

FACILITY NAME FUNCTIONAL PROGRAM

HCAI PROJECT #HXXXXXX-XX-XX
SEPTEMBER 19, 2023

1. FUNCTIONAL PROGRAM
2. PATIENT RISK ASSESSMENT
3. PLAN EXHIBITS

Facility Name: **NAME**

Facility Number: **#XXXXX**
#XXXXX

HCAI Building Numbers: **BLD #XXXXX – Main Building**
01 BLD #XXXXX – Main Building 01

Project Name: **Acute Psychiatric Unit - Conversion from SNF**

HCAI Project Number: **HXXXXXXXX-XX-XX**
HSXXXXXXXX-XX (Original Building)

CAC 7-119. Functional Program

- (a) General
 - 1. Requirement: Responsible owner/entity shall provide a functional program to the architect/engineer & to OSHPD
 - 2. Purpose:
 - A. Owner approved functional program submitted to design professional & OSHPD to serve as reference
 - B. Revisions shall be documented & a final version submitted to OSHPD priori to approval of construction documents
 - C. Retain functional program with other design data to facilitate future alterations/additions/changes.
 - 3. Nomenclature:
 - A. Names for spaces & departments shall be consistent with those used in the *California Building Code (CBC)*. Acronyms defined.
 - B. Names & spaces in functional program consistent with those used on submitted floor plans.

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| Section | Sub-section | Requirement | Response |
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| (b) Executive Summary | 1. Purpose of the project | A. Narrative should describe the services to be provided, expanded or eliminated by proposed project | <p>An existing 192 bed Skilled Nursing Facility (SNF) will undergo renovation to remove 20 SNF beds and replace them with 12 acute psychiatric beds. The acute psychiatric hospital will be co-located within the SNF; however, the beds and unit will be separated with a distinct private entrance and re-licensed as an Acute Psychiatric Hospital. The SNF will maintain a separate license and entrance to continue providing long term care.</p> <p>The new acute psychiatric hospital will serve those who need higher level psychiatric inpatient care in a safe environment. In addition, capacity will be added to the community network of inpatient hospital beds in the area.</p> |
| | | B. Narrative shall describe intent and how proposed modifications will address the intent | <p>The newly licensed Acute Psychiatric Unit will provide psychiatric services for consumers requiring inpatient care, with an average length of stay of 5-7 days. The 12-bed capacity offered by the new facility will alleviate pressures on local hospitals, emergency rooms and crisis stabilization units by adding inpatient bed capacity where patients with acute psychiatric needs can be referred for appropriate treatment. Additionally, the facility will focus exclusively on adults, ages 18 years old and above, with diagnosis ranging the gamut from schizophrenia, bipolar, depression and dual diagnosis to name a few from various populations subtypes.</p> |
| | 2. Project type and size | A. The type of facility(ies) proposed shall be identified as defined by the CBC | <ul style="list-style-type: none">• CBC 1228.3: Acute Psychiatric Hospital |
| | | B. Project size in sq. ft. (new construction & renovation) & number of stories provided | <ul style="list-style-type: none">• 13,500 BGSF• Project is a one-story facility, with renovations occurring in an existing Skilled Nursing Facility structure to create a co-located 12 bed Acute Psychiatric Hospital• Project is located on the first (ground) floor of an existing two-story building |
| | 3. Construction type/ occupancy and building systems | B1. Description of existing construction type and construction type for any proposed renovations or additions | <ul style="list-style-type: none">• Occupancy: Group I-2 Institutional (OSHPD-5)• Group A-3 Assembly (Secondary)• Construction Type: Type 1A – Fire Resistive |
| | B. Renovation | B2. General description of existing engineering systems serving the area of the building affected by the proposed project & how these systems will be modified, extended, augmented or replaced by the proposed project | <ul style="list-style-type: none">• Provide new variable air volume rooftop units to serve the unit. Units will be provided with a supply fan, return/exhaust fan and direct expansion cooling coil. Heating will be accomplished at individual VAV-Box reheat coils.• Fully ducted supply and return air system |

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| | | | <ul style="list-style-type: none">• Provide a dedicated exhaust fan for the patient Isolation Room, associated Anteroom, and Toilet Room. This system shall be ducted to the exterior of the building and provided with a high-plume exhaust fan. Provide pressure monitors within these spaces to ensure that pressure relationships are maintained to the adjacent spaces.• Provide exhaust fans to serve the toilet rooms in the patient rooms.• Provide a split-system cooling unit for the electrical and IDF Rooms.• Provide a natural gas fired condensing boiler to provide heating water to unit. The boiler system shall be a variable primary system and shall be provided with redundant pumps.• Provide an exhaust fan for non-sterile compounding in pharmacy. Duct to be shared with exhaust of kiln in adjacent room. |
| | | B3. General description of existing fire protection systems serving the area of the building affected by the proposed project & how systems will be modified, extended, augmented or replaced by the proposed project. | <ul style="list-style-type: none">• Fire Suppression – Fully Sprinklered• Modifications to accommodate the entire 12,050 SF Unit. |
| (c) Functional Program Content | 1. Purpose of the project | The physical, environmental or operational factors, or combination thereof, driving the need for this project & how the completed project will address issues described. | [Facility/Agency] to complete for final submittal |
| | 2. Project components & scope | A. The department(s) affected by the project shall be identified | Existing 192-bed skilled nursing facility will be affected by loss of bed capacity (approximately 10%). Staffing reductions will be minimal as the new acute unit shall have some shared ancillary services which can absorb staff that was once assigned to the lost SNF beds and staff will be dispersed throughout the rest of the SNF. The SNF licensed capacity will decrease by 20 beds; however, with the 12 acute psychiatric bed addition, a net loss of only 8 beds will be encountered by the facility in total. |
| | | <p>B. The services & project components required for the completed project to function as intended shall be described</p> <p>NOTE: Appendix AA of the State Operations Manual may be helpful here. The guidance and “B tags” seem to outline much of what is required.</p> | <p>Service components include acute psychiatric hospital services for safety net population (Ref State Operations Manual Appendix AA). This would be its own dedicated space within the existing Skilled Nursing Facility. The hospital will not have an emergency room, therefore admissions will be through direct referral from medical, psychiatric and/or crisis facilities and physician offices.</p> <p>Services (dedicated):</p> <ul style="list-style-type: none">• Pharmacy• Psychiatric• Social Services• Admission/discharge coordinator |

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| | | https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_a_a_psyc_hospitals.pdf | <ul style="list-style-type: none">• Nursing• Psychology• Physician services• Recreational Therapy (with Courtyard)• Lab/Xray (contracted) <p>Services (shared with SNF):</p> <ul style="list-style-type: none">• Dietary• EVS• Laundry• Administration• Business Office• Facilities• Health Informatics• Morgue (County Medical Examiner) <p>Since the Acute Psychiatric Hospital is co-located within a SNF, there will be shared services between the two, including: Dietary, General Services/Maintenance, Environmental and Housekeeping services, Linen services (separate contract for hospital), Administration and Business Office, Health Informatics and skilled physical and/or occupational therapy services. Dedicated services and staffing in the Acute Psychiatric Hospital will include social services, therapeutic recreation services, psychology, nursing, admission/discharge coordinator, pharmacy, medical and psychiatric services, in addition to support and management staff.</p> <ul style="list-style-type: none">• Required Project Components will be provided:<ul style="list-style-type: none">○ Patient Rooms○ Airborne Infection Isolation Patient Room○ Seclusion Room○ Activity Areas:<ul style="list-style-type: none">▪ Day Room▪ Dining Room▪ Nourishment▪ Group Therapy▪ Quiet Room○ Visit / Consult Room○ Exam Room |
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| | | | <p>will be ordered from a licensed wholesaler to be delivered directly to the hospital pharmacy during business hours. The pharmacy will stock the medications in the automated dispensing machine (ADM) to ensure security and timely access to medications. The pharmacy will provide oversight to ensure medications in the ADM are safely used.</p> |
| | 3. Indirect support functions | <p>The increased or decreased demands throughout, workloads, staffing requirements, etc. imposed on support functions affected by the project shall be described (Functions may or may not reside adjacent to or in the same building or facility with the project)</p> | <p>Staffing:</p> <p>Since the Acute Psychiatric Hospital is co-located within a SNF, there will be dedicated and shared services between the two facilities with shared and distinct staff. The acute psychiatric hospital will utilize a dedicated, newly hired, and trained workforce including psychiatrist/medical director, psychiatric director of nursing, hospital administrator, pharmacist, and pharmacy technicians, psychologist, nursing, mental health workers, ancillary staff, admissions/discharge coordinators, therapeutic recreation specialist, director of social work (MSW) and social workers in addition to support staff. Services and required departments will be covered 24 hours/7 days per week according to licensure requirements, in addition to being trained or experienced in psychiatric populations, treatment and emergency procedures.</p> <p>Shared services and staff will include dietary and nutritional services, food preparation, general services, physical and occupational therapy, physician services, central supply, maintenance, facilities, environmental and housekeeping services, linen services (separate contract for hospital), administrative and business office, health informatics and skilled physical and/or occupational therapy services. Each department who will interact within the acute psychiatric hospital will receive training in psychiatric populations, emergency procedures and will be in the presence of trained psychiatric staff while on the unit. Contracted resources include lab and x-ray which would not require extra staffing and require a separate contract with the acute hospital to provide services.</p> <p>Staffing shall comply with the regulatory agencies as follows: Centers for Medicare and Medicaid Services:</p> <ul style="list-style-type: none">• Establishes Conditions of Participation that enable hospitals to provide care. Ratios are deferred to States. Link to description of Conditions of Participation: https://www.cms.gov/Regulations-and-Guidance/Legislation/CFCsAndCoPs/index <p>California Department of Public Health:</p> <ul style="list-style-type: none">• Licensed as an Acute Psychiatric Hospital. 24-hour care must be provided requiring disciplines of medical staff, nursing, dietary services, pharmacy, medical records, facilities, supplies, and administration. Regulates compliance with service delivery among these disciplines. Relicensing survey link, includes regulatory citations, |

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| | | | <p>for guidance: https://www.cdph.ca.gov/Programs/CHCQ/LCP/CDPH%20Document%20Library/GACHRLS_Regulations_with_Survey_Procedures.pdf Department of Health Care Services:</p> <ul style="list-style-type: none">• Designates SDCPH as an LPS-designated psychiatric hospital. Under regulations governing Lanterman-Petris-Short facilities, the minimum staffing required is referenced at Title 9-Subchapter 4 and W&I Code-Division 5 Link to citation is : https://govt.westlaw.com/calregs/Document/IA9CB66E0D45211DEB97CF67CD0B99467?contextData=%28sc.Default%29&transitionType=Default• Medi-Cal Certified for Crisis Stabilization Services. This requires maintaining ratios including 4:1 patient to licensed staff and If the beneficiary is evaluated as needing service activities that can only be provided by a specific type of licensed professional, such persons shall be available. See link: http://carules.elaws.us/code/t.9_d.1_ch.11_subch.4_art3_sec.1840.348• Issued guidance on Essential Services in light of COVID-19 emergency. Hospital employees are designate as Essential Critical infrastructure Workers. See links: https://www.dhcs.ca.gov/services/Documents/COVID-19MessagetoDHCSStakeholders.pdf and https://covid19.ca.gov/img/EssentialCriticalInfrastructureWorkers.pdf <p>The Joint Commission. Certifies that hospitals are operating in conformance with CMS and application guidelines. Requires compliance with comprehensive set of requirements based on CMS rules and regulations giving safe care in a 24-hour facility.</p> |
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| | 4. Operational requirements | A. Projected operational use and demand loading for affected departments and/or project components. | <p>Demand for behavioral health care has continued to increase over the past five years, with covid propelling the increase to higher levels than expected. Psychiatric hospital admission rates have increased, with the demand for higher acute, more intensive services outpacing bed availability. Capacity is often overwhelmed with longer stays, increased need and intensity, thus creating a psychiatric bed shortage. California is experiencing a psychiatric bed shortfall, with the San Diego area projecting larger growth needs than others across the state. Our plan is to expand bed availability and access in this area of San Diego, to meet the extreme need for higher level psychiatric care in our community.</p> <p>The 12-bed capacity offered by the new hospital will alleviate pressures on local general hospitals, emergency rooms, other psychiatric facilities, and crisis centers by allowing patients with psychiatric needs to be referred to the appropriate treatment setting for specialized care at the right time and place. Patients requiring a higher intensity level of care, such as hospitalization, can decompensate rather quickly which requires additional staff and resources, not available at other facilities. The facilities often cannot manage destructive, violent, dangerous, or inappropriate behaviors, requiring the patient to be sent out via 911 or on a 51/50. Unfortunately, with decreased psychiatric bed availability for proper placement, patients, staff, family, and visitors can become hurt or endangered while waiting on the appropriate bed for psychiatric treatment. Thus, what happens is the patient is sent to a general acute hospital, which often only provides a quick evaluation with no proper treatment or stabilization. Instead, this pattern creates a bottleneck in ERs, while prolonging the psychiatric patient’s treatment due to requiring services at yet another facility. Creating additional capacity offers the opportunity for direct admission for a hard-to-place population in the new acute psychiatric hospital alleviating bottlenecks and improving access to higher level acuity psychiatric care.</p> <p>The newly created acute psychiatric hospital is expected to maintain occupancy at full or near full capacity (12), as there is such a great need for beds in the community.</p> <p>The acute psychiatric hospital shall be staffed to meet regulatory standards and evaluated/modified as necessary to deliver quality care. Variations in census in the unit may affect workloads; however, these variations will be addressed and offset accordingly by policy and procedures for increase or decrease in staff demands.</p> |
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| | | B. Relevant operational circulation patterns, including staff, family/visitor & materials movement | Entrance to the acute psychiatric hospital will be separate from the entrance to the skilled nursing facility. Visitors will come into the main entrance of the psychiatric hospital and emergency personnel will come in through a back entrance, such as when patients are admitted or discharged. Inpatient treatment admissions will be referred and directly admitted to the facility from local general hospitals, emergency rooms, other psychiatric facilities, and Crisis Stabilization Units (CSUs). Patients will arrive at the |
| | | | hospital via appropriate medical provider transportation, including emergency vehicles There is expected to be minimal increase in foot traffic as patients will be routed through the main vehicle access points of the hospital via the described methods above. Although the facility is not an outpatient facility where clients would come and go daily, the acute psychiatric hospital will have policies in place for these types of situations which may occur. There is expected to be minimal increase in vehicle traffic, as patients will be admitted directly to the acute psychiatric hospital via appropriate medical provider transportation, including emergency vehicles entering through the main vehicle access point. There will be a hallway or entry way with locked doors connecting the |
| | | | acute psychiatric hospital to the skilled nursing facility through which direct, indirect and support staff could enter, such as nutrition, pharmacy, central supply delivery, medical, general, facility and environmental services staff. At no time will psychiatric patients intermingle with skilled nursing patients. |

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| | | <p>C. Departmental operational relationships and required adjacencies</p> | <p>Skilled therapy: OTP/PT therapy will be available on a consultant basis to attend to patients as needed within the acute psychiatric hospital.</p> <p>Nutritional services: will be shared between the acute hospital and the skilled nursing facility.</p> <p>Security: Additional FTE will be hired to support the extra 24-hour security required for the psychiatric hospital, who is trained to provide security protection for employees, properties, clientele and/or public by being highly visible, thereby discouraging disruptive influences or behaviors.</p> <p>Medical physicians: The medical physicians will round daily on the acute hospital.</p> <p>Psychologist: The psychologist will be available as a consultant to attend to patients as needed within the acute psychiatric hospital.</p> <p>Social workers: A director of social work, holding a Master’s in Social Work /LCSW will be hired to oversee the social work services of the acute psychiatric unit. Additional social work and/or case manager staff will be hired to support 24/7 operations with the acute psychiatric hospital.</p> <p>Therapeutic recreation: Therapeutic recreation specialist will be hired and dedicated to the acute psychiatric hospital.</p> <p>Registered Dietitian: The Registered Dietitian will be available on a consultant, part time or full time basis as deemed necessary by licensure rules and regulations.</p> <p>Nursing: Nursing staff will be hired and trained to support 24/7 workforce needs according to licensure rules and regulations.</p> <p>Psychiatrist: A dedicated psychiatrist will provide medical director and treatment services within the acute psychiatric unit.</p> |
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| | <p>5. Environment of care requirements: Describe the functional requirements and relationships between the following environment of care components & key elements of the physical environment, for</p> <p>A: Delivery of care model (concepts),</p> <p>B: Patients, visitors, physicians, and staff accommodations and flow,</p> <p>C: Building infrastructure & systems design criteria,</p> <p>D: Descriptions of and/or Design Criteria for the Physical Environment</p> | A1. Description of the delivery of care model, including any unique features | <p>The acute psychiatric hospital at [facility] will resemble aspects of the [facility] psychiatric hospital. Besides the bed count, another key difference is how and where patients are admitted. [facility] has the majority of its admissions brought in by law enforcement, presenting voluntarily or dispositioned through the jail system.</p> <p>The newly created [facility] acute psychiatric hospital will have admissions from general hospitals, emergency rooms, other psychiatric facilities, or crisis stabilization units. The acute psychiatric hospital will also serve [facility] patients who exhibit exacerbations in their behavioral health diagnosis and need a structured environment with closer observation. It is estimated that there are at least 15 times a year where [facility] or patients could be transferred to this unit for stabilization and psychiatric care.</p> |
| | | A2. Description of the physical elements & key functional relationships necessary to support the intended delivery of care model | <ul style="list-style-type: none">• Safety (Staff & Patients)• Visibility to patients at all times• Separate Entrance for psychiatric patients – separate from main SNF entrance.<ul style="list-style-type: none">○ Patient Drop-Off zone○ Sallyport entrance (secured vestibule)• Calming and Therapeutic Environment• Outdoor Access - Secured• Daylight <p>Acute psychiatric hospitals focus on safety for the specialized population of psychiatric patients, and the acute psychiatric hospital at [facility] is no different. The locked unit is designed to incorporate all safety aspects and mitigate risks to staff and patients while providing a therapeutic milieu and appropriate built environment. For example, platform beds with special mattresses, built in furniture, visibility of patients, video monitoring equipment, utilization of soft, rounded corners on the walls, breakaway hooks and window treatments, solid surface drywall ceilings to name a few. In addition, the unit has the capabilities to care for patients who would require restraints or seclusion, infectious airborne disease, or some medical comorbidities.</p> |

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| | | B1. The physical environment necessary to accommodate facility users and administration of the delivery of care model | A therapeutic milieu is created by utilizing ascetically designed communal and private spaces, including a dining room, dayroom, therapeutic group rooms, outside secured space, patient bedrooms, bathrooms, and staff space in a homelike environment. There are both private and semi-private rooms in the facility, with bathrooms accessed in the hallways. A private seclusion and restraint room as necessary with accompanying anteroom and toilet room. Office space for on-site workers will be located within the acute psychiatric hospital as well as adjacent office space in the skilled nursing facility area. The small size of the hospital will be resourced with dedicated, appropriately trained psychiatric staff with additional SNF staff who can provide assistance in an emergency if needed. |
| | | B2. The physical environment (including travel paths, desired amenities & separation of users & workflow) necessary to create operational efficiencies and facilitate ease of use by patients, families, visitors, staff & physicians | <p>Patients will have clearly identified bedroom and bathroom space as well as group gathering spaces on the unit. While staff will have clearly identified bathroom, breakroom, offices as well as gathering space on and off the unit. The unit will be secured/locked with a separate hallway to accommodate workflow and staff, which will be separated from the patient's family visitor area. A separate lobby/reception area will be provided, as well as outdoor, secured, recreation space for patients.</p> <p>There will be an on-site psychiatrist 7-days a week, as well as on-site medical physicians 7 days a week and on call providers 24/7 as needed. Psychiatrist services will be dedicated; however medical services will be shared between the acute psychiatric hospital and the skilled nursing facility for coverage.</p> |
| | | C. Design criteria for the physical environment necessary to support organizational, technological, and building systems that facilitate the delivery of care model shall be described | The acute psychiatric hospital has been thoughtfully designed to deliver care in a safe and secure environment, thus further promising to be an architectural asset that sets a standard for mental health care environments. Utilizing gold standard resources such as consultants, architects, subject matter experts, California rules and California Advisor guide for acute psychiatric hospitals, the Behavioral Health Design Guide and other published sources, the physical environment has been designed specifically for the care and treatment of psychiatric patients. This includes all aspects of the interior facility design to eliminate risks and potential opportunities for harm with a footprint to allow visualization easily for staff. Patient areas have been designed to allow for community activities as well as private spaces for rest and rejuvenation. Community and social space include both indoor and outdoor space as part of the design. Dedicated staff space is also part of the design, including treatment rooms, meeting rooms and other communal space like a nursing station to provide privacy while conducting work tasks. Entry into the acute psychiatric hospital is directly from the main SNF corridor that will be used as a staff and service entrance. There is an entrance in the front of the unit directly off the parking lot for visitors' use. There is an emergency drop-off at the rear of the facility. At no time will psychiatric patients and SNF patients intermingle as the patient and visitor entrances are separate from each other. |

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| | | | <p>The design also facilitates the necessary environment to support organizational, technological, and building systems for the acute psychiatric unit. Electronic charting areas are located inside the unit to allow convenient access to patient medical records and other sensitive documents. Dedicated technology space for equipment, as well as spaces designed for electronic equipment have been included in the design. Use of automatic medication dispensing cabinets will be housed in the medication room to allow nurses access to medications as needed without delay. Building systems will be tied into the existing SNF structure.</p> |
| | | <p>D1. Light and views – how the use and availability of natural light, illumination, and views are to be considered in the design of the physical environment</p> | <p>Providing access to natural daylight and outdoor views is a priority as it contributes to improved patient recovery. All bedrooms are positioned along the perimeter walls of the building with either views of the exterior landscape or into the courtyard.</p> <p>The Activity Areas are positioned and designed to permit daylight to penetrate deep into spaces.</p> <p>The current building provides plenty of natural light through large windows in patient rooms as well as floor-to-ceiling windows in common areas that lead to open patios. As the psychiatric unit requires laminated glass, the floor-to-ceiling windows along the west end of the courtyard will be reduced to a ribbon of 4-foot high windows.</p> |
| | | <p>D2. Wayfinding</p> | <p>Ease of wayfinding is essential for creating a stress-free experience for visitors and patients alike. Signage will utilize text, colors, graphics, and braille to provide clear direction throughout the facility. Daylight, lights and interior architectural elements can also aid in the creation of easy wayfinding.</p> <p>Exterior signage will be posted to direct vehicular and pedestrian psychiatric patients to a secure Sally Port entrance. Visitors and guests will be directed to the main entrance from the parking lot.</p> |
| | | <p>D3. Control of environment – how, by what means, and to what extent users of the finished project are able to control their environment</p> | <p>[facility] was built with temperature control in each room and is controlled through the County’s Building Automation System. The lighting in each room will be automatically switched on/off.</p> |

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| | | D4. Privacy & confidentiality – how the privacy and confidentiality of the users of the finished project are to be protected | Consultation and exam rooms will be provided to allow for private conversations between patients and staff. All consultation and exam rooms will be acoustically separated from the rest of the facility. Any medical records will be housed in a secured area in the nursing team station. Medical Records and computer screens will have privacy screens or positions to maintain privacy and security of medical information. |
| | | D5. Security – how the safety & security of the patients or residents, staff & visitors shall be addressed in the overall planning of the facility consistent with the functional program | <p>The acute psychiatric hospital is located in a suburban area in [location], within an existing SNF facility. The acute psychiatric hospital does not have an emergency room and all patients will be transferred from other facilities.</p> <ul style="list-style-type: none">• A secure Sally Port will be provided at the unit’s access points to reduce the chance of elopement. In addition, the design and finishes of the unit will take into consideration the latest recommendations for psychiatric spaces to reduce ligature points and adequately secure items like furniture in place. The team station will be positioned so staff can always have supervision of the unit and its activities to quickly intervene before an incident escalates.• A risk level floor plan will be created to identify spaces of high risk, medium risk, or low risk, corresponding to the California Administrative Code.• A balance of safety and aesthetics will be utilized to create a safe yet healing environment.• This will be a locked facility, no one will be able to leave without an authorized discharge.• Security personnel will be provided 24/7, internal and external to the acute psychiatric hospital. |
| | | D6. Architectural details, surfaces & furnishing characteristics & criteria | <p>Furnishings will be selected to reduce ligature risks, weighted, secured, and installed in such a way to prevent items from being used as a weapon. Architectural details will incorporate trauma informed principles (calming colors and reducing “institutional” characteristics.</p> <ul style="list-style-type: none">• Architectural details play a significant role in creating a safe environment for patients and staff. Appropriate anti-ligature hardware, tamper resistant fasteners and pick proof sealant will be utilized on the project. Hard, 90-degree corners will be eliminated when possible, to mitigate self-harm opportunities. Furnishings will either be secured to the floor or walls, or be weighted to limit ability to throw items. |

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| | | D7. Cultural responsiveness – how the project addresses &/or responds to local or regional cultural considerations | <p>The acute psychiatric hospital is in a suburban area in [location], within an existing SNF facility. The facility will undergo minimal exterior work; however, the majority of the work will be renovation completed inside the existing facility. The acute psychiatric hospital does not have an emergency room and all patients will be transferred from other facilities. Therefore, minimal emergency vehicle sirens will be expected to disrupt the neighborhood. This will be a locked facility, no one will be able to leave without an authorized discharge.</p> <p>Artwork may incorporate local cultural influences as possible. Training will include ongoing diversity/cultural awareness.</p> |
| | | D8. Views of, and access to, nature | <p>[Facility] is located on site with mature trees and beautiful patios. In addition, this unit will back up to a community garden which provides views of access to nature. Unit will have access to nature on designated, secured outdoor patio.</p> |
| | 6. Architectural space & equipment requirements for: A. Space list B. Area | A1. A list organized by department or other appropriate functional unit that shows each room in the proposed project, indicating its size by gross floor area and clear floor area | <p>Patient Rooms – (12 bed Unit):</p> <ul style="list-style-type: none">• Five (5) Adult Semi-Private Patient Rooms<ul style="list-style-type: none">○ Five (5) 2-piece toilet rooms (one for each patient bedroom), accessed from the corridor for patient safety.• One (1) Adult Private Patient Room<ul style="list-style-type: none">○ One (1) 2-piece toilet rooms (one for each patient bedroom), accessed from the corridor for patient safety.• One (1) Airborne Infection Isolation Patient Room<ul style="list-style-type: none">○ One (1) 2-piece toilet rooms (one for each patient bedroom), accessed from the corridor for patient safety.○ Ante Room○ Negative Pressure• One (1) Seclusion Room<ul style="list-style-type: none">○ (1) 2- piece Patient Toilet Room accessed from within Anteroom○ (1) Seclusion Room Anteroom / Staff Station• Three (3) shower rooms accessed from the corridor for patient safety.• Activity Areas:<ul style="list-style-type: none">○ Day Room |

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| | | | <ul style="list-style-type: none">○ Dining Room○ Nourishment○ Large Group Therapy○ Quiet Room○ Visit / Consult Room○ Exam Room○ Exterior Activity Space○ Laundry Room● Shared Spaces:<ul style="list-style-type: none">○ Team Station (Nurse Station)○ Nurse Office○ Clinical Office○ Medication Room○ Secure Storage○ Team Conference Room○ Charting / Work Area○ Patient Belongings Storage○ Equipment Supply and Storage○ House keeping○ Staff lockers/Dressing/Lounge/Toilet○ Pharmacy● Support Spaces:<ul style="list-style-type: none">○ Mechanical○ Electrical○ Emergency Electrical○ IDF |
| | | <p>A2. The space list shall indicate the spaces to which the following components, if required, are assigned:</p> <ul style="list-style-type: none">(a) Fixed and movable medical equipment(b) Furnishing and fixtures(c) Technology provisions | <ul style="list-style-type: none">● Fixed or Moveable Medical Equipment: Exam room, Patient Rooms may have ability to accommodate medical bed & portable oxygen access when required.● Furnishings & Fixtures: most of the rooms will have furnishings and fixtures necessary for function. All furnishing and fixtures located in patient accessible areas will be anti-ligature by design. Joints between furnishing and fixtures and other surfaces such as walls or ceiling will be tight and secure, fastened in place with tamper resistant hardware when needed. In most cases, pick-proof sealant will be provided at these joints.● Technology Provisions: technology will be provided in the staff team station, charting rooms, offices, medication room and conference room. In addition, one room on the unit will have telehealth capabilities. The ability to secure technology |

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| | | <p>provided in patient accessible areas will be provided. Access to technology (Wi-Fi) shall be provided for staff as needed to support communication devices.</p> <ul style="list-style-type: none">• Medical equipment must be able to be secured to prevent misuse by patients or damage to equipment by patients.• Furnishing and fixtures should be resistant to being thrown or having parts removed that could be used to harm self/others.• Technology will need to include an electronic medical record that conforms to mental health needs and privacy standards. | | | | | | |
| | B1. Gross floor area aggregated by department & appropriate multiplying factors shall be applied to reflect circulation & wall thickness within the department or functional area. The result shall be referred to as department gross square footage (DGSF) | Departmental Gross SF: 13,500 SF | | | | | | |
| | B2. DGSF shall be aggregated, and appropriate multiplying factors applied to reflect inter-departmental circulation, exterior wall thickness, engineering spaces, general storage spaces, vertical circulation, and any other areas not included within the intra-department calculations. This result shall be referred to as building gross square footage (BGSF) and shall reflect the overall size of the project | <table><tr><td>DGSF:</td><td>13,500 SF</td></tr><tr><td>DGSF to BGSF:</td><td>1.1</td></tr><tr><td>Building Gross Area:</td><td>14,850 BGSF</td></tr></table> | DGSF: | 13,500 SF | DGSF to BGSF: | 1.1 | Building Gross Area: | 14,850 BGSF |
| DGSF: | 13,500 SF | | | | | | | |
| DGSF to BGSF: | 1.1 | | | | | | | |
| Building Gross Area: | 14,850 BGSF | | | | | | | |
| 7. Technology Requirements: Tech systems shall be identified to serve as a basis for project coordination & budgeting | A. Any technology systems integration strategy shall be defined | <p>The acute psychiatric hospital will have a mental health-oriented software for EMR that is tailored for mental health and incorporates relevant privacy and compliance issues (e.g., substance abuse treatment has special protections under 42 CFR)</p> <p>Both the SNF and the acute psychiatric unit will utilize the County Wi-Fi system. Both facilities will utilize desk phones and issue cell phones for staff use.</p> <p>The SNF is receiving a new nurse call system in the spring and summer of 2023. The new psychiatric hospital will be tied into this system when construction is completed in 2025.</p> | | | | | | |

Functional & Health and Safety Programs

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| | | | The existing SNF and the new acute psychiatric hospital will be connected to the Count of [city]’s Building Automation System (BAS). The BAS electrical submeters, controls and sensors that transmit data back to the BAS. Once the building is connected to the BAS, County technicians can remotely monitor the building’s energy performance, set schedules to match building use patterns, and identify equipment failures. |
| | | B. Department and room specific detail for system and device deployment shall be developed | Every room in the SNF will have a nurse call light system. Every room that potentially could be used for an office will have landline as well as computer lines for a PC as well as cell service and Wi-Fi. |
| | 8. Short & Long-Term Planning Considerations. A statement addressing accommodations for the following, as appropriate for the project: | A. Future Growth | Future growth or conversion of additional SNF beds to acute beds could be a possibility to expand services as needed. |
| | | B. Impact on existing adjacent facilities | There will be no impact on the local community facilities, park or the residential area surrounding the facility. Future expansion would require the addition of off-site parking. |
| | | C. Impact on existing operations & departments | It is anticipated that this hospital will be run separately from the nursing home so that the nursing home operations will not be impacted outside of certain shared services. The overall net reduction of the existing facility will be reduced by eight beds. |
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Functional & Health and Safety Programs

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| | | D. Flexibility | Short-term, although flexibility with bed capacity is limited to 12 beds with a separation from the SNF, careful clinical consideration will be utilized to maximize beds with a patient centric throughput process. In the long term, flexibility would be limited again by total licensed bed capacity; however, leadership will evaluate the need to further expand as necessary with census and demand. |
| Health and Safety Program | 9. Patient Safety Risk Assessment: At a minimum, a behavioral and mental health risk assessment shall be addressed as part of the patient safety risk assessment. It shall be subject to review and approval by CDPH. | A. The risk assessment shall include evaluation of the population at risk and the nature and scope of the project, taking into account the model of care and operational considerations, and proposed built environment solutions to mitigate potential risks & safety hazards | <p>Admission to the [facility] acute psychiatric facility will be upon referral from community sites such as Emergency Rooms, Crisis Stabilization Units, and non-LPS general acute care hospitals. Prior to transfer, each patient will be assessed for medical necessity and correct level of care. Upon admission a Clinical risk assessment shall be performed to identify risk of harm to self and others, as well as harm to the environment. A treatment plan will be developed based on the clinical risk assessment and biopsychosocial assessment. Depending upon risks, individualized interventions will be implemented, such as one to one staffing, direct observation, seclusion, etc.</p> <p>Psychiatric hospitals are designed and operated to reduce the inherent risks of the populations served. Such risks include danger to self with suicide or self-harm, danger to others with violence or aggression that may impact the hospital, staff, other patients, or visitors. The acute psychiatric hospital will provide training and policies for staff to manage potential patient, staff and/or visitor risks.</p> <p>To mitigate the possibility that psychiatric patients will enter the nursing facility or otherwise elope, the doors between the facilities will be alarmed and always locked.</p> <p>Generally, the patient population served will include those with acute exacerbation of their psychiatric diagnosis, resulting in symptomatic worsening or behavioral dysregulation. Staff will be trained and the [facility] hospital will be designed and resourced to manage these contingencies. Hospital policies will be followed on safety and the environment will be created to reduce the risk of harm to patients, staff, and visitors. For example, the hospital environment and therapeutic milieu will be created utilizing tempered, shatter proof glass, furniture which does not move easily, ligature reduction equipment and fixtures. High level staffing and staff training on various techniques to identify and de-escalate situations before situations become out of control will further reduce inherent risks.</p> |

Functional & Health and Safety Programs

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| | | <p>B. Behavioral and Mental Health Elements (Psychiatric Patient Injury & Suicide Prevention). The safety risk assessment report shall identify areas that will serve patients at risk of mental health injury & suicide.</p> | <p>Visibility is a top priority for unit layout. Visibility between staff and patients will be optimized and based on a decentralized model that promotes visibility through increased circulation of staff. Operational procedures for patient observations may vary. At-risk patients may be placed closest to the nursing station or nurse travel patterns. Patients have the right to be free from seclusion or restraint, of any form. However, seclusion or restraint may be imposed to ensure immediate physical safety of the patient, staff, and/or others. The use of a therapeutic ligature-resistant room is available, with space to allow for de-escalation techniques.</p> |
| | | <p>C1. Behavioral and Mental Health Response: The safety risk assessment team shall identify mitigating features for the identified at risk locations.</p> | <p>To provide support for behavioral health safety risks, selective opportunities for cross training for mutual assistance will be developed.</p> |
| | | <p>C2. Behavioral and Mental Health Response: The design of behavioral and mental health patient care settings shall address the need for a safe treatment environment for those who may present unique challenges and risks as a result of their mental condition.</p> <p>i. The patient environment shall be designed to protect the privacy, dignity and health of patients and address potential risks related to patient elopement; and harm to self, to others, and to the environment.</p> <p>ii. The design of behavioral/mental health patient areas shall accommodate the need for clinical and security resources.</p> | <p>We have a lot of experience in providing an environment that is beautifully designed to protect the privacy, dignity, and health of patients, and address potential risks related to patient behavior. The acute psychiatric hospital will be a locked facility to maintain privacy and prevent elopement. Within the acute psychiatric unit, privacy, dignity and the health of patients will be maintained by facility design, policy and staff training.</p> <p>The courtyard will have a 14-foot-high wall along the parking lot and a mesh at the end of the courtyard. Everything is being done to ensure the facility does not resemble a prison but maintains the nuances of a health care facility. We are maximizing available space in common areas to allow patients to self-segregate. We are having indoor and outdoor areas easily accessible so that a patient can be calmed by having access to a quiet environment. Security will be provided for every area accessible to the patients.</p> |

NAME
PATIENT RISK ASSESSMENT

- 1. BEHAVIORAL AND MENTAL HEALTH RISK ASSESSMENT
- 2. ZONES OF USE FLOOR PLAN (FOR REFERENCE)
- 3. PLAN LEGEND

A) Behavioral and Mental Health Risk Assessment

Identify patient populations served (for example, inpatient children and adolescents, inpatient adults, forensic, outpatients,) and assess items i. through iv. for each. **Inpatient Adult** 18 y.o. and up.

a. Evaluation of (enter patient population type #1 here) **Inpatient Adult**

b. ☐ i. Inherent risks with this population

a. Violence and Aggression toward self, staff and/or others, Self-Harm, Suicide, Homicide, Self Neglect and Co-occurring health conditions.

c. ☐ ii. Model of Care

Patient Centered Model—Emphasizes the needs and preferences of the patient to provide the best possible care.

Recovery Model—Developing a patient-provider partnership which allows the patient to drive their care with the idea that patients can recover from mental illness and live quality lives.

Trauma Informed Care Model—Approach to attending and acknowledging physical, psychological, and emotional safety, supporting trauma survivors, building trust and transparency, encouraging peer support and self-help, collaborating in decision making and understanding the patient's culture, history and gender to prevent biases and stereotypes in the care delivery model.

d. ☐ iii. Operational Considerations

Ensuring adequate resources in terms of workforce, training and equipment is important for developing and maintaining an effective acute psychiatric hospital. Clear policies, protocols and processes related to psychiatric patient's flow, treatment, monitoring, and unit operations will be developed to manage daily unit operations. Embedding processes for recognizing and responding to clinical deterioration into practice in all aspects of care delivery will be facilitated. Maintaining workforce challenges by identifying appropriately skilled staff for 24/7 staff rostering, in addition to developing a system for increased staffing flexibility and rapid access during emergencies. Developing collaborative relationships with SNF leadership/staff and external partners to develop a team approach to emergencies to ensure safety and operations within the acute psychiatric hospital. Strategies developed for succession planning so operations can be sustained even following the departure of key staff. Training and equipment needs will be evaluated prior to opening and ongoing to ensure staff skills and knowledge are up to date, as well as adequate equipment is operational and available to care for psychiatric patients in an inpatient environment. Environment of care and emergency evaluation to ensure a safe environment during either normal and/or emergency situations according to policy and staff training. Plans are in place for sharing support services such as dietary, maintenance, business office and environment of care, thus dedicated services such as psychiatry, psychology, nursing, social work, therapeutic recreation, mental health support staff, management and other support staff will be secure and managed by the acute psychiatric hospital.

e. ☐ iv. Built Environment Solutions

The acute psychiatric hospital has been thoughtfully designed to deliver care in a safe and secure environment, thus further promising to be an architectural asset that sets a standard for mental health care environments. Utilizing gold standard resources such as consultants, architects, subject matter experts, California rules and Advisor guide for acute psychiatric hospitals, the Behavioral Health Design Guide and other published sources, the physical environment has been designed specifically for the care and treatment of psychiatric patients. This includes all aspects of the interior facility design to eliminate risks and potential opportunities for harm with a footprint to allow visualization easily for staff. Patient areas have been designed to allow for community activities in both indoor and outdoor spaces, as well as private spaces. All patient spaces will utilize solutions and products in the design to prevent opportunities for self, staff or other patient harm, violence, or aggression. Examples of products include monolithic walls and ceilings, solid surface counters, sinks, toilets, and faucets, break away window treatments and hooks, heavy furnishing that are anchored down, locked doors accessed by staff and piano hinged doors to decrease opportunities for self-harm or things being used as a secret hiding place or weapons towards others. Dedicated staff space is also part of the design, including treatment rooms, meeting rooms and other communal space like a nursing station to provide privacy while conducting work tasks. Entry into the acute psychiatric hospital is directly from the main SNF corridor that will be used as a staff and service entrance with a secure sallyport. There is an entrance in the front of the unit directly off the parking lot for visitors' use with visitors' reception area. There is an emergency drop-off at the rear of the facility with a secure sallyport. At no time will psychiatric patients and SNF patients intermingle as the patient and visitor entrances are separate from each other, with the exception of emergency evacuation. The design also facilitates the necessary environment to support organizational, technological, and building systems for the acute psychiatric unit. Electronic charting areas are located inside the unit to allow convenient access to patient medical records and other sensitive documents. Dedicated technology space for equipment, as well as spaces designed for electronic equipment have been included in the design. Use of automatic medication dispensing cabinets will be housed in the medication room to allow nurses access to medications as needed without delay. Building systems will be tied into the existing SNF structure.

| Risk | Type of space | Number of Each | Description and Risk Assessment | Code |
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| High Level Risk Area | Seclusion Room and | 1 | The 109 sq ft seclusion room is located in the mid corridor section adjacent to and within view of the nurse's station. An 81 sq ft | https://up.codes/viewer/california/ca-building-code- |

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| | supporting rooms. | | <p>Anteroom is located between the seclusion room and supporting accessible toilet room. The Seclusion toilet room measures 65 sq ft.</p> <ul style="list-style-type: none"> Seclusion Room – Capacity for one (1) patient and is accessed off the north-south corridor through the Anteroom. Measuring 9’-8” wide x 11’-3” long, the Anteroom accounts for 109 sq ft of clear floor area with no blind spots. One (1) bolted down bed with restraint capability positioned in the center of room, allowing for a minimum of 3-feet on each side of the bed. No other furniture or equipment is positioned permanently in the seclusion room. The door opening measures 3-feet 8-inches wide, utilizing a heavy-duty commercial grade wood door, positioned to swing out into the anteroom with ligature resistant hardware. To reduce the risk and potential harm to employees from the door opening outward, a strip of tape or paint will be applied to identify the door swing. A keyed manual single lever latch is used to open the door from the inside to prevent anyone from being locked in. A fixed laminated tempered observation / viewing window is located on the left side of the doorway in the anteroom. The window provides privacy by having a built in roller blind, which is controlled from the anteroom to prevent opportunities for self-harm. The ceiling | <p>2022/chapter/12/interior-environment#1224.4.4.1.5</p> <p>https://up.codes/viewer/california/ca-building-code-2022/chapter/12/interior-environment#1224.4.4.1.5.1</p> <p>https://up.codes/viewer/california/ca-building-code-2022/chapter/12/interior-environment#1224.4.4.1.5.2</p> <p>https://up.codes/viewer/california/ca-building-code-2022/chapter/12/interior-environment#1224.4.4.1.5.3</p> <p>https://up.codes/viewer/california/ca-building-code-2022/chapter/12/interior-environment#1228.4.8</p> <p>https://up.codes/viewer/california/ca-building-code-2022/chapter/12/interior-environment#1228.4.9</p> <p>MONOLITHIC CEILING. A ceiling constructed with a surface free of fissures, cracks and crevices. Any penetrations such as lights, diffusers and access panels shall be sealed or gasketed. Lay-in</p> |
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| | | | <p>measures nine-feet high with a hard lid (solid gypsum wallboard finish) with recessed, sealed ventilation grilles, tamper-resistant sprinkler heads, and recessed sealed, and moisture-resistant light fixtures, and a recessed sealed in wall video camera covered by ligature and tamper-resistant glass cover. The walls are finished with impact-resistant drywall with no outside corners, and a seamless non-combustible vinyl flooring over the concrete slab. A convex mirror is located in the right corner of the room, attached securely to the studs in the wall with no gaps between the wall and mirror. The Seclusion Room is equipped with a video monitoring system which is viewable in the accompanying nurse's station. Patients will be accompanied by a staff member at all times while in this room.</p> <ul style="list-style-type: none"> • Anteroom- measures 8'-7" wide by 9'-4" deep and has one means of egress to the north-south corridor. There is one (1) door from the toilet room and one (1) door from the seclusion room into the Anteroom. Each door opening is 3-feet 8-inches wide to accommodate wheelchairs, bed(s), equipment, patients, and staff to pass through. The main egress door to the hallway is constructed of heavy duty-commercial grade wood with a keyed lock on the outside and a thumb latch on the inside. | <p>ceilings are not considered "monolithic."</p> |
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| | | | <p>Seclusion Toilet room and Seclusion Room doors swing into the Anteroom to prevent a patient from barricading themselves inside those rooms. The toilet room door is a solid wood door and has a secured key lock from the outside and a thumb latch on the inside. All doors have piano hinges, dissolving the gap between the door and the frame. A fixed observation window is located on the right side of the doorway with laminated tempered glazing. There are two (2) recessed light switch panels- one outside the seclusion room entry and one by the main egress entry, which are recessed and flush on the wall, with automatic motion sensors. There is one (1) electrical outlet, which is wired for emergency backup power as indicated by a red outlet; however, when not in use, safety covers are provided for patient safety. A nurse call system panel is located in the Anteroom, which is recessed into the wall with ligature free covering. The ceiling measures nine-feet high with a hard lid (solid gypsum wallboard finish) with recessed, sealed ventilation grilles, tamper-resistant sprinkler heads, and recessed sealed, and moisture-resistant light fixtures, and a recessed, sealed in wall video camera covered by tamper resistant glass. The walls are finished with impact-resistant drywall with no outside corners, and a seamless non-combustible vinyl flooring</p> | |
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| | | | <p>over the concrete slab. Patients will be accompanied by stall at all times inside the Anteroom. The Anteroom is equipped with a video monitoring system which is viewable in the accompanying nurse's station.</p> <ul style="list-style-type: none">• Bathroom- The Seclusion Toilet room is accessible for disabled patients with a 3-foot 8-inch solid wood door. The door is secured with a lock on the outside and a thumb latch on the inside. The ceiling measures nine-feet high with a hard lid (solid gypsum wallboard finish) with recessed, sealed ventilation grilles, tamper-resistant sprinkler heads, and recessed sealed, and moisture-resistant light fixtures. The walls are finished with impact-resistant drywall with no outside corners, and a seamless non-combustible vinyl flooring over the concrete slab. The floor-mounted, stainless-steel toilet is ideal for behavioral health settings, equipped with a recessed, ligature-resistant push button flushing mechanism. The countertop has a solid surface with integral recessed lavatory. The ligature-resistant faucet, soap, toilet paper, and paper towel dispensers eliminate the possibility of self-harm. There are no exposed pipes in the toilet room. | |
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| High Level Risk Area | Patient Bedrooms | 6 | <p>There are 6 (six) patient bedrooms total, 1 (one) private and 5 (five) semi-private rooms. All patient bedroom interior designs include no outer corners, non-combustible vinyl flooring, solid surface drywall ceilings. Doors are constructed of solid wood with bi-directional hardware, allowing the door to open into the room and out into the corridor. There will be no gaps between the door and the frame, thereby reducing ligature risks. Furnishings include an extruded high density plastic bed secured to the floor, with a foam/ nylon/ waterproof mattress for each patient, and open built-in shelves for each patient. Semiprivate rooms measure between 223 square feet and 244 square feet, allowing for between 5 feet or 5 feet 8-inches between beds. The private room has an area of 189 sq ft. Each patient room has a ligature-resistant outlet, a flat, sealed light fixture, and one automatic recessed light switch with stainless steel cover plate. Each room has one 4-foot by 6-foot fixed window with tempered laminated, impact resistance glass and integral built in roller blinds for privacy. Specified to comply with AAMA 501.8-14 standard test method of resistance to human impact. Each patient room entry can be observed from the team station down the corridor.</p> | |
| High Level Risk Area | Patient Toilet Rooms | 6 | <p>There are six (6) Patient Toilet Rooms, each dedicated to a patient bedroom, totaling one (1) private and five (5) semi-private. All toilet rooms are accessed through the corridors, instead of the bedroom and are visually observed from the nurse's station to maintain the safety of all patients.</p> <p>Each patient toilet room ceiling measures nine-feet high with a hard</p> | |

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| | | <p>lid (monolithic gypsum wallboard finish) with recessed, sealed ventilation grilles, tamper-resistant sprinkler heads, and recessed sealed, and moisture-resistant light fixtures. The walls are finished with plywood-backed drywall with no outside corners, and a seamless non-combustible vinyl flooring over the concrete slab. The floor-mounted toilet is ideal for behavioral health settings, equipped with a recessed, ligature-resistant push button flushing mechanism. The countertop has a solid surface with integral recessed lavatory. The recessed ligature-resistant faucet, soap, toilet paper, and paper towel dispensers are mechanically fastened and finished with perimeter pick-proof caulk, to eliminate the possibility of self-harm. There are no exposed pipes in the toilet room. The doors to the toilet room are solid wood with bi-directional hardware that open 90 degrees into both the toilet room and the corridor.</p> <p>Individual shower rooms are located directly off Corridor for patient safety efficiency and staff management/ awareness. Given the nature of the patient population this was deemed necessary by Owner Leadership.</p> <p>Any additional anterooms and vestibules with centrally located sinks/ toilets, would create hiding areas to be monitored by additional staff.</p> | |
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| High Level Risk Area | Patient Intake Service | 3 | <p>Patient intake areas are located at the north and south ends of the psychiatric unit and accessed through sally ports. On the north end there are two (2) consultation rooms, and on the south end there is one consultation room.</p> <p>The two Sally Ports are designed per the requirements of the California Building Code the with the same safety risk requirements: two (2) doors-one of which opens out of the unit and one that opens inward into the Sally Port from the corridor. The sally port doors are electronically interconnected: the second one cannot be opened until the first in the series closes and locks. These are key card-controlled doors. The ceiling measures nine-feet high with a hard lid (solid gypsum wallboard finish) with recessed, sealed ventilation grilles, tamper-resistant sprinkler</p> | |
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| | | | <p>heads, and recessed sealed, and ligature and moisture-resistant light fixtures and a recessed sealed in wall video camera covered by tamper resistant glass, ligature resistant. The walls are finished with plywood-backed drywall with no outside corners, and floors have a seamless non- combustible vinyl flooring over the concrete slab. There is no furniture located within the sally ports. The north sally port is located adjacent to the consultation rooms, providing direct access for intake services. The consultation/intake rooms contain bolted down desks and weighted chairs. The southern sally port is located next to the visitors entry and adjacent to the consultation room, providing direct access for visitor consultation. The consultation rooms contain a bolted down desk and table, and weighted chairs. The ceiling measures nine-feet high with a hard lid (monolithic gypsum wallboard finish) with recessed, sealed ventilation grilles, tamper-resistant sprinkler heads, and recessed sealed, and ligature and moisture-resistant light fixtures and a recessed sealed in wall video camera covered by tamper resistant glass, ligature resistant. The walls are finished with plywood-backed drywall with no outside corners, and floors have a seamless non- combustible vinyl flooring over the concrete slab.</p> | |
| Moderate Level Risk Area | Activity & Group Rooms | | <p>There are four dedicated activity and group rooms located within the unit. All include the same trauma-informed design features.</p> | |

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| Moderate Level Risk Area | Dining rooms | 1 | <p>The dining room is located adjacent to the southern sally port and measures 343 sq feet, and has direct access to the existing courtyard. Three fixed Windows glazed with laminated tempered glazing line the west side of the room looking into the corridor. A fixed window on the east side of the room looks into the courtyard.</p> <p>The dining room has three doors, one of which is an egress to the exterior courtyard that swings out and is a solid wood door. The second door is an anti-barricade door and swings open from the corridor side into the dining room. The third door swings open 180 degrees from the nourishment room into the dining room. All doors have continuous hinges closing the gap between the door and the frame to eliminate ligature risks, and are locked. A solid bank of cabinets with fully recessed, ligature resistant pulls, which are locked with recessed keyed locks, line a portion of the north wall. The cabinets have solid surface countertops. Ligature-resistant faucet, soap and towel dispensers are included with the countertop. The ceiling measures nine- feet high with a hard lid (solid gypsum wallboard finish) with recessed, sealed ventilation grilles, tamper-resistant sprinkler heads, and recessed sealed, and ligature and moisture-resistant light fixtures and a recessed sealed in wall video camera covered by tamper resistant glass, ligature resistant. The walls are finished with plywood backed drywall with no outside corners. The flooring is non-combustible vinyl flooring over the concrete slab. Weighted, ligature-</p> | |
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| | | | resistant tables and chairs will be used to prevent patient self-harm. | |
| Moderate Level Risk Area | Recreation spaces, both indoor & outdoor | | <p>A Code required exterior courtyard is available for scheduled, supervised patient recreation. A fourteen-foot high wall and fence line the courtyard area on the southern and eastern sides to prevent elopement. The western and northern sides of the courtyard are lined with two-story patient bedroom wings. The windows to the patient bedrooms that look into the courtyard have laminated tempered glazing with integral roller shades to protect patient privacy. The courtyard has two (2) code compliant locked egress gate at opposite ends of the courtyard.</p> <p>The courtyard will be covered with a translucent canvas shade structure for patient comfort. Landscape will be strategically placed to provide a natural setting while protecting against elopement.</p> | |
| Moderate Level Risk Area | Corridors | | <p>There are two eight-foot-wide circulation corridors, one runs north-south with the other running east-west. The corridors intersect at the midway point of the north-south corridor in front of the nurses' team station. The ceilings in the corridors measure nine-feet high with a hard lid (solid gypsum wallboard finish) with recessed, sealed ventilation grilles, tamper-resistant sprinkler heads, and recessed sealed, and moisture-resistant light fixtures. The walls are finished with plywood-backed drywall with no outside corners, and floors have a seamless non-</p> | |

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| | | | combustible vinyl flooring over the concrete slab. | |
| Low Level Risk Area | Exam rooms, private offices, and consultation rooms | 1 | <p>The 126 SF treatment/exam room is located adjacent to the Quiet Activity Room, accessed by an anti-barricade door which swings into the treatment room. The door is locked and accessed by staff with a key card.</p> <p>A cabinet bank with solid surface counter top and hand washing sink. The faucet and soap and paper towel dispensers are ligature-resistant to prevent patient self-harm. The cabinetry does not contain surface mounted handles or pulls, and includes ligature-resistant hardware and upper cabinets.</p> <p>A desk, computer, and chair for the provider's use will be supplied, as well as an examination table/bed are also located within the treatment/exam room. The desk and chair are weighted, commercial grade furniture pieces. The examination table/bed does not have any protruding or visible hardware, arms or any other ligature points, therefore preventing ligature or weaponization risk.</p> <p>The ceiling measures nine-feet high with a hard lid (solid gypsum wallboard finish) with recessed, sealed ventilation grilles, tamper-resistant sprinkler heads, and recessed sealed, and moisture-resistant light fixtures. The walls are finished with plywood-backed drywall with no outside corners, and floor has a seamless non-</p> | |

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| | | | <p>combustible vinyl flooring over the concrete slab.</p> <p>Patients will be supervised at all times by staff when present in this space.</p> | |
| Low Level Risk Area | Staff & support areas | | <p>Staff and support areas for the unit are spaces patients are not allowed to enter or will be accompanied by staff at all times. These areas include spaces such as locked offices or belonging storage rooms, which require a key to unlock, however as low risk, they will have standard finishes, products, and fixtures.</p> | |

LEGEND

High Risk

Patient Bedroom

- Walls: plywood backed gypsum wallboard
- Ceilings: Standard Gypsum wallboard
- Anti-Ligature Grilles/registers/Diffusers
- Anti-Ligature fixtures/door hardware
- Impact Resistant light fixtures
- Stainless steel electrical device cover plates
- Tamper-resistant fasteners
- Pick proof sealants

Moderate Risk

Patient Activity Areas

- Walls: plywood backed Gypsum Wallboard
- Ceilings: Standard Gypsum Wallboard
- Anti-Ligature grilles/registers/diffusers
- Anti-Ligature fixtures/door hardware
- Impact resistant light fixtures
- Stainless steel electrical device cover plates
- Secure sprinkler heads (raven)
- Tamper-resistant Fasteners
- Pick proof Sealants

Low Risk

Clinical Support/Staff Areas

- Privacy screens on computers
- Doors locked for security
- Walls: Standard gypsum wallboard
- Ceilings-Acoustical
- Standard grilles/registers/diffusers
- Standard light fixtures
- Secure sprinkler heads (raven)
- Standard sealants
- No other security measures required for built environment

MEP/Equipment Storage

- Doors locked for security
- Walls-Standard gypsum wallboard
- Ceilings-Acoustical
- Standard grilles/registers/diffusers
- Standard light fixtures
- Secure sprinkler heads (raven)
- Standard sealants
- No other security measures required for built environment