Support Scan

Regulatory Crosswalk: The Joint Commission and California DHCS

How Support Scan supports observation, documentation and record-security requirements for behavioral health and substance use disorder treatment programs

1. Purpose and important notice

This document maps specific requirements of The Joint Commission and the California Department of Health Care Services to what Support Scan does, the evidence it produces, and what remains the facility's responsibility. It is written for program directors, compliance staff and surveyors.

Important notice
Support Scan is not certified, endorsed or approved by The Joint Commission or by DHCS. Neither body certifies or endorses software. Accreditation and licensure belong to the facility, and compliance is determined by surveyors reviewing the facility's own practice and records. Support Scan is designed to support compliance with the requirements below; using it does not by itself establish compliance with any of them. This document is regulatory information, not legal advice.

Standards versions used

- **The Joint Commission:** Comprehensive Accreditation Manual for Behavioral Health Care and Human Services (E-dition), standards effective July 1, 2026, including the National Patient Safety Goals that apply to behavioral health.
- **DHCS:** Certification for Alcohol and Other Drug Programs, February 2025 (BHIN 25-003); Level of Care Designation requirements (BHIN 21-001, Exhibit A); Title 9, California Code of Regulations, Division 4, Chapter 5 (residential licensing).
- Standards change. Confirm the current version of any cited requirement before relying on it in a survey or filing.

2. What Support Scan records

Function	How it works
Observation levels	Each client is assigned Q5, Q10, Q15, Q30, Q60 or 1:1. Changes take effect immediately and are logged.
Clock-aligned windows	Rounds open on fixed clock boundaries in the facility's time zone (for Q15: :00, :15, :30, :45). A check must be recorded inside its window. Checks cannot be completed early, and a window that closes without a check is permanently recorded as missed.
Late and missed checks	A check not yet done partway through its window is flagged late and escalated. A window that closes empty is entered in the missed-round register with the time it went overdue, and later when and by whom it was resolved.

Function	How it works
Verification of presence	The server, not the phone, decides how presence was verified: **beacon** (the client's assigned Bluetooth beacon detected at usable signal), **visual** (no beacon assigned, or the client declined one), or **manual** (proximity expected but not confirmed; a written reason is required, and the check is flagged to supervisors).
Activity and location	Each check records where the client was and what they were doing, using the facility's own lists.
Alerts	Overdue checks alert supervisors and administrators by push notification, with repeating reminders until resolved. Where configured, a text message reports the count of missed checks by unit; it carries no client names.
Attribution	Every check, change and configuration action is attributed to an individual signed-in user and timestamped.
Append-only record	Rounds and the audit log are never overwritten. Corrections are new entries, so the original remains visible.
Offline operation	Checks recorded without connectivity are queued on the phone with their original observation time and sync automatically.
Reports and exports	On-time rates, missed checks, verification methods and staff activity by unit, shift, staff member and client, over any date range. Exports in PDF, CSV and Excel, plus an optional nightly emailed PDF of the full day's rounds.
Separation and backups	Each facility has its own database. Backups run nightly, are encrypted, are copied off-site and are retained 10 years by default.
EMR census (optional)	With Kipu, admissions and discharges appear automatically. The connection is read-only: Support Scan never writes to the medical record.

3. California DHCS

Where licensing, certification and Level of Care Designation requirements differ, the stricter requirement governs for a facility that holds more than one.

Requirement	What it requires	How Support Scan supports it	Evidence available to a surveyor	Remains the facility's responsibility
DHCS Cert. Std. §58(a)(1) Residential detoxification	A physical check of each detox resident **at least every 30 minutes** during the first 72 hours after admission.	Each resident is assigned an observation level (Q5, Q10, Q15, Q30, Q60 or 1:1). Rounds open on fixed clock windows (for Q30: :00 and :30). Each window either contains a recorded check or is recorded as missed. A missed window is never "made up" by a later check.	Per-client audit report covering the first 72 hours after admission (or the full stay); missed-round register; on-time rate by unit and shift.	Assigning Q30 or a tighter level at admission. **Note:** a newly admitted resident's first accountable window opens at the second clock boundary after admission (for Q30, 30–60 minutes after arrival). The facility's admission check covers that interval and should be documented in the clinical record.

Requirement	What it requires	How Support Scan supports it	Evidence available to a surveyor	Remains the facility's responsibility
DHCS Cert. Std. §58(b)	Checks documented **at the time performed**. "The failure to document shall be deemed by the Department as a missed physical check."	The server timestamps every check when it is recorded. If a phone is offline, the check is queued on the device with its original observation time, synced later and marked as recorded offline. The server rejects device times in the future or more than 72 hours old. Windows with no check are flagged automatically.	Per-check timestamp, staff name and window; offline-recorded checks are identified as such.	Ensuring staff record each check when they make it rather than in a batch afterward.
DHCS Cert. Std. §58(c)–(d)	Documentation on **DHCS 6046** (Physical Check Log), or an EMR with equivalent fields, included in the resident's record.	Each check records resident, date and time, location, activity observed, staff member, and how presence was verified. A per-client audit report covers the first 72 hours after admission or the full stay. Facility-wide rounds export in PDF, CSV and Excel, and a complete daily rounds PDF can be emailed nightly to the facility's archive mailbox.	Per-client audit report; rounds exports; nightly rounds PDF archive.	Confirming field-for-field equivalence with the current DHCS 6046 before using Support Scan in place of the form, and filing the record into the resident's chart. **Support Scan is not the electronic health record.**
DHCS Cert. Std. §58(e)–(g)	Increasing, reverting, decreasing or discontinuing check frequency each requires the **date, the reason** and the new frequency; discontinuation after 72 hours requires a plan for continuing services.	Every observation-level change is written to the facility's append-only audit log with who made it, when, the prior level and the new level. A facility setting can restrict level changes to supervisors and administrators.	Audit log of level changes by resident.	Documenting the **reason** for each change and the continuing-care plan in the clinical record. Support Scan does not capture the clinical rationale.
DHCS LOC Designation, 3.2-WM (BHIN 21-001, Exhibit A)	Close observation and face-to-face physical checks **every 30 minutes**; vital signs **at least every 2 hours for the first 72 hours**; reduction of checks after 24 hours **only on a signed LPHA determination**; documentation signed by trained personnel.	Physical checks: as for §58(a)(1); each check is attributed to the individual staff member who recorded it under their own credentials. Vital signs: Support Scan does **not** record vital signs. It schedules reminders (every 2 hours for the first 24 hours for every new admission, then every 4 hours on detox units).	Rounds report showing the staff member on every check; level-change audit log.	Recording vital signs in the EMR. **For a 3.2-WM facility, Support Scan's vitals reminders after hour 24 are less frequent than the 2-hour requirement; do not rely on them for hours 24–72.** The LPHA determination and signature belong in the clinical record.

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DHCS Cert. Std. §58(h); §36(b)(4)	Detox staffing: one detox-trained staff per 15 detox residents, awake, physically present and assigned exclusively to detox; 6 hours of detox orientation before providing checks.	Staff activity is reported by staff member and shift, showing who recorded checks and when.	Staff activity report by shift.	Staffing levels, assignment and detox training. Support Scan does not determine staffing compliance or verify training.
DHCS Cert. Std. §42(d), (h); 9 CCR §10568(c)	Client information kept confidential under **42 CFR Part 2** and maintained in a confidential, secure location or secure EMR.	Each facility has its own separate database. Access is by individual account with role-based visibility (staff, supervisor, administrator). Data is encrypted in transit and on encrypted storage, and backups are encrypted. Support Scan signs a Business Associate Agreement with each facility. Reports and exports are limited to administrators. Emailed exports can be restricted to an approved recipient list that Support Scan sets for each facility, and every send, refusal and failure is written to the audit log. Email subjects and bodies carry no client information.	Signed BAA; user and role list; export audit trail.	Part 2 consents and disclosures, the facility's privacy policy, asking Support Scan to set an approved export recipient list, and deactivating staff accounts promptly when staff leave.
DHCS Cert. Std. §42(g)	Retain client records **at least 3 years** following termination of service.	Nightly encrypted backups, copied off-site, retained 10 years by default. Cancelling a subscription does not delete records; a full data export is available.	Backup and off-site status; data export on request.	The facility's own retention policy and its copy of the record in its chart.
DHCS Cert. Std. §34	Report deaths, injuries requiring treatment and other listed events within **1 working day**, with a written **DHCS 5079** within 7 days.	The rounds timeline, missed-check register, alerts and audit log give a time-stamped account of observation activity around an event.	Rounds timeline and audit log for the period of the event.	Filing the report. Support Scan does not file incident reports.

4. The Joint Commission — Behavioral Health Care and Human Services

Requirement	What it requires	How Support Scan supports it	Evidence available to a surveyor	Remains the facility's responsibility
NPSG.15.01.01 EP 5 Reduce the risk for suicide	Follow written policies and procedures for the care of individuals at risk for suicide, including **monitoring individuals at high risk**.	The facility sets each individual's observation level, including 1:1 and Q5. Support Scan enforces that interval, alerts supervisors when a check goes overdue, and repeats the reminder until the round is done.	Rounds report and missed-round register for any high-risk individual.	The written policy mapping risk level to observation level, the suicide screening and assessment (EPs 2–4), and staff competence. **Support Scan does not assess risk or choose the observation level.**
NPSG.15.01.01 EP 1, Note	In unlocked and non-inpatient settings, identify individuals at high risk and safeguard them, e.g. by **continuous monitoring** while awaiting transfer.	1:1 and Q5 levels with 5-minute windows; a check not done within 3 minutes of the window opening is flagged and escalated.	Check-by-check record for the monitoring period.	The environmental risk assessment and mitigations, and the decision to place someone on enhanced observation.
NPSG.15.01.01 EP 7	**Monitor implementation and effectiveness** of the suicide-risk policies, and take action to improve compliance.	On-time rates, missed checks and verification methods by unit, shift and staff member, for any date range.	Reports exported for the performance-improvement record.	Reviewing the data, deciding on action and documenting it.
PI.01.01.01 EP 20; PI.03.01.01 EP 4	Collect data on high-risk processes (TJC's examples include **suicide watch**) and analyze it **over time** for patterns and trends.	Observation data is collected continuously and can be reported over any period, so trends by unit and shift are visible without manual tallying.	Summary and breakdown reports over time.	The written PI plan (PI.02.01.01) and the analysis and action taken.
RC.01.01.01 EP 7	All entries are dated.	Every check, change and alert carries a server timestamp in the facility's own time zone.	Any rounds report or audit log.	—
RC.01.02.01 EPs 1, 3, 4, 5	Only authorized staff make entries; the author of each entry is identified; entries are authenticated; **only the person identified by an electronic authentication method uses it.**	Each staff member has their own account (temporary PIN changed at first sign-in; optional biometric sign-in on their phone). Every check is attributed to the signed-in user. Deactivating an account signs that person out everywhere immediately.	User list with roles; per-check author.	Prohibiting shared logins in policy and practice. EP 5 is a staff-conduct requirement that no software can enforce on its own.
RC.01.03.01 EP 2	Follow the organization's written policy requiring **timely entry** of information.	The window model makes timeliness measurable: each check is on time, late (flagged) or missed.	On-time / late / missed rates.	Stating the observation-documentation timeframe in policy.

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RC.01.04.01 EP 1	Review records on a defined schedule to confirm information is present, accurate, legible, authenticated and completed on time.	For observation records, Support Scan reports presence and timeliness automatically.	Missed-round register and on-time reports.	The record review itself, and every chart element outside observation checks.
RC.01.05.01 EP 1; IM.02.02.03 EP 12	Retain records for time frames set by policy, consistent with law and regulation.	Nightly encrypted, off-site backups retained 10 years by default; cancellation is not deletion.	Backup status; data export.	The written retention policy.
IM.01.01.03 EPs 1–2 Downtime	A written plan for interruptions to information systems, covering scheduled and unscheduled interruptions, **staff training on alternative procedures**, and **backup**.	If a phone loses connectivity, checks continue to be recorded on the device with their original times and sync when the connection returns. Backups run nightly and are copied off-site.	Backup and off-site status.	The written downtime plan, a paper fallback log, and documented staff training on it.
IM.02.01.01 EPs 3–4; IM.02.01.03 EPs 2, 5, 6 Privacy, security, integrity	Use and disclose information only as permitted; protect against unauthorized access; protect against loss, **unauthorized alteration and unintentional change**; policy on when information may leave the organization's control.	Rounds and the audit log are append-only: corrections are new entries, so recorded observations are never silently rewritten. Access is role-based within a separate facility database. Reports and exports are limited to administrators; emailed exports can be restricted to an approved recipient list, and every send, refusal and failure is audited.	Audit log; export audit; BAA.	The facility's privacy and security policies, including when staff may remove or export records.
IM.02.02.03 EP 2	Storage and retrieval systems make information **accessible when needed** for care.	Live status board on staff phones and the web, available around the clock; reports retrievable on demand.	Live demonstration on survey day.	Staff knowing how to retrieve a resident's observation history during a tracer.

5. What Support Scan does not do

- **It is not an electronic health record.** It records observation rounds and related activity; the clinical record remains in the facility's EHR.
- **It does not record vital signs.** It schedules reminders only (see the 3.2-WM row above).
- **It does not assess suicide risk or choose an observation level.** Clinicians do; Support Scan enforces the level they set.
- **It does not capture the clinical reason for a level change** or an LPHA's signed determination. It logs who changed the level, when, and from what to what.
- **It does not verify credentials, training or staffing ratios.**
- **It does not file incident reports** with DHCS or any other body.

- **NFC tap verification is not yet available.** Presence is verified by Bluetooth beacon today, or recorded as visual (no beacon assigned or beacon refused) or manual (a reason is required and the check is flagged for supervisor review).

6. Suggested policy statements

Surveyors score a facility against its own written policy. These statements can be adapted for a rounds or observation policy; bracketed items are the facility's to complete.

- "Observation checks are recorded in Support Scan at the time they are performed, by the staff member performing them, under that staff member's own credentials."
- "Each client's observation level is set by [role] based on [screening/assessment tool] and documented with its rationale in the clinical record; the level is entered in Support Scan at the time it is ordered."
- "For residents receiving detoxification services, the observation level is Q30 or more frequent for the first 72 hours. Any change in frequency is documented in the clinical record with the date, reason and new frequency [and, for 3.2-WM, the signed LPHA determination]."
- "A check that is not recorded within its window is treated as missed. Missed checks are reviewed by the shift supervisor [timeframe] and summarized monthly for the performance-improvement committee."
- "If Support Scan is unavailable on every device, staff record checks on the paper observation log [form name] at the time performed, and that paper log is filed in the clinical record as the record for the outage period. Checks are not re-entered in Support Scan afterward."

7. Contact

Questions about this document, or a request for a facility-specific version: **customersupport@supportscan.org** · www.supportscan.org

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