State of Idaho
**DEPARTMENT OF HEALTH AND WELFARE**
Division of Welfare

Bureau of Facility Standards

450 W. State St., 2nd Fl.
Boise, ID 83720-5450
(208) 334-6626
(208) 334-0657 Fax

CECIL D. ANDRUS
Governor
JERRY L. HARRIS
Director
JEAN S. PHILLIPS
Administrator

**INFORMATIONAL LETTER #94-3**

**DATE:** April 19, 1994

**TO:** ALL LONG TERM CARE FACILITIES

**FROM:** JOHN W. HATHAWAY, Chief
Bureau of Facility Standards

**SUBJECT:** GUIDELINES FOR LOCKED UNITS

A number of issues have arisen relating to resident care, regulations, and restraint use on locked Alzheimer-type units. We would like to share the information we have.

There are no regulations specific to locked units. Therefore, all the requirements must be met just as they are for unlocked areas.

LOCKED ENVIRONMENT. One of the common problems found on locked units involves residents inappropriately placed on the unit (F151). We recently received a letter from Teresa Oakes, Chief, Survey and Certification Review Branch, Region X, in which this practice is referred to as a "form of incarceration." The care of each resident must be based on the interdisciplinary team's assessment and plan of care (F295). Before a resident is placed on a locked unit, the facility must be able to show the following:

1. How the locked environment is in the best interest of the resident.

2. How less restrictive means of protecting and promoting the resident's well-being were attempted first and found wanting. The interdisciplinary team should evaluate each restrained resident at the admission, annual, and quarterly reviews, as to whether or not the resident is appropriate for an attempt at less restrictive restraint. The only time this would not be attempted is if there is clear evidence that a lesser restraint might endanger the resident. For example, a resident who is pushing on the doors, trying to elope every fifteen (15) minutes, would not be appropriate for trial placement off the locked unit. Some forms of less restrictive means could include:
   a. trial placement on an unlocked unit
   b. equipping the resident with a wrist band or a device on clothing that triggers an electronic alarm
   c. providing individualized activities

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d. social service intervention and counseling for residents at risk for elopement
e. move the resident to a room closer to the nurses' station or other high-traffic area
f. temporarily increased supervision

Attempts at less restrictive measures and the results should be clearly documented.

The resident's family or advocate should be included in the decision-making process. However, the final decision should be based on meeting the resident's needs.

Residents on the unit need to be regularly assessed for continuing need for the locked environment. Once a resident's condition deteriorates to the point that independent ambulation is no longer possible, the locked environment may be an unnecessary restriction.

The Interpretive Guideline at F221 gives additional helpful information on the concept of "least restrictive."

HOMELIKE ATMOSPHERE. Often, locked units are noted to have a stark environment, lacking homelike furnishings or decoration (F260). The resident's personal space should be furnished with items belonging to the resident, giving him a connection with the past, or, at the least, of individual interest. This should be done before admission, if possible, to ease the resident's transition.

SUPERVISION. Another problem that is sometimes found on these units involves a lack of supervision, both of residents (F330) and staff. Often, residents are seen wandering the halls, pacing, or going in and out of other residents' rooms. This can lead to confrontations with other residents. Staff who observe such behavior need to know how to intervene, according to the resident's plan of care (F502). Many residents on these units need nearly continuous direction, as they are unable to structure their own time. A good, structured activity program, based on resident needs and abilities, is of vital importance to the overall functioning of the unit.

Staffing must be maintained at a level to assure the safety of staff and residents. The facility needs to assess how they can deal with a situation such as one resident becoming out of control. Please consider the following questions before a staff person lands in the Emergency Room.

1. Are there enough staff to maintain control?
2. Can staff outside the unit doors hear calls for help?
3. Are the doors left open at night if needed?
4. Of the staff immediately available at any given time, is anyone knowledgeable in handling resident behaviors?

Staff need to be trained in the specific needs of this clientele. It is critical that staff know how to intervene in problem behaviors before confrontations occur.

ABUSE. The facility is responsible to maintain the unit abuse-free (F223). High levels of physical, verbal, or mental abuse can result in a survey finding of immediate jeopardy (serious and immediate threat), at F220, Resident Behavior and Facility Practices or a Level A deficiency.

John W. Hathaway

JOHN W. HATHAWAY, Chief
Bureau of Facility Standards

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cc: Idaho Health Care Association