

<p>jurisdiction to be invalid, illegal, unconstitutional, or otherwise unenforceable, such determination or adjudication shall in no manner affect the remaining rules or portions thereof. The remaining rules or portions thereof shall remain in full force and effect, as if such rule or portions thereof so determined, declared or adjudged invalid or unconstitutional were not originally a part of these rules.</p>		
<p>Authority O.C.G.A. Secs. 31-2-6, 49-5-8, 49-5-12.</p>		

Endnotes- sections to consider adding:

IL rules - Child's Rights

- (a) A child shall not be deprived of any rights, benefits, or privileges guaranteed by law based solely on his/her status as a patient of the center.
- (b) A child shall be permitted to retain and use or wear his/her personal property in his/her immediate living quarters unless deemed medically inappropriate or socially disruptive by a physician and so documented in the patient's record.
- (c) The center shall make reasonable efforts to prevent loss and theft of children's property. The center shall develop procedures for investigating complaints concerning theft of children's property and shall promptly investigate all such complaints.
- (d) Children under 16 years of age who are related to employees or volunteers of a center, and who are not themselves employees/volunteers of the center, shall be restricted to quarters reserved for family or employee use except during times when such children are part of a group visiting the center as part of a planned program, or similar activity.
- (e) A child shall be permitted the free exercise of religion. Upon the child's request, and if necessary at his/her expense, the center management shall make arrangements for a child's attendance at religious services of the child's choice. However, no religious beliefs or practices, or attendance at religious services, may be imposed upon any child.
- (f) A child shall be permitted to retain the services of his/her own personal physician at his/her own expense, under an individual or group plan of health insurance, or under any public or private assistance program providing such coverage.
- (g) No child shall be subjected to experimental research or treatment without first obtaining his/her parent's, or his/her representative's, informed written consent. The experimental research/treatment shall be part of the child's service plan.
- (h) Every child's representative shall be permitted to refuse medical treatment for the child and to know the consequences of such action.

- (i) Every child or child's representative shall be permitted to inspect and copy all of the child's clinical and other records concerning the child's care and maintenance kept by the center or by the child's physician.
- (j). Center staff may terminate visits or provide other accommodations for the visit if they are so requested by the child, or the visitor is involved in behavior violating other children's rights.
- (k) A child shall be voluntarily discharged from a center after the child's representative gives center management, a physician, or a nurse of the center written notice of the desire to be discharged. A child shall be discharged upon written consent of the child's representative unless there is a court order to the contrary. In such cases, upon the child's discharge, the center is relieved of any responsibility for the child's care, safety or well-being.

LA rules - Quality Assurance

- (1) The center shall have an on-going comprehensive, integrated, self-assessment quality improvement process which provides assurance that patient care is provided at all times in compliance with accepted standards of professional practice.
- (2) The center shall have written plans, policies and procedures addressing quality assurance which include:
 - (a) Goals and objectives;
 - (b) The identity of the person responsible for the program;
 - (c) A system to ensure systematic, objective regular reports are prepared and distributed to the governing body and any other committees as directed by the governing body;
 - (d) The method for evaluating the quality and the appropriateness of care;
 - (e) A method for resolving identified problems; and
 - (f) A method for implementing practices to improve the quality of patient care.
 - (g) The plan shall be reviewed at least annually and revised as appropriate by the governing body.

(3) Quality assessment and improvement activities shall be based on the systematic collection, review, and evaluation of data which, at a minimum, includes:

- (a) Services provided by professional and volunteer staff;
- (b) Audits of patient charts;
- (c) Reports from staff, volunteers, and clients about services;
- (d) Concerns or suggestions for improvement in services;
- (e) Organizational review of the center's programs;
- (f) Patient/family evaluations of care; and
- (g) High-risk, high volume and problem-prone activities.

(4) When problems are identified in the provision of care, there shall be evidence of corrective actions, including ongoing monitoring, revisions of policies and procedures, educational intervention and changes in the provision of services.

- (a) The effectiveness of actions taken to improve services or correct identified problems shall be evaluated.
- (b) The center shall monitor and evaluate its resource allocation regularly to identify and resolve problems with the utilization of its services, facilities and personnel.