REGULATION UPDATE:
BIG CHANGES IN 2015, EVEN
MORE COMING IN 2016

Introduction
HOW WE GOT HERE...

- Negative media attention on assisted living/residential care
- CPR story in Bakersfield
- PBS Frontline “expose”
- San Diego Union Tribune series highlighting issues within DSS
- Castro Valley incident

RCFE REGULATIONS

Health and Safety Code  Title 22  CCL Policy (Evaluator Manual)

HOW A BILL BECOMES LAW
HOW TO STAY UP TO DATE

- CCG Regulation Update Service
- CCLD website
- CCL implementation plans for new legislation
- CALA membership and advocacy

REGULATION UPDATE SERVICE

- Stay updated and in compliance
- Required to subscribe
- CCG sends updates to law, regulation, and CCL policy
- Updates sent by email

CCG CAN HELP

**Rapid Access**
California Health and Safety Code 1569.155 requires that “All licensees shall subscribe to the appropriate regulation subscription service and are responsible for keeping current on changes in regulatory requirements.”

*Rapid Access helps you meet this requirement.*
CCLD WEBSITE

- www.ccld.ca.gov
- Access current regulations
- Health and Safety Code
- CCL forms
- Criminal clearance information

CCLD IMPLEMENTATION PLANS

- Released after every legislative session to provide clarification on how to comply with new laws

REVIEW OF CHANGES IN 2014

- Absentee notification plan
- Employers can’t prohibit voluntary CPR
- Increase in fines for interfering with the Ombudsman
- LGBT issues training
- Retaliation against those who file complaints
- Billing practices after the death of resident
Resident Care and Services

AB 1572 – RESIDENT COUNCILS

Council Formation

- Assist in establishing a single resident council at the request of two or more residents (formerly the majority of residents had to request the formation).

AB 1572 – RESIDENT COUNCILS

Participation

- The resident council is specific to residents only.
- Others, including family members, resident representatives, advocates, LTC Ombudsman representatives, or facility staff, may participate at the invitation of the resident council.
- Do not limit the right of residents to meet independently with outside persons or facility personnel.
AB 1572 – RESIDENT COUNCILS

Promote the resident council in the following ways:

• If the facility has a resident council, new residents must be informed of its existence

• The facility must provide information on the:
  • Time, place, and dates of the meetings
  • Resident representative to contact regarding involvement in the resident council

• If a facility does not have a resident council, upon admission, the facility must provide written information on the resident’s right to form a resident council to

Liaison

• Facilities licensed for 16 or more that have a resident council must appoint a designated staff liaison to:
  • Assist the resident council
  • Make a room available for resident council meetings
  • Post meeting information in a central location that is readily accessible to residents, relatives, and resident representatives

Be Responsive

• Respond in writing to written concerns or recommendations submitted by a resident council regarding any action or inaction taken in response to those concerns or recommendations within 14 calendar days.

• Share the name and contact information of the designated representative of the resident council if the LTC Ombudsman requests it and the resident council grants permission.
AB 1572 – RESIDENT COUNCILS

- Post the text of Section 1569.157 with the heading “Rights of Resident Councils” in a prominent place in the facility that is accessible to residents, family, and resident representatives.
- Inform each member of the resident council of his or her right to be interviewed as a part of the regulatory inspection process.
- A violation of this law is considered a violation of resident rights

AB 1572 – FAMILY COUNCILS

- Allow formation
- Only participate if invited
- Promote
- Respond in writing to concerns raised
- Share council contact information
- Interference is a violation of resident rights

AB 2171 – RESIDENT RIGHTS

- Establishes rights for residents of privately operated residential care facilities for the elderly, including to receive a specified amount of notice before involuntary transfer, discharge, or eviction, to be accorded dignity in relationships with staff, to be granted a reasonable level of privacy, and records confidentiality.
- Requires a facility staff person to advise a resident and the resident's representative of these and other rights.
AB 2171 – RESIDENT RIGHTS

- Must advise the resident and their representative of the rights at admission, including providing a complete copy.
- Must post a copy of the rights in English and any other language which 5% or more of the residents can only read that language.
- Must train staff on the new list of resident rights, posting requirements, etc.

AB 2171 – RESIDENT RIGHTS

a) To be accorded dignity in their personal relationships with staff, residents, and other persons.
b) To be granted a reasonable level of personal privacy in accommodations, medical treatment, personal care and assistance, visits, communications, telephone conversations, use of the Internet, and meetings of resident and family groups.
c) To confidential treatment of their records and personal information and to approve their release, except as authorized by law.
d) To be encouraged and assisted in exercising their rights as citizens and as residents of the facility. Residents shall be free from interference, coercion, discrimination, and retaliation in exercising their rights.

e) To be accorded safe, healthful, and comfortable accommodations, furnishings, and equipment.
f) To care, supervision, and services that meet their individual needs and are delivered by staff that are sufficient in numbers, qualifications, and competency to meet their needs.
g) To be served food of the quality and in the quantity necessary to meet their nutritional needs.
h) To make choices concerning their daily life in the facility.
i) To fully participate in planning their care, including the right to attend and participate in meetings or communications regarding the care and services to be provided in accordance with Section 1569.80, and to involve persons of their choice in the planning process. The licensee shall provide necessary information and support to ensure that residents direct the process to the maximum extent possible, and are enabled to make informed decisions and choices.

j) To be free from neglect, financial exploitation, involuntary seclusion, punishment, humiliation, intimidation, and verbal, mental, physical, or sexual abuse.

k) To present grievances and recommend changes in policies, procedures, and services to the staff of the facility, the facility's management and governing authority, and to any other person without restraint, coercion, discrimination, reprisal, or other retaliatory actions. The licensee shall take prompt actions to respond to residents' grievances.

l) To contact DSS, the Long-Term Care Ombudsman, or both, regarding grievances against the licensee. The licensee shall post the telephone numbers and addresses for the local offices of the DSS and ombudsman program, in accordance with Section 9718 of the Welfare and Institutions Code, conspicuously in the facility foyer, lobby, residents' activity room, or other location easily accessible to residents.

m) To be fully informed, as evidenced by the resident's written acknowledgement, prior to or at the time of admission, of all rules governing residents' conduct and responsibilities. In accordance with Section 1569.885, all rules established by a licensee shall be reasonable and shall not violate any rights set forth in this chapter or in other applicable laws or regulations.

n) To receive in the admission agreement a comprehensive description of the method for evaluating residents' service needs and the fee schedule for the items and services provided, and to receive written notice of any rate increases pursuant to Sections 1569.655 and 1569.884.
AB 2171 – RESIDENT RIGHTS

o) To be informed in writing at or before the time of admission of any resident retention limitations set by the state or licensee, including any limitations or restrictions on the licensee’s ability to meet residents’ needs.

p) To the reasonable accommodation of individual needs and preferences in all aspects of life in the facility, except when the health or safety of the individual or other residents would be endangered.

q) To the reasonable accommodation of resident preferences concerning room and roommate choices.

r) To written notice of any room changes at least 30 days in advance unless the request for a change is agreed to by the resident, required to fill a vacant bed, or necessary due to an emergency.

s) To share a room with the resident’s spouse, domestic partner, or a person of resident’s choice when spouses, partners, or residents live in the same facility and consent to the arrangement.

t) To select their own physicians, pharmacies, privately paid personal assistants, hospice agency, and health care providers, in a manner that is consistent with the resident’s contract of admission or other rules of the facility, and in accordance with this act.

u) To have prompt access to review all of their records and to purchase photocopies. Photocopied records shall be promptly provided, not to exceed two business days, at a cost not to exceed the community standard for photocopies.

v) To be protected from involuntary transfers, discharges, and evictions in violation of state laws and regulations. Facilities shall not involuntarily transfer or evict residents for grounds other than those specifically enumerated under state law or regulations, and shall comply with enumerated eviction and relocation protections for residents. For purposes of this paragraph, “involuntary” means a transfer, discharge, or eviction that is initiated by the licensee, not by the resident.
w) To move from a facility.

x) To consent to have relatives and other individuals of the resident’s choosing visit during reasonable hours, privately and without prior notice.

y) To receive written information on the right to establish an advanced health care directive and, pursuant to Section 1569.156, the licensee’s written policies on honoring those directives.

z) To be encouraged to maintain and develop their fullest potential for independent living through participation in activities that are designed and implemented for this purpose, in accordance with Section 87219 of Title 22 of the California Code of Regulations.

aa) To organize and participate in a resident council that is established pursuant to Section 1569.157.

ab) To protection of their property from theft or loss in accordance with Sections 1569.152, 1569.153, and 1569.154.

ac) To manage their financial affairs. A licensee shall not require residents to deposit their personal funds with the licensee. Except as provided in approved continuing care agreements, a licensee, spouse, domestic partner, relative, or employee of a licensee, shall not do any of the following:

i. Accept an appointment as a guardian or conservator of the person or estate of a resident.

ii. Become or act as a representative payee for any payments made to a resident, without the written and documented consent of the resident or the resident’s representative.

iii. Serve as an agent for a resident under any general or special power of attorney.

iv. Become or act as a joint tenant on any account with a resident.

v. Enter into a loan or promissory agreement or otherwise borrow money from a resident without a notarized written agreement outlining the terms of the repayment being given to the resident.
AB 2171 – RESIDENT RIGHTS

adj) To keep, have access to, and use their own personal possessions, including toilet articles, and to keep and be allowed to spend their own money, unless limited by statute or regulation.
HEALTH CARE NEEDS

Your Responsibilities:
• Arrange for and coordinate services
• Communicate with healthcare providers
• Coordinate outside services (home health, etc.)
• Monitor for and report changes in condition

Some Providers:
• Provide healthcare services onsite
• Employ nurses
• Visiting physicians
• Medical director
• Onsite therapy
• Mobile dentistry

CCG CAN HELP

With CCG Complete you and your staff will have access to online courses that help you provide training for the expanding health care needs of your residents.

Allowable, Restricted, and Prohibited Conditions
### ALLOWABLE CONDITIONS
- Minimum requirements
- Record of care
- Recognizing and responding to problems
- Monitoring self-care
- Home health

### RESTRICTED HEALTH CONDITIONS
- Administration of oxygen
- Catheter care
- Colostomy/ileostomy
- Contractures
- Diabetes
- Enemas, suppositories, and/or fecal impaction removal
- Incontinence of bowel and/or bladder
- Injections
- Intermittent Positive Pressure Breathing Machine use
- Stage 1 and 2 pressure ulcers
- Wound care

### GENERAL REQUIREMENTS
- Training
- By a licensed professional
- Hands-on instruction
- Resident-specific
- Changes in condition
PROHIBITED CONDITIONS

- Stage 3 and 4 pressure ulcers
- Gastrostomy care (restricted in ARF)
- Naso-gastric and duodenal (ARF) tubes
- Staph infection or other serious infection
- Residents who depend on others to perform all activities of daily living for them
- Tracheotomies (restricted in ARF)
- Active, communicable tuberculosis
- Conditions that require 24-hour skilled nursing care

RESIDENT RETENTION

- Exceptions
- Departmental review of health conditions

APPROPRIATELY SKILLED PROFESSIONAL

- An individual that has training and is licensed to perform the necessary medical procedures prescribed by a physician.
- Includes but is not limited to the following: Registered Nurse (RN), Licensed Vocational Nurse (LVN), Physical Therapist (PT), Occupational Therapist (OT) and Respiratory Therapist (RT).
- May include, but are not limited to, those persons employed by a home health agency, the resident, or facilities and who are currently licensed in California.
OXYGEN ADMINISTRATION
- Administered by the resident or an appropriately skilled professional
- Notify fire authority
- No smoking signs
- Smoking prohibited
- Tubing
- Portable oxygen
- Liquid oxygen

IPPB
- Administered by the resident or an appropriately skilled professional
- Monitoring ongoing ability
- Equipment

COLOSTOMY/ILEOSTOMY
- Care provided by the resident or an A.S.P.
- Trained staff may change the bag
- Privacy
ENEMAS, SUPPOSITORIES, ETC.
- Self care by the resident or by an appropriately skilled professional

INDWELLING URINARY CATHETER
- "Foley" catheter
- Resident self-care
- Insertion, irrigation, and removal only by A.S.P.
- Trained staff may empty bag

MANAGED INCONTINENCE
- Self care
- Structured bowel and bladder retraining
- Scheduling toileting
- Incontinence care products
- Clean and dry
- Do not withhold fluids
CONTRACTURES

- Self care or care and/or supervision by an A.S.P.
- Range of motion exercises by staff who have been trained

DIABETES

- If the resident is able to perform his/her own glucose testing, and is able to administer his/her own medication or has it administered by an A.S.P.
- Ensure sufficient supplies
- Ensure safe disposal of syringes, lancets, etc
- Provide modified diet as ordered
- In an ARF a licensed professional may delegate glucose testing to trained staff

INJECTIONS

- Administered by the resident or an A.S.P.
- Ensure sufficient supplies
- Ensure safe disposal
HEALING WOUNDS

- Acceptable if:
- Care is performed by or under the supervision of an A.S.P.
- When the wound is the result of surgical intervention and care is performed as directed by the surgeon.
- Stage I or II pressure ulcer
- Skin tear is not a healing wound

PRESSURE ULCERS

- A pressure ulcer is localized injury to the skin and/or underlying tissue usually over a bony prominence, as a result of pressure, or pressure in combination with shear.
- Staging by appropriate skilled professional

NORMAL SKIN
STAGE I
- A reddened area on the skin that, when pressed, does not turn white.
- This is a sign that a pressure ulcer is starting to develop.

STAGE II
- The skin blisters or forms an open sore.
- The area around the sore may be red and irritated.

STAGE III
- The skin now develops an open, sunken hole called a crater.
- There is damage to the tissue below the skin.
The pressure ulcer has become so deep that there is damage to the muscle and bone, and sometimes to tendons and joints.

STAGE IV

- The pressure ulcer has become so deep that there is damage to the muscle and bone, and sometimes to tendons and joints.

UNSTAGEABLE

- The actual depth of the ulcer is completely obscured by slough (yellow, tan, gray, green or brown) and/or eschar (tan, brown or black)
- The true depth cannot be determined; but it will be either a Stage III or IV

GASTROSTOMY

- Prohibited in RCFE
- Restricted in ARF
- Resident (ARF) must be able to provide all routine feeding, hydration and care or have it done by a licensed professional
**TRACHEOSTOMIES**

- Prohibited in RCFE
- Restricted in ARF
- Resident (ARF) must be able to provide all routine feeding, hydration and care or have it done by a licensed professional
- The licensed professional may delegate routine care to staff who receive supervision and training from the professional

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**CCG CAN HELP**

**40 Hour California RCFE Orientation Training Kit**

In 2016, your staff will be required to be trained on allowable, restricted, and prohibited conditions.

This kit will help you training your staff according to regulation.
APPRAISALS AND ASSESSMENTS

<table>
<thead>
<tr>
<th>Assessments</th>
<th>Appraisals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Performed by licensed medical professionals (RN, MD, etc.)</td>
<td>Can be performed by appropriately trained staff</td>
</tr>
<tr>
<td>Physician report, etc</td>
<td>Pre-admission appraisal, etc.</td>
</tr>
</tbody>
</table>

IS THIS PERSON APPROPRIATE?

- Conduct an interview with the applicant and his responsible person
- Perform a pre-admission appraisal
- Obtain and evaluate a recent medical assessment
- Execute the admissions agreement

CASE STUDY: JOHN

- John wishes to admit his father into the RCFE. John travels with his job and has just lost his mother. His father isn’t coping well. John wants to place his dad today because he just found out that he has to leave immediately for a week. Your facility has an opening, and you have interviewed John and his father.
- Should you take an immediate placement?
- How will you meet the CCL requirements?
- Sequence how you would handle this…
CASE STUDY: GAIL

- Gail is a 43 year old female desiring admission into your RCFE. She is diagnosed with depression. She was hospitalized and is due for discharge immediately. Her medications have been recently evaluated and adjusted.
- Are you allowed to accept this resident?
- Would you accept this resident?
- If yes, what concerns do you need to address?

CASE STUDY: BILL

- Bill Green desires to place his daughter in your facility. You are at 90% capacity. The majority of your clients go to on outings routinely, and participation in your activity program is excellent. The majority of your clients are alert and oriented to person, place and time.

This is the information gleaned from the history and physical on Bill’s daughter:
- Age: 53
- Diagnosis: Schizophrenia
- Current problems: Weight loss of 20 lb. in 3 months, otherwise no acute illness. Wanders, disoriented to place and time, and confused, but never combative.
- Will you admit this individual? In not, why? If yes, what is your admission plan?
PRE-ADMISSION APPRAISAL

- Functional capabilities
- Mental condition
- Social factors

PRE-ADMISSION APPRAISAL

- LIC603

FUNCTIONAL CAPABILITY ASSESSMENT

- LIC9172
MEDICAL ASSESSMENT

- Physician report
- Prior to acceptance!
- Made within the last year
- Recent is preferable

MEDICAL ASSESSMENT

- LIC602A

SERVICE PLANS

- Resident participation in decision-making
- Prior to, or within two weeks of admission
- Meet with resident and key stakeholders
- Develop written plan of care
- Update upon change in condition, or at least once every 12 months
SERVICE PLANS

- LIC625

REAPPRAISALS

Shall be updated upon significant changes:

- Physical trauma such as a heart attack or stroke
- Mental/social trauma such as the loss of a loved one
- Any illness, injury, trauma, or change in the health care needs of the resident that results in a prohibited health condition

CHANGES IN CONDITION

- Educate staff to watch for, and report changes
- Caregivers often identify changes before anyone else
- Report changes to the right people: 911 (when applicable), physician, family/responsible party, CCL (when applicable), etc…
CHANGES IN CONDITION

- INTERACT
- Reduce unnecessary hospitalizations and readmissions
- “Stop and Watch”
- SBAR (Situation, Background, Appraisal, Request)
- www.interact2.net

SBAR

SBAR for Assisted Living Caregivers

Hospice
HOSPICE CARE WAIVER

- Must obtain a waiver
- Substantial compliance
- Ability to meet the needs of residents on hospice
- Notify department within 5 working days of initiation of hospice services for a resident

HOSPICE CARE FOR TERMINALLY ILL RESIDENTS

- Waiver
- Substantial compliance
- Hospice service contracted for by the resident individually
- Hospice care plan
- Training
- Resident record
- Restricted conditions
- Prohibited conditions
- Bedridden

HOW CCG CAN HELP

Hospice Care Manual

This manual will give you the tools you need to:
- Develop customized policies and procedures for care for residents on hospice
- Properly document hospice care plans
- Train your staff
**AB 1217 HOME CARE**

- Home Care Services Consumer Protection Act
- Requires licensure for non-medical home care companies
- Staff will be listed in a registry
- Criminal clearance
- Begins January 1, 2016

**Advance Directives**

- Advance Health Care Directive
- Medical Power of Attorney
- Request to Forego Resuscitative Measures
- Do Not Resuscitate Order (DNR)
- Physician Order for Life Sustaining Treatment (POLST)

**ADVANCE DIRECTIVES**

- Advance Health Care Directive
- Medical Power of Attorney
- Request to Forego Resuscitative Measures
- Do Not Resuscitate Order (DNR)
- Physician Order for Life Sustaining Treatment (POLST)
RESPONDING WHEN A RESIDENT IS DNR

- Immediately telephone 9-1-1, present the DNR to the responding emergency medical personnel
- Immediately give the DNR to a physician, registered nurse or licensed vocational nurse if the physician or nurse is in the resident's presence at the time of the emergency and assumes responsibility
- Call hospice instead of 911 (if on hospice)
WHERE RESIDENTS GO

![Pie chart showing 59% go to Home or Other Location, 33% to Skilled Nursing, and 8% to Death.]

Source: www.ncal.org

- 59% go to Home or Other Location
- 33% go to Skilled Nursing
- 8% go to Death

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EVICTIONS

- Relocation
  - Encourage voluntary relocation
  - Make it easy on the resident/family
  - Help them find an alternative location
- Eviction
  - 30 days
  - 3 days

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30 DAY EVICTION

- Nonpayment for basic services
- Failure to comply with state or local law
- Failure to comply with general policies of the facility given in writing
- The resident has a need not previously identified
- Change of use of the facility
- Report any eviction to CCL within 5 days of completion of eviction

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### 3 DAY EVICTION

- Prior written approval from CCL
- Upon finding of good cause
- If resident engaging in behavior threatening to themselves or others
- Report any eviction to CCL within 5 days of completion of eviction

### Dementia Care

42% of residents in assisted living have Alzheimer’s disease or another form of dementia
Alzheimer's disease is the sixth leading cause of death in the United States. More than 5 million Americans are living with the disease. 1 in 3 seniors dies with Alzheimer's or another dementia. In 2012, 15.4 million caregivers provided more than 17.5 billion hours of unpaid care valued at $216 billion. Nearly 15% of caregivers for people with Alzheimer's or another dementia are long-distance caregivers. In 2013, Alzheimer's will cost the nation $203 billion. This number is expected to rise to $1.2 trillion by 2050.

WHAT IS DEMENTIA?

- Not a specific disease
- A general term that describes a wide range of symptoms associated with a decline in memory or other thinking skills severe enough to reduce a person's ability to perform everyday activities
- Alzheimer's disease accounts for 60 to 80 percent of cases
- Vascular dementia, which occurs after a stroke, is the second most common dementia type

DEMENTIA

Alzheimer's Disease
Vascular Dementia
Frontotemporal
Lewy Body
Mixed Dementia
Parkinson's Disease
CARE OF PERSONS WITH DEMENTIA

- Applicability
- Mild Cognitive Impairment
- Fire clearance
- Training
- Adequate staffing
- Medical assessments and appraisals
- Safety modifications
- Personal grooming and hygiene items

ADVERTISING DEMENTIA SPECIAL CARE...

- Plan of operations
- Philosophy
- Assessments
- Admission procedures
- Activity programming
- Staff qualifications
- Staff training
- Physical environment

TRAINING REQUIREMENTS IF ADVERTISING...

- Direct care staff: 6 hours of orientation within the first four weeks
- Various methods of instruction allowed
- 8 hours of inservice training every 12-months
- Require topics
- Documentation
- Trainer requirements
TRAINING REQUIREMENTS IF ADVERTISING...

- January 1, 2016
- Required for all staff as part of orientation and ongoing training
- 12 total hours of orientation
- 8 hours ongoing

CCG CAN HELP

The 40 Hour California RCFE Orientation Training Kit provides you with the resources to train your staff on the required 12 hours of dementia specific training.

OR CONSIDER ONLINE TRAINING

With CCG Complete you have access to courses such as:
- Actives for Meaningful Dementia Care
- Communicating with People Who Have Dementia
- Medications and Dementia
- And More!
Medication Management

81% of residents require assistance with medication management

<table>
<thead>
<tr>
<th>Medication Service</th>
<th>% of ALFs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central medication storage location</td>
<td>94%</td>
</tr>
<tr>
<td>Assist with medication reminders</td>
<td>80%</td>
</tr>
<tr>
<td>Deliver pre-packaged unit doses</td>
<td>70%</td>
</tr>
<tr>
<td>Help with administration</td>
<td>82%</td>
</tr>
<tr>
<td>Help residents take medicine</td>
<td>68%</td>
</tr>
<tr>
<td>Provide oversight and cueing</td>
<td>91%</td>
</tr>
<tr>
<td>Administer drops, topical ointments</td>
<td>88%</td>
</tr>
<tr>
<td>Administer IV medications</td>
<td>9%</td>
</tr>
<tr>
<td>Administer injections</td>
<td>45%</td>
</tr>
</tbody>
</table>

Source: National Survey of Residential Care Facilities
### Assist with self-administration

A regulatory play on words

![Image of playing cards]

### WHO HANDS RESIDENTS THEIR MEDS?

<table>
<thead>
<tr>
<th>Role</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>RN</td>
<td>25%</td>
</tr>
<tr>
<td>LPN</td>
<td>25%</td>
</tr>
<tr>
<td>Certified medication aid, med. supervisor, or med. technician</td>
<td>54%</td>
</tr>
<tr>
<td>Personal care aide</td>
<td>41%</td>
</tr>
<tr>
<td>Owner, director, manager</td>
<td>40%</td>
</tr>
</tbody>
</table>

Source: National Survey of Residential Care Facilities

### WHO ADMINISTERS MEDS?

<table>
<thead>
<tr>
<th>Role</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>RN</td>
<td>29%</td>
</tr>
<tr>
<td>LPN</td>
<td>27%</td>
</tr>
<tr>
<td>Certified medication aid, med. supervisor, or med. technician</td>
<td>50%</td>
</tr>
<tr>
<td>Personal care aide</td>
<td>35%</td>
</tr>
<tr>
<td>Owner, director, manager</td>
<td>36%</td>
</tr>
</tbody>
</table>

Source: National Survey of Residential Care Facilities
WHO IS ALLOWED TO ADMINISTER?

- Resident
- Licensed Medical Professional

WHAT IS ASSISTANCE?

- Resident is not able to self-administer his/her own eye, ear or nose drops due to tremors, failing eyesight and other similar conditions
- Care is routine
- Resident’s condition is either chronic stable or temporary in nature
**DROPS**

Physician must provide documentation:
- That the resident cannot self-administer drops
- Whether the resident’s medical condition(s) is stable
- That the resident’s care is routine, so that facility staff may be trained to assist with administering drops in accordance with the treating physician’s instructions

**ORAL SYRINGE**

- Cannot administer the resident’s medication.
- Could assist the resident by opening the package, reading instructions to the resident, and giving the patch to the resident to apply it to the skin himself/herself.
- Can move a resident’s hand to the location, as long as the staff is not pushing the resident’s hand, with the patch, down onto the skin.

**PATCHES**

- Cannot administer the resident’s medication.
- Could assist the resident by opening the package, reading instructions to the resident, and giving the patch to the resident to apply it to the skin him/herself.
- Can move a resident’s hand to the location, as long as the staff is not pushing the resident’s hand, with the patch, down onto the skin.
**BLOOD PRESSURE**

To determine the need for medications:
- Resident (when confirmed in writing by physician)
- Physician
- Registered nurse
- Licensed vocational nurse
- Psychiatric technician

**PRN MEDICATION**

- If the resident can determine and communicate his/her need for a prescription or nonprescription PRN medication
- The trained care provider would assist as they normally would.

**PRN MEDICATION**

- If the resident cannot determine the need for a nonprescription PRN medication, but can communicate symptoms
- You may assist, but additional documentation is required
PRN MEDICATION

- If the resident cannot determine the need nor communicate symptoms
- You may assist with a prescription or nonprescription PRN medication only after contacting the physician prior to each dose.

ORDERS WRITTEN BY A HOSPICE NURSE

- Yes
- Must be subsequently faxed to the facility and placed in the resident's record
- Applies to all changes in medication orders, including new medications

ADMINISTERING WHEN ON HOSPICE

- A relative or friend NOT receiving monetary or any other form of compensation for their services, and who is trained by the hospice agency, may administer medications through a route (e.g. oral, sublingual, subcutaneous, etc.)
ADMINISTERING WHEN ON HOSPICE

- Specified in the hospice care plan
- Hospice agency provides a statement for the licensee’s records that the relative or friend has been trained
- There is a plan in place to ensure that the resident can receive the needed medication by a licensed health professional if the relative or friend fails to arrive at the appointed time

ADMINISTERING WHEN ON HOSPICE

- Can unlicensed staff administer medications to a hospice care resident?
  - No.

ADMINISTERING WHEN ON HOSPICE

- Can a family member administer medication to a resident NOT on hospice?
  - CCL will consider a request.
**AUTOMATIC PILL DISPENSERS**

- There is no CCL policy that refers specifically to automated dispensers in RCFEs or ARFs.
- Licensees should be sure they are following all current regulatory requirements regarding medications.

**MEDICATIONS FROM OUTSIDE THE U.S.**

- FDA, under the FD&C Act (Food, Drug and Cosmetic Act)
- The interstate shipment of any prescription drug that lacks required FDA approval is illegal
- Includes importation: bringing drugs from a foreign country into the United States.
- Drugs sold in the United States also must have proper labeling
ELECTRONIC PHYSICIAN SIGNATURES

- Physician e-orders including physician e-signature are allowed
- Information required for a written order must be included in the electronic transmission
- Information required to identify the physician issuing the order must be present in the transmission
- The electronic orders shall be printed and placed in the resident’s file

CCG CAN HELP

2016 Medication Training Kit
This training will help you provide the required hours of medication training to staff members who assist with medication, which is increasing in 2016.
- Increases to 24 hours of initial training for communities licensed for 16 or more persons
- Increases to 10 hours of initial training for communities licensed for 15 or fewer persons
- ARF version available

OR CONSIDER ONLINE TRAINING

Online Medication Course
Includes training modules on:
- Introduction to Medication Management
- Understanding Medication Forms, Names, and Routes of Administration
- Medication Orders and Working with the Pharmacy
- And Much More!
Food Service

Applicable Regulations

- Recommended Dietary Allowances
- Three meals per day
- Snacks
- Variety, consideration of cultural and religious dietary needs
- Menus
- Modified diets
- Food quality and safety
- Staff requirements

Food Service Requirements

- Freezer and refrigerator temperatures
- Covered containers
- Food supplies
- Dishwashers
- Adaptive devices

Recommended Dietary Allowances

[Diagram showing food groups: fruits, grains, dairy, vegetables, protein]
### Grains
Make half your grains whole

- Eat at least 3 oz. of whole-grain cereals, breads, crackers, rice, or pasta every day
- 1 oz. is about 1 slice of bread, about 1 cup of breakfast cereal, or ½ cup of cooked rice, cereal, or pasta

<table>
<thead>
<tr>
<th>Grains</th>
<th>Vegetables</th>
<th>Fruits</th>
<th>Milk</th>
<th>Meat &amp; Beans</th>
</tr>
</thead>
</table>
| Eat at least 3 oz. of whole-grain cereals, breads, crackers, rice, or pasta every day | Eat more dark-green veggies like broccoli, spinach, and other dark leafy greens | Eat a variety of fruit | Go low-fat or fat-free when you choose milk, yogurt, and other milk products | Choose lean meats and poultry

### Vegetables
Vary your veggies

- Eat more orange vegetables like carrots and sweet potatoes
- Eat more dry beans and peas like pinto beans, kidney beans, and lentils

<table>
<thead>
<tr>
<th>Vegetables</th>
<th>Fruits</th>
<th>Milk</th>
<th>Meat &amp; Beans</th>
</tr>
</thead>
</table>
| Eat more orange vegetables like carrots and sweet potatoes | Eat a variety of fruit | Go low-fat or fat-free when you choose milk, yogurt, and other milk products | Choose lean meats and poultry

### Fruits
Focus on fruits

- Go easy on fruit juices

<table>
<thead>
<tr>
<th>Fruits</th>
<th>Milk</th>
<th>Meat &amp; Beans</th>
</tr>
</thead>
</table>
| Go easy on fruit juices | Go low-fat or fat-free when you choose milk, yogurt, and other milk products | Choose lean meats and poultry

### Milk
Get your calcium-rich foods

- Go low-fat or fat-free when you choose milk, yogurt, and other milk products

<table>
<thead>
<tr>
<th>Milk</th>
<th>Meat &amp; Beans</th>
</tr>
</thead>
</table>
| Go low-fat or fat-free when you choose milk, yogurt, and other milk products | Choose lean meats and poultry

### Meat & Beans
Go lean with protein

- Bake it, broil it, or grill it
- Vary your protein routine – choose more fish, beans, peas, nuts, and seeds

<table>
<thead>
<tr>
<th>Meat &amp; Beans</th>
<th>Milk</th>
</tr>
</thead>
</table>
| Go lean with protein | Go low-fat or fat-free when you choose milk, yogurt, and other milk products

### Maintenance and Operation

- Clean, safe, and sanitary
- Temperatures
- Lighting
- Water supplies and plumbing
- Solid waste
- Laundry
- Emergency lighting
- Signal systems
PERSONAL ACCOMMODATIONS AND SERVICES

- Common rooms
- Bedrooms
- Equipment and supplies
- Toilets and bathrooms
- Privacy
- Space and safety provisions
- Pools and bodies of water

OTHER REQUIREMENTS

- Resident and Support Services
- Storage Space
- Telephones
- Motor Vehicles Used in Transporting Residents

Business Operations
AB 1523 – LIABILITY INSURANCE

- Effective July 1, 2015
- Must carry liability insurance in the amounts below
- At least $1 million per occurrence
  AND
- $3 million in the annual aggregate to cover injury to residents or guests caused by the negligent acts or omissions to act of, or neglect by, the licensee or its employees

ADMISSION AGREEMENTS

- Updating refund requirements
- Required components
- Modification conditions
- Pricing changes or increases
- House rules

Emergencies and Disasters
EMERGENCY PLANS

- Evacuation procedures
- Self-reliant for 72 hours
- Transportation needs
- Emergency power
- Communication
- Medications
- Assistive medical devices
- Residents with special needs
- Must have a plan on file

COMMUNICATION

CALL 911 IN AN EMERGENCY

R-A-C-E

Fire Emergency Response

R  Rescue
A  Alarm
C  Contain
E  Extinguish
P-A-S-S

To operate an extinguisher:

1. Pull the pin
2. Aim nozzle at base of fire
3. Squeeze the handle
4. Sweep nozzle side to side

Know your extinguisher
Use the correct extinguisher

EVACUATIONS

- Emergency Assembly Points
- When to evacuate
- How to evacuate
- Relocation
- Temporary relocation sites and procedures
- Transportation resources

CCG CAN HELP

Disaster and Emergency Manual

Section 1569.695 of the California Health and Safety Code requires every RCFE have an emergency plan.

This manual includes everything you need to complete disaster preparedness planning.
AB 2044 Requires CPR and Emergency Training and Staffing

- Relates to residential care facilities for the elderly.
- Requires that at least one administrator, facility manager, or designated substitute who has adequate qualifications be on the premises of a facility 24 hours per day.
- Requires a facility to employ, and an administrator to schedule, a sufficient number of staff members.
- Requires certain training to include building and fire safety and the appropriate response to emergencies.

NEW LAWS 2015

- January 1, 2016
- AB 1570 Increases Caregiver Training and Administrator Exam
- SB 911 Increases Administrator Certification Requirements, Medication Training and Caregiver Training
CAREGIVER ORIENTATION TRAINING
- 40 hours total orientation
- 20 hours before working independently
  - 6 hours dementia
  - 4 hours postural supports, hospice
- 20 hours within first 4 weeks of employment
  - 6 hours dementia

CAREGIVER ONGOING TRAINING
- 20 hours annually
- 8 hours dementia
- 4 hours postural supports, hospice

MEDICATION TRAINING
- 16 or more residents
  - 24 hours training
  - 16 hours hands-on shadowing
  - 8 hours of other training
- 1-15 residents
  - 10 hours training
  - 6 hours hands-on shadowing
  - 4 hours of other training
RCFE ADMINISTRATOR CERTIFICATION

- 80 hour initial certification course
  - 60 hours must be in person
  - 20 hours online
- 100 question exam
- Updated by DSS annually

CCG CAN HELP

Meet the new regulations with an Online Training Subscription:
- Caregivers take classes on their schedule
- All completion records in one place
- Lowest cost training method
- Meets administrator, nurse, CNA, and caregiver continuing education requirements

OR

Meet the new regulations with DVD Based Training:
- Training program for in-service trainings
- Includes resources to document trainings
- Train an unlimited number of caregivers
- One time investment

Personnel Requirements
STAFFING REQUIREMENTS

- Sufficient in number
- Competent to meet the needs of residents
- Caregivers must be 18
- Trained
- Health screening
- Dated, weekly schedule

STAFFING PATTERNS

- 8 hour shifts, 12 hour shifts or 24 hours shifts
- Staffing must be adequate to meet the needs of the resident population
- Utilization of shifts over 8 hours in a day will require payment of overtime wages.
- A staff person cannot be paid on an exempt basis in order to avoid overtime.
- Always refer to Wage Order 5 to guide your staffing decisions.
LIVE-IN FORMULA AS OF JULY 1, 2014

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>8 hours X $9.00</td>
<td>$72.00</td>
</tr>
<tr>
<td>1 hour meal break relieved of all duties, unpaid</td>
<td>$0.00</td>
</tr>
<tr>
<td>8 hours of sleep, unpaid as long as staff is uninterrupted</td>
<td>$0.00</td>
</tr>
<tr>
<td>4 hours X $9.00 X 1.5 times rate (overtime)</td>
<td>$54.00</td>
</tr>
<tr>
<td>3 hours X $9.00 X 2 times rate (overtime)</td>
<td>$54.00</td>
</tr>
<tr>
<td><strong>TOTAL DAILY RATE</strong></td>
<td><strong>$180.00 per day</strong></td>
</tr>
<tr>
<td><strong>TOTAL WEEKLY RATE (Daily Rate X 5 days)</strong></td>
<td><strong>$900.00 per week</strong></td>
</tr>
<tr>
<td>Less Meals, $12.21 (3 meals daily) X 5 days</td>
<td>$61.05</td>
</tr>
<tr>
<td>Less lodging</td>
<td>$42.33</td>
</tr>
<tr>
<td><strong>TOTAL FOR 5 DAYS COVERAGE</strong></td>
<td><strong>$788.93 per week</strong></td>
</tr>
<tr>
<td><strong>TOTAL MONTHLY COVERATE (4.2 X weekly total)</strong></td>
<td><strong>$3,313.50 per month</strong></td>
</tr>
</tbody>
</table>

STAFFING PATTERNS AND RATIOS

- Regulations only specify a ratio for night staff
- "Sufficient" staff
- Our business is 24/7/365
- Scheduling for weekends and holidays can be challenging

STAFFING/SCHEDULING IDEAS

- 4-on/2-off staffing patterns
- Weekday/weekend staffing
- Live-in staff
- Holiday pay
- Shift differentials
OFFER OF EMPLOYMENT

- Contingencies:
  - Criminal clearance
  - Health screening
  - Drug testing
- Offer letter
- Avoid promising specific shifts, days, schedules, etc.

OFFER LETTERS

- Effective January 1, 2012, California law requires offer letters for non-exempt employees
- Must include:
  - The rates of pay and basis for those rates (e.g., whether the employee is paid by the hour, shift, day, week, salary, etc.) including any rates for overtime, as applicable
  - Allowances, if any, claimed as part of the minimum wage, including meal or lodging allowances
  - The regular payday designated by the employer
  - The name of the employer
  - The physical address of the employer’s main office or principal place of business and a mailing address, if different
  - The telephone number of the employer
  - The name, address, and telephone number of the employer’s workers’ compensation insurance carrier
CRIMINAL CLEARANCE REQUIREMENTS

- Persons who must be cleared
- Exempt from criminal clearance requirements
- Timeframes for clearances
- Criminal clearance transfers
- Criminal record statements
- Penalties for violation

WHO MUST BE CLEARED?

- Licensee
- Administrator, supervisors
- Any adults other than a client, residing in the facility
- Caregivers (some exceptions for home health, etc.)
- Any staff or volunteer who has contact with residents
- CEO and Officers of the board

WHO IS EXEMPT?

- Spouse or friend of a resident who visits
- Volunteers (must meet criteria)
- Third party contractor (must meet criteria)
- Licensed or certified medical professionals, not employed by the RCFE
- Home health and hospice staff
- Clergy
TIMEFRAMES FOR CLEARANCE

- Must be completed “prior to working, residing or volunteering in a licensed facility”

CRIMINAL RECORD STATEMENT (LIC508)

CRIMINAL CLEARANCE PROCESS

- Fingerprints Submitted
- DOJ Conducts Background Check
- No Criminal History
  - Clearance forwarded to individual and CBCS
- Criminal History
  - CBCS reviews transcript from DOJ
  - Exemption or denial
**LIVESCAN**

- Replaced ink fingerprint cards in 2005
- Done at CCL offices or other non-contracted sites
- Fees vary
- “Dummy” number: 3455 88888

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**CRIMINAL CLEARANCE FEES**

<table>
<thead>
<tr>
<th>Service</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>DOJ Fee</td>
<td>$42</td>
</tr>
<tr>
<td>FBI Fee</td>
<td>$17</td>
</tr>
<tr>
<td>DOJ CACI Fee</td>
<td>n/a</td>
</tr>
<tr>
<td>Livescan Fee (varies)</td>
<td>$16</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>$75</strong></td>
</tr>
</tbody>
</table>

---

**CRIMINAL RECORD EXEMPTION**

- All convictions other than minor traffic violations, including misdemeanors, felonies and convictions that occurred a long time ago require an exemption
- Serious crimes such as robbery, sexual battery, child abuse, elder or dependant adult abuse, rape, arson or kidnapping are not eligible for an exemption
Health Screening

- All personnel
- A health screening by a physician
- Including a chest x-ray or an intradermal test (TB)
- Not more than 6 months prior to or 7 days after employment or licensure

Enforcement and Oversight
**NEW LAWS JANUARY 1, 2015**

**AB 1899 Adds Prohibition on Licensure for RCFE Abandonment**

- Amends the State Residential Care Facilities for the Elderly Act that provides for the licensure and regulation of residential care facilities for the elderly.
- Excludes a licensee who abandons the facility and the residents resulting in an immediate and substantial threat to the health and safety of those residents, from licensure in facilities licensed without the right to petition for reinstatement, and licensees who failed to take all reasonable steps to transfer affected residents to minimize trauma.

**NEW LAWS JANUARY 1, 2015**

**SB 1153 Ban on RCFE Admissions**

- Permits the California Department of Social Services (DSS) to suspend admissions to a RCFE if the facility has violated the law, been cited for repeated violations, or has failed to pay a civil penalty.
- The bill would authorize a licensee to appeal the suspension and would require the department to adopt regulations that specify the appeal procedure.

**NEW LAWS JANUARY 1, 2015**

**SB 1382 Increases Initial and Annual RCFE Licensing Fees**

- This bill increases the initial and annual licensing fees for RCFEs for every sized facility. After initial licensure, a fee shall be charged by the department annually on each anniversary of the effective date of the license.
AB 2236 New Civil Penalty Structure

• Raises the fine for violations that result in death to $15,000
• Raises violations that result in serious bodily injury or constitute physical abuse to $10,000
• Lesser violations, including the statutorily defined “serious violations” and repeat violations, remain at $150
• Establishes a four-step appeal process that includes review by an administrative law judge

CENTRALIZED COMPLAINTS

If You SEE Something, SAY Something

To report a complaint or concern regarding any licensed care facility, contact the hotline at
1-844-LET-US-NO
(1-844-538-8766)

IN THE EVENT OF AN EMERGENCY
CALL 9-1-1

CDSS California Department of Social Services Community Care Licensing Division Complaints, Complaints, Complaints and Information Bureau Sacramento, CA 95814

Summary
THINGS YOU NEED TO UPDATE

- Post Resident and Family Council law (1569.157)
- Post copy of the new resident rights
- Post new CCLD complaint poster
- Update your admission agreement and submit to CCL
- Train staff on new resident rights
- Prepare for new staff training requirements in 2016

ANY QUESTIONS