

## **ADULT and SENIOR CARE PROGRAM UPDATE**

*Mission: To optimize the health and safety of adults and seniors in community care settings.*

*The Adult and Senior Care Residential Licensing Program licenses Adult Day Programs (ADP), Adult Residential Facilities (ARF), Adult Residential Facilities for Persons with Special Health Care Needs (ARFPSHN), Enhanced Behavioral Supports Homes (EBSH), Community Crisis Homes (CCH), Residential Care Facilities for the Chronically Ill (RCFCI), Residential Care Facilities for the Elderly (RCFE), and Social Rehabilitation Facilities (SRF) in an effort to ensure that they provide a safe and healthy environment for all persons in care.*

### A Note from Pamela Dickfoss, Deputy Director

Our hearts go out to those who have faced the devastation of wildfires throughout California and we are grateful to all of those who have been helping to keep our vulnerable population safe. Please refer to the [Department's webpage](#) for related information and assistance.

Thank you for your continued commitment to provide quality care for the State's most vulnerable population, the elderly and dependent adults in community care settings.

The Department continues to work on providing outreach to our providers with resources on how to better assist their residents in care. One important aspect for providers is to focus on the individual person. Regulations require facilities to offer planned activities. (California Code of Regulations, Title 22, (CCR), Division 6, Chapter 6 (Adult) [Section 81079](#), [82079](#), [85079](#)) and Chapter 8 (RCFE), [Section 87219](#). Take the time to get to know each of your clients/residents and their likes and dislikes. Every human being wants to be recognized for their individuality whether it

be the food they eat, the clothing they wear or how they speak. Focus on providing the required activities that will meet the needs of your residents as a whole. Providing activities based on resident choices allows residents to feel they have a say in their daily lives and shows they are respected by the staff who assist in their care.

When modifications are needed, only modify the activities for the residents who require them. Be sure all modifications are based on individual needs. This may mean there are multiple modifications required, but the benefit will be obvious to your residents. Use symbols for residents who have communication barriers. This will allow them to be part of the activities and fill the emotional bonds that all humans need to thrive.

Remember that it is never too late to work with residents on developing their skills and interests. By developing planned activities that are attractive to your residents, you are assisting to bring more quality and fulfillment to their lives while in a community care setting.

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## [To \(Bed\) Rail or Not to \(Bed\) Rail](#)

***Please note: this article was corrected after this Update's original publication***

Bedrails that extend from **the head of a bed to half the length of the bed**, also known as "**half bedrails**," are permitted in Residential Care Facilities for the Elderly (RCFE) when they are used by a resident to assist with mobility as specified in the California Code of Regulations (CCR), Title 22, [Section 87608](#), Postural Supports. The resident's need for half bedrails must be stated in a written order from their physician, [CCR, Title 22, Section 87608\(a\)\(3\)](#). Bedrails may **not** be used to restrict movement, including, but not limited to, preventing a resident from falling out of bed, a chair, or other supportive furniture, CCR, Title 22, [Section 87608\(a\)\(1\)](#). Bedrails that extend **the entire length of a bed** are prohibited except when they are used by a resident receiving hospice care. The resident's need for full-length bedrails must be stated in the resident's hospice care plan, CCR, Title 22, [Section 87608\(a\)\(5\)\(B\)](#). A licensee may use other devices such as a bed assist bar, handle or "halo" rail, that assist residents with mobility and meet the same needs as a half bedrail.

Bedrails may still be the only viable option for meeting a resident's needs. In this case, a licensee must accommodate the resident according to a written order from the resident's physician or the resident's hospice care plan. A licensee is encouraged to discuss unique situations with their designated Licensing Program Analyst or [Adult and Senior Care Regional Office](#).

## [New Legislation on Disaster Preparedness](#)

On September 11, 2018 Governor Brown signed [Assembly Bill \(AB\) 3098](#) (Chapter 348, Statutes of 2018) into law which affects Residential Care Facilities for the Elderly (RCFE) and Continuing Care Retirement Community (CCRC) licensees. The provisions of this bill will go into effect January 1, 2019 unless otherwise specified below. AB 3098 amended Health and Safety Code (HSC) section 1569.695 to require licensees to, among other things:

- **Include additional content in their facility emergency and disaster plan** as specified.
- **Provide training** on the plan to all staff upon hire and annually thereafter.
- **Conduct a drill** at least quarterly for each shift covering various emergency situations.
- **Review the plan annually** and update it as necessary, including changes in floor plans and the population served.
- Have a **set of keys available to facility staff on each shift** to all occupied resident units, facility vehicles, facility exit doors, facility cabinets and cupboards or files that contain elements of the emergency and disaster plan as specified.
- Have an **evacuation chair** at each stairwell on or before July 1, 2019.

Licensees must comply with all the requirements of Health & Safety Code, [Section 1569.695](#) and the California Code of Regulations (CCR), Title 22, [Section 87212](#) Emergency Disaster Plan. The

existing fire and earthquake drill requirement in CCR, Title 22, [Section 87705](#) Care of Persons with Dementia is superseded by the requirement to conduct a quarterly drill per Health & Safety Code, Section 1569.695.

Applicants seeking a license for a new facility must submit their emergency and disaster plan, with the required content, with their initial license application.

## [Home and Community Based Services Final Rule](#)

Individuals with intellectual and developmental disabilities are provided many services because of the [Lanterman Act](#). Funding for these services is derived from the federal Centers for Medicare and Medicaid Services (CMS) through the Regional Center and must comply with what is called the [Home and Community-Based Services \(HCBS\) Final Rule](#). In 2014, CMS announced the HBCS Final Rule identifying changes that need to be fully implemented by March of 2022 (a three-year extension from the initial deadline of 2019). The rule reflects CMS' intent to ensure that consumers of HBCS have access to the benefits of community living and receive services in the most integrated settings. Further, it creates a more outcome-oriented definition of home and community-based services and guidelines for Person-Centered Planning. For more information on HBCS Final Rule and how to comply, visit [Department of Developmental Services](#) or contact your local [Regional Center](#).





## Nurse Consultant's Corner – Home Health & Hospice Interactions with the Licensee

By: Pamela Valencia, RN

When a Residential Care Facility for the Elderly (RCFE) Licensee accepts a resident and the resident is receiving services from a Home Health Agency (HHA) or Hospice Services, who is the primary advocate for the resident's care and services while the resident is receiving HHA or hospice services?

The RCFE Licensee is the primary advocate for the resident's care and services while the resident is receiving HHA or hospice services. The licensee is responsible for providing supervision over the affairs of the facility and ensuring that residents are getting the proper care and regularly observed for changes in physical, mental, emotional and social functioning and that appropriate assistance is provided when such observation reveals unmet needs. The licensee shall ensure that such changes are documented and brought to the attention of the resident's physician and the resident's responsible person, if any.

If the HHA is providing services in the facility, there is evidence of an agreed-upon protocol between the HHA and the RCFE. The protocol addresses areas of responsibility of the HHA and the facility plus the need for communication and the sharing of resident information related to the home health care plan. The facility must have the ability to provide the supporting care and supervision appropriate to meet the needs of the resident receiving care from the HHA. There is evidence of ongoing communication between the HHA and the RCFE about the services provided to the resident by the HHA and the frequency and duration of care to be provided.

If hospice is providing services in the facility, there must be a facility hospice care waiver from the Department. There is a written hospice care plan which specifies the care, services, and necessary medical intervention related to the terminal illness as necessary to supplement the care and supervision provided by the facility, developed for each resident receiving hospice services. There is a description of the licensee's area of responsibility for implementing the hospice care plan including, but not limited to, facility staff duties, record keeping, and communication with the hospice agency, resident's physician, and the resident's responsible person(s), if any. This description shall include the type and frequency of the tasks to be performed by the facility.

### References:

1. Title 22, Division 6 Licensing of Community Care Licensed Facilities, Chapter 8 Residential Care Facilities for the Elderly: [Section 87205](#), [Section 87466](#), [Section 87609](#), [Section 87632](#), and [Section 87633](#).
2. Health & Safety Code: [Section 1569.725](#)

## Refunds to Residents

The Department is often asked about residents at RCFEs receiving a refund of fees. There are two types of fees that can be paid to a facility. The monthly fee (which could include a fixed fee for all services, a fee for each service provided, or a combination of both and/or prepaid monthly fees) and a single pre-admission fee.

The admission agreement must include refund conditions, which would include notice required to terminate the admission agreement (i.e. 30 days, 60 days, etc.) and full written disclosure of preadmission fee charges and refund conditions. When issuing a refund, always refer to what was agreed to in the admission agreement (this is a good thing to discuss at the time of admission to avoid future confusion or conflict).

If a pre-admission fee is charged, and the applicant decides not to enter the facility prior to completing a pre-admission appraisal, a 100% refund is required. Paid preadmission fees paid in excess of \$500 are also subject to at least the following:

- 80% refund if the person does not enter the facility after a pre-admission appraisal was conducted,
- 80% refund if a resident leaves the facility for any reason during the first month of residency,
- 60% if a resident leaves the facility for any reason during the second month of residency, or
- 40% if a resident leaves the facility for any reason during the third month of residency.

Paid preadmission fees are also subject to refunds in the following circumstances:

- licensee forfeits the license upon the sale or transfer of the facility resulting in the resident's transfer,
- licensee surrenders the license,
- licensee abandons the facility,
- there is a change of use of the facility,
- upon the sale or transfer of the facility, or
- if the resident transfers from the facility due to notice of temporary suspension or revocation of license.

A facility cannot require advance notice for terminating an admission agreement upon the death of a resident and no fees are allowed to accrue once all personal property belonging to the deceased resident is removed from the living unit (Health & Safety Code, [Section 1569.652](#)). If fees were paid in advance covering the time period after a deceased resident's personal property was removed from the facility, the facility must issue a refund within 15 days after the property is removed.

## Healthy Habits Series/Nutrition

Making healthy food choices is a smart thing to do. Food provides the nutrients you need no matter how old you are. Use these tips to choose foods for better health:

- Drink plenty of liquids
- Make eating a social event
- Plan healthy meals
- Know how much to eat

- Vary your vegetables
- Eat for your teeth and gums
- Use herbs and spices
- Keep food safe
- Read the Nutrition Facts label
- Ask your doctor about vitamins or supplements.

More information can be found at the [U.S. Food and Drug](#) website.

## New Inspection Process Project Updates

The Senior Care Inspection Tool Pilot concluded on September 30, 2018. The Department has partnered with California State University, Sacramento (CSUS) to complete an in-depth analysis of the findings to identify key performance indicators and provide recommendations for future development. The Department, in partnership with CSUS, conducted focus groups with participating Licensing Program Analysts (LPAs) in early October. In the next few months the Department will review and analyze the information collected from the pilot, including feedback received from LPA and licensee surveys, and focus groups.

Between July and September, 21 LPAs conducted inspections in 164 facilities. Based on preliminary information, LPAs provided a significant amount of technical assistance. Feedback collected through licensee surveys indicate that a majority of licensees found the inspection process helpful (76%), and that their experience with the revised process was either “Excellent” or “Good” (81%). We will share the findings from the pilot in the next Quarterly Update once available.

## Temporary Manager Candidate Information

If you are interested in becoming a temporary manager candidate, we highly encourage you to apply by completing the [LIC 215TM \(6/18\) Temporary Manager Candidate List Applicant Information](#) form and submitting the form to [ASCPTemporaryManager@dss.ca.gov](mailto:ASCPTemporaryManager@dss.ca.gov) or mail to:

Centralized Applications Bureau  
 ATTN: Temporary Manager  
 744 P Street, MS 8-3-91  
 Sacramento, CA 95814

## Management Information

**Stacy Barlow** was appointed to the Assistant Program Administrator for Northern CA, effective 12/21/18. Stacy used to be an LPA and moved up through the ranks. Her most recent position was as the Regional Manager of the Sacramento Adult and Senior Care Office.

**Eva Alvarez** was promoted to LPM I, El Segundo Adult and Senior Care Regional Office, effective 11/1/18.

**Rebecca Hedgecock** was promoted to LPM I, San Diego Adult and Senior Care Regional Office, effective 7/2/18.

**Victoria Pluim** was promoted to SSM I, Policy Training and Quality Improvement Branch, Adult and Senior Care Special Projects Unit, Sacramento Headquarters, effective 10/1/18.

**Jeffery Girolami** was promoted to LPM I, San Diego Adult and Senior Care Regional Office, effective 11/21/18.

**Angela Kendrick** was promoted to LPM I, El Segundo Adult and Senior Care Regional Office, effective 12/3/18.

**Romeo Manzano** was promoted to LPM I, San Bruno Adult and Senior Care Regional Office, effective 12/5/18.

**Karen Clemons** was promoted to LPM I, Riverside Adult and Senior Care Regional Office, effective 11/30/18.

**Reyna Lacey** was promoted to LPM I, Riverside Adult and Senior Care Regional Office, Effective 11/30/18.

**Mirella Quaranta** was promoted to SSM I, Adult and Senior Care Program, Centralized Applications Bureau, effective 6/13/18.



Are you interested in becoming part of the Community Care Licensing team?

Please apply at: [CalCareers](#)

- Information on how to apply for a State job can be found at the [Cal Careers Website](#).

Links to Adult and Senior Care Program Office Websites:

[Adult Care](#)

[Senior Care](#)

[Central Applications Bureau](#)

Remember to check for new [PINS](#)

To receive email notifications when a PIN has been released please email

[cldpolicynotification@dss.ca.gov](mailto:cldpolicynotification@dss.ca.gov)

### IMPORTANT PHONE NUMBERS

Centralized Complaint Information Bureau (CCIB)	1-844-538-8766
Administrator Certification	916-653-9300
Caregiver Background Check Bureau (CBCB)	1-888-422-5669
Long Term Care Ombudsman	1-800-231-4024
CCLD Public Inquiry and Response	916-651-8848
Technical Support Program	916-654-1541
Centralized Applications Bureau	916-657-2600

**Program Administrator:** Ley Arquisola, RN, MSN

**Assistant Program Administrators:** Stacy Barlow- Northern CA, Claire Matsushita- Central CA, Kimberly Lyon- Southern CA