

DENIAL OF RIGHTS – COUNTY SUMMARY

County _____	Date of Report: _____	Month / Year: _____ / _____
Name/Title/Phone of Person Preparing Report: _____		

(A) LIST OF FACILITIES	(B) TYPE OF FAC.	(C) BED CAP	(D) # OF PATIENTS DENIED RIGHTS	(E) NUMBER OF DAYS EACH RIGHT DENIED								(F) TOTAL DAYS RIGHTS DENIED	(G) PATIENT DAYS	(H) PERCENT FREQUENCY		
				1	2	3	4	5	6	7	8					
				Wear ones own clothes												
				Keep/use own personal possessions												
				Keep/spend reasonable sum of own money												
				Access to own storage space												
				See visitors each day												
				Receive/make confidential phone calls												
				Access to letter writing materials/stamps												
				Receive/mail unopened correspondence												
TOTAL																

Instructions – DHCS 1805

The Monthly Facility Report, Form DHCS 1804 is completed by each facility and sent to the County designee assigned the task of completing the County Summary, Form DHCS 1805. Most of the data to be entered on form DHCS 1805 is obtained from form DHCS 1804.

County: Enter the full name of your county here.

Date of Report – Enter the date the report is being completed.

Month/Year – Month and Year that data on this report represents.

Name/Title/Phone/ of Person Preparing Report – county designee

List of Facilities - In Section (A) enter the name of all the facilities that have provided a DHCS 1804. Use the name from the DHCS 1804 “Facility Name”.

Type of Facility - In Section (B) enter the facility license type for each facility listed in Section (A) of 1805 . If the facility types listed below do not match the facility in Section (A) refer to HS1250.1 for additional facility types.

Department of Mental Health (DMH) January 2008

MHRC = Mental Health Rehabilitation Center

PHF = Psychiatric Health Facility

CSU = Crisis Stabilization Unit (23-hour bed)

Department of Social Services

CTF = Community Treatment Facility

CCF = Community Care Facility

GROUP HOME

Department of Public Health CDPH

PSYCH = Acute Psychiatric Hospital

SNF/STP = Special Treatment Program

GACH = General Acute Care Hospital

ICF (all) = Intermediate Care Facility

SNF = Skilled Nursing Facility

(Psych) Bed Capacity - In Section (C) identify the total number of **psychiatric** beds the facility in Section (A) is licensed for (do not use monthly census).

No. of Patients Denied Rights - In Section (D) record the total patient ID numbers from Column (I) of form 1804. If form 1804 requires multiple pages, record the sum of the total line for Column (I). The total number of rights denied may not equal the total number of patient Id’s.

Total Number of Days Each Right Denied - On form 1804 Column (V) each right 1-8 should be totaled at the bottom of the form.

Transfer each total to Section (E) of Form 1805. For example, on 1804 Column (V) the total for right 1 should be transferred to Section (E) of Form DHCS 1805. This should be done for each facility listed on DHCS 1805.

Total Rights Denied - On DHCS 1805 count the total numbers of days right 1-8 were denied and enter that total in Section (F) for that facility.

Patient Days - Add total patient days for all units within the same facility from 1804, “Total Patient Days.” Enter Patient Days in Section (G) on form DHCS 1805.

Percent Frequency - Divide “Total Days Rights Denied” Section (F) by “Patient Days” Section (G). Do this for each facility listed on form DHCS 1805.

Total Line – On the bottom of form DHCS 1805 there is a total column. Total all columns vertically that have not been grayed. P

Forward Completed DHCS 1805 by the 30th of the following month to:

California Office of Patients’ Rights
100 Howe Avenue, Suite 210N
Sacramento, CA 95825-8202
(916) 575-1610