharge planning;
  - (d) The location of the parent or legal guardian or court ordered custodian with responsibility for medical and dental care, including consent for medical and surgical care and treatment and a statement signed by the parent or legal guardian, and a copy given to the parent or legal guardian, requiring the parent or legal guardian to notify the provider of any change in the parent's or legal guardian's address or telephone number;
  - (e) Order of court commitment or a voluntary placement agreement with parents, guardian, or legal custodian;
  - (f) Arrangements for family participation in the program, including phone calls and visits with the child;
  - (g) Arrangements for clothing and allowances;
  - (h) Arrangements regarding the child leaving the facility with or without the clinical director's consent;

Note findings on the record review worksheet for sampled clients.

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- (i) Written policies specifying the child's rights as defined in Rule 65E-9.012, F.A.C.;
- (j) Written acknowledgment of receipt and understanding by the parent or legal guardian and guardian ad litem of the provider ' s policy regarding the use of restraint or seclusion during an emergency safety situation;
- (k) Psychiatric and psychological evaluations with diagnosis and prior treatment history and psychosocial evaluations, including family relationships, legal status and prior placement history;
- (l) Educational evaluation, including current individual education plan and school placement; and
- (m) Medical information, including a listing of current medications:
  1. If a physical examination was not performed within the 90 days prior to admission and documentation of such examination was not provided, a physical examination shall be initiated within 24 hours of admission by a medical professional. This medical professional may be a registered nurse, physician's assistant, Advanced Registered Nurse Practitioner or medical doctor who has authority to perform physical examinations of a medical nature.
  2. The child's medical history;
  3. Written consent from the child's parent or guardian for the provider to authorize routine medical and dental procedures for the child, and to authorize emergency procedures when written parental consent cannot be obtained; and
  4. Immunization status and completion according to the U.S. Public Health Service Advisory Committee on Immunization Practices and the Committee on Control of Infectious Diseases of the American Academy of Pediatrics.

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**ST - C0146 - Admission - Placement Agreement**

**Title** Admission - Placement Agreement

**Statute or Rule** 65E-9.008(8), F.A.C.

**Type** Rule

**Regulation Definition**

- (8) Placement agreement. The provider shall have and make available upon request a written agreement between the provider, the child's parent, guardian, and the department, which shall be kept in the child's file and available for review by the department and agency. The written agreement shall be signed and dated by each of the parties involved. Any revisions or modifications to the written agreement shall be signed and dated. The agreement shall include, at a minimum:
- (a) The frequency and types of regular contact between the child's family and the provider staff;
  - (b) A plan for sharing information about the child's care and development with the parent, guardian, the guardian ad litem, and the department;
  - (c) The family and the provider's participation in the ongoing evaluation of the child's needs and progress;
  - (d) The designation of staff responsible for working with the child's parent, guardian, guardian ad litem and the organization that signs the placement agreement;
  - (e) Visitation plans for the child's parent, guardian, guardian ad litem or the department. The visitation plans must be flexible to accommodate work and other important schedules of the child's family;
  - (f) Provisions for treatment plan reviews;
  - (g) The financial plan for payment of care and any fees to be covered;
  - (h) The conditions under which the child will be released from the program;
  - (i) A designation of responsibility for aftercare services. If the

**Interpretive Guideline**

Note findings on the record review worksheet for sampled clients.

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child is assessed as needing transition to adult mental health services, designation of responsibility for assisting with the transition will be documented;

(j) A written description of complaint procedures, including a method of appeal to the provider management for complaints not resolved to the satisfaction of the child or parent or guardian; and

(k) A statement signed by the parent or guardian acknowledging they are aware of their responsibility to keep the provider aware of any changes in their address or telephone number.

**ST - C0147 - Admission - Interstate Compact**

**Title** Admission - Interstate Compact

**Statute or Rule** 65E-9.008(9), F.A.C.

**Type** Rule

**Regulation Definition**

(9) Interstate compact.

(a) Before the provider accepts placement of a child from out-of-state, the provider shall receive written approval from the department's Office of the Interstate Compact on the Placement of Children. In order to receive written approval from the department, the provider shall require as part of the admission process that the person responsible for the child prepare an interstate compact placement request package and send it to the state Interstate Compact on the Placement of Children Office in their state of residence for processing and mailing to the department's Interstate Compact on the Placement of Children Office in Florida.

(b) This interstate compact placement request package shall contain an ICPC 100A Interstate Compact Placement Request, Form CF 794, February 2002, which is hereby incorporated by reference, or a substantially similar form used by the state or

**Interpretive Guideline**

If there are any children placed from another state, review the records to determine if all of the requirements are in the file, with appropriate documentation and notifications.

See the Department of Children and Families (DCF) Forms website at <https://eds.myflfamilies.com/DCFFormsInternet/Search/DCFFormSearch.aspx> for CF 0794 is the ICPC Placement Request Form (ICPC 100A), and CF 0795 is the ICPC Report of Placement Status (ICPC 100B)

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jurisdiction of residence of the sending organization or person. It shall also contain a letter on the Florida Residential Treatment Center letterhead stationery indicating that the child has been accepted for placement, or that the child is being considered for placement, and any other supporting documents that may be required under Article III of the Interstate Compact. The signed, dated and approved ICPC 100A shall be evidence of the approval required by the department and shall be placed and maintained in the child's record.

(c) Within 10 business days of physical arrival of a child from out-of-state, the provider shall complete, date, and sign an ICPC 100B Interstate Compact Report on Child's Placement Status, Form CF 795, February 2002, which is hereby incorporated by reference, place a copy of the form in the child's record, and mail the original and two copies to: Office of the Interstate Compact on the Placement of Children, Child Welfare Program Office, Florida Department of Children and Family Services, 1317 Winewood Boulevard, Tallahassee, FL 32399-0700.

**ST - C0150 - Treatment Plan - Within 14 days of Admit**

**Title** Treatment Plan - Within 14 days of Admit

**Statute or Rule** 65E-9.009(1), F.A.C.

**Type** Rule

**Regulation Definition**

(1) Within fourteen business days after admission, a written treatment plan shall be developed with input from, interpreted and provided to, and signed and dated by the child, the child's parent(s) or guardian, child welfare or community based care case manager, foster parents and guardian ad litem, if applicable, and any other party involved in the development of the plan. If a child is determined to be incapable of signing the treatment plan, a written justification of the determination

**Interpretive Guideline**

Review sampled charts to determine if the facility met this requirement.

Note findings on the record review worksheet for sampled clients

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must be documented in the child's record.

**ST - C0151 - Treatment Plan - Explain To Child/Family**

**Title** Treatment Plan - Explain To Child/Family

**Statute or Rule** 65E-9.009(2), F.A.C.

**Type** Rule

**Regulation Definition**

(2) The provider shall explain the treatment plan to the child, the child's parent and/or child welfare or community based care case manager, and the guardian ad litem and submit a copy of the plan to these individuals and the department's district/regional office.

**Interpretive Guideline**

Review sampled charts to determine if they meet this requirement.

Is there evidence of the family/ child's participation?

Interview some sampled children/ families to determine their understanding of the treatment plan.

**ST - C0152 - Treatment Plan -Multidiscipline Participation**

**Title** Treatment Plan -Multidiscipline Participation

**Statute or Rule** 65E-9.009(3), F.A.C.

**Type** Rule

**Regulation Definition**

(3) The multi-disciplinary professional staff, including the psychiatrist, shall participate in the preparation of the treatment plan and any major revisions.

**Interpretive Guideline**

Review the facility documentation of the team input process to ensure participation as appropriate.

**ST - C0153 - Treatment Plan - Content**

**Title** Treatment Plan - Content

**Statute or Rule** 65E-9.009(4), F.A.C.

**Type** Rule



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**Regulation Definition**

(4) The treatment plan shall, with input from the child and parent or guardian, guardian ad litem, and other stakeholders (e.g.; child welfare or community based care case manager, other community agencies or organizations) as necessary, include:

- (a) Clinical consideration of the child's physical, behavioral, and psychological needs, developmental level and chronological age, primary diagnosis, family situation, educational level, expected length of stay, and the designated person or organization to whom the child will be discharged;
- (b) Service agencies with which the child will be involved and other support systems that may contribute to the success of treatment;
- (c) Documentation that all substance abuse, behavioral and mental health needs have been identified, unless adequate clinical justification is written in the child's record for not doing so;
- (d) Documentation reflecting the child and family's strengths and needs and the child's social and recreational needs and interests;
- (e) A clear description of the presenting problem(s), including descriptions of behaviors and reason(s) for admission, and the treatment and services to be provided in response to the presenting problem(s) that necessitate residential treatment;
- (f) Observable and measurable goals and objectives that are time-limited and written in behavioral and measurable terms, based on the child and family's strengths and needs;
- (g) Written objectives of what the child and family, when applicable, will do or accomplish;
- (h) Written interventions of what the staff will do;
- (i) The frequency of treatment services and treatment modalities, projected time frames for completion and the staff member prescribing the treatment and/or those responsible for ensuring its provision specified for each major problem or need;

**Interpretive Guideline**

Review sampled charts to determine if they meet this requirement.

Note findings on the record review worksheet for sampled clients.

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- (j) Goals that reflect improved functioning which when attained, constitutes the criteria for discharge for the particular need or problem;
- (k) The expected degree of the parent or guardian's involvement and planned regular provider contact with the child's parent or guardian.

**ST - C0154 - Treatment Plan - Monthly Provider Review**

**Title** Treatment Plan - Monthly Provider Review

**Statute or Rule** 65E-9.009(5), F.A.C.

**Type** Rule

**Regulation Definition**

(5) The provider shall review the treatment plan within 30 days of admission and at least monthly thereafter with input from the child and parent or guardian, guardian ad litem, and other stakeholders (e.g.; child welfare or community based care case manager, other community agencies or organizations) to assess the appropriateness and suitability of the child's placement in the program, to evaluate the child's progress toward treatment goals, to review and modify, when necessary, the treatment plan and treatment approaches, to review and update the discharge plan and to determine if the child is ready to move to a less restrictive placement.

**Interpretive Guideline**

Review sampled charts to determine if they meet this requirement.

Note findings on the record review worksheet for sampled clients.

**ST - C0155 - Treatment Plan - Monthly Findings Report**

**Title** Treatment Plan - Monthly Findings Report

**Statute or Rule** 65E-9.009(6), F.A.C.

**Type** Rule

**Regulation Definition**

(6) The provider shall prepare a written report of findings at a

**Interpretive Guideline**

Review sampled charts to determine if they meet this requirement.

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minimum of every 30 days and submit the report, and pending discharge plans, to the department and parent(s) or legal guardian.

Note findings on the record review worksheet for sampled clients.

**ST - C0160 - Length of Stay**

**Title** Length of Stay

**Statute or Rule** 65E-9.010, F.A.C.

**Type** Rule

**Regulation Definition**

(1) The provider shall involve the child and the child's parent or guardian to the fullest extent possible at all stages of treatment planning and discharge planning toward the goal of reintegrating the child into the community.

(2) The child's discharge plan shall be reviewed and, if necessary, revised during each review of the treatment plan.

(3) The provider shall design individualized services and treatment for the child to address the child's presenting problems on admission with a goal of discharge to the community or to a step-down program within 120 days of admission for residential treatment centers and 365 days for therapeutic group homes.

**Interpretive Guideline**

While reviewing sampled charts, determine if there is evidence of discussion of discharge planning at team meetings.

Do treatment plans include measurable, realistic goals related to discharge?

Is there a pattern of children staying in RTCs for over four months or in TGHs for over one year? If so, what action is the facility taking to address extended stays?

Interview children and family or legal guardian to determine if the facility actively encourages participation in all stages of treatment planning and discharge planning.

**ST - C0165 - Discharge Plan - Written Procedure**

**Title** Discharge Plan - Written Procedure

**Statute or Rule** 65E-9.011(1), F.A.C.

**Type** Rule

**Regulation Definition**

(1) The provider shall have and use on an ongoing basis a written procedure on discharge planning and aftercare services that specifies the availability of services and the persons

**Interpretive Guideline**

Request the discharge planning and aftercare policies upon entrance to the facility. Review those procedures as part of the standard licensure survey.

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responsible for implementation of the aftercare plan.

Interview facility staff to determine if aftercare plan follow-up occurred.

**ST - C0166 - Discharge Plan - Within 10 days of Admit**

**Title** Discharge Plan - Within 10 days of Admit

**Statute or Rule** 65E-9.011(2), F.A.C.

**Type** Rule

**Regulation Definition**

(2) Discharge planning shall begin at the time of admission. A discharge plan shall be developed, written and interpreted in collaboration with the child, parent or guardian, department, foster parents and guardian ad litem, if applicable, within ten days of admission, and a projected date for discharge shall be included in the child's treatment plan. A copy of the discharge plan shall be given to the parent or guardian, the guardian ad litem, and the department.

**Interpretive Guideline**

Request the discharge planning & aftercare policies upon entrance to the facility. Review those procedures as part of the standard licensure survey.

Is there evidence in sampled charts that discharge planning was initiated timely? Is there evidence the planning included the child and family/ guardian? Is there evidence the family/ guardian/ guardian ad litem and DCF were provided copies?

In facilities with extended lengths of stay (over 120 days for RTCs or 365 days for TGHs) is there any connection between lack of timely discharge planning & the extended lengths of stay?

**ST - C0167 - Discharge Plan - Child/Family/Guardian Input**

**Title** Discharge Plan - Child/Family/Guardian Input

**Statute or Rule** 65E-9.011(3), F.A.C.

**Type** Rule

**Regulation Definition**

(3) Discharge planning shall include input from the child, the child's parent or guardian, foster parents, department, and guardian ad litem.

**Interpretive Guideline**

Is there evidence the planning included the child and family/ guardian/ guardian ad litem and DCF staff?

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**ST - C0168 - Discharge Plan - Community Transition**

**Title** Discharge Plan - Community Transition

**Statute or Rule** 65E-9.011(4), F.A.C.

**Type** Rule

**Regulation Definition**

(4) Discharge planning may include a period of transition into the community, such as home visits and meetings with community mental health service providers.

**Interpretive Guideline**

Interview facility staff to determine if transition activities occurred

**ST - C0169 - Discharge Plan - Approved by Psychiatrist**

**Title** Discharge Plan - Approved by Psychiatrist

**Statute or Rule** 65E-9.011(5), F.A.C.

**Type** Rule

**Regulation Definition**

(5) Discharges shall be approved and signed by the treating psychiatrist.

**Interpretive Guideline**

In reviewing sampled discharge charts, is there evidence the discharge was approved/ signed by the treating psychiatrist?

**ST - C0170 - Discharge Plan -To Parent/Guardian/PlacingOrg**

**Title** Discharge Plan -To Parent/Guardian/PlacingOrg

**Statute or Rule** 65E-9.011(6), F.A.C.

**Type** Rule

**Regulation Definition**

(6) A child may be discharged only to the parent, guardian or placing organization, unless the provider is otherwise ordered by the court.

**Interpretive Guideline**

In reviewing sampled discharge charts, note to whom the child was discharged.

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**ST - C0171 - Discharge Plan - 30 Days Prior to Discharge**

**Title** Discharge Plan - 30 Days Prior to Discharge

**Statute or Rule** 65E-9.011(7), F.A.C.

**Type** Rule

**Regulation Definition**

(7) The provider shall finalize the discharge plan and have it approved and signed by the treatment team. A copy of this discharge plan shall be provided to the parent or legal guardian, guardian ad litem and department at least 30 days before the proposed discharge date, which, at a minimum, shall include:

- (a) The initial formulation and diagnosis;
- (b) A summary of treatment and services which have been provided, the outcomes of treatment in relation to the child's presenting problem on admission, and identification of needs for continuing treatment and services in the community following discharge;
- (c) Recommendations for the child and parent or guardian following release from care, including referrals for community-based mental health services;
- (d) The projected date of discharge and the name, address, telephone number and relationship of the person or organization to whom the child will be discharged; and
- (e) A copy of the child's medical, dental, educational, medication and other records for the use of the person or organization who will assume care of the child following discharge.

**Interpretive Guideline**

In reviewing charts for sampled clients for whom a discharge is anticipated within the next month, note on the review worksheet if discharge planning has been documented.

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**ST - C0172 - Discharge Plan - Aftercare Plans**

**Title** Discharge Plan - Aftercare Plans

**Statute or Rule** 65E-9.011(8), F.A.C.

**Type** Rule

**Regulation Definition**

(8) Aftercare plans shall be developed by the provider staff under the guidance of the clinical director and shall encourage the active participation of the child and parent or guardian and guardian ad litem.

**Interpretive Guideline**

Do aftercare policies address involvement of the clinical director? Do the records of discharged clients evidence such involvement?

Is there evidence the child and parent/ guardian were involved with discharge planning?

**ST - C0173 - Discharge Plan - Written Followup Services**

**Title** Discharge Plan - Written Followup Services

**Statute or Rule** 65E-9.011(9), F.A.C.

**Type** Rule

**Regulation Definition**

(9) The provider shall have and utilize written procedures for follow-up care, including a written plan for follow-up services and at least one contact with the discharged child and his parent or guardian and guardian ad litem within the first 30 days following discharge.

**Interpretive Guideline**

Do the records of discharged clients evidence contact?

**ST - C0174 - Discharge Plan - Age 17 Assess Adult Svc Need**

**Title** Discharge Plan - Age 17 Assess Adult Svc Need

**Statute or Rule** 65E-9.011(10), F.A.C.

**Type** Rule

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**Regulation Definition**

(10) For children age 17, the provider shall assess their needs for continuing services in the adult mental health service system and assist them in planning for and accessing those services.

**Interpretive Guideline**

For sampled clients 17 years or older, is there evidence the need for ongoing care in the adult setting was discussed by the treatment team? Have staff documented efforts towards seeking such services?

Interview sampled clients who are 17 or older. Do they know what their treatment options are once they turn 18? Have such plans been discussed with them?

**ST - C0175 - Discharge Plan - ICPC-100B Report**

**Title** Discharge Plan - ICPC-100B Report

**Statute or Rule** 65E-9.011(11), F.A.C.

**Type** Rule

**Regulation Definition**

(11) Within 10 business days of the physical departure of a child placed from out-of-state, the provider shall complete, date, and sign an Interstate Compact Report on Child's Placement Status, (ICPC-100B) Form, CF 795, 10/05, which is hereby incorporated by reference, place a copy of the form in the child's record, and mail the original and two copies of the form to: Office of the Interstate Compact on the Placement of Children, Child Welfare Program Office, Florida Department of Children and Family Services, 1317 Winewood Boulevard, Tallahassee, FL 32399-0700. A copy of the form may be obtained at the department's website, [www.dcf.state.fl.us/publications/efors/0795.pdf](http://www.dcf.state.fl.us/publications/efors/0795.pdf).

**Interpretive Guideline**

For discharged clients, note compliance on the record review worksheet.

**ST - C0176 - Discharge Plan - DJJ Clients**

**Title** Discharge Plan - DJJ Clients

**Statute or Rule** 65E-9.011(12), F.A.C.

**Type** Rule



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**Regulation Definition**

(12) Notwithstanding subsections (1)-(11) of Rule 65E-9.011, F.A.C., Providers who serve children committed under Section 985.19, F.S., shall abide by the following standards with regard to discharge planning:

- (a) The provider shall finalize the discharge summary and have it approved and signed by the treatment team. At least 30 days before the proposed discharge, a copy of the discharge summary shall be sent to the child's home district. The provider and district shall coordinate with each other to assist the district in the development of the discharge plan based on the provider's recommendations for services after discharge.
- (b) Once noticed by the court of a pending hearing related to child's competency to proceed, the discharge summary shall be copied to the parties identified in Section 985.19, F.S.
- (c) A copy of this discharge summary shall be provided to the parent or legal guardian, guardian ad litem and department at least 30 days before the proposed discharge date, which, at a minimum, shall include:
1. The initial formulation and diagnosis;
  2. A summary of treatment and services which have been provided, the outcomes of treatment in relation to the child's presenting problem on admission, and identification of needs for continuing treatment and services in the community following discharge;
  3. Recommendations for the child and parent or guardian following release from care;
  4. The name, address, telephone number and relationship of the person or organization to whom the child will be discharged; and
  5. A copy of the child's medical, dental, educational, medication and other records for the use of the person or organization who will assume care of the child following discharge.

**Interpretive Guideline**

FS 985 is the Interstate Compact for Juvenile Justice.

In reviewing charts for sampled DJJ clients for whom a discharge is anticipated within the next month, note on the review worksheet if discharge planning has been documented, as required.

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**ST - C0177 - Discharge Plan - Discharge Summaries**

**Title** Discharge Plan - Discharge Summaries

**Statute or Rule** 65E-9.011(13), F.A.C.

**Type** Rule

**Regulation Definition**

(13) Discharge summaries shall be developed by the provider staff under the guidance of the clinical director and shall encourage the active participation of the child and parent or guardian and guardian ad litem.

**Interpretive Guideline**

Review the discharge summary of two discharged clients. Was there evidence the clinical director was involved? Was there evidence of child/ family / guardian participation?

**ST - C0180 - Children's Rights**

**Title** Children's Rights

**Statute or Rule** 65E-9.012(1), F.A.C.

**Type** Rule

**Regulation Definition**

(1) The provider shall protect children's rights under the federal and state constitutions and as specified in Sections 394.459 and 394.4615, F.S. The provider shall also ensure that:

- (a) Physical punishment and treatment modalities that place the child at risk of physical injury or pain or death, including electroconvulsive or other convulsive therapy, "cocoon therapy," or other hazardous procedures shall never be used.
- (b) Children shall not be subjected to cruel, severe, unusual or unnecessary punishment or assigned excessive exercise or work duties, nor shall they be subjected to physical or mental abuse or corporal punishment.
- (c) The simultaneous use of seclusion and mechanical restraint is prohibited.

**Interpretive Guideline**

Review a copy of the facility's patients' rights policy.

Interview children and / or their families about treatment by staff/ other clients? Are they treated with dignity and respect, in an environment free from abuse?

Review facility restraint and seclusion logs? Are the two ever used at the same time for a client?

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- (d) Children shall not be subjected to hazing, verbal abuse, coercion or remarks that ridicule them, their families or others.
- (e) Children shall not be denied food, water, clothing, or medical care.
- (f) Children shall not be exploited or required to make public statements to acknowledge gratitude to the provider program or perform at public gatherings.
- (g) Identifiable pictures of children shall not be used without prior written consent of the parent or guardian. The signed consent form for any such usage shall be event-specific, indicate how the pictures will be used, and placed in the child's clinical record.

**ST - C0181 - Children's Rights - Discipline**

**Title** Children's Rights - Discipline

**Statute or Rule** 65E-9.012(2), F.A.C.

**Type** Rule

**Regulation Definition**

(2) Discipline. The provider shall have and implement written procedures on an ongoing basis regarding methods used for the discipline of children. The procedures shall include identification of staff authorized and trained to impose discipline, staff training requirements, methodology, monitoring, incident reporting, and quality improvement.

**Interpretive Guideline**

Review a copy of the facility's discipline policy.

**ST - C0182 - Children's Rights - Abuse/Neglect Reporting**

**Title** Children's Rights - Abuse/Neglect Reporting

**Statute or Rule** 65E-9.012(3)(a), F.A.C.

**Type** Rule

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**Regulation Definition**

(3) Child abuse and neglect.

(a) The provider, as a mandated reporter, shall report to the department and the Abuse Registry all suspected cases of child abuse, neglect, and exploitation in accordance with Chapter 39 and Section 394.459, F.S.

**Interpretive Guideline**

Interview staff, including direct care personnel. Do they know when to call the abuse registry?

While completing clinical record reviews, note any suspicious injuries. Were those cases investigated and was suspected abuse reported to DCF?

Interview children and/or family members. Have they reported to staff any concerns about abuse/ neglect/ exploitation? If so, follow-up with staff to determine facility action.

Review the facility's abuse reporting policy.

**ST - C0183 - Children's Rights - Abuse/Neglect Phone Acces**

**Title** Children's Rights - Abuse/Neglect Phone Acces

**Statute or Rule** 65E-9.012(3)(b), F.A.C.

**Type** Rule

**Regulation Definition**

(3) Child abuse and neglect.

(b) Each child shall have ready access to a telephone in order to report an alleged abuse, neglect or exploitation. The provider shall inform each child verbally and in writing of the procedure for reporting abuse. A written copy of that procedure, including the telephone number of the abuse hotline and reporting forms, shall be posted in plain view within eighteen inches of the telephone(s) designated for use by the children.

**Interpretive Guideline**

Tour the facility. Is the phone and reporting information readily accessible?

Is there documentation in clinical records the sampled clients were provided the abuse reporting information?

Interview clients. Do they know how to report abuse?

**ST - C0184 - Children's Rights - Abuse/Neglect Procedure**

**Title** Children's Rights - Abuse/Neglect Procedure

**Statute or Rule** 65E-9.012(3)(c), F.A.C.

**Type** Rule

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**Regulation Definition**

(3) Child abuse and neglect.  
(c) The provider shall establish and implement a written procedure for the immediate protection of the alleged victim or any other potential victim and prevention of a recurrence of the alleged incident pending investigation by the department or law enforcement.

**Interpretive Guideline**

Request a copy of the facility's abuse prevention/ reporting policy at the entrance conference.  
  
In cases of suspected abuse, determine if the facility staff adhered to established policy.

**ST - C0185 - Children's Rights - Abuse/Neglect Staff Req**

**Title** Children's Rights - Abuse/Neglect Staff Req

**Statute or Rule** 65E-9.012(3)(d), F.A.C.

**Type** Rule

**Regulation Definition**

(3) Child abuse and neglect.  
(d) The provider shall require each paid and volunteer staff member, upon hiring and every 12 months thereafter, to read and sign a statement summarizing the child abuse and neglect laws and outlining the staff member's responsibility to report all incidents of child abuse and neglect. Such signed statements shall be placed in each employee's personnel file.

**Interpretive Guideline**

Determine compliance with this requirement while completing personnel record reviews.

**ST - C0186 - Children's Rights - Abuse/Neglect Posters**

**Title** Children's Rights - Abuse/Neglect Posters

**Statute or Rule** 65E-9.012(3)(e), F.A.C.

**Type** Rule

**Regulation Definition**

(3) Child abuse and neglect.  
(e) Residents' rights posters, including those with the telephone numbers for the Florida Abuse Hotline, Statewide

**Interpretive Guideline**

Determine compliance during tour.

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Advocacy Council and the Advocacy Center for Persons with Disabilities, shall be legible, a minimum of 14 point font size, and shall be posted immediately next to telephones which are available for residents' use.

**ST - C0187 - Children's Rights - HIV Confidentiality**

**Title** Children's Rights - HIV Confidentiality

**Statute or Rule** 65E-9.012(4), F.A.C.

**Type** Rule

**Regulation Definition**

4) Confidentiality related to HIV-infected children. The provider shall protect the confidentiality of HIV-infected children as specified in Section 381.004, F.S. The provider shall also ensure that:

(a) The identity of any child upon whom an HIV test is performed and the child's HIV test result shall be disclosed to an employee of the department or child-caring or child-placing organization directly involved in the placement, care or custody of such child only when the employee or organization needs to know such information to provide:

1. Case-specific services, such as assessing needs, determining eligibility, arranging care, monitoring case activities, permanency planning or providing care for the child;
2. Case-specific supervision or monitoring of cases for eligibility or legal compliance or casework services; or
3. Case-specific clerical and vouchering support.

(b) The identity of a child upon whom an HIV test is performed shall be disclosed to a foster family or child-caring or child-placing organization licensed pursuant to Florida Statutes, which is directly involved in the care of such child and has a need to know such information. The identity of the child shall be disclosed only after the following conditions have been met:

1. The department or child-placing or child-caring

**Interpretive Guideline**

Determine compliance through clinical record reviews.

Review facility procedures for addressing HIV infection/ confidentiality.

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organization has provided to the foster family or child-caring or child-placing organization all available information, including HIV test results, social information and special needs, in a manner that does not permit identification of the child; and

2. The prospective placement has agreed to accept the child and the decision to place the child in that specific placement has been confirmed.

(c) The child's record shall contain documentation of the date and time that the written statement was given to the child-caring, child-placing organization or to the foster or adoptive parents.

(d) The case files of HIV-infected children shall not be segregated or flagged in any way that would permit their identification as case files of HIV-infected children or in any way different from the files of non-HIV-infected children.

**ST - C0190 - Restraint/Seclusion - Guidelines**

**Title** Restraint/Seclusion - Guidelines

**Statute or Rule** 65E-9.013(1)(a), F.A.C.

**Type** Rule

**Regulation Definition**

(1) General requirements.

(a) Providers shall comply with guidelines for the use of restraint, seclusion and time-out as specified in Chapter 394, F.S., in addition to the guidelines specified in this rule.

**Interpretive Guideline**

Review documentation of restraint, seclusion and time-out to determine compliance with requirements.

**ST - C0191 - Restraint/Seclusion - No Harm/Injury**

**Title** Restraint/Seclusion - No Harm/Injury

**Statute or Rule** 65E-9.013(1)(b), F.A.C.

**Type** Rule

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**Regulation Definition**

- (1) General requirements.
- (b) Restraint or seclusion shall not result in harm or injury to the child and shall be used only:
  - 1. To ensure the safety of the child or others during an emergency safety situation; and
  - 2. Until the emergency safety situation has ceased and the child's safety and the safety of others can be ensured, even if the restraint or seclusion order has not expired.

**Interpretive Guideline**

Review documentation of restraint, seclusion and time-out to determine compliance with requirements.

**ST - C0192 - Restraint/Seclusion - Purposes Excluded**

**Title** Restraint/Seclusion - Purposes Excluded

**Statute or Rule** 65E-9.013(1)(c), F.A.C.

**Type** Rule

**Regulation Definition**

- (1) General requirements.
- (c) Restraint or seclusion shall not be used for purposes of punishment, coercion, discipline, convenience, or retaliation by staff or to compensate for inadequate staffing.

**Interpretive Guideline**

Review documentation of restraint, seclusion and time-out to determine compliance with requirements.

**ST - C0193 - Restraint/Seclusion - Standing/PRN Orders**

**Title** Restraint/Seclusion - Standing/PRN Orders

**Statute or Rule** 65E-9.013(1)(d), F.A.C.

**Type** Rule

**Regulation Definition**

- (1) General requirements.
- (d) An order for restraint or seclusion shall not be issued as a standing order or on an as-needed basis.

**Interpretive Guideline**

Review documentation of restraint, seclusion and time-out to determine compliance with requirements.



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**ST - C0194 - Restraint/Seclusion - Safe/Proportionate**

**Title** Restraint/Seclusion - Safe/Proportionate

**Statute or Rule** 65E-9.013(1)(e), F.A.C.

**Type** Rule

**Regulation Definition**

(1) General requirements.  
(e) Restraint or seclusion shall be used in a manner that is safe and proportionate to the severity of the behavior and the child's chronological and developmental age; size; gender; physical, medical and psychiatric condition, including current medications; and personal history, including history of physical or sexual abuse.

**Interpretive Guideline**

Review documentation of restraint, seclusion and time-out to determine compliance with requirements.

**ST - C0195 - Restraint/Seclusion - Trained Staff**

**Title** Restraint/Seclusion - Trained Staff

**Statute or Rule** 65E-9.013(1)(f), F.A.C.

**Type** Rule

**Regulation Definition**

(1) General requirements.  
(f) Only staff who have completed a competency-based training program that prepares them to properly use restraint or seclusion shall apply these procedures to children.

**Interpretive Guideline**

Sources of information include facility policy & staff personnel record review.

**ST - C0196 - Restraint/Seclusion - Prohibitions**

**Title** Restraint/Seclusion - Prohibitions

**Statute or Rule** 65E-9.013(1)(g), F.A.C.

**Type** Rule

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**Regulation Definition**

(1) General requirements.  
(g) Restraint that impedes respiration (e.g., choke hold or basket hold), places weight on the child's upper torso, neck, chest or back, or restricts blood flow to the head is prohibited.

**Interpretive Guideline**

A basket hold is a restraint wherein the child's arms are folded in front of him/ her and brought towards their back.

Note types of restraints used for sampled clients on the seclusion/ restraint worksheet.

Other sources of information include:

Facility restraint policy to determine which restraints are approved/ prohibited.

Facility course outline for aggression control training.

**ST - C0197 - Restraint/Seclusion - Amb/Walking Shackles**

**Title** Restraint/Seclusion - Amb/Walking Shackles

**Statute or Rule** 65E-9.013(1)(h), F.A.C.

**Type** Rule

**Regulation Definition**

(1) General requirements.  
(h) Ambulatory or walking restraints (e.g., shackles that bind the ankles and waist-wrist shackles) may only be used during transportation under the supervision of trained staff. The use of ambulatory or walking restraints is prohibited except for purposes of off-premise transportation..

**Interpretive Guideline**

Are restraints observed during the survey? If so, what type? While completing record reviews, document restraint information on the seclusion/ restraint worksheet.

Other sources of information include:

Facility restraint policy to determine which restraints are approved/ prohibited.

Facility course outline for aggression control training.

**ST - C0198 - Restraint/Seclusion - Oversight**

**Title** Restraint/Seclusion - Oversight

**Statute or Rule** 65E-9.013(1)(i), F.A.C.

**Type** Rule

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**Regulation Definition**

(1) General requirements.  
(i) The provider's medical or clinical director shall be responsible for providing oversight of ongoing monitoring, quality improvement and staff training in the use of restraint and seclusion and in the use of less intrusive, alternative interventions.

**Interpretive Guideline**

If there are citations related to seclusion/ restraint, review the facility policy regarding these interventions. Consider citing this tag as an associated deficiency for citations related to seclusion/ restraint, including training requirements.

**ST - C0199 - Restraint/Seclusion - Provider Procedures**

**Title** Restraint/Seclusion - Provider Procedures

**Statute or Rule** 65E-9.013(2), F.A.C.

**Type** Rule

**Regulation Definition**

(2) Provider procedures. The provider's procedures shall address the use of restraint, seclusion and time-out. A copy of the procedures shall be provided to children and their parents or guardians, foster parents and guardian ad litem, if applicable, upon admission, to all staff, and to the department. The procedures shall include provisions for implementing the requirements of this section and the provider's strategies to:

- (a) Reduce and strive to eliminate the need for and use of restraint and seclusion;
- (b) Prevent situations that might lead to the use of restraint or seclusion;
- (c) Use alternative, non-intrusive techniques in the prevention and management of challenging behavior;
- (d) Train staff on how restraint and seclusion are experienced by children and the effect they have on children with a history of trauma; and
- (e) Preserve the child's safety and dignity when restraint or seclusion is used.

**Interpretive Guideline**

Do record reviews indicate children/ parents/ guardians have been provided copies of the seclusion/ restraint policies?

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**ST - C0200 - Restraint/Seclusion - Physician Order**

**Title** Restraint/Seclusion - Physician Order

**Statute or Rule** 65E-9.013(3)(a), F.A.C.

**Type** Rule

**Regulation Definition**

(3) Authorization of restraint or seclusion.  
(a) Restraint or seclusion shall be used and continued only pursuant to an order by a board certified or board eligible psychiatrist licensed under Chapter 458, F.S., or licensed physician with specialized training and experience in diagnosing and treating mental disorders and who is the child's treatment team physician. If the child's treatment team physician is unavailable, the physician covering for the treatment team physician may meet these qualifications. Physicians allowed to order seclusion and restraint, pursuant to this rule, must be trained in the use of emergency safety interventions prior to ordering them.

**Interpretive Guideline**

For sampled clients, document findings on the seclusion / restraint worksheet.

Other source of information:

Personnel record for ordering clinician.

**ST - C0201 - Restraint/Seclusion - Least Restrictive**

**Title** Restraint/Seclusion - Least Restrictive

**Statute or Rule** 65E-9.013(3)(b), F.A.C.

**Type** Rule

**Regulation Definition**

(3) Authorization of restraint or seclusion.  
(b) The ordering physician shall order the least restrictive intervention that is most likely to be effective in resolving the emergency safety situation.

**Interpretive Guideline**

For sampled clients, document findings on the seclusion/ restraint worksheet.

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**ST - C0202 - Restraint/Seclusion - Verbal Order**

**Title** Restraint/Seclusion - Verbal Order

**Statute or Rule** 65E-9.013(3)(c), F.A.C.

**Type** Rule

**Regulation Definition**

(3) Authorization of restraint or seclusion.  
(c) If the ordering physician is not available on-site to order the use of restraint or seclusion, a verbal telephone order shall be obtained by, at a minimum, a registered nurse or other licensed staff, such as a licensed practical nurse (LPN), at the time of restraint or seclusion is initiated or immediately after it ends. At the time the order is received, the registered nurse or other licensed staff, such as an LPN, shall consult with the ordering physician about the child's physical and psychological condition. The order and consultation shall be documented in the child's case file. If an emergency exists where restraint or seclusion is needed but the physician is not present or available by telephone, a psychiatric nurse, advanced nurse practitioner, physician assistant, or registered nurse may apply the restraint or place the child in seclusion, with follow up information provided to the physician as soon as is reasonably possible.

**Interpretive Guideline**

For sampled clients, document findings on the seclusion/ restraint worksheet.

**ST - C0203 - Restraint/Seclusion -Verbal Order Sign 7 Days**

**Title** Restraint/Seclusion -Verbal Order Sign 7 Days

**Statute or Rule** 65E-9.013(3)(d), F.A.C.

**Type** Rule

**Regulation Definition**

(3) Authorization of restraint or seclusion.

**Interpretive Guideline**

For sampled clients, document findings on the seclusion / restraint worksheet.

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(d) The verbal order given by the physician shall be followed with their signature verifying the verbal order within seven calendar days and the signed verification shall be maintained in the child's case file.

**ST - C0204 - Restraint/Seclusion - Physician Available**

**Title** Restraint/Seclusion - Physician Available

**Statute or Rule** 65E-9.013(3)(e), F.A.C.

**Type** Rule

**Regulation Definition**

(3) Authorization of restraint or seclusion.  
(e) The ordering physician shall be available to staff for consultation, at least by telephone, throughout the period of the intervention.

**Interpretive Guideline**

For sampled clients, document findings on the seclusion/ restraint worksheet.

**ST - C0205 - Restraint/Seclusion - Order**

**Title** Restraint/Seclusion - Order

**Statute or Rule** 65E-9.013(3)(f), F.A.C.

**Type** Rule

**Regulation Definition**

(3) Authorization of restraint or seclusion.  
(f) Each order for restraint or seclusion shall:  
1. Be limited to no longer than the duration of the emergency safety situation;  
2. Not exceed two hours for children or adolescents ages nine through seventeen or one hour for children under age nine; and  
3. Be documented, whether verbal or written, and maintained in the child's case file.

**Interpretive Guideline**

For sampled clients, document findings on the seclusion/ restraint worksheet.

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**ST - C0206 - Restraint/Seclusion - Exceed Timeframe**

**Title** Restraint/Seclusion - Exceed Timeframe

**Statute or Rule** 65E-9.013(3)(g), F.A.C.

**Type** Rule

**Regulation Definition**

(3) Authorization of restraint or seclusion.  
(g) If restraint or seclusion exceeds a total of six hours within a 24-hour period for a child age nine through seventeen or a total of three hours for a child under age nine, there must be a written explanation as to why the child was not transferred to a more acute program.

**Interpretive Guideline**

For sampled clients, document findings on the seclusion/ restraint worksheet.

**ST - C0207 - Restraint/Seclusion - Team Review**

**Title** Restraint/Seclusion - Team Review

**Statute or Rule** 65E-9.013(3)(h), F.A.C.

**Type** Rule

**Regulation Definition**

(3) Authorization of restraint or seclusion.  
(h) If a child requires the use of seclusion or restraint at any time during their stay, the treatment team shall formally review and actively address their use during the child's regularly scheduled treatment team review meetings, no less frequently than two times per month, until deemed no longer necessary. The reviews shall assess the frequency, patterns and trends, and identify ways to prevent the need for seclusion and restraint use. The treatment team's review of and efforts to eliminate seclusion and restraint use with a specific child shall be documented as part of the child's treatment team review. In addition, if a child is restrained a total of two times within a

**Interpretive Guideline**

For sampled clients, document findings on the seclusion/ restraint worksheet.

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thirty day period, or is in seclusion a total of three times within a thirty day period, the treatment team will oversee the development and monitor the implementation of a formal child-specific plan to aggressively address the need for seclusion and restraint use with that child.

**ST - C0208 - Restraint/Seclusion - Assessment 1 Hr**

**Title** Restraint/Seclusion - Assessment 1 Hr

**Statute or Rule** 65E-9.013(3)(i), F.A.C.

**Type** Rule

**Regulation Definition**

- (3) Authorization of restraint or seclusion.
- (i) Within one hour of the initiation of restraint or seclusion, the ordering physician or other licensed practitioner, as permitted by the state and facility, (including a psychiatric nurse, advanced nurse practitioner, physician assistant, or registered nurse) trained in the use of emergency safety interventions, shall conduct a face-to-face assessment of the physical and psychological well being of the child, including:
1. The child's physical and psychological status;
  2. The child's current behavior;
  3. The appropriateness of the intervention measures; and
  4. Any physical or psychological complications resulting from the intervention.

**Interpretive Guideline**

For sampled clients, document findings on the seclusion/ restraint worksheet.

**ST - C0209 - Restraint/Seclusion - Order Content**

**Title** Restraint/Seclusion - Order Content

**Statute or Rule** 65E-9.013(3)(j), F.A.C.

**Type** Rule



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**Regulation Definition**

- (3) Authorization of restraint or seclusion.
- (j) Each order for restraint or seclusion shall include:
1. The ordering physician's name;
  2. The date and time the order was obtained; and
  3. The emergency safety intervention ordered, including the length of time for which the physician authorized its use, which length of time shall not exceed the time limits set forth in subsection 65E-9.013(3)(f)1.-.3, F.A.C.

**Interpretive Guideline**

For sampled clients, document findings on the seclusion/ restraint worksheet.

**ST - C0210 - Restraint/Seclusion - Documentation**

**Title** Restraint/Seclusion - Documentation

**Statute or Rule** 65E-9.013(4), F.A.C.

**Type** Rule

**Regulation Definition**

- (4) Documentation. Staff shall document the intervention in the child's record, with documentation completed by the end of each shift during which the intervention begins and continues. Documentation shall include:
- (a) Each order for restraint or seclusion;
  - (b) The time the emergency safety intervention began and ended;
  - (c) The specific circumstances of the emergency safety situation, the rationale for the type of intervention selected, the less intrusive interventions that were considered or tried and the results of those interventions;
  - (d) Time-specific assessments of the child's physical and psychological condition;
  - (e) The name, position, and credentials of all staff involved in or witnessing the emergency safety intervention;
  - (f) Time and date of notification of the child's parent or guardian and guardian ad litem;

**Interpretive Guideline**

For sampled clients, document findings on the seclusion/ restraint worksheet.

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- (g) The behavioral criteria and assistance provided by staff to help the child meet the criteria for discontinuation of restraint or seclusion;
- (h) Summary of debriefing of the child with staff;
- (i) Description of any injuries sustained by the child during or as a result of the restraint or emergency safety intervention and treatment received for those injuries;
- (j) Review and revise, if necessary, the child's treatment plan, including a description of procedures designed to prevent the future need for and use of restraint or seclusion; and
- (k) Before restraint or seclusion were ordered for the child, the ordering physician assessed whether there were pre-existing medical conditions or physical disabilities, history of sexual or physical abuse, or current use of psychotropic medication that could present a risk to the child and results of such review are documented in the order for restraint or seclusion and the child's record.

**ST - C0211 - Restraint/Seclusion - Physician Consultation**

**Title** Restraint/Seclusion - Physician Consultation

**Statute or Rule** 65E-9.013(5), F.A.C.

**Type** Rule

**Regulation Definition**

- (5) Consultation with treatment team physician. If the physician ordering the use of restraint or seclusion is not the child's treatment team physician, the ordering authorized to receive the verbal order shall:
- (a) Consult with the child's treatment team physician as soon as possible and inform the team physician of the emergency safety situation that required the child to be restrained or placed in seclusion; and
  - (b) Document in the child's record the date and time the team physician was consulted.

**Interpretive Guideline**

For sampled clients, document findings on the seclusion/ restraint worksheet.

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**ST - C0212 - Restraint/Seclusion - Notification Upon Admit**

**Title** Restraint/Seclusion - Notification Upon Admit

**Statute or Rule** 65E-9.013(6)(a), F.A.C.

**Type** Rule

**Regulation Definition**

**Interpretive Guideline**

(6) Notification.

For sampled clients, document findings on the record review worksheet.

(a) Notification upon admission. At admission, the provider shall:

1. Explain and provide a written copy of the provider's procedures regarding the use of restraint and seclusion to the child, the child's parent or guardian, and guardian ad litem, if applicable. The provider shall document that the child and the parent or guardian, and guardian ad litem were informed of the provider's policies on the use of restraint and seclusion. This documentation shall be filed in the child's record.
2. Communicate the procedures in a language the child and the parent or guardian understand, including American Sign Language or through an interpreter or translator if needed.
3. Include in the procedures contact information, including phone number and mailing address, of the Advocacy Center for Persons with Disabilities, Inc.
4. Consult with the child's parent or guardian and foster parent and guardian ad litem, if applicable to determine if there are any known physical or psychological risks that would rule out the use of such interventions for the child. The results of such interview shall be documented in the child's record.

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**ST - C0213 - Restraint/Seclusion -Notification Upon Use**

**Title** Restraint/Seclusion -Notification Upon Use

**Statute or Rule** 65E-9.013(6)(b), F.A.C.

**Type** Rule

**Regulation Definition**

**Interpretive Guideline**

(6) Notification.

For sampled clients, document findings on the seclusion/ restraint worksheet.

(b) Notification of use of restraint or seclusion.

1. As soon as possible, but no later than 24 hours after the initiation of each emergency safety intervention, the provider shall notify the parent or guardian that the child has been restrained or placed in seclusion.
2. The provider shall document in the child's record that the parent or guardian was notified, including the date and time of notification and the name of the staff person providing the notification.

**ST - C0214 - Restraint/Seclusion - Monitor Restraint**

**Title** Restraint/Seclusion - Monitor Restraint

**Statute or Rule** 65E-9.013(7), F.A.C.

**Type** Rule

**Regulation Definition**

**Interpretive Guideline**

(7) Monitoring of the child during and immediately after restraint.

For sampled clients, document findings on the seclusion/ restraint worksheet.

(a) Staff trained in the use of emergency safety interventions shall be physically present and continually visually assessing and monitoring the physical and psychological well-being of the child and the safe use of restraint throughout the duration of the emergency safety intervention.

(b) If the emergency safety situation continues beyond the

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time limit of the physician's order for the use of restraint, the staff person authorized to receive the verbal order, as identified in paragraph 65E-9.013(4)(c), F.A.C., shall immediately contact the ordering physician to receive further instructions or new orders for the use of restraint and shall document such notification in the child's case file.

(c) A physician, or other licensed staff member as identified in paragraph 65E-9.013(4)(i), F.A.C., trained in the use of emergency safety interventions, shall evaluate and record the child's physical condition and psychological well-being immediately after the restraint is removed.

**ST - C0215 - Restraint/Seclusion - Monitor Seclusion**

**Title** Restraint/Seclusion - Monitor Seclusion

**Statute or Rule** 65E-9.013(8), F.A.C.

**Type** Rule

**Regulation Definition**

(8) Monitoring of the child during and immediately after seclusion.

(a) Staff trained in the use of emergency safety interventions and in assessment of suicide risk shall be physically present in or immediately outside the seclusion room, continually visually assessing, monitoring, and evaluating the physical and psychological well-being of the child in seclusion. Video or auditory monitoring shall not be used as substitutes for this requirement.

(b) If the emergency safety situation continues beyond the time limit of the physician's order for the use of seclusion, the staff person authorized to receive the verbal order, as identified in paragraph 65E-9.013(3)(c), F.A.C., shall immediately contact the ordering physician to receive further instructions or new orders for the use of seclusion and such notification shall be documented and maintained in the child's case file.

**Interpretive Guideline**

For sampled clients, document findings on the seclusion/ restraint worksheet.

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(c) A physician or other licensed staff member, as identified in paragraph 65E-9.013(3)(i), F.A.C., trained in the use of emergency safety interventions, shall evaluate the child's physical condition and psychological well-being immediately after the child is removed from seclusion and documentation of such evaluation shall be maintained in the child's case file.

(d) Staff shall immediately obtain medical treatment from qualified medical personnel for a child injured during or as a result of an emergency safety intervention.

**ST - C0216 - Restraint/Seclusion - Discontinuation**

**Title** Restraint/Seclusion - Discontinuation

**Statute or Rule** 65E-9.013(9), F.A.C.

**Type** Rule

**Regulation Definition**

(9) Discontinuation of restraint or seclusion. As early as feasible in the restraint or seclusion process, the child shall be told the rationale for restraint or seclusion and the behavior criteria necessary for its discontinuation that ensures the safety of the child and others. Restraint or seclusion shall be discontinued as soon as the child meets the behavioral criteria.

**Interpretive Guideline**

For sampled clients, document findings on the seclusion/ restraint worksheet.

**ST - C0217 - Post Restraint/Seclusion - Debrief With Child**

**Title** Post Restraint/Seclusion - Debrief With Child

**Statute or Rule** 65E-9.013(10)(a), F.A.C.

**Type** Rule

**Regulation Definition**

(10) Post-restraint or seclusion practices.  
(a) After the use of restraint or seclusion, staff involved in an emergency safety intervention and the child shall have a

**Interpretive Guideline**

For sampled clients, document findings on the seclusion/ restraint worksheet.

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face-to-face discussion, which is also known as a debriefing. Whenever possible, subject to staff scheduling, this discussion shall include all staff involved in the intervention. The child's parent or guardian shall be invited to participate in the discussion. The provider shall conduct the discussion in a language that is understood by the child and the child's parent or guardian. The discussion shall provide both the child and staff the opportunity to discuss the circumstances resulting in the use of restraint or seclusion and strategies to be used by the staff, the child, or others to prevent the need for the future use of restraint or seclusion. The discussion must occur within 24 hours of the emergency intervention, subject to the following exceptions:

1. Allowances may be made to accommodate the schedules of the parent(s) or legal guardian(s) of the child when they request an opportunity to participate in the debriefing and when staff deem their participation appropriate.
2. Allowances may be made to accommodate shift changes, vacation schedules, illnesses, and all applicable federal, state, and local labor laws and regulations.

**ST - C0218 - Post Restraint/Seclusion - Debrief With Staff**

**Title** Post Restraint/Seclusion - Debrief With Staff

**Statute or Rule** 65E-9.013(10)(b), F.A.C.

**Type** Rule

**Regulation Definition**

- (10) Post-restraint or seclusion practices.
- (b) After the use of restraint or seclusion, the staff involved in the emergency safety intervention, and appropriate supervisory and administrative staff, shall conduct a debriefing session that includes a review and discussion of:
1. The emergency safety situation that required the intervention, including a discussion of the factors that caused or preceded the intervention;

**Interpretive Guideline**

For sampled clients, document findings on the seclusion/ restraint worksheet.

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2. Alternative, less intrusive techniques that might have prevented the need for the restraint or seclusion;
3. The procedures, if any, that staff are to implement in the future to prevent any recurrence of the use of restraint or seclusion; and
4. The outcome of the intervention, including any injuries that resulted from the use of restraint or seclusion and the treatment provided for those injuries.

**ST - C0219 - Post Restraint/Seclusion-Debrief Documentatio**

**Title** Post Restraint/Seclusion-Debrief Documentatio

**Statute or Rule** 65E-9.013(10)(c), F.A.C.

**Type** Rule

**Regulation Definition**

- (10) Post-restraint or seclusion practices.  
(c) Staff shall document in the child's record that both debriefing sessions took place and shall include in that documentation the names of staff present for the debriefing, names of staff excused from the debriefing, and any changes to the child's treatment plan or facility procedures that resulted from the debriefings.

**Interpretive Guideline**

For sampled clients, document findings on the seclusion/ restraint worksheet.

**ST - C0220 - Post Restraint/Seclusion - Maintain a Record**

**Title** Post Restraint/Seclusion - Maintain a Record

**Statute or Rule** 65E-9.013(10)(d), F.A.C.

**Type** Rule

**Regulation Definition**

- (10) Post-restraint or seclusion practices.  
(d) The provider shall maintain a record of each emergency safety situation, the interventions used, and their outcomes.

**Interpretive Guideline**

For sampled clients, document findings on the seclusion/ restraint worksheet.



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These records shall be maintained in a manner that allows for the collection and analysis of data for agency monitoring and provider performance improvement and shall be available for such purposes upon request.

**ST - C0221 - Post Restraint/Seclusion - Record Injuries**

**Title** Post Restraint/Seclusion - Record Injuries

**Statute or Rule** 65E-9.013(10)(e), F.A.C.

**Type** Rule

**Regulation Definition**

(10) Post-restraint or seclusion practices.  
(e) Staff shall document in the child's record all injuries that occur during or as a result of an emergency safety intervention, including injuries to staff resulting from that intervention.

**Interpretive Guideline**

For sampled clients, document findings on the seclusion/ restraint worksheet.

**ST - C0222 - Post Restraint/Seclusion - Injury Evaluation**

**Title** Post Restraint/Seclusion - Injury Evaluation

**Statute or Rule** 65E-9.013(10)(f), F.A.C.

**Type** Rule

**Regulation Definition**

(10) Post-restraint or seclusion practices.  
(f) Staff involved in an emergency safety intervention that results in an injury to a child or staff shall meet with supervisory staff and evaluate the circumstances that caused the injury and develop a plan to prevent future injuries.

**Interpretive Guideline**

For sampled clients, document findings on the seclusion/ restraint worksheet.

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**ST - C0223 - Post Restraint/Seclusion - Serious Occurrence**

**Title** Post Restraint/Seclusion - Serious Occurrence

**Statute or Rule** 65E-9.013(10)(g), F.A.C.

**Type** Rule

**Regulation Definition**

(10) Post-restraint or seclusion practices.  
(g) The provider shall immediately notify the child's parent or guardian of any serious occurrence, including a child's death, a serious injury to a child, or a suicide attempt. The provider shall also report the serious occurrence to the Department, the agency, and the state advocacy council the same day or no later than close of business the next business day for a serious occurrence that occurs after 5:00 p.m. or over a weekend. The report shall include the name of the child involved in the serious occurrence, a description of the occurrence, and the name, street address, and telephone number of the facility.

**Interpretive Guideline**

For sampled clients, document findings on the seclusion/ restraint worksheet.

**ST - C0224 - Time Out - Purpose**

**Title** Time Out - Purpose

**Statute or Rule** 65E-9.013(11)(a), F.A.C.

**Type** Rule

**Regulation Definition**

(11) Time-out.  
(a) Time-out shall be used only for the purpose of providing a child with the opportunity to regain self-control and not as a consequence or punishment.

**Interpretive Guideline**

Does the facility time out procedure address this requirement?

If children have been placed in time-out, does the treatment plan address the procedure?

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**ST - C0225 - Time Out - Guidelines and Treatment Plan**

**Title** Time Out - Guidelines and Treatment Plan

**Statute or Rule** 65E-9.003(11)(b), F.A.C.

**Type** Rule

**Regulation Definition**

(11) Time-out.  
(b) If time-out is used with a child, child-specific guidelines for the use and duration of time-out, based on the professional judgment of the child's treatment team, shall be specified in the child's treatment plan, upon consideration of the child's age, maturity, health, and other factors. In addition, the child's parent or guardian shall sign an informed consent form detailing the circumstances under which time-out will be used and how the procedure is to be implemented.

**Interpretive Guideline**

For sampled clients, document findings on the time out monitoring worksheet.

**ST - C0226 - Time Out - Initiated by Trained Staff**

**Title** Time Out - Initiated by Trained Staff

**Statute or Rule** 65E-9.006(11)(c), F.A.C.

**Type** Rule

**Regulation Definition**

(11) Time-out.  
(c) Time-out shall be initiated only by staff who have completed competency-based training in the use of time-out and such training shall be documented in their personnel record.

**Interpretive Guideline**

Document the names of staff initiating time-out on the time out monitoring sheet. Personnel records may be reviewed to determine compliance with training requirements.

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**ST - C0227 - Time Out - Location**

**Title** Time Out - Location

**Statute or Rule** 65E-9.013(11)(d), F.A.C.

**Type** Rule

**Regulation Definition**

- (11) Time-out.
- (d) Time-out may take place either in or away from the area of activity or other children, such as in the child's room.

**Interpretive Guideline**

During tour, ask staff where children are placed in time out, if the procedure is used at the facility.

**ST - C0228 - Time Out - Designated Area**

**Title** Time Out - Designated Area

**Statute or Rule** 65E-9.013(11)(e), F.A.C.

**Type** Rule

**Regulation Definition**

- (11) Time-out.
- (e) The designated area shall be a room or area that is part of the living environment the child normally inhabits or has access to during routinely scheduled activities and from which the child is not physically prevented from leaving.

**Interpretive Guideline**

Review documentation of time-out to determine compliance with requirements.

**ST - C0229 - Time Out - Physical Contact**

**Title** Time Out - Physical Contact

**Statute or Rule** 65E-9.013(11)(f), F.A.C.

**Type** Rule

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**Regulation Definition**

(11) Time-out.  
(f) If the child requires physical contact in order to move to the area or room, staff shall end the contact immediately once the child is in the designated area.

**Interpretive Guideline**

Review documentation of time-out to determine compliance with requirements.

**ST - C0230 - Time Out - Leaving Area**

**Title** Time Out - Leaving Area

**Statute or Rule** 65E-9.013(11)(g), F.A.C.

**Type** Rule

**Regulation Definition**

(11) Time-out.  
(g) The child shall not be physically prevented from leaving the time-out area.

**Interpretive Guideline**

If time out is used during the survey, if possible observe (unobtrusively) staff/ client interactions throughout the procedure. Are the children allowed to leave the area, if they attempt to do so?

**ST - C0231 - Time Out - Specifying End/Neutral Manner**

**Title** Time Out - Specifying End/Neutral Manner

**Statute or Rule** 65E-9.013(11)(h), F.A.C.

**Type** Rule

**Regulation Definition**

(11) Time-out.  
(h) The criterion for being able to end time-out without further intervention shall be specified to the child at this time in a neutral manner.

**Interpretive Guideline**

If time out is implemented during survey observations, are staff noted to define behavioral criteria to the involved child?

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**ST - C0232 - Time Out - Met Criteria End Procedure**

**Title** Time Out - Met Criteria End Procedure

**Statute or Rule** 65E-9.013(11)(i), F.A.C.

**Type** Rule

**Regulation Definition**

(11) Time-out.  
(i) Time-out shall be terminated after the child meets the behavioral criterion for the specified time period, which shall not exceed 5 minutes at a time. If the child meets the criterion earlier, staff shall end the procedure immediately.

**Interpretive Guideline**

For sampled clients, document findings on the time out monitoring worksheet.

If time out is implemented during survey observations, are staff noted to end the procedure timely?

**ST - C0233 - Time Out - Unmet Criteria Assess Procedure**

**Title** Time Out - Unmet Criteria Assess Procedure

**Statute or Rule** 65E-9.013(11)(j), F.A.C.

**Type** Rule

**Regulation Definition**

(11) Time-out.  
(j) If the child has not been able to meet the criterion for exiting time-out within 30 minutes, staff shall notify the ranking clinician on duty or on-call, who shall assess how the procedure was implemented, assess the child's condition, and determine whether to end the procedure, reduce the exit criterion, or continue the procedure.

**Interpretive Guideline**

For sampled clients, document findings on the time out monitoring worksheet.

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**ST - C0234 - Time Out - Direct/Continuous Observation**

**Title** Time Out - Direct/Continuous Observation

**Statute or Rule** 65E-9.013(11)(k), F.A.C.

**Type** Rule

**Regulation Definition**

(11) Time-out.  
(k) When time-out is imposed, staff shall directly and continuously observe the child.

**Interpretive Guideline**

For sampled clients, document findings on the time out monitoring worksheet.  
  
If time out is implemented during survey observations, are staff noted to define behavioral criteria to the involved child?

**ST - C0235 - Time Out - Review Use Twice a Month**

**Title** Time Out - Review Use Twice a Month

**Statute or Rule** 65E-9.013(11)(l), F.A.C.

**Type** Rule

**Regulation Definition**

(11) Time-out.  
(l) The child's treatment team shall review the use of time-out during that child's treatment team meetings, but no less frequently than two times per month. This review shall consist of assessing the frequency, patterns and trends, questioning the function(s) of the behavior(s) that resulted in the use of time-out, possible ways to prevent the behavior(s) and the appropriateness of the exit criteria used.

**Interpretive Guideline**

For sampled clients, document findings on the time out monitoring worksheet.

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**ST - C0236 - Time Out - Documentation in Child's Record**

**Title** Time Out - Documentation in Child's Record

**Statute or Rule** 65E-9.013(11)(m), F.A.C.

**Type** Rule

**Regulation Definition**

- (11) Time-out.  
(m) For each instance that time-out is used, staff who initiate the procedure shall document in the child's record:
1. The circumstances leading to the use of time-out;
  2. The specific behavior criteria explained to the child that would allow for discontinuation of time-out;
  3. When and how the child was informed of the behavior criteria;
  4. The time the procedure started and ended; and
  5. Any injuries sustained and treatment provided for those injuries.

**Interpretive Guideline**

For sampled clients, document findings on the time out monitoring worksheet.

**ST - C0237 - Time Out - Maintain Log/Content**

**Title** Time Out - Maintain Log/Content

**Statute or Rule** 65E-9.013(11)(n), F.A.C.

**Type** Rule

**Regulation Definition**

- (11) Time-out.  
(n) A separate time-out log shall be maintained that records:
1. The shift;
  2. The staff who initiated the process;
  3. The time the procedure started and ended;
  4. The date and day of the week of each episode;
  5. The age and gender of the child; and

**Interpretive Guideline**

For sampled clients, document findings on the time out monitoring worksheet.



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6. Client ID.

**ST - C0240 - Medication Admin - Written Policies**

**Title** Medication Admin - Written Policies

**Statute or Rule** 65E-9.014(1), F.A.C.

**Type** Rule

**Regulation Definition**

(1) The provider shall develop, implement and maintain written policies and procedures governing the administration of medication and the supervision of and assistance with self-administered medication. These policies and procedures shall include, but not be limited to, management of the medication administration program, training, inventory control, accounting, and disposal of medications. In addition, these policies and procedures shall be consistent with the Comprehensive Drug Abuse Prevention and Control Act of 1970, 21 U.S.C.; Chapter 893, F.S., the Drug Abuse and Prevention and Control Act; DEA compliance policy guidelines on disposal of controlled substances, C.F.R. 21, Title 21, Section 1307.21, Disposal of Controlled Substances, and related department rules and regulations.

**Interpretive Guideline**

Review the facility policies and procedures to determine if the requirements are included as required.

**ST - C0241 - Medication Admin - Child Possession/Supervise**

**Title** Medication Admin - Child Possession/Supervise

**Statute or Rule** 65E-9.014(2), F.A.C.

**Type** Rule

**Regulation Definition**

(2) Children shall never be permitted to have medication in their possession or to take any medication without direct supervision of an authorized person.

**Interpretive Guideline**

Are there any medications observed in clients' rooms during tour?

Does facility policy comply with this requirement?

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**ST - C0242 - Medication Admin - Psychotropic Med Use**

**Title** Medication Admin - Psychotropic Med Use

**Statute or Rule** 65E-9.014(3), F.A.C.

**Type** Rule

**Regulation Definition**

(3) Psychotropic medication shall not be used as a substitute for treatment, for the convenience of staff, or in quantities that interfere with the child's treatment progress.

**Interpretive Guideline**

Review orders for psychotropic medications to determine if usage is based on the child's treatment plan, including parameters for usage.

**ST - C0243 - Medication Admin - Psychotropic Med Tx Plan**

**Title** Medication Admin - Psychotropic Med Tx Plan

**Statute or Rule** 65E-9.014(4), F.A.C.

**Type** Rule

**Regulation Definition**

(4) The use of psychotropic medication shall be described in the child's treatment plan and shall include the desired goals and outcomes of the medication.

**Interpretive Guideline**

Review orders for psychotropic medications to determine if usage desired goals and outcomes are specified.

**ST - C0244 - Medication Admin - Psychotropic Med Consent**

**Title** Medication Admin - Psychotropic Med Consent

**Statute or Rule** 65E-9.014(5), F.A.C.

**Type** Rule

**Regulation Definition**

(5) Informed consent for the administration of psychotropic medication.

**Interpretive Guideline**

Document findings on the record review worksheet.

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(a) Informed consent from the parents or legal guardian of any child must be obtained by the provider, in accordance with Section 394.459, F.S., when the dosage of current approved medications are changed and when the type of medication is changed.

(b) The requirements for obtaining express and informed consent for a child in the care and custody of the state are governed by Section 39.407, F.S.

**ST - C0245 - Medication Admin - Emergent Treatment**

**Title** Medication Admin - Emergent Treatment

**Statute or Rule** 65E-9.014(6), F.A.C.

**Type** Rule

**Regulation Definition**

(6) If the circumstances requiring the administration of the medication constitute an emergency, such administration shall be governed by the provisions of Section 743.064 or 394.463(2)(f), F.S., as applicable.

**Interpretive Guideline**

743.064, F.S. states that emergency medical treatment can be provided if "within a reasonable degree of medical certainty" delay in initiation or provision of care would endanger the health or physical well-being of the child.

394.463(2)(f), F.S. states emergency treatment may be provided if it is necessary for the safety of the patient or others.

**ST - C0246 - Medication Admin - No PRN Psychotropic Orders**

**Title** Medication Admin - No PRN Psychotropic Orders

**Statute or Rule** 65E-9.014(7), F.A.C.

**Type** Rule

**Regulation Definition**

(7) There shall be no pro re nata (PRN) orders for psychotropic medications.

**Interpretive Guideline**

Review orders for psychotropic medications to determine if any are PRN (as needed).

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**ST - C0247 - Medication Admin-NoPsychotropicStandingOrders**

**Title** Medication Admin-NoPsychotropicStandingOrders

**Statute or Rule** 65E-9.014(8), F.A.C.

**Type** Rule

**Regulation Definition**

(8) There shall be no standing orders for psychotropic medications.

**Interpretive Guideline**

Review orders for psychotropic medications to determine if any are standing orders.

**ST - C0248 - Medication Admin - Psychotropic Assessment**

**Title** Medication Admin - Psychotropic Assessment

**Statute or Rule** 65E-9.014(9), F.A.C.

**Type** Rule

**Regulation Definition**

(9) Children receiving antipsychotic medications shall be assessed for abnormal involuntary movements by a physician or registered nurse using a recognized standardized rating scale upon admission and quarterly thereafter.

**Interpretive Guideline**

The four most common standardized assessments are:  
AIMS (Abnormal Involuntary Movement Scale)  
DISCUS (Dyskinesia Identification System Condensed User Scale)  
TRIMS (Treatment Research Institute of Mental Sciences Dyskinesia Scale)  
TDRS (Tardive Dyskinesia Rating Scale)

**ST - C0249 - Medication Admin - Refills**

**Title** Medication Admin - Refills

**Statute or Rule** 65E-9.014(10), F.A.C.

**Type** Rule

**Regulation Definition**

(10) Refills for medications shall be ordered only by a

**Interpretive Guideline**

Interview staff about their process for ordering medication refills.

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physician or nurse licensed in the state of Florida.  
Prescriptions shall be timely refilled to prevent missed dosages.

**ST - C0250 - Medication Admin - Unlicensed/Trained Staff**

**Title** Medication Admin - Unlicensed/Trained Staff

**Statute or Rule** 65E-9.014(11)(a), F.A.C.

**Type** Rule

**Regulation Definition**

(11) Administration of medication by unlicensed staff.  
(a) For therapeutic group homes or residential treatment centers with 12 beds or less, where services are rendered in a smaller home-like setting, unlicensed staff employed by the facility, who have satisfactorily completed a competency-based training for administration of unit dose medication, shall administer prescribed prepackaged, pre-measured, oral medications, prescribed topical, otic, nasal and ophthalmic medications in accordance with Section 464.022(1), F.S.

**Interpretive Guideline**

Observe medication pass for 10% of facility census (minimum of three). Document findings on the medication review worksheet.

**ST - C0251 - Medication Admin - Routes Requiring Lic Nurse**

**Title** Medication Admin - Routes Requiring Lic Nurse

**Statute or Rule** 65E-9.014(11)(b), F.A.C.

**Type** Rule

**Regulation Definition**

(11) Administration of medication by unlicensed staff.  
(b) Medications requiring subcutaneous or intra-muscular administration and rectal and vaginal suppository medications will be administered, at a minimum, by a Florida licensed nurse.

**Interpretive Guideline**

Observe medication pass for 10% of facility census (minimum of three). Document findings on the medication review worksheet.

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**ST - C0252 - Medication Admin-Unlicensed Staff/8 Hr Course**

**Title** Medication Admin-Unlicensed Staff/8 Hr Course

**Statute or Rule** 65E-9.014(11)(c), F.A.C.

**Type** Rule

**Regulation Definition**

- (11) Administration of medication by unlicensed staff.
- (c) The medication administration course used to train unlicensed staff shall be eight hours, at a minimum, in length and must meet the following criteria:
1. The course must consist of at least the following topics:
    - a. Basic knowledge and skills necessary for safe and accurate medication administration and charting.
    - b. Roles of the physician, nurse, pharmacist, and direct care staff in medication ordering, dispensing, and administration.
    - c. Procedures for recording/charting medications.
    - d. Interpretation of common abbreviations used in administration and charting of medications.
    - e. Knowledge of facility medication system.
    - f. Safety precautions used in medication administration and charting.
    - g. Methods and techniques of medication administration.
    - h. Problems and intervention in the administration of medication.
    - i. Observation and reporting of medication side effects and adverse effects.
    - j. Observation and reporting of effects of medications including outcomes of psychotropic medication treatment.
    - k. Documenting and reporting of medication errors.
    - l. Appropriate storage of medications.
  2. The content must be taught by a Florida licensed physician, consulting pharmacist, physician assistant, advanced registered nurse practitioner, or registered nurse.
  3. Training must be competency-based and shall consist of

**Interpretive Guideline**

Sources of information:

Facility training plan for medication administration.

Facility policy on medication administration.

Staff training files.

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lecture and a clinical practicum. This training shall be documented and such documentation filed in the staff member's personnel file.

4. During the practicum, the trainee must be observed twice administering medications error free during their regularly scheduled medication time. The observation must include error free charting completed by the trainee after the medication(s) has been administered. The practicum observations must be made by a Florida licensed physician, consulting pharmacist, physician assistant, advanced registered nurse practitioner, or registered nurse.

5. Training regarding the administration of prescribed topical, otic, nasal and ophthalmic medications will only be completed by unlicensed staff authorized to do so following competency-based training and observation of proficiency by a licensed practitioner.

6. Monitoring of medication administration shall be performed, at a minimum, quarterly by the supervising registered nurse for each facility. In addition, a Florida registered nurse must be available to facility staff via telephone or paging device 24 hours per day.

7. At a minimum, four (4) hours of continuing education is required on an annual basis.

8. When a psychotropic medication is initiated, a registered nurse or pharmacist will assure or make provisions for the instruction of the facility staff regarding side effects and adverse effects of the prescribed medication, including when to notify the physician if undesirable side effects or adverse effects are observed.

9. All staff identified to receive training in medication administration must be high school graduates or have passed an equivalency exam (GED).

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**ST - C0253 - Medication Self Admin-Trained Staff Supervise**

**Title** Medication Self Admin-Trained Staff Supervise

**Statute or Rule** 65E-9.014(12)(a), F.A.C.

**Type** Rule

**Regulation Definition**

(12) Self administration of medication.

(a) For therapeutic group homes or residential treatment centers with 12 beds or less unlicensed staff employed by the facility, who have satisfactorily completed competency-based training in administering medication and supervising children with self-administration of unit dose medication, shall be authorized to supervise with self-administration of prescription and over-the-counter medications.

**Interpretive Guideline**

During personnel record reviews, determine if staff who assist with medication administration have received the training, with the required components.

If a child requests to self-administer drugs, it is the responsibility of the interdisciplinary team to determine it is safe for the child to self-administer drugs before the child may exercise the right. The interdisciplinary team must determine who will be responsible for storage and documentation of the administration of drugs, as well as the location of the drug administration (e.g., child's room, nurses' station, or activities room). Appropriate notation of these determinations should be placed in the child's care plan.

The decision a child has the ability to self-administer medication(s) is subject to periodic re-evaluation based on change in the child's status.

**ST - C0254 - Medication Self Admin - Capability Assessment**

**Title** Medication Self Admin - Capability Assessment

**Statute or Rule** 65E-9.014(12)(b), F.A.C.

**Type** Rule

**Regulation Definition**

(12) Self administration of medication.

(b) Only children who have been assessed by a physician and determined to be capable of self-administering their medications shall be permitted to do so under the supervision of an authorized person. Documentation of such assessment and determination shall be filed in the child's medical records.

**Interpretive Guideline**

For children who are observed to be self-administering medications, is there documentation of the required assessment on file?



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**ST - C0255 - Medication Self Admin - Staff Training**

**Title** Medication Self Admin - Staff Training

**Statute or Rule** 65E-9.014(12)(c), F.A.C.

**Type** Rule

**Regulation Definition**

(12) Self administration of medication.  
(c) Staff involved with supervising and assisting with the self-administration of medications shall complete competency-based training of a minimum of four hours annually by a registered nurse or licensed pharmacist. This training shall be documented and filed in the staff member's personnel file.

**Interpretive Guideline**

If, during med pass, you observe any children administering their own medications, review their record to determine if the assessment is on file.

**ST - C0256 - Medication Self Admin-Training Content/Skills**

**Title** Medication Self Admin-Training Content/Skills

**Statute or Rule** 65E-9.014(12)(d-e), F.A.C.

**Type** Rule

**Regulation Definition**

(12) Self administration of medication.  
(d) The course shall consist of at least the following topics:  
1. Basic knowledge and skills necessary for providing supervision for self-administration of medication;  
2. Understanding a prescription label;  
3. Procedures for recording/charting medications in the medication log;  
4. Interpretation of common abbreviations used in administration and charting of medications;  
5. Observation and reporting of side effects, adverse effects and outcomes of psychotropic medication treatment; and

**Interpretive Guideline**

During personnel record reviews, determine if staff who assist with medication administration have received the training, with the required components.

Use this tag for citing any medication errors that were identified.

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6. Recognizing, documenting and reporting of medication errors.

(e) Upon completion of the course, the trainee shall be able to demonstrate the ability to:

1. Measure liquid medications, break scored tablets, and crush tablets in accordance with prescription directions;
2. Recognize the need to obtain clarification of an "as needed" prescription order;
3. Recognize a medication order which requires judgment or discretion, and advise the child, child's health care provider or facility employer of the inability to assist in the administration of such orders;
4. Complete a medication observation record;
5. Retrieve and store medication; and
6. Recognize the general signs of adverse reactions to medications and report such reactions.

**ST - C0257 - Medication Storage**

**Title** Medication Storage

**Statute or Rule** 65E-9.014(13), F.A.C.

**Type** Rule

**Regulation Definition**

(13) Storage of medications.

- (a) All drugs, including nonprescription drugs, shall be stored under double lock (e.g., a locked cabinet within a locked room or in a locked container within a locked cabinet).
- (b) External and internal medications and ophthalmic preparations shall be stored separately from each other.
- (c) Each child's medications shall be stored separately from each other.
- (d) Poisons and other toxic chemicals shall not be stored in a medication storage area.
- (e) No medication shall be repackaged by facility staff.

**Interpretive Guideline**

Tour the medication storage areas. Are medications stored as required?

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**ST - C0258 - Medication Admin - Telephone/Fax Orders**

**Title** Medication Admin - Telephone/Fax Orders

**Statute or Rule** 65E-9.014(14), F.A.C.

**Type** Rule

**Regulation Definition**

(14) Telephone physician orders for medication may only be accepted by another physician, a licensed practical nurse, a registered nurse, a physician's assistant, ARNP or a licensed pharmacist. Telephone orders shall be immediately recorded in the child's medical record. Faxed physician orders are acceptable with a physician's signature. The original physician's order must be obtained within 72 hours of receipt of the faxed order.

**Interpretive Guideline**

While reviewing the chart of sampled clients, note if telephone orders were documented by the appropriate licensed personnel.

Is there a high number of orders over three days old that do not have a corresponding original signature?

**ST - C0500 - Definitions**

**Title** Definitions

**Statute or Rule** 394.492 FS; 65E-9.002 FAC

**Type** Memo Tag

**Regulation Definition**

394.492 Definitions.-As used in ss. 394.490-394.497, the term:

- (1) "Adolescent" means a person who is at least 13 years of age but under 18 years of age.
- (2) "Case manager" means a person who is responsible for participating in the development of and implementing a services plan, linking service providers to a child or adolescent and his or her family, monitoring the delivery of services, providing advocacy services, and collecting information to determine the effect of services and treatment.

**Interpretive Guideline**

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(3) "Child" means a person from birth until the person's 13th birthday.

(4) "Child or adolescent at risk of emotional disturbance" means a person under 18 years of age who has an increased likelihood of becoming emotionally disturbed because of risk factors that include, but are not limited to:

- (a) Being homeless.
- (b) Having a family history of mental illness.
- (c) Being physically or sexually abused or neglected.
- (d) Abusing alcohol or other substances.
- (e) Being infected with human immunodeficiency virus (HIV).
- (f) Having a chronic and serious physical illness.
- (g) Having been exposed to domestic violence.
- (h) Having multiple out-of-home placements.

(5) "Child or adolescent who has an emotional disturbance" means a person under 18 years of age who is diagnosed with a mental, emotional, or behavioral disorder of sufficient duration to meet one of the diagnostic categories specified in the most recent edition of the Diagnostic and Statistical Manual of the American Psychiatric Association, but who does not exhibit behaviors that substantially interfere with or limit his or her role or ability to function in the family, school, or community. The emotional disturbance must not be considered to be a temporary response to a stressful situation. The term does not include a child or adolescent who meets the criteria for involuntary placement under s. 394.467(1).

(6) "Child or adolescent who has a serious emotional disturbance or mental illness" means a person under 18 years of age who:

- (a) Is diagnosed as having a mental, emotional, or behavioral disorder that meets one of the diagnostic categories specified in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association; and
- (b) Exhibits behaviors that substantially interfere with or limit

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his or her role or ability to function in the family, school, or community, which behaviors are not considered to be a temporary response to a stressful situation. The term includes a child or adolescent who meets the criteria for involuntary placement under s. 394.467(1).

(7) "Child or adolescent who is experiencing an acute mental or emotional crisis" means a child or adolescent who experiences a psychotic episode or a high level of mental or emotional distress which may be precipitated by a traumatic event or a perceived life problem for which the individual's typical coping strategies are inadequate. The term includes a child or adolescent who meets the criteria for involuntary examination specified in s. 394.463(1).

(8) "Department" means the Department of Children and Families.

65E-9.002 Definitions.

(1) "Abuse" means any willful or threatened act that results in any physical, mental, or sexual injury or harm that causes or is likely to cause the child's physical, mental, or emotional health to be significantly impaired. Abuse of a child includes acts or omissions. Corporal discipline of a child by a parent or legal custodian for disciplinary purposes does not in itself constitute abuse when it does not result in harm to the child.

(2) "Administrator" means the chief executive or administrative officer of a residential treatment center or therapeutic group home or his or her designee.

(3) "Agency" or "AHCA" means the Agency for Health Care Administration and the terms are used interchangeably to refer to the Agency for Health Care Administration.

(4) "Assessment" means the appraisal or evaluation of a child's current condition based on but not limited to clinical and functional data, physical examination, medical history, and current symptomatology.

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(5) "Behavior analysis" is the science in which procedures derived from the principles of behavior are systematically applied to increase skill acquisition and reduce problematic behavior, to improve socially significant behavior to a meaningful degree and to demonstrate experimentally that the procedures used were responsible for the improvement in behavior.

(6) "Child" means any person under the age of 18 and, as used in this rule unless otherwise specified, includes the term "adolescent" as defined in Section 394.492(1), F.S.

(7) "Collocation" means the simultaneous operation by a provider of two or more programs on the same grounds or in the same building with complete separation of the children served by the programs.

(8) "Cultural competence" means attaining and applying knowledge, skills, and attitudes that respect the child and family's individual values and beliefs, so far as to enable administrators and staff to provide effective care and treatment for diverse populations.

(9) "Department" means the Department of Children and Family Services (DCF) unless otherwise specified.

(10) "DSM" means the latest edition of the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association.

(11) "Direct care staff" means a staff member who has direct contact with the child and has primary responsibility, identified in their job description, for providing personal care, assistance, and supervision to a child.

(12) "Drug used as restraint" means the administration of any drug to help control a child's behavior or restrict the child's freedom of movement, and is not a standard treatment for the child's medical or psychiatric condition.

(13) "Emergency safety intervention" means the use of restraint or seclusion as an immediate response to an emergency safety situation.

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(14) "Emergency safety situation" means unanticipated child behavior that places the child or others at immediate risk for serious injury if no intervention occurs.

(15) "Employee" means all salaried and hourly wage personnel of the residential treatment center, including therapeutic group home, as well as contracted persons, who may be professionals and licensed or certified pursuant to Florida law or other persons who may meet qualifications as set forth in this rule.

(16) "Family" means the child's biological, adoptive or foster parent(s), guardian, siblings, grandparents, aunts and uncles, and other related or unrelated persons who have a significant relationship with the child. For children placed pursuant to Chapter 39, F.S., the term family also includes the child's guardian ad litem.

(17) "Family centered care" means an approach to the planning, delivery and evaluation of health care services that is governed by mutually beneficial partnerships between health care providers and the family. Family centered care is characterized by collaborating with the family, focusing on the families' strengths, recognizing the families' expertise, fostering family empowerment, promoting information sharing among all parties in a complete and unbiased manner, and programs that are flexible.

(18) "Governing body" means the board of trustees, the partnership, the corporation, the association, or the person or group of persons who maintain and control the provider organization and which is legally responsible for the operation of the provider organization.

(19) "Mechanical restraint" means any device attached or adjacent to a child's body that the child cannot easily remove that restricts freedom of movement or normal access to the child's body. However, mechanical restraint does not include physical devices, such as orthopedic prescribed appliances, surgical dressings and bandages, protective helmets and

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supportive body bands, or other physical holding when necessary for routine physical examinations and tests for orthopedic, surgical and other similar medical treatment purposes or when used to provide support for the achievement of functional body position or proper balance or to protect a patient from falling out of bed or to permit a patient to participate in ongoing activities without the risk of physical harm.

(20) "Medically stable" means good physical health, with no acute or chronic health problems for which medical treatment beyond routine medical care is required or anticipated.

Children with a chronic, but stable illness, managed with medication and routine monitoring, such as diabetes or a well controlled seizure disorder, may be considered medically stable.

(21) "Medication administration" means the obtaining and giving of a single dose of medication, prescription or over-the-counter, by an authorized person to a child for his or her consumption.

(22) "Multidisciplinary team" means the group of individuals brought together to plan and coordinate mental health and related services to meet the needs of the child and their family in the most appropriate and least restrictive setting. Members of the team should include the child, unless clinically contraindicated, the child's parent or legal guardian and other caregivers, such as: the foster parent; the child welfare service worker; the child's therapist; the child's behavioral analyst; the child's Individual Education Plan surrogate; and others who have information or services to offer for the child's treatment plan.

(23) "Neglect" means when a child is deprived of, or is allowed to be deprived of, necessary food, clothing, shelter, or medical treatment or a child is permitted to live in an environment when such deprivation or environment causes the child's physical, mental, or emotional health to be significantly



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impaired or to be in danger of being significantly impaired. The foregoing circumstances shall not be considered neglect if caused primarily by financial inability unless actual services for relief have been offered to and rejected by such person. A parent or legal custodian legitimately practicing religious beliefs in accordance with a recognized church or religious organization who thereby does not provide specific medical treatment for a child shall not, for that reason alone, be considered a negligent parent or legal custodian. Neglect of a child includes acts or omissions.

(24) "Physical restraint" means the application of physical force without the use of any device, for the purpose of restricting the free movement of a child's body. The term restraint does not include briefly holding without undue force a child in order to calm or comfort him or her, or holding a child's hand to safely escort him or her from one area to another. Such term may also be known as "personal restraint."

(25) "Plan of correction" means a written document that specifies actions a provider will take and the time frame within which the provider will come into compliance with Chapter 394, F.S., or these rules.

(26) "Primary diagnosis" means the principal mental disorder, per the most recent edition of the Diagnostic and Statistical Manual of the American Psychiatric Association, that is the medically necessary reason for clinical care and the primary focus of treatment.

(27) "Provider" means an individual, organization, corporation, including subcontractor, that is under contract with the department to provide children's mental health services in a residential treatment center.

(28) "Psychotropic medication" means any drug prescribed with the primary intent to stabilize or improve mood, mental status, behavioral self-control, or mental illnesses.

(29) "Residential treatment center" means a 24-hour residential program, including a therapeutic group home,

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which provides mental health treatment and services to children as defined in Section 394.492(5) or (6), F.S., and which is a private for-profit or not-for-profit corporation under contract with the department or the agency. This rule does not change the Chapter 419, F.S., designation of a program as a "community residential home."

(30) "Restraint" means a "drug used as restraint", "mechanical restraint" or "personal or physical restraint", as defined in this section. Physical escort is excluded from this definition.

(31) "Screening" means the act of assessing the background of personnel and volunteers.

(32) "Seclusion" means the involuntary confinement of a resident alone in a room or an area that the resident is physically prevented from leaving.

(33) "Serious injury" means any significant impairment of the physical condition of the child as determined by qualified medical personnel. This includes, but is not limited to, burns, lacerations, bone fractures, substantial hematoma, and injuries to internal organs, whether self-inflicted or inflicted by someone else as defined in 42 C.F.R., § 483.352.

(34) "Staff" means all owners, operators, employees, whether full-time, part-time and/or volunteers working in a residential treatment center, or other facility licensed by this rule, who may be employed or contracted by or do volunteer work for a person, corporation, or organization. The term does not include those who do not work on the premises where treatment is provided or either have no direct contact with a child or have no contact with a child outside of the presence of the child's parent or guardian.

(35) "Supervision of self-administration of medications" means the provision of overseeing, guiding and assisting a child in the self-administration of a dose of medication, including prescription and over-the-counter medications.

(36) "Therapeutic group home" means a 24-hour residential program providing community-based mental health treatment

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**Aspen State Regulation Set: C 2.00 RTC FOR CHILDREN & ADOLESCENTS**

and mental health support services in a home-like setting to no more than 12 children who meet the criteria in Section 394.492(5) or (6), F.S.

(37) "Time-out" means the restriction of a child for a brief period of time (30 minutes or less) to a designated area from which the child is not physically prevented from leaving, for the purpose of providing the child an opportunity to regain self-control and when the use is consistent with the child's treatment plan. This procedure is sometimes known as "brief isolation." Regardless of name, the actions taken define the procedure and are therefore subject to this rule.

(38) "Treatment" means the planned, individualized program of medical, psychological, and/or rehabilitative services designed to promote resiliency and facilitate recovery of function, in part through remediation of symptoms of a primary diagnosis, and/or other medical or behavioral condition that significantly impacts the treatment of a primary diagnosis.

(39) "Treatment plan" means the written summary of the child's individualized treatment goals, measurable objectives and treatment services to be provided. The treatment plan is the goal-oriented, time limited, individualized plan of action, which directs the treatment and services provided for the child and family.