



Information Bulletin 91-1
NH-1

[Go Directly to Guidelines](#)

Guidelines for Locked Nursing Home Units

[Updated February 6, 2004]

The Minnesota Department of Health, Health Policy, Information and Compliance Monitoring Division, has experienced a significant increase in requests to lock up all or parts of nursing homes. This increase is in response to provider's desires to create a more secure area for residents who wander.

A locked unit is considered a form of restraint. The facility must request a waiver of [Minnesota Rule 4658.0300](#) as the first step in the process. The waiver will be reviewed and acted upon by the Division's Licensing and Certification Administrative Committee. If the waiver is approved, the facility has permission to **establish, i.e. construct** a locked unit. This approval will be contingent upon compliance with all provisions of these Guidelines for Locked Nursing Home Units and [Mn. Rules 4658.2000 to 4658.2090](#). When it is determined that all conditions have been met by the facility, the Department of Health will grant permission to **operate** the locked unit.

Facilities that are currently operating a locked unit without a valid waiver, must submit the required information to obtain a waiver.

The request for waiver can be submitted to:

**Mr. James P. Loveland, P.E.
Minnesota Department of Health
Compliance Monitoring Division
Engineering Services Section
85 East Seventh Place, Suite 300
St. Paul, Minnesota 55101.**

If you have any questions concerning this matter, please contact Mr. Loveland at (651) 215-8738.

Guidelines for Locked Nursing Home Units

- **General**
- **Rule Compliance**

Secured nursing home units proposed and operated for the protection and care of confused or wandering residents with a diagnosis of Alzheimer disease or similar mental dementia must comply with three basic areas of applicable rules and standards.

- **Department of Health Approval**

Locked units are subject to Minnesota Department of Health review and approval based on submittal of information regarding program policies, physical plant and fire safety. All locked units must be approved by the Department prior to commencing operation as a locked unit.

- **Fire Marshal Approval**

Approval to lock exit doors from secured units must be obtained from the State Fire Marshal Division (refer to Section E) and the local fire authority.

- **Program Policies**

- **Physical Restraint**

- All confused wanderers are not automatically candidates for a locked unit. They must additionally exhibit a dementing illness where treatment and care in a secure environment would be of benefit; or they must display a disruptive, abusive or aggressive behavior that requires staff intervention and redirection.
- A locked unit, wing or floor of a facility is a form of restraint; MN. Rule 4655.6600. Only residents who require a type of secured environment based on a physician's diagnosis and written order and on other professional assessments can be assigned to such a unit. The facility shall submit a request for waiver of MN. Rule 4655.6600, in accordance with MN. Rule 4655. 1000. It is recommended that the waiver request be submitted as a first step in planning for the development of a locked unit.
- The residents Bill of Rights states that: "Every resident shall also be free from nontherapeutic chemical and physical restraints, except in fully documented emergencies, or as authorized in writing after examination by a resident's physician for a specified and limited period of time, and only when necessary to protect the resident from self-injury or injury to others."
- The physicians order and related behavioral information must be entered and maintained on the residents' medical- records.

- **Written Policies**

- There must be policies with criteria and procedures for admission and demission of residents to and from the unit.
- A plan of care, based on a thorough mental status assessment, must be written for each resident. It must include a statement of the behavioral reasons for which the resident is placed in the unit, their causes, and the goals to be accomplished. The treatment plans must be designed to correct or compensate for behavioral problems. Guardians and family members must be consulted when developing the plan of care.
- A policy for ongoing observation by staff or any member of a disciplinary team for the need of continued placement of each resident in the locked unit, including a policy for specific time periods for formal reassessment of such need, must be provided. Review of residents should be at least quarterly.

- A schedule of the staffing pattern within the unit, must be provided. There must be one or more nurses on duty 24 hours/day.

- **Anxiety Reduction**

- The unit should offer residents a reduction in anxiety caused by loud and startling noises and should avoid visual elements with a potential for giving misleading environmental cues or causing threatening illusions, or delusions.

Consider the following:

- No public address system.
- No telephones, except at nurse station.
- Restricted use of television and radios.
- No viewing panels (glass) in doors and walls.
- No traditional art work showing people, animals or flowers.
- The unit should also reduce anxiety by avoiding unexpected programmatic events and by maintaining a low-stimulative atmosphere.

Consider the following:

- Schedule for care and activities, same time each day.
- Chairs arranged to encourage relaxation.
- Dining in small groups of 3 to 4.
- Home-like decorations/pictures, securely mounted, with only simple geometric pattern, but within reach and pleasant to touch.
- Ongoing reality orientation, using environmental cues
- Daily rest period, twice a day.
- Supervised outside walks to reduce need for wandering.

- **Physical Plant**

- Residents in a locked unit are entitled to the same physical plant provisions as residents in other units of the nursing home. The unit must therefore be self-sufficient with its own space and service areas.
- Actual size of a proposed unit (i.e. number of beds) must be supportable by medical records and other documentation of established need. A floor plan that permits flexibility in unit size could be advantageous.
- There must be a nurse station within the unit with space for records and medications, and nurse calls must register at that station. In a small unit of a wing, when all bedroom dome lights are observable from the unit's nurse station, calls from an existing nurse call system may continue to register at a central nurse station located outside the unit on the same floor. Nurse calls from a secured unit cannot be answered only from a nurse station outside the unit.
- Nursing utility rooms, including bathing areas must be available within the unit, unless there is a written policy for residents to be escorted elsewhere for bathing.
- One or more lounge areas with a total of 20 sq. ft. per resident must be provided within the unit.
- One or more dining areas with a total of at least 10 sq. ft. per resident is required

within the unit, unless there is a written policy for supervised use of dining room space outside the unit.

- A connected, secured outdoor area is recommended.

- **Fire Safety**

- A locked unit must meet the State Fire Marshal's "Guidelines for Locked Patient Areas in Nursing Homes," dated April 24, 1991.
- To obtain approval from the State Fire Marshal Division, contact Mr. Robert L. Imholte, Deputy State Fire Marshal Supervisor, at 320-685-8559.
- The fire safety system must be reviewed and approved by the State Fire Marshal prior to commencing operation as a locked unit.

Minnesota State Fire Marshal Division 4-24-91 Guidelines For Locked Patient Areas In Nursing Homes

In order to provide secure areas for the confinement and protection of Alzheimer's patients, and/or confused and wandering patients, exits, exit access doors, and smoke barrier doors may be locked in accordance with the following guidelines pursuant to Sections 12-1.1.1.7 and 13-1.1.1.7 of the 1985 Life Safety Code.

These guidelines are intended only for the locking of doors of a single wing, or section of a building, and may be implemented only after approval from the State Fire Marshal Division, the local fire authority and notification to the Minnesota Department of Health. Notification and approvals by all parties must be in writing.

A manual release is required on both sides of the locked doors. The manual release of these locks may be accomplished by one of the following:

- Touch and color coded key. Each employee assigned to or working on the floor or wing must be assigned their own key which must be carried at all times when on duty. Multi facility campus door locks must be keyed alike.
- The use of a digital key pad using a maximum of four (4) digits or numbers. An example of an easily remembered code would be the current year, e.g. 1991.
- A conveniently located push button near the locked door. It shall be accessible to all visitors and staff. (Generally located toward the top of the wall or frame on the latch side of the door).
- Remote release from the nurse's station.

NOTE: When using any of the above, the locked doors shall not require two simultaneous operations, or two handed operation.

- The locks must automatically release upon activation of the building fire alarm system.
- Stairway doors and horizontal exits shall have their latching mechanism remain functional at all

times, even when the fire alarm is activated.

- Smoke detectors connected to the building fire alarm system shall be installed 30 feet on center, in the corridors of the affected wing or section. The installation of these detectors shall be in accordance with NFPA 72E.

Exception No. 1: Where each patient sleeping room is protected by such an approved detection system and a local detector is provided at the smoke barrier and horizontal exits, such corridor systems will not be required on the patient sleeping room floors.

Exception No. 2: Buildings protected throughout by an approved automatic sprinkler system installed in accordance with Section 77 of the 1985 Life Safety Code.

- When the locked patient area consists of a wing or section of a floor, there shall be a smoke detector located within five (5) feet of, and outside of, the locked wing entrance door(s).

A smoke detector will not be required at street level outside doors or at stair door(s).

- Manual fire alarm pull stations shall be located **inside** the wings near all the locked exit doors.
- All other provisions of the fire code will be complied with.

Deviations from these guidelines will be addressed on a case by case basis, and may require a waiver or variance.

Any questions on these guidelines should be directed to the Deputy State Fire Marshal responsible for the inspection of the facility.

For questions about this page, please contact our Compliance Monitoring Division: fpc-web@health.state.mn.us

See also > [Compliance Monitoring Home](#)

[MDH HOME](#) | [ABOUT US](#) | [LIBRARY](#) | [NORTH STAR](#)

MAIN CATEGORIES: [Health Data & Statistics](#) | [Diseases & Conditions](#) | [Terrorism & Natural Disasters](#) | [Facilities & Professions](#) | [Health Care & Coverage](#) | [Minnesota's Public Health System](#) | [People & Environment](#) | [Policy, Economics & Legislation](#)

[Comments and Questions](#) | [Phone Number, Address and Directions](#) | [Privacy Statement and Disclaimer](#)

CM/07-28-2005 (none)