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# Adult and Senior Care Update



## Winter 2009-2010

Greetings and Best Wishes for the New Year! Our goal is to provide you with information about issues that affect adult and senior care licensed facilities. We hope you will take time to review the Update and share it with members of your organization as well as with others interested in adult and senior care issues.

### **CHAPTERED LEGISLATION FOR 2009**

A summary and implementation plans for pertinent bills chaptered in 2009 that affect Residential Care Facilities for the Elderly (RCFEs) and Adult Care Facilities will soon be available on the Community Care Licensing Division (CCLD) website. Unless otherwise noted in the Implementation Plans, these bills are effective on January 1, 2010. Licensees are encouraged to review these plans to ensure compliance with the provisions of these bills. If you have any questions, you are encouraged to contact your local licensing office. The implementation plans will be online at <http://cclld.ca.gov/PG830.htm>. As a reminder, licensees are responsible for complying with other new laws that impact facility operation.

### **INCREASE IN SOCIAL SECURITY BENEFITS**

This year Social Security recipients will not receive an automatic Cost-of-Living (COLA) increase in their 2010 benefits. Over the last 15 years, Social Security benefits have gone up an average of three percent every year. Last year's COLA (5.8%) was the largest increase in 26 years.

The Economic Recovery Payment for 2010 has not passed Congress yet. This stimulus package would be for seniors, veterans, and the disabled. The amount of the payment would be \$250, about a 2 percent increase.

For additional information about the 2010 COLA, please visit: [www.socialsecurity.gov/cola](http://www.socialsecurity.gov/cola)

## INFLUENZA VACCINATION UPDATE

In our last *Update*, we provided information regarding the importance of vaccination as a prevention measure for both H1N1 (Swine) and seasonal influenza. The California Department of Public Health (CDPH) continues to recommend that all clients and facility staff be vaccinated against seasonal flu as soon as possible. But the seasonal flu vaccine is not expected to protect against H1N1 flu, or vice versa. Fortunately, the H1N1 vaccine is becoming more and more available in California. Please continue to watch for H1N1 vaccine updates in your area, and contact your healthcare provider or [local health department](#) if you have questions. Other resources include CDPH's [H1N1 Vaccination Locations](#) website—and the CDPH H1N1 flu hotline at 1-888-865-0564. For continuously updated information on the H1N1 flu pandemic, please see [www.cdph.ca.gov](http://www.cdph.ca.gov) and [www.flu.gov/](http://www.flu.gov/).

According to experts, the flu can be fought by following three important steps:

- Vaccination for the flu shot – for seasonal flu and for the H1N1, if identified as being in a high priority group.
- Avoid giving others the flu. This can be done by covering your mouth or nose when coughing or sneezing and washing hands with soap and water or using an alcohol-based hand cleaner.
- Take antiviral drugs if prescribed by a doctor.

## INFLUENZA REPORTING REQUIREMENTS

Several questions have arisen recently about reporting requirements for H1N1 flu. As clarification, licensees do not have to report single cases of H1N1 flu, although licensees still must report client hospitalizations (some of which may be related to H1N1 flu). Moreover, as required by the licensing regulations, licensees must report outbreaks or suspected outbreaks of reportable communicable diseases, including H1N1 and seasonal flu, to the licensing agency and the [local health department](#).

So . . . What is an “outbreak” of influenza? CCLD’s handout [Tips for Licensees on H1N1 \(Swine\) and Seasonal Influenza](#) contains information about outbreaks. It clarifies that, for CCLD-licensed facilities, *an outbreak or suspected outbreak of H1N1 or seasonal influenza is considered to be two or more clients in a facility, or an area of the facility, developing an acute respiratory illness with fever during a one-week period.*

As a final note, licensees should clearly indicate on an incident on the Unusual Incident/Injury Report [LIC 624(4/99)] when the incident, such as a hospitalization, is related to H1N1 flu.

## STANDARD PRECAUTIONS

Many of you are probably already aware of the importance of standard precautions, now considered to be the basic level of infection control. Standard precautions include, and are very similar to, universal precautions. Like universal precautions, standard precautions

apply to blood and body fluids. But standard precautions *also* apply to body substances and fluids such as urine, feces, wound drainage, gastric drainage, and mucous membranes of the nose and mouth.

To assist licensees and providers, especially during this time when there is so much concern about H1N1 and seasonal influenza, we have prepared [CCL Information Release No. 2009-03, Standard Precautions](#). While the licensing agency will not be enforcing the use of precautions that are beyond those currently required in the licensing regulations, licensees and providers are encouraged to use standard precautions routinely as “best practices” for the protection of clients, facility staff and visitors. This information release was prepared in consultation with the CDPH.

### **NOROVIRUS (“STOMACH FLU”) AND OTHER HEALTH-RELATED INFORMATION**

This is a reminder to licensees that information about Norovirus and other health-related topics are available on the CCLD website at <http://cclld.ca.gov/pg535.htm>. More specifically, guidelines regarding Norovirus from CDPH are available at <http://www.cclld.ca.gov/PG523.htm>. Sometimes called “stomach flu,” a Norovirus infection is a gastrointestinal illness (not a respiratory infection) that causes nausea, vomiting, diarrhea, abdominal cramps, and low-grade fever (or none at all). Please also see the [Norovirus Q&A](#) prepared by the CDPH, and the federal Centers for Disease Control and Prevention’s [Norovirus website](#).

### **HARDSHIP AND LICENSED CARE FACILITIES**

If a licensee encounters activities related to bankruptcy or foreclosure, the licensee must notify the licensing agency and all residents receiving services, or their responsible persons. These types of activities are significant changes in operation and may affect the health and safety of residents in care. Notification must be written as soon as possible and at least sixty (60) days prior to the effective date of the change.

### **EVALUATOR MANUAL UPDATES**

Section 87705, Care of Persons with Dementia has been added to the Evaluator Manual. It is available on the CCLD webpage at: <http://cclld.ca.gov/PG548.htm>.

### **FACILITY SELF-ASSESSMENT GUIDES**

With another new year approaching, providers are strongly encouraged to use the CCLD Self-Assessment Guides. These guides are helpful tools to ensure compliance and they make great training tools for new staff! These guides can be accessed at: <http://cclld.ca.gov/PG1819.htm>.

The Preadmission Questionnaire Self-Assessment Guide for RCFEs is now updated and can be accessed at: <http://cclld.ca.gov/res/pdf/RCFEPreadmissionQuestionnaire.pdf>

## **PHYSICIAN ORDERS FOR LIFE SUSTAINING TREATMENT (POLST)**

The Physician Orders for Life-Sustaining Treatment (POLST) is a physician order that allows patients to choose the types of treatment they want to receive at the end of their lives. The POLST process/form:

- is voluntary;
- guides end-of-life medical treatment in accordance with a resident's wishes;
- must be signed by both a patient and a physician to be valid;
- complements an Advance Health Care Directive but is **not** intended to replace it;
- is similar to the way Do Not Resuscitate (DNR) orders work; and
- does not expand or alter what can be provided in RCFEs.

For additional information, please visit [www.ca.POLST.org](http://www.ca.POLST.org).

## **PRIVATELY PAID PERSONAL ASSISTANTS AND CRIMINAL RECORD CLEARANCE**

To ensure client/resident health and safety protections, CCLD requires criminal record clearances on Privately Paid Personal Assistants or Duty-Aides, who provide resident services beyond that required of the licensee. If a licensee chooses to allow these supplemental service providers, it is the responsibility of the licensee to develop related policies and procedures. The licensee must also advise potential or existing residents of this facility policy. Refer to RCFE Evaluator Manual and Regulation Section 87111, Personnel Requirements for further information.

## **APPRAISAL FORMS**

At the time of admission, licensees are responsible for obtaining information related to a potential resident's care needs. Based on this information, a determination on a licensee's ability to meet a resident's needs is made. If the licensee determines that the resident can be cared for, the licensee is responsible for developing and maintaining a needs and services plan. This plan identifies the resident's needs and addresses how these needs shall be met by the licensee. (See Appraisal/Needs and Services Plan, LIC 625, at <http://www.dss.cahwnet.gov/cdssweb/entres/forms/English/LIC625.PDF>). Licensees are reminded to continually observe residents for changes in condition, and update the needs and services plan as appropriate. Document, document, document!

## **ADMINISTRATOR CERTIFICATION SECTION**

The Administrator Certification Section (ACS) is responsible for processing all renewal certification applications. In order to renew a certificate, the administrator must submit 40 hours of continuing education hours. A maximum of twenty of the 40 hours may consist of online courses. An administrator with a certificate to be an administrator in a RCFE, who has an active nursing home administrator certificate, is only required to complete twenty continuing education hours every two years.

The administrator may only take courses from the following sources:

- Courses from ACS approved vendors. The list of ACS vendor approved courses is updated monthly on our website at [www.cclid.ca.gov](http://www.cclid.ca.gov). The administrators are encouraged to contact the vendors directly for more information about their course offering, schedules and training locations.
- Courses from vendors that are approved by State of California Agencies. If the administrator chooses to take a course from these vendors or providers, they must ensure that the subject matter relates to the core of knowledge.
- Courses from accredited educational institutions. Similar to the requirements for vendors from other state agencies, it is the duty of the administrator to ensure that the course subject relate to the topics identified in the core of knowledge and that the educational institution is accredited.

To ensure timely processing of renewal applications, ACS requests that an administrator, whose continuing education certificates are from other state agencies or from accredited education institutions, submit course descriptions and other documents to verify attendance and course subject matter. ACS makes this request for additional documentation because the Section is not involved in the course review and approval process. In addition, ACS does not have any knowledge of the course subject, curriculum and content. If there is no nexus to the core of knowledge topics, ACS will not grant approval for these courses as meeting the continuing education requirements.

## **SUMMARY**

If you have questions about this *Update* or suggestions for future topics, please contact Gary Levenson-Palmer, Chief of the Technical Assistance and Policy Branch, at (916) 324-4312. Please visit our website at [www.cclid.ca.gov](http://www.cclid.ca.gov) for copies of *Updates*, office locations, provider letters, regulations, or to learn more about licensing services.

Sincerely,

*Original signed by Jeffrey Hiratsuka*

JEFFREY HIRATSUKA  
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