

CLIENT RIGHTS RULES IN COMMUNITY MENTAL HEALTH, DEVELOPMENTAL DISABILITIES AND SUBSTANCE ABUSE SERVICES

10A NORTH CAROLINA ADMINISTRATIVE CODE 27C, 27D, 27E, 27F



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SUBCHAPTER 27C – PROCEDURES AND GENERAL INFORMATION

SECTION .0100 – GENERAL POLICIES AND PROCEDURES

10A NCAC 27C .0101 SCOPE

(a) These Rules, 10A NCAC 27C, 27D, 27E and 27F, set forth procedures governing the protection of client rights in each public or private facility that provides mental health, developmental disabilities and substance abuse services, with the exception of a state-operated facility. In addition to these Rules, the governing body shall comply with the provisions of G.S. 122C, Article 3, regarding client rights.

(b) A facility that is certified by the Centers for Medicare and Medicaid Services (CMS) as an Intermediate Care Facility for the Mentally Retarded (ICF/MR), or a Medicare/Medicaid Hospital or a Psychiatric Residential Treatment Facility (PRTF) is deemed to be in compliance with the rules in Subchapters 27C, 27D, 27E and 27F, with the exception of Rules 27C .0102; 27D .0101; .0303; 27E .0104; .0105; .0108 and .0109.

(c) A facility that is certified as specified in Paragraph (b) of this Rule shall comply with the following:

- (1) use of the definition of physical restraint as specified in Rule .0102 Subparagraph (b)(19) of this Section;
- (2) documentation requirements as specified in 10A NCAC 27D .0303 and 10A NCAC 27E .0104; .0105; .0108 and .0109;
- (3) debriefing requirements as specified in 10A NCAC 27D .0101 and 10A NCAC 27E .0104; and
- (4) training requirements as specified in 10A NCAC 27E .0108 and .0109.

*History Note: Authority G.S. 122C-51; 131E-67; 143B-17; 143B-147;
Eff. February 1, 1991;
Amended Eff. January 1, 1992;
Temporary Amendment Eff. January 1, 2001;
Temporary Amendment Expired October 13, 2001;
Amended Eff. April 1, 2003.*

10A NCAC 27C .0102 DEFINITIONS

(a) The definitions contained in this Rule, and the terms defined in G.S. 122C-3, G.S. 122C-4 and G.S. 122C-53(f) also apply to all rules in Subchapters 27C, 27D, 27E and 27F.

(b) As used in these Rules, the following terms have the meanings specified:

- (1) "Abuse" means the infliction of mental or physical pain or injury by other than accidental means, or unreasonable confinement, or the deprivation by an employee of services which are necessary to the mental or physical health of the client. Temporary discomfort that is part of an approved and documented treatment plan or use of a documented emergency procedure shall not be considered abuse.
- (2) "Anti-psychotic medication" means the category of psychotropic drugs which is used to treat schizophrenia and related disorders. Examples of neuroleptic medications are Chlorpromazine, Thioridazine and Haloperidol.
- (3) "Basic necessity" means an essential item or substance needed to support life and health which includes, but is not limited to, a nutritionally sound balanced diet consisting of three meals per day, access to water and bathroom facilities at frequent intervals, seasonable clothing, medications prescribed by a physician, time for sleeping and frequent access to social contacts.
- (4) "Client advocate" means the term as defined in G.S. 122C-3. For the purpose of these Rules, a client advocate may be a facility employee who is not directly involved in the treatment/habilitation of a specific client, but who is assigned, in addition to other duties, to act as an advocate for that client.
- (5) "Consent" means acceptance or agreement by a client or legally responsible person following receipt of information from the qualified professional who will administer the proposed treatment or procedure. Consent implies that the client or legally responsible person was provided with sufficient information, in a manner that the client or legally responsible person can understand, concerning proposed treatment, including both benefits and risks, in order to make a decision with regard to such treatment.
- (6) "Day/night facility" means a facility wherein a service is provided on a regular basis, in a structured environment, and is offered to the same individual for a period of three or more hours within a 24-hour period.
- (7) "Director of Clinical Services" means Medical Director, Director of Medical Services, or other qualified professional designated by the governing body as the Director of Clinical Services.

- (8) "Emergency" means a situation in which a client is in imminent danger of causing abuse or injury to self or others or when substantial property damage is occurring as a result of unexpected and severe forms of inappropriate behavior and rapid intervention by the staff is needed.
- (9) "Exploitation" means the use of a client's person or property for another's profit or advantage or breach of a fiduciary relationship through improper use of a client's person or property including situations where an individual obtains money, property or services from a client from undue influence, harassment, deception or fraud.
- (10) "Facility" means the term as defined in G.S. 122C-3. For the purpose of these Rules, when more than one type of service is provided by the facility, each service shall be specifically addressed by required policy and procedures when applicable.
- (11) "Governing body" means, in the case of a corporation, the board of directors; in the case of an area authority, the area board; and in all other cases, the owner of the facility.
- (12) "Governor's Advocacy Council for Persons with Disabilities (GACPD)" means the council legislatively mandated to provide protection and advocacy systems and promote employment for all persons with disabilities in North Carolina.
- (13) "Intervention Advisory Committee" means a group established by the governing body in a facility that utilizes restrictive interventions as specified in Rule .0104 of Subchapter 27E.
- (14) "Involuntary client" means an individual who is admitted to a facility in accordance with G.S. 122C, Article 5, Parts 6 through 12.
- (15) "Isolation time-out" means the removal of a client for a period of 30 minutes or more to a separate room from which exit is barred by staff, but not locked, and where there is continuous supervision by staff, for the purpose of modifying behavior.
- (16) "Minor client" means a person under 18 years of age who has neither been married nor been emancipated by a decree issued by a court of competent jurisdiction.
- (17) "Neglect" means the failure to provide care or services necessary to maintain the mental or physical health and well-being of the client.
- (18) "Normalization" means the utilization of culturally valued resources to establish or maintain personal behaviors, experiences and characteristics that are culturally normative or valued.
- (19) "Physical Restraint" means the application or use of any manual method of restraint that restricts freedom of movement; or the application or use of any physical or mechanical device that restricts freedom of movement or normal access to one's body, including material or equipment attached or adjacent to the client's body that he or she cannot easily remove. Holding a client in a therapeutic hold or other manner that restricts his or her movement constitutes manual restraint for that client. Mechanical devices may restrain a client to a bed or chair, or may be used as ambulatory restraints. Examples of mechanical devices include cuffs, ankle straps, sheets or restraining shirts, arm splints, posey mittens, and helmets. Excluded from this definition of physical restraint are physical guidance, gentle physical prompting techniques, escorting a client who is walking; soft ties used solely to prevent a medically ill client from removing intravenous tubes, indwelling catheters, cardiac monitor electrodes, or similar medical devices; and prosthetic devices or assistive technology which are designed and used to increase client adaptive skills. Escorting means the temporary touching or holding of the hand, wrist, arm, shoulder or back for the purpose of inducing a client to walk to a safe location.
- (20) "Protective device" means an intervention that provides support for a medically fragile client or enhances the safety of a self-injurious client. Such devices may include geri-chairs or table top chairs to provide support and safety for a client with a physical handicap; devices such as seizure helmets or helmets and mittens for self-injurious behaviors; prosthetic devices or assistive technology which are designed to increase client adaptive skills; or soft ties used to prevent a medically ill client from removing intravenous tubes, indwelling catheters, cardiac monitor electrodes, or similar medical devices. As provided in Rule .0105(b) of Subchapter 27E, the use of a protective device for behavioral control shall comply with the requirements specified in Rule .0104 in Subchapter 14R.
- (21) "Privileged" means authorization through governing body procedures for a facility employee to provide specific treatment or habilitation services to clients, based on the employee's education, training, experience, competence and judgment.
- (22) "Responsible professional" means the term as defined in G.S. 122C-3 except the "responsible professional" shall also be a qualified professional as defined in Rule .0104 of Subchapter 27G.
- (23) "Restrictive intervention" means an intervention procedure which presents a risk of mental or physical harm to the client and, therefore, requires additional safeguards. Such interventions include the emergency or planned use of seclusion, physical restraint (including the use of protective devices for the purpose or with the intent of controlling unacceptable behavior), isolation time-out, and any combination thereof.

- (24) "Seclusion" means isolating a client in a separate locked room for the purpose of controlling a client's behavior.
- (25) "Treatment" means the process of providing for the physical, emotional, psychological and social needs of a client through services.
- (26) "Treatment/habilitation plan" means the term as defined in 10A NCAC 27G .0103.
- (27) "Treatment or habilitation team" means an interdisciplinary group of qualified professionals sufficient in number and variety by discipline to assess and address the identified needs of a client and which is responsible for the formulation, implementation and periodic review of the client's treatment/habilitation plan.
- (28) "24-Hour Facility" means a facility wherein service is provided to the same client on a 24-hour continuous basis, and includes residential and hospital facilities.
- (29) "Voluntary client" means an individual who is admitted to a facility upon his own application or that of the legally responsible person, in accordance with G.S. 122C, Article 5, Parts 2 through 5.

History Note: Authority G.S. 122C-3; 122C-4; 122C-51; 122C-53(f); 122C-60; 143B-147; Eff. February 1, 1991; Amended Eff. January 1, 1992; Temporary Amendment Eff. January 1, 2001; Amended Eff. August 1, 2002.

SUBCHAPTER 27D – GENERAL RIGHTS

SECTION .0100 – GENERAL POLICIES AND PROCEDURES

10A NCAC 27D .0101 POLICY ON RIGHTS RESTRICTIONS AND INTERVENTIONS

- (a) The governing body shall develop policy that assures the implementation of G.S. 122C-59, G.S. 122C-65, and G.S. 122C-66.
- (b) The governing body shall develop and implement policy to assure that:
 - (1) all instances of alleged or suspected abuse, neglect or exploitation of clients are reported to the County Department of Social Services as specified in G.S. 108A, Article 6 or G.S. 7A, Article 44; and
 - (2) procedures and safeguards are instituted in accordance with sound medical practice when a medication that is known to present serious risk to the client is prescribed. Particular attention shall be given to the use of neuroleptic medications.
- (c) In addition to those procedures prohibited in 10A NCAC 27E .0102(1), the governing body of each facility shall develop and implement policy that identifies:
 - (1) any restrictive intervention that is prohibited from use within the facility; and
 - (2) in a 24-hour facility, the circumstances under which staff are prohibited from restricting the rights of a client.
- (d) If the governing body allows the use of restrictive interventions or if, in a 24-hour facility, the restrictions of client rights specified in G.S. 122C-62(b) and (d) are allowed, the policy shall identify:
 - (1) the permitted restrictive interventions or allowed restrictions;
 - (2) the individual responsible for informing the client; and
 - (3) the due process procedures for an involuntary client who refuses the use of restrictive interventions.
- (e) If restrictive interventions are allowed for use within the facility, the governing body shall develop and implement policy that assures compliance with Subchapter 27E, Section .0100, which includes:
 - (1) the designation of an individual, who has been trained and who has demonstrated competence to use restrictive interventions, to provide written authorization for the use of restrictive interventions when the original order is renewed for up to a total of 24 hours in accordance with the time limits specified in 10A NCAC 27E .0104(e)(10)(E);
 - (2) the designation of an individual to be responsible for reviews of the use of restrictive interventions; and
 - (3) the establishment of a process for appeal for the resolution of any disagreement over the planned use of a restrictive intervention.
- (f) If restrictive interventions are allowed for use within the facility, the governing body shall develop and implement policies which require that:
 - (1) positive alternatives and less restrictive interventions are considered and are used whenever possible prior to the use of more restrictive interventions; and

- (2) consideration is given to the client's physical and psychological well-being before, during and after utilization of a restrictive intervention, including:
 - (A) review of the client's health history or the comprehensive health assessment conducted upon admission to a facility. The health history or comprehensive health assessment shall include the identification of pre-existing medical conditions or any disabilities and limitations that would place the client at greater risk during the use of restrictive interventions;
 - (B) continuous assessment and monitoring of the physical and psychological well-being of the client and the safe use of physical restraint throughout the duration of the restrictive intervention by staff who are physically present and trained in the use of emergency safety interventions;
 - (C) continuous monitoring by an individual trained in the use of cardiopulmonary resuscitation of the client's physical and psychological well-being during the use of manual restraint; and
 - (D) continued monitoring by an individual trained in the use of cardiopulmonary resuscitation of the client's physical and psychological well-being for a minimum of 30 minutes subsequent to the termination of a restrictive intervention; and
- (3) following the utilization of a restrictive intervention, staff shall conduct debriefing and planning with the client and the legally responsible person, if applicable, as specified in 10A NCAC 27E .0104, to eliminate or reduce the probability of the future use of restrictive interventions. Debriefing and planning shall be conducted, as appropriate, to the level of cognitive functioning of the client.

*History Note: Authority G.S. 122C-51; 143B-147;
 Eff. February 1, 1991;
 Amended Eff. January 1, 1992;
 Temporary Amendment Eff. January 1, 2001;
 Temporary Amendment Expired October 13, 2001;
 Amended Eff. April 1, 2003.*

10A NCAC 27D .0102 SUSPENSION AND EXPULSION POLICY

- (a) Each client shall be free from threat or fear of unwarranted suspension or expulsion from the facility.
- (b) The governing body shall develop and implement policy for suspension or expelling a client from a service. The policy shall address the criteria to be used for an suspension, expulsion or other discharge not mutually agreed upon and shall establish documentation requirements that include:
 - (1) the specific time and conditions for resuming services following suspension;
 - (2) efforts by staff of the facility to identify an alternative service to meet the client's needs and designation of such service; and
 - (3) the discharge plan, if any.

*History Note: Authority G.S. 122C-51; 143B-147;
 Eff. February 1, 1991;
 Amended Eff. January 1, 1992.*

10A NCAC 27D .0103 SEARCH AND SEIZURE POLICY

- (a) Each client shall be free from unwarranted invasion of privacy.
- (b) The governing body shall develop and implement policy that specifies the conditions under which searches of the client or his living area may occur, and if permitted, the procedures for seizure of the client's belongings, or property in the possession of the client.
- (c) Every search or seizure shall be documented. Documentation shall include:
 - (1) scope of search;
 - (2) reason for search;
 - (3) procedures followed in the search;
 - (4) a description of any property seized; and
 - (5) an account of the disposition of seized property.

*History Note: Authority G.S. 122C-51; 143B-147;
 Eff. February 1, 1991;
 Amended Eff. January 1, 1992.*

10A NCAC 27D .0104 PERIODIC INTERNAL REVIEW

- (a) The governing body shall assure the conduct, no less than every three years, of a compliance review in each of its facilities regarding the implementation of Client Rights Rules as specified in 10A NCAC 27C, 27D, 27E and 27F.
- (b) The review shall assure that:
- (1) there is compliance with applicable provisions of the federal law governing advocacy services to the mentally ill, as specified in the Protection and Advocacy for Mentally Ill Individuals Act of 1986 (Public Law 99-319) and amended by Public Law 100-509 (1988); and
 - (2) there is compliance with applicable provisions of the federal laws governing advocacy services to the developmentally disabled, the Developmental Disabilities Assistance and Bill of Rights Act, 42 U.S.C. 6000 et. seq.
- (c) The governing body shall maintain the three most recent written reports of the findings of such reviews.

*History Note: Authority G.S. 122C-51; 143B-147;
Eff. February 1, 1991;
Amended Eff. January 1, 1992.*

SECTION .0200 -INFORMING CLIENTS AND STAFF OF RIGHTS**10A NCAC 27D .0201 INFORMING CLIENTS**

- (a) A written summary of client rights as specified in G.S. 122C, Article 3 shall be made available to each client and legally responsible person.
- (b) Each client shall be informed of his right to contact the Governor's Advocacy Council for Persons with Disabilities (GACPD), the statewide agency designated under federal and State law to protect and advocate the rights of persons with disabilities.
- (c) Each client shall be informed regarding the issues specified in Paragraph (d) and, if applicable in Paragraph (e), of this Rule, upon admission or entry into a service, or
- (1) in a facility where a day/night or periodic service is provided, within three visits; or
 - (2) in a 24-hour facility, within 72 hours. Explanation shall be in a manner consistent with the client's or legally responsible person's level of comprehension.
- (d) In each facility, the information provided to the client or legally responsible person shall include;
- (1) the rules that the client is expected to follow and possible penalties for violations of the rules;
 - (2) the client's protections regarding disclosure of confidential information, as delineated in G.S. 122C-52 through G.S. 122C-56;
 - (3) the procedure for obtaining a copy of the client's treatment/habilitation plan; and
 - (4) governing body policy regarding:
 - (A) fee assessment and collection practices for treatment/habilitation services;
 - (B) grievance procedures including the individual to contact and a description of the assistance the client will be provided;
 - (C) suspension and expulsion from service; and
 - (D) search and seizure.
- (e) In addition, for the client whose treatment/habilitation is likely to include the use of restrictive interventions, or for the client in a 24-hour facility whose rights as specified in G.S. 122C-62 (b) or (d) may be restricted, the client or legally responsible person shall also be informed:
- (1) of the purposes, goals and reinforcement structure of any behavior management system that is allowed;
 - (2) of potential restrictions or the potential use of restrictive interventions;
 - (3) of notification provisions regarding emergency use of restrictive intervention procedures;
 - (4) that the legally responsible person of a minor or incompetent adult client may request notification after any occurrence of the use of restrictive intervention;
 - (5) that the competent adult client may designate an individual to receive notification, in accordance with G.S. 122C-53(a), after any occurrence of the use of restrictive intervention; and
 - (6) of notification provisions regarding the restriction of client rights as specified in G.S. 122C-62(e).
- (f) There shall be documentation in the client record that client rights have been explained.

*History Note: Authority G.S. 122C-51; 143B-147;
Eff. February 1, 1991;
Amended Eff. January 1, 1992.*

10A NCAC 27D .0202 INFORMING STAFF

The governing body shall develop and implement policy to assure that all staff are kept informed of the rights of clients as specified in 122C, Article 3, all applicable rules, and policies of the governing body. Documentation of receipt of information shall be signed by each staff member and maintained by the facility.

History Note: *Authority G.S. 122C-51; 143B-147;*
 Eff. February 1, 1991;
 Amended Eff. January 1, 1992.

SECTION .0300 - GENERAL CIVIL, LEGAL AND HUMAN RIGHTS**10A NCAC 27D .0301 SOCIAL INTEGRATION**

Each client in a day/night or 24-hour facility shall be encouraged to participate in appropriate and generally acceptable social interactions and activities with other clients and non-client members of the community. A client shall not be prohibited from such social interactions unless restricted in writing in the client record in accordance with G.S. 122C-62(e).

History Note: *Authority G.S. 122C-51; 122C-62; 143B-147;*
 Eff. February 1, 1991;
 Amended Eff. January 1, 1992.

10A NCAC 27D .0302 CLIENT SELF-GOVERNANCE

In a day/night or 24-hour facility, the governing body shall develop and implement policy which allows client input into facility governance and the development of client self-governance groups.

History Note: *Authority G.S. 122C-51; 122C-58; 143B-147;*
 Eff. February 1, 1991;
 Amended Eff. January 1, 1992.

10A NCAC 27D .0303 INFORMED CONSENT

(a) Each client, or legally responsible person, shall be informed, in a manner that the client or legally responsible person can understand, about:

- (1) the alleged benefits, potential risks, and possible alternative methods of treatment/habilitation; and
- (2) the length of time for which the consent is valid and the procedures that are to be followed if he chooses to withdraw consent. The length of time for a consent for the planned use of a restrictive intervention shall not exceed six months.

(b) A consent required in accordance with G.S. 122C-57(f) or for planned interventions specified by the rules in Subchapter 27E, Section .0100, shall be obtained in writing. Other procedures requiring written consent shall include, but are not limited to, the prescription or administration of the following drugs:

- (1) Antabuse; and
- (2) Depo-Provera when used for non-FDA approved uses

(c) Each voluntary client or legally responsible person has the right to consent or refuse treatment/habilitation in accordance with G.S. 122C-57(d). A voluntary client's refusal of consent shall not be used as the sole grounds for termination or threat of termination of service unless the procedure is the only viable treatment/habilitation option available at the facility.

(d) Documentation of informed consent shall be placed in the client's record.

History Note: *Authority G.S. 122C-51; 122C-57; 143B-147;*
 Eff. February 1, 1991;
 Amended Eff. January 4, 1993; January 1, 1992;
 Temporary Amendment Eff. January 1, 2001;
 Amended Eff. August 1, 2002.

10A NCAC 27D .0304 PROTECTION FROM HARM, ABUSE, NEGLECT OR EXPLOITATION

- (a) Employees shall protect clients from harm, abuse, neglect and exploitation in accordance with G.S. 122C-66.
- (b) Employees shall not subject a client to any sort of abuse or neglect, as defined in 10A NCAC 27C .0102 of this Chapter.
- (c) Goods or services shall not be sold to or purchased from a client except through established governing body policy.
- (d) Employees shall use only that degree of force necessary to repel or secure a violent and aggressive client and which is permitted by governing body policy. The degree of force that is necessary depends upon the individual characteristics of the client (such as age, size and physical and mental health) and the degree of aggressiveness displayed by the client. Use of intervention procedures shall be compliance with Subchapter 10A NCAC 27E of this Chapter.
- (e) Any violation by an employee of Paragraphs (a) through (d) of this Rule shall be grounds for dismissal of the employee.

History Note: Authority G.S. 122C-59; 122C-65; 122C-66; 143B-147;
 Eff. February 1, 1991;
 Amended Eff. April 1, 1994; January 1, 1992.

SUBCHAPTER 27E – TREATMENT OR HABILITATION RIGHTS**SECTION .0100 – PROTECTIONS REGARDING INTERVENTIONS PROCEDURES****10A NCAC 27E .0101 LEAST RESTRICTIVE ALTERNATIVE**

- (a) Each facility shall provide services/supports that promote a safe and respectful environment. These include:
 - (1) using the least restrictive and most appropriate settings and methods;
 - (2) promoting coping and engagement skills that are alternatives to injurious behavior to self or others;
 - (3) providing choices of activities meaningful to the clients served/supported; and
 - (4) sharing of control over decisions with the client/legally responsible person and staff.
- (b) The use of a restrictive intervention procedure designed to reduce a behavior shall always be accompanied by actions designed to insure dignity and respect during and after the intervention. These include:
 - (1) using the intervention as a last resort; and
 - (2) employing the intervention by people trained in its use.

History Note: Authority G.S. 122C-51; 122C-53; 143B-147;
 Eff. February 1, 1991;
 Amended Eff. January 1, 1992;
 Temporary Amendment Eff. January 1, 2001;
 Amended Eff. August 1, 2002.

10A NCAC 27E .0102 PROHIBITED PROCEDURES

In each facility the following types of procedures shall be prohibited:

- (1) those interventions which have been prohibited by statute or rule which shall include:
 - (a) any intervention which would be considered corporal punishment under G.S. 122C-59;
 - (b) the contingent use of painful body contact;
 - (c) substances administered to induce painful bodily reactions, exclusive of Antabuse;
 - (d) electric shock (excluding medically administered electroconvulsive therapy);
 - (e) insulin shock;

- (f) unpleasant tasting foodstuffs;
 - (g) contingent application of any noxious substances which include but are not limited to noise, bad smells or splashing with water; and
 - (h) any potentially physically painful procedure, excluding prescribed injections, or stimulus which is administered to the client for the purpose of reducing the frequency or intensity of a behavior.
- (2) those interventions determined by the governing body to be unacceptable for or prohibited from use in the facility.

*History Note: Authority G.S. 122C-51; 122C-57; 122C-59; 131E-67; 143B-147;
Eff. February 1, 1991;
Amended Eff. January 1, 1992.*

10A NCAC 27E .0103 GENERAL POLICIES REGARDING INTERVENTION PROCEDURES

(a) The following procedures shall only be employed when clinically or medically indicated as a method of therapeutic treatment:

- (1) planned non-attention to specific undesirable behaviors when those behaviors are health threatening;
- (2) contingent deprivation of any basic necessity; or
- (3) other professionally acceptable behavior modification procedures that are not prohibited by Rule .0102 of this Section or covered by Rule .0104 of this Section

(b) The determination that a procedure is clinically or medically indicated, and the authorization for the use of such treatment for a specific client, shall only be made by either a physician or a licensed practicing psychologist who has been formally trained and privileged in the use of the procedure.

*History Note: Authority G.S. 122C-51; 122C-53; 122C-60; 122C-62; 131E-67; 143B-147;
Eff. February 1, 1991;
Amended Eff. January 1, 1992.*

10A NCAC 27E .0104 SECLUSION, PHYSICAL RESTRAINT AND ISOLATION TIME-OUT AND PROTECTIVE DEVICES USED FOR BEHAVIORAL CONTROL

(a) This Rule governs the use of restrictive interventions which shall include:

- (1) seclusion;
- (2) physical restraint;
- (3) isolation time-out
- (4) any combination thereof; and
- (5) protective devices used for behavioral control.

(b) The use of restrictive interventions shall be limited to:

- (1) emergency situations, in order to terminate a behavior or action in which a client is in imminent danger of abuse or injury to self or other persons or when property damage is occurring that poses imminent risk of danger of injury or harm to self or others; or
- (2) as a planned measure of therapeutic treatment as specified in Paragraph (f) of this Rule.

(c) Restrictive interventions shall not be employed as a means of coercion, punishment or retaliation by staff or for the convenience of staff or due to inadequacy of staffing. Restrictive interventions shall not be used in a manner that causes harm or abuse.

(d) In accordance with Rule .0101 of Subchapter 27D, the governing body shall have policy that delineates the permissible use of restrictive interventions within a facility.

(e) Within a facility where restrictive interventions may be used, the policy and procedures shall be in accordance with the following provisions:

- (1) the requirement that positive and less restrictive alternatives are considered and attempted whenever possible prior to the use of more restrictive interventions;
- (2) consideration is given to the client's physical and psychological well-being before, during and after utilization of a restrictive intervention, including:
 - (A) review of the client's health history or the client's comprehensive health assessment conducted upon admission to a facility. The health history or comprehensive health assessment shall include the identification of pre-existing medical conditions or any disabilities and limitations that would place the client at greater risk during the use of restrictive interventions;

- (B) continuous assessment and monitoring of the physical and psychological well-being of the client and the safe use of restraint throughout the duration of the restrictive intervention by staff who are physically present and trained in the use of emergency safety interventions;
 - (C) continuous monitoring by an individual trained in the use of cardiopulmonary resuscitation of the client's physical and psychological well-being during the use of manual restraint; and
 - (D) continued monitoring by an individual trained in the use of cardiopulmonary resuscitation of the client's physical and psychological well-being for a minimum of 30 minutes subsequent to the termination of a restrictive intervention;
- (3) the process for identifying, training, assessing competence of facility employees who may authorize and implement restrictive interventions;
 - (4) the duties and responsibilities of responsible professionals regarding the use of restrictive interventions;
 - (5) the person responsible for documentation when restrictive interventions are used;
 - (6) the person responsible for the notification of others when restrictive interventions are used; and
 - (7) the person responsible for checking the client's physical and psychological well-being and assessing the possible consequences of the use of a restrictive intervention and, in such cases there shall be procedures regarding:
 - (A) documentation if a client has a physical disability or has had surgery that would make affected nerves and bones sensitive to injury; and
 - (B) the identification and documentation of alternative emergency procedures, if needed;
- (8) any room used for seclusion or isolation time-out shall meet the following criteria:
 - (A) the room shall be designed and constructed to ensure the health, safety and well-being of the client;
 - (B) the floor space shall not be less than 50 square feet, with a ceiling height of not less than eight feet;
 - (C) the floor and wall coverings, as well as any contents of the room, shall have a one-hour fire rating and shall not produce toxic fumes if burned;
 - (D) the walls shall be kept completely free of objects;
 - (E) a lighting fixture, equipped with a minimum of a 75 watt bulb, shall be mounted in the ceiling and be screened to prevent tampering by the client;
 - (F) one door of the room shall be equipped with a window mounted in a manner which allows inspection of the entire room;
 - (G) glass in any windows shall be impact resistant and shatterproof;
 - (H) the room temperature and ventilation shall be comparable and compatible with the rest of the facility; and
 - (I) in a lockable room the lock shall be interlocked with the fire alarm system so that the door automatically unlocks when the fire alarm is activated if the room is to be used for seclusion.
- (9) Whenever a restrictive intervention is utilized, documentation shall be made in the client record to include, at a minimum:
 - (A) notation of the client's physical and psychological well-being;
 - (B) notation of the frequency, intensity and duration of the behavior which led to the intervention, and any precipitating circumstance contributing to the onset of the behavior;
 - (C) the rationale for the use of the intervention, the positive or less restrictive interventions considered and used and the inadequacy of less restrictive intervention techniques that were used;
 - (D) a description of the intervention and the date, time and duration of its use;
 - (E) a description of accompanying positive methods of intervention;
 - (F) a description of the debriefing and planning with the client and the legally responsible person, if applicable, for the emergency use of seclusion, physical restraint or isolation time-out to eliminate or reduce the probability of the future use of restrictive interventions;
 - (G) a description of the debriefing and planning with the client and the legally responsible person, if applicable, for the planned use of seclusion, physical restraint or isolation time-out, if determined to be clinically necessary; and
 - (H) signature and title of the facility employee who initiated, and of the employee who further authorized, the use of the intervention.
- (10) The emergency use of restrictive interventions shall be limited, as follows:
 - (A) a facility employee approved to administer emergency interventions may employ such procedures for up to 15 minutes without further authorization;
 - (B) the continued use of such interventions shall be authorized only by the responsible professional or another qualified professional who is approved to use and to authorize the use of the restrictive intervention based on experience and training;

- (C) the responsible professional shall meet with and conduct an assessment that includes the physical and psychological well-being of the client and write a continuation authorization as soon as possible after the time of initial employment of the intervention. If the responsible professional or a qualified professional is not immediately available to conduct an assessment of the client, but concurs that the intervention is justified after discussion with the facility employee, continuation of the intervention may be verbally authorized until an on-site assessment of the client can be made;
 - (D) a verbal authorization shall not exceed three hours after the time of initial employment of the intervention; and
 - (E) each written order for seclusion, physical restraint or isolation time-out is limited to four hours for adult clients; two hours for children and adolescent clients ages nine to 17; or one hour for clients under the age of nine. The original order shall only be renewed in accordance with these limits or up to a total of 24 hours.
- (11) The following precautions and actions shall be employed whenever a client is in:
- (A) seclusion or physical restraint, including a protective device when used for the purpose or with the intent of controlling unacceptable behavior: periodic observation of the client shall occur at least every 15 minutes, or more often as necessary, to assure the safety of the client, attention shall be paid to the provision of regular meals, bathing and the use of the toilet; and such observation and attention shall be documented in the client record;
 - (B) isolation time-out: there shall be a facility employee in attendance with no other immediate responsibility than to monitor the client who is placed in isolation time-out; there shall be continuous observation and verbal interaction with the client when appropriate; and such observation shall be documented in the client record; and
 - (C) physical restraint and may be subject to injury: a facility employee shall remain present with the client continuously.
- (12) The use of a restrictive intervention shall be discontinued immediately at any indication of risk to the client's health or safety or immediately after the client gains behavioral control. If the client is unable to gain behavioral control within the time frame specified in the authorization of the intervention, a new authorization must be obtained.
- (13) The written approval of the designee of the governing body shall be required when the original order for a restrictive intervention is renewed for up to a total of 24 hours in accordance with the limits specified in Item (E) of Subparagraph (e)(10) of this Rule.
- (14) Standing orders or PRN orders shall not be used to authorize the use of seclusion, physical restraint or isolation timeout.
- (15) The use of a restrictive intervention shall be considered a restriction of the client's rights as specified in G.S. 122C-62(b) or (d). The documentation requirements in this Rule shall satisfy the requirements specified in G.S. 122C-62(e) for rights restrictions.
- (16) When any restrictive intervention is utilized for a client, notification of others shall occur as follows:
- (A) those to be notified as soon as possible but within 24 hours of the next working day, to include:
 - (i) the treatment or habilitation team, or its designee, after each use of the intervention; and
 - (ii) a designee of the governing body; and
 - (B) the legally responsible person of a minor client or an incompetent adult client shall be notified immediately unless she/he has requested not to be notified.
- (17) The facility shall conduct reviews and reports on any and all use of restrictive interventions, including:
- (A) a regular review by a designee of the governing body, and review by the Client Rights Committee, in compliance with confidentiality rules as specified in 10A NCAC 28A;
 - (B) an investigation of any unusual or possibly unwarranted patterns of utilization; and
 - (C) documentation of the following shall be maintained on a log:
 - (i) name of the client;
 - (ii) name of the responsible professional;
 - (iii) date of each intervention;
 - (iv) time of each intervention;
 - (v) type of intervention;
 - (vi) duration of each intervention;
 - (vii) reason for use of the intervention;
 - (viii) positive and less restrictive alternatives that were used or that were considered but not used and why those alternatives were not used;

- (ix) debriefing and planning conducted with the client, legally responsible person, if applicable, and staff, as specified in Parts (e)(9)(F) and (G) of this Rule, to eliminate or reduce the probability of the future use of restrictive interventions; and
 - (x) negative effects of the restrictive intervention, if any, on the physical and psychological well-being of the client.
- (18) The facility shall collect and analyze data on the use of seclusion and physical restraint. The data collected and analyzed shall reflect for each incident:
- (A) the type of procedure used and the length of time employed;
 - (B) alternatives considered or employed; and
 - (C) the effectiveness of the procedure or alternative employed.
- The facility shall analyze the data on at least a quarterly basis to monitor effectiveness, determine trends and take corrective action where necessary. The facility shall make the data available to the Secretary upon request.
- (19) Nothing in this Rule shall be interpreted to prohibit the use of voluntary restrictive interventions at the client's request; however, the procedures in this Rule shall apply with the exception of Subparagraph (f)(3) of this Rule.
- (f) The restrictive intervention shall be considered a planned intervention and shall be included in the client's treatment/habilitation plan whenever it is used:
- (1) more than four times, or for more than 40 hours, in a calendar month;
 - (2) in a single episode in which the original order is renewed for up to a total of 24 hours in accordance with the limit specified in Item (E) of Subparagraph (e)(10) of this Rule; or
 - (3) as a measure of therapeutic treatment designed to reduce dangerous, aggressive, self-injurious or undesirable behaviors to a level which will allow the use of less restrictive treatment or habilitation procedures.
- (g) When a restrictive intervention is used as a planned intervention, facility policy shall specify:
- (1) the requirement that a consent or approval shall be considered valid for no more than six months and that the decision to continue the specific intervention shall be based on clear and recent behavioral evidence that the intervention is having a positive impact and continues to be needed;
 - (2) prior to the initiation or continued use of any planned intervention, the following written notifications, consents and approvals shall be obtained and documented in the client record:
 - (A) approval of the plan by the responsible professional and the treatment and habilitation team, if applicable, shall be based on an assessment of the client and a review of the documentation required by Subparagraph (e)(9) and (e)(14) of this Rule if applicable;
 - (B) consent of the client or legally responsible person, after participation in treatment planning and after the specific intervention and the reason for it have been explained in accordance with 10A NCAC 27D .0201;
 - (C) notification of an advocate/client rights representative that the specific intervention has been planned for the client and the rationale for utilization of the intervention; and
 - (D) physician approval, after an initial medical examination, when the plan includes a specific intervention with reasonably foreseeable physical consequences. In such cases, periodic planned monitoring by a physician shall be incorporated into the plan.
 - (3) within 30 days of initiation of the use of a planned intervention, the Intervention Advisory Committee established in accordance with Rule .0106 of this Section, by majority vote, may recommend approval or disapproval of the plan or may abstain from making a recommendation;
 - (4) within any time during the use of a planned intervention, if requested, the Intervention Advisory Committee shall be given the opportunity to review the treatment/habilitation plan;
 - (5) if any of the persons or committees specified in Subparagraphs (h)(2) or (h)(3) of this Rule do not approve the initial use or continued use of a planned intervention, the intervention shall not be initiated or continued. Appeals regarding the resolution of any disagreement over the use of the planned intervention shall be handled in accordance with governing body policy; and

- (6) documentation in the client record regarding the use of a planned intervention shall indicate:
 - (A) description and frequency of debriefing with the client, legally responsible person, if applicable, and staff if determined to be clinically necessary. Debriefing shall be conducted as to the level of cognitive functioning of the client;
 - (B) bi-monthly evaluation of the planned by the responsible professional who approved the planned intervention; and
 - (C) review, at least monthly, by the treatment/habilitation team that approved the planned intervention.

History Note: Authority G.S. 122C-51; 122C-53; 122C-60; 122C-62; 131E-67; 143B-147; Eff. February 1, 1991; Amended Eff. January 4, 1993; January 1, 1992; Temporary Amendment Eff. January 1, 2001; Temporary Amendment Expired October 13, 2001; Amended Eff. April 1, 2003.

10A NCAC 27E .0105 PROTECTIVE DEVICES

(a) Whenever a protective device is utilized for a client, the governing body shall develop and implement policy to ensure that:

- (1) the necessity for the protective device has been assessed and the device is applied by a facility employee who has been trained and has demonstrated competence in the utilization of protective devices;
- (2) the use of positive and less restrictive alternatives have been reviewed and documented and the protective device selected is the appropriate measure;
- (3) the client is frequently observed and provided opportunities for toileting, exercise, etc. as needed. When a protective device limits the client's freedom of movement, the client shall be observed at least every hour. Whenever the client is restrained and subject to injury by another client, a facility employee shall remain present with the client continuously. Observations and interventions shall be documented in the client record;
- (4) protective devices are cleaned at regular intervals; and
- (5) for facilities operated by or under contract with an area program, the utilization of protective devices in the treatment/habilitation plan shall be subject to review by the Client Rights Committee, as required in 10A NCAC 27G .0504. Copies of this Rule and other pertinent rules are published as Division publication RULES FOR MENTAL HEALTH, DEVELOPMENTAL DISABILITIES AND SUBSTANCE ABUSE SERVICES, APSM 30-1, and may be purchased at a cost of five dollars and seventy-five cents (\$5.75) per copy.

(b) The use of any protective device for the purpose or with the intent of controlling unacceptable behavior shall comply with the requirements of Rule .0104 of this Section.

History Note: Authority G.S. 122C-51; 122C-53; 122C-60; 143B-147; Eff. February 1, 1991; Amended Eff. January 4, 1993; January 1, 1992; Temporary Amendment Eff. January 1, 2001; Amended Eff. August 1, 2002.

10A NCAC 27E .0106 INTERVENTION ADVISORY COMMITTEES

(a) An Intervention Advisory Committee shall be established to provide additional safeguards in a facility that utilizes restrictive interventions as planned interventions as specified in Rule .0104(g) of this Section.

(b) The membership of the Intervention Advisory Committee shall include at least one person who is or has been a consumer of direct services provided by the governing body or who is a close relative of a consumer and:

- (1) for a facility operated by an area program, the Intervention Advisory Committee shall be the Client Rights Committee or a subcommittee of it, which may include other members;
- (2) for a facility that is not operated by an area program, but for which a voluntary client rights or human rights committee has been appointed by the governing body, the Intervention Advisory Committee shall be that committee or a subcommittee of it, which may include other members; or
- (3) for a facility that does not meet the conditions of Subparagraph (b)(1) or (2), the committee shall include at least three citizens who are not employees of, or members of the governing body.

(c) The Intervention Advisory Committee specified in Subparagraphs (b)(2) or (3) shall have a member or a regular independent consultant who is a professional with training and expertise in the use of the type of interventions being utilized, and who is not directly involved in the treatment or habilitation of the client.

(d) The Intervention Advisory Committee shall:

- (1) have policy that governs its operation and requirements that:
 - (A) access to client information shall be given only when necessary for committee members to perform their duties;
 - (B) committee members shall have access to client records on a need to know basis only upon the written consent of the client or his legally responsible person as specified in G.S. 122C-53(a); and
 - (C) information in the client record shall be treated as confidential information in accordance with G.S. 122C-52 through 122C-56;
- (2) receive specific training and orientation as to the charge of the committee;
- (3) be provided with copies of appropriate statutes and rules governing client rights and related issues;
- (4) be provided, when available, with copies of literature about the use of a proposed intervention and any alternatives;
- (5) maintain minutes of each meeting; and
- (6) make an annual written report to the governing body on the activities of the committee.

*History Note: Authority G.S. 122C-51 through 122C-56; 143B-147;
Eff. February 1, 1991;
Amended Eff. January 1, 1992.*

10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS

(a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions.

(b) Prior to providing services to people with disabilities, staff including service providers, employees, students or volunteers, shall demonstrate competence by successfully completing training in communication skills and other strategies for creating an environment in which the likelihood of imminent danger of abuse or injury to a person with disabilities or others or property damage is prevented.

(c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered.

(d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.

(e) Formal refresher training must be completed by each service provider periodically (minimum annually).

(f) Content of the training that the service provider wishes to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule.

(g) Staff shall demonstrate competence in the following core areas:

- (1) knowledge and understanding of the people being served;
- (2) recognizing and interpreting human behavior;
- (3) recognizing the effect of internal and external stressors that may affect people with disabilities;
- (4) strategies for building positive relationships with persons with disabilities;
- (5) recognizing cultural, environmental and organizational factors that may affect people with disabilities;
- (6) recognizing the importance of and assisting in the person's involvement in making decisions about their life;
- (7) skills in assessing individual risk for escalating behavior;
- (8) communication strategies for defusing and de-escalating potentially dangerous behavior; and
- (9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe).

(h) Service providers shall maintain documentation of initial and refresher training for at least three years.

- (1) Documentation shall include:
 - (A) who participated in the training and the outcomes (pass/fail);
 - (B) when and where they attended; and
 - (C) instructor's name;
- (2) The Division of MH/DD/SAS may review/request this documentation at any time.

(i) Instructor Qualifications and Training Requirements:

- (1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions.
- (2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program.

- (3) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.
- (4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule.
- (5) Acceptable instructor training programs shall include but are not limited to presentation of:
 - (A) understanding the adult learner;
 - (B) methods for teaching content of the course;
 - (C) methods for evaluating trainee performance; and
 - (D) documentation procedures.
- (6) Trainers shall have coached experience teaching a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least one time, with positive review by the coach.
- (7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually.
- (8) Trainers shall complete a refresher instructor training at least every two years.
- (j) Service providers shall maintain documentation of initial and refresher instructor training for at least three years.
 - (1) Documentation shall include:
 - (A) who participated in the training and the outcomes (pass/fail);
 - (B) when and where attended; and
 - (C) instructor's name.
 - (2) The Division of MH/DD/SAS may request and review this documentation any time.
- (k) Qualifications of Coaches:
 - (1) Coaches shall meet all preparation requirements as a trainer.
 - (2) Coaches shall teach at least three times the course which is being coached.
 - (3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction.
- (l) Documentation shall be the same preparation as for trainers.

*History Note: Authority G.S. 143B-147;
 Temporary Adoption Eff. February 1, 2001;
 Temporary Adoption Expired October 13, 2001;
 Eff. April 1, 2003.*

10A NCAC 27E .0108 TRAINING IN SECLUSION, PHYSICAL RESTRAINT AND ISOLATION TIME-OUT

- (a) Seclusion, physical restraint and isolation time-out may be employed only by staff who have been trained and have demonstrated competence in the proper use of and alternatives to these procedures. Facilities shall ensure that staff authorized to employ and terminate these procedures are retrained and have demonstrated competence at least annually.
- (b) Prior to providing direct care to people with disabilities whose treatment/habilitation plan includes restrictive interventions, staff including service providers, employees, students or volunteers shall complete training in the use of seclusion, physical restraint and isolation time-out and shall not use these interventions until the training is completed and competence is demonstrated.
- (c) A pre-requisite for taking this training is demonstrating competence by completion of training in preventing, reducing and eliminating the need for restrictive interventions.
- (d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.
- (e) Formal refresher training must be completed by each service provider periodically (minimum annually).
- (f) Content of the training that the service provider plans to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule.
- (g) Acceptable training programs shall include, but are not limited to, presentation of:
 - (1) refresher information on alternatives to the use of restrictive interventions;
 - (2) guidelines on when to intervene (understanding imminent danger to self and others);
 - (3) emphasis on safety and respect for the rights and dignity of all persons involved (using concepts of least restrictive interventions and incremental steps in an intervention);
 - (4) strategies for the safe implementation of restrictive interventions;
 - (5) the use of emergency safety interventions which include continuous assessment and monitoring of the physical and psychological well-being of the client and the safe use of restraint throughout the duration of the restrictive intervention;
 - (6) prohibited procedures;
 - (7) debriefing strategies, including their importance and purpose; and
 - (8) documentation methods/procedures.

- (h) Service providers shall maintain documentation of initial and refresher training for at least three years.
 - (1) Documentation shall include:
 - (A) who participated in the training and the outcomes (pass/fail);
 - (B) when and where they attended; and
 - (C) instructor's name.
 - (2) The Division of MH/DD/SAS may review/request this documentation at any time.
- (i) Instructor Qualification and Training Requirements:
 - (1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions.
 - (2) Trainers shall demonstrate competence by scoring 100% on testing in a training program teaching the use of seclusion, physical restraint and isolation time-out.
 - (3) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program.
 - (4) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.
 - (5) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (j)(6) of this Rule.
 - (6) Acceptable instructor training programs shall include, but not be limited to, presentation of:
 - (A) understanding the adult learner;
 - (B) methods for teaching content of the course;
 - (C) evaluation of trainee performance; and
 - (D) documentation procedures.
 - (7) Trainers shall be retrained at least annually and demonstrate competence in the use of seclusion, physical restraint and isolation time-out, as specified in Paragraph (a) of this Rule.
 - (8) Trainers shall be currently trained in CPR.
 - (9) Trainers shall have coached experience in teaching the use of restrictive interventions at least two times with a positive review by the coach.
 - (10) Trainers shall teach a program on the use of restrictive interventions at least once annually.
 - (11) Trainers shall complete a refresher instructor training at least every two years.
- (k) Service providers shall maintain documentation of initial and refresher instructor training for at least three years.
 - (1) Documentation shall include:
 - (A) who participated in the training and the outcome (pass/fail);
 - (B) when and where they attended; and
 - (C) instructor's name.
 - (2) The Division of MH/DD/SAS may review/request this documentation at any time.
- (l) Qualifications of Coaches:
 - (1) Coaches shall meet all preparation requirements as a trainer.
 - (2) Coaches shall teach at least three times, the course which is being coached.
 - (3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction.
- (m) Documentation shall be the same preparation as for trainers.

*History Note: Authority G.S. 143B-147;
 Temporary Adoption Eff. February 1, 2001;
 Temporary Adoption Expired October 13, 2001;
 Eff. April 1, 2003.*

SECTION .0200 - PROTECTIONS REGARDING MEDICATIONS

10A NCAC 27E .0201 SAFEGUARDS REGARDING MEDICATIONS

(a) The use of experimental drugs or medication shall be considered research and shall be governed by G.S. 122C-57(f), applicable federal law, licensure requirements codified in 10A NCAC 27G .0209, or any other applicable licensure requirements not inconsistent with state or federal law.

(b) The use of other drugs or medications as a treatment measure shall be governed by G.S. 122C-57, and G.S. 90, Articles 1, 4A and 9A.

History Note: Authority G.S. 122C-51; 122C-57; 131E-67; 143B-147;
Eff. February 1, 1991;
Amended Eff. January 1, 1992.

SUBCHAPTER 27F - 24-HOUR FACILITIES

SECTION .0100 - SPECIFIC RULES FOR 24-HOUR FACILITIES

10A NCAC 27F .0101 SCOPE

Article 3, Chapter 122C of the General Statutes provides specific rights for each client who receives a mental health, developmental disability, or substance abuse service. This Subchapter delineates the rules regarding those rights that apply in a 24-hour facility.

History Note: Authority G.S. 122C-51; 122C-62; 143B-147;
Eff. February 1, 1991;
Amended Eff. January 1, 1992.

10A NCAC 27F .0102 LIVING ENVIRONMENT

(a) Each client shall be provided:

- (1) an atmosphere conducive to uninterrupted sleep during scheduled sleeping hours, consistent with the types of services being provided and the type of clients being served; and
- (2) accessible areas for personal privacy, for at least limited periods of time, unless determined inappropriate by the treatment or habilitation team.

(b) Each client shall be free to suitably decorate his room, or his portion of a multi-resident room, with respect to choice, normalization principles, and with respect for the physical structure. Any restrictions on this freedom shall be carried out in accordance with governing body policy.

History Note: Authority G.S. 122C-51; 122C-62; 143B-147;
Eff. February 1, 1991;
Amended Eff. January 1, 1992.

10A NCAC 27F .0103 HEALTH, HYGIENE AND GROOMING

(a) Each client shall be assured the right to dignity, privacy and humane care in the provision of personal health, hygiene and grooming care. Such rights shall include, but need not be limited to the:

- (1) opportunity for a shower or tub bath daily, or more often as needed;
- (2) opportunity to shave at least daily;
- (3) opportunity to obtain the services of a barber or a beautician; and
- (4) provision of linens and towels, toilet paper and soap for each client and other individual personal hygiene articles for each indigent client. Such other articles include but are not limited to toothpaste, toothbrush, sanitary napkins, tampons, shaving cream and shaving utensil.

- (b) Bathtubs or showers and toilets which ensure individual privacy shall be available.
- (c) Adequate toilets, lavatory and bath facilities equipped for use by a client with a mobility impairment shall be available.

History Note: Authority G.S. 122C-51; 122C-62; 143B-147;
Eff. February 1, 1991;
Amended Eff. January 1, 1992.

10A NCAC 27F .0104 STORAGE AND PROTECTION OF CLOTHING AND POSSESSIONS

Facility employees shall make every effort to protect each client's personal clothing and possessions from theft, damage, destruction, loss, and misplacement. This includes, but is not limited to, assisting the client in developing and maintaining an inventory of clothing and personal possessions if the client or legally responsible person desires.

History Note: Authority G.S. 122C-62; 143B-147;
Eff. February 1, 1991;
Amended Eff. January 1, 1992.

10A NCAC 27F .0105 CLIENT'S PERSONAL FUNDS

(a) This Rule applies to any 24-hour facility which typically provides residential services to individual clients for more than 30 days.

(b) Each competent adult client and each minor above the age of 16 shall be assisted and encouraged to maintain or invest his money in a personal fund account other than at the facility. This shall include, but need not be limited to, investment of funds in interest-bearing accounts.

(c) If funds are managed for a client by a facility employee, management of the funds shall occur in accordance with policy and procedures that:

- (1) assure to the client the right to deposit and withdraw money;
- (2) regulate the receipt and distribution of funds in a personal fund account;
- (3) provide for the receipt of deposits made by friends, relatives or others;
- (4) provide for the keeping of adequate financial records on all transactions affecting funds on deposit in personal fund account;
- (5) assure that a client's personal funds will be kept separate from any operating funds of the facility;
- (6) provide for the deduction from a personal fund account payment for treatment or habilitation services when authorized by the client or legally responsible person upon or subsequent to admission of the client;
- (7) provide for the issuance of receipts to persons depositing or withdrawing funds; and
- (8) provide the client with a quarterly accounting of his personal fund account.

(d) Authorization by the client or legally responsible person is required before a deduction can be made from a personal fund account for any amount owed or alleged to be owed for damages done or alleged to have been done by the client:

- (1) to the facility;
- (2) an employee of the facility;
- (3) to a visitor of the facility; or
- (4) to another client of the facility.

History Note: Authority G.S. 122C-51; 122C-58; 122C-62; 143B-147;
Eff. February 1, 1991;
Amended Eff. January 1, 1992.