

DENIAL OF RIGHTS & SECLUSION / RESTRAINTS MONTHLY REPORT

COUNTY OF LOS ANGELES

Use additional pages if more than 10 patients being reported

MONTH JUNE YEAR 2021

Page 1 of 1

Report Prepared By:	Facility Information	Census Information
I hereby attest to the accuracy of following information Name: <u>LEE, MI KYUNG</u> Title: <u>RN</u> Phone: <u>421 378 2595</u> Ext: _____	Facility Name: <u>PSA D</u> Type: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Dept. <input type="checkbox"/> Urgent Care (Check Only One)	AVERAGE DAILY CENSUS: Bed Capacity: <u>11</u> Inpatient (include all psychiatric units) _____ Emergency Department _____ Urgent Care _____

72-HOUR HOLDS: 0-17 yrs 18-59 yrs 60+ yrs Total Complete Hold Information on Page One only

Patient Medical Record # (I)	Days in Facility For This Month (II)	Gender (III)			Age (IV) Specify			Ethnic Origin Code (V)	# of Days Rights Denied ** (VI)								Seclusion (VII)			Restraints (VIII)			Medications (IX)							
		M	F	T	<18	18-59	60+		1	2	3	4	5	6	7	8	# of Incidents	Hours	Minutes	# of Incidents	Hours	Minutes	# of Times Involuntary Emergency Medications Used to Control Behavior							
		SECLUSIONS		Hours		Minutes			BEHAVIORAL RESTRAINTS		Hours		Minutes																	
[REDACTED]		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																										
[REDACTED]		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>															x1	168	20									
[REDACTED]		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>															x2	5	20									
[REDACTED]		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>															x1	1	45									
[REDACTED]		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>															x1	2	30									
[REDACTED]		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>															x1	7	20									
[REDACTED]		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>															x1	1	25									
Totals	0	8	9	0	0	5	1			0	0	0	0	0	0	0	0	0	=2	3	55				=7	95	30			

- Ethnic Origin Code**
- White/Caucasian
 - Hispanic/Latino(a)
 - Black/Afro-American
 - Native American
 - Asian
 - Pacific Islander
 - Other

- Rights Legend**
- Wear one's own clothes
 - Keep/use own personal possessions
 - Keep/spend reasonable sum of one's 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

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ENTERED 9262

Return to: Patients' Rights Office, 550 S. Vermont Ave., 6th Floor, Los Angeles, CA 90020 by 10th of following month
 Fax: (213) 365-2481 Phone: (213) 738-6191

01/01/2011