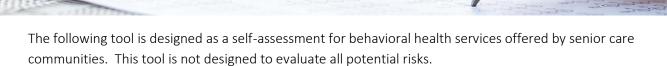
Behavioral Health

Risk Management Self-Assessment



Written Program Plan

	admiss require therape	ion criteria, person-centered care planning, primary care provider and mental health provider care ments, medication review and management, staff competency and training, unit staffing, eutic activities, resident discharge and transfer criteria and quality assurance and performance mement monitoring		
	•	cility has contracted mental health clinical providers		
Behav	/ioral H	Health Policies and Procedures		
The fol	lowing p	policies and procedures are in place:		
	A beha	vior management policy includes assessment, interventions, monitoring, a behavioral support care		
	plan, and documentation, including pharmacological and non-pharmacological Interventions			
	Managing suicide risk			
		The policy addresses recognition, reporting, and response		
		oral emergency		
	0	The policy includes care of the resident while managing the safety of other residents (e.g., one-		
		to-one observation, calling 911, use of law enforcement)		
		Written transfer agreements are in place with facilities that have behavioral health units		
	Psychotropic medications			
		The policy includes the frequency of medication review and provider follow-up		
	0	A process is in place for Gradual Dose Reduction (GDR) medication review of psychotropic		
	_	medications		
		The policy addresses care planning requirements for medication "black box" warnings		
		nt policy or restraint-free policy		
	O	The restraint policy addresses		
		☐ Use of restraints — least restrictive		
		☐ Provider orders		
		☐ Resident monitoring		
		Resident consent		
		☐ Quality review☐ Documentation		
	\circ			
	\circ	The restraint-free policy addresses least restrictive interventions		

☐ The abuse, neglect and exploitation policy and procedure includes definitions, screening, training,

prevention, identification, investigation, protection, and reporting/response



Pre-A	dmission
	Written admission criteria are in place Pre-Admission screening includes: O Medical history Current medications including herbal supplements, over-the-counter medications, and illegal drugs Behavioral health history History of physical aggression History of sexual aggression History of abuse and neglect Suicide risk and past history Current behaviors
	Residents with a primary, unmanaged mental health diagnosis are not admitted
	A national sex offender screening is completed on all potential admissions A mental health professional and/or the resident's primary care physician is consulted prior to admission if the facility is uncertain about their ability to care for the resident
Admis	ssion
	Admission screening includes (unless previously obtained): O Medical history Current medications, including new medications within the past 30 days Behavioral health history History of physical aggression History of sexual aggression History of abuse and neglect Suicide risk and past history Current behaviors
Resid	ent-Centered Care Plan
	A resident-centered care plan is started on admission. The multi-disciplinary team is involved. Based on provider orders/recommendations and current history, a resident-centered behavioral support plan is developed on admission including behavior triggers/ antecedent events and interventions A behavior log is initiated per facility policy and procedures (as applicable) The resident-centered behavioral support plan is reviewed and updated at least quarterly and with change in condition The multi-disciplinary team is involved with development of the resident-centered behavioral support plan. The plan is reviewed for effectiveness on a scheduled basis
Thera	peutic Programming and Activities
	Therapeutic programming and activities are designed to promote self-esteem and engagement, minimize
	boredom, and align with resident-centered behavioral support plans Activities are regularly scheduled and posted



Disch	arge/Transfer
	A written discharge/transfer policy is in place that includes resident care and safety prior to discharge or transfer, discharge communication with resident, family, provider and receiving facility and components of the resident-centered discharge plan
Enviro	onmental Safety
	Regularly scheduled environmental safety rounds are scheduled that include: O Resident rooms O Courtyards O Designated smoking areas O Common areas O Secured areas O Exits Window restrictors are in place to secure windows to a six-inch opening to allow for adequate ventilation but prevent resident exit Regularly scheduled preventative maintenance is documented and includes functioning checks on exit door alarms and electronic monitoring systems
Staff	Training and Competency Validation
Staff tr	aining and competency validation includes, but is not limited to: Dementia care — understanding behavior Working with non-compliant and aggressive residents Least restrictive interventions Signs of escalating behavior and de-escalation techniques Recognition of depression and suicide risk Psychotropic medications and common side-effects Resident rights Abuse, neglect, and exploitation Resident behavioral emergency response Recognition and response for inappropriate sexual behavior
Risk a	nd Quality Management
	Resident behavior events that result in injury to self or others are reported on an incident report The incident investigation addresses causal and contributing factors Resident behaviors are reviewed at morning meeting (e.g., new admissions, behavior incidents and residents with change in behavior) O The medical record is reviewed for complete documentation and the Care Plan is reviewed for updated interventions Weekly At-Risk Meetings address the effectiveness of interventions
	The Monthly (preferred) or Quarterly Quality Assurance and Performance Improvement (QAPI) Committee reviews patterns and trends related to behavior incidents and emergency transfers



Notes

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