

Survey Readiness Tools - Locked & Specialized Care Units



Locked & Specialized Care Units:		
Regulatory Requirements	Yes	No
Is placement on the unit necessary to provide the care and services identified in the resident assessment and care plan?		
Has the resident and /or representative participated in the decision for the resident to be on the locked unit?		
Are there policies in place to prevent abuse as well as placement and retention on the locked unit, including unreasonable confinement and involuntary seclusion?		
Is the unit evaluated for compliance with prevention of abuse?		
Are residents physically restrained?		
Is there an initial and periodic comprehensive, accurate, assessment of each resident's functional capacity?		
Was the resident involved in the planning of care and treatment as well as changes in care and treatment?		
Is there a comprehensive care plan for each resident and is it reviewed and revised periodically?		
Does the facility meet state building and fire codes and the following:		
• Are there delayed egress doors? <i>NFPA 101 Chapters 7.2.1.6 – 7.2.1.6.1.</i>		
• Can staff readily always unlock doors? <i>NFPA 101 Chapters 19.2.2.2.5-19.2.2.2.6(3)</i>		
• Do the doors automatically release for a power outage or fire alarm? <i>NFPA 101 Chapters 7.2.1.6.1.1, 7.2.1.6.2, 7.2.1.8.1 – 7.2.1.8.1(5)</i>		
• Is there a release button/ panic hardware? <i>NFPA 101 Chapters 7.2.1.5.3 – 7.2.1.5.7, 7.2.1.5.10, 7.2.1.5.10.2</i>		
Does the unit door have a keypad or lock where the residents do not have access to the code?		
Does the unit have a delayed egress locking arrangement?		
If the unit is a specialized care unit, does it have special activities, increased staffing, environmental designs, and other programs specifically designed for the care of cognitively impaired persons?		
If the purpose of the unit is to provide security, then are the cognitively impaired residents at risk for elopement?		
Review of the Resident Assessments and Care Plan	Yes	No
Are care and services provided in accordance with each resident's individual needs?		
Are the resident's needs while on the locked unit identified?		
Is documentation consistent with the resident's needs?		
Is the care plan developed based on the resident assessment?		
Does the care plan address the resident's placement and retention on the secured unit?		
Is there evidence that the care plan was reviewed and revised as necessary?		
Is the resident's medical record (Minimum Data Set, history and physical, orders, progress notes, flowsheets, pharmacist reports, assessments, etc.) reviewed to determine the resident's overall condition is being met and placement on the unit is appropriate?		
Does the facility assessment reflect the status of the resident's placed on the unit?		
Is the resident or representative participating in care planning in relation to placement on the locked unit?		