

Quarterly Update

SUMMER 2019

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 Care Facilities for Persons with Special Healthcare 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

For more than 286,000 adults and seniors in California, their home of choice is a licensed community care facility, such as, an Adult Residential Facility (ARF) or Residential Care Facility for the Elderly (RCFE). These facilities provide a continuum of care and allow persons in care to age in place. The Adult and Senior Care Program (ASCP) is collectively working with stakeholders in developing strategies to encourage "aging in place" for persons in care. The U.S. Centers for Disease Control and Prevention defines "aging in place" as "the ability to live in one's own home and community safely, independently, and comfortably, regardless of age, income, or ability".

Community care was originally envisioned as a normalizing and least restrictive environment for persons needing basic care and supervision that would assist them in performing activities of daily living. The persons in care needed little more than a healthful, safe, and supportive environment. Today, the nature of community care has changed significantly and now includes care for persons whose needs require the management of mild to severe cognitive impairments and sometimes significant medical needs. With these changes, it is imperative that ASCP and its partners work towards creative solutions that will allow adults and seniors to remain in their chosen home as long as possible.

The Department encourages licensees to be mindful of the progressive nature of the aging process when accepting a person in care at the facility. Persons in care will most likely have additional care needs as they age. Clear communication regarding the range of services the facility does and does not provide is especially important before and upon admission into a facility. Ongoing communication with the person in care and if applicable, their representative is critical. Finally, collaboration with a person in care's team such as physicians, skilled professionals, home health and hospice help ensure that the person is receiving the care they need and is residing in the appropriate care setting.

ASCP is currently focusing on the following activities to ensure persons in care can age in place when appropriate:

- Partnering with stakeholders to discuss changes to current regulations related to serving persons in care with major neurocognitive disorder in RCFEs, which will promote residents' "aging in place" while having their needs met in the facility in which they reside.
- Developing a uniform assessment tool that can be utilized by RCFE licensees to ensure that each resident is assessed correctly, and appropriate plans are put in place to meet residents' needs.
- Providing licensees with best practices to allow them to safely care for persons in care with medical and cognitive conditions.
- Training and outreach for Licensing Program Analysts and caregivers on how to meet the specialized needs of persons in care. As an example, in July 2019, ASCP will be holding a Fall Awareness Symposium ([PIN 19-11.1-ASC](#)) for licensing staff, licensees, and caregivers.
- Inform the licensee regarding the use and benefits of collaboration with Home Health Care or Hospice Care services for persons in care with medical needs so that a facility can continue to meet the needs of the person at the facility in which they reside.

INSIDE THIS ISSUE	
Summer Heat Precautions	Fire Season
Regulations-Suspension of New Admissions	Healthy Habits
Resident Visitors	New Inspection Process Project Updates
Program Clinical Consultant's Corner	Temporary Manager Information

Summer Heat Precautions for Older Adults and Seniors

With the fun and enjoyment summer weather can bring, there are also heat-related safety precautions that need to be taken in the care of older adults. Reminding staff to exercise greater awareness of the increased sensitivity of older adults to heat-related illnesses and making sure proper measures are in place to provide a safe home environment are two basic steps toward prevention of these illnesses. Refer to [PIN 18-08-CCLD- Heat Preparedness](#).

The [Centers for Disease Control and Prevention \(CDC\)](#) cites the inability of older adults and seniors to physically adjust to sudden changes in temperature as the principal reason for their increased risk of heat-related illnesses. This can be further complicated by pre-existing illnesses or the effects of taking medication. Close monitoring of resident/client conditions and hydration are steps that go together with maintaining a comfortable temperature in all areas of a facility.

For your convenience, the following is a list of Title 22 Regulations to especially keep in mind this summer:

ARFs:

[Title 22 Section 80065\(e\) & \(f\)\(5\) – Personnel Requirements](#)

[Title 22 Section 80087\(e\) – Buildings and Grounds](#)

[Title 22 Section 80088\(a\)\(1\) & \(1\)\(A\) – Fixtures, Furniture, Equipment and Supplies](#)

[Title 22 Section 85087.2\(b\) – Outdoor Activity Space](#)

RCFEs:

[Title 22 Section 87303\(b\)\(2\) – Maintenance and Operation](#)

[Title 22 Section 87307\(e\) – Personal Accommodations and Services](#)

[Title 22 Section 87411\(d\)\(5\) – Personnel Requirements](#)

Update on Regulations- Suspension of New Admissions

The Community Care Licensing Division (CCLD) has recently promulgated regulations regarding the Suspension of New Admissions in Residential Care Facilities for the Elderly (RCFE). These regulations go into effect July 1, 2019 and add the following sections to Title 22 of the California Code of Regulations (CCR):

- [Section 87764](#): Suspension of New Admissions
- [Section 87765](#): Appeal of Suspension of New Admissions

The Suspension of New Admission regulations clarify statutory requirements, which permit the Department to order a suspension of new resident admissions if either of the following conditions are met:

- The RCFE is cited for a deficiency that presents a direct and immediate risk to the health, safety or personal rights of the resident or residents of the facility and the licensee fails to correct the deficiency immediately.
- The RCFE failed to pay a civil penalty (or penalties) after the facility had exhausted the administrative review process as specified in Health and Safety Code [Section 1569.49](#).

Additionally, the regulations (1) require the Department to provide written notice, as specified, of the order to suspend new admissions; (2) require an RCFE licensee to post a copy of the notice in a conspicuous location in their facility; and, (3) specify licensee appeal rights related to a suspension of new admissions.

Resident Visitors

Residents in Residential Care Facilities for the Elderly are afforded personal rights including the right to have visitors, which includes but is not limited to, friends, family, ombudspersons, and advocacy representatives to visit privately during reasonable hours and without prior notice, provided that the rights of other residents are not infringed upon [[CCR Title 22 Section 87468.1 Personal Rights of Residents in all Facilities \(a\)\(11\)](#)].

It is important for licensees to be aware there are limited circumstances when a resident's visitation rights can be restricted. Understanding the differences between a Power of Attorney (POA) and a conservatorship is an important element in understanding a resident's right to visitors.

When an individual has the capacity to do so, they may draft a legal document, called a POA. This gives the authority to another individual to act on their behalf. The authority may be limited to certain activities, such as health care decisions or financial matters. Because the court is not involved in the creation of a POA, the cost is relatively low.

On the other hand, a Conservator is appointed by a judge upon petition to the court **after** an individual is no longer able to competently make important decisions. Because a conservatorship requires a court proceeding, it can be costly.

While both a POA and a conservatorship give a person the authority to make decisions for another person, a POA has less delegated authority than a Conservator, who is appointed by the court. The law specifically limits a Conservator's power to restrict visitors only with court approval [[Probate Code section 2351](#)]. Because of this, it follows that a POA, with less surrogate power, also cannot restrict a resident's visitors, unless this authority is expressly indicated in the document.

If you have questions about resident visitation rights, please reach out to your local [Adult and Senior Care Regional Office](#).



Program Clinical Consultant's Corner – Infection Control in Community Care Facilities

By: Kathleen Weiss, RN

Community care facilities such as Adult Residential Facility (ARFs) and Residential Care Facilities for the Elderly (RCFE) are among potential areas for contact with infectious diseases. Close living environments expose everyone to environmental germs just by touching residents, surfaces, and breathing the air.

There are different precautionary measures that may be implemented to deal with potential infectious substances: Universal, Contact, and Respiratory Precautions.

1. **Universal Precautions.** You cannot usually tell if people have infectious diseases just by looking at them. Using Universal Precautions, also referred to as "Standard Precautions" in inpatient setting, means protecting yourself as if all blood, liquid, or airborne body fluids could be infected.

Use the precautions below whenever there is a chance of contact with skin, blood or body fluids, including during tasks such as bathing, wound care, doing laundry, and toileting.

- Wear disposable non-latex gloves when handling body fluids or waste, and blood.
 - Wear a mask when caring for those with respiratory infections or when you may have a respiratory infection.
 - Wash your hands frequently throughout your work day.
 - Wash your hands before and after caring for a resident.
 - Wash your hands between caring for each resident.
 - Remove any blood or body waste from your skin or the resident's skin by washing with soap and running water.
 - Wear a mask and eye protectors as necessary for splash back of body fluids.
 - Properly handle and dispose of possibly infected linens.
 - Properly handle and dispose of sharps (such as needles and diabetes sticks).
2. **Contact Precautions** are used to prevent transmission of infectious diseases from touching surfaces as well as touching others.

Hand hygiene has been identified frequently as the single most important practice to reduce transmission of infectious agents. The term “hand hygiene” includes both handwashing with either plain or antiseptic-containing soap and water, and use of alcohol-based products (gels, rinses, foams) that do not require the use of water. In the absence of visible soiling of hands, approved alcohol-based products for hand disinfection are preferred over plain soap and water because of their superior antiseptic effect, reduced drying of the skin, and convenience. Improved hand hygiene practices have been associated with a sustained decrease in the incidence of *MRSA (Methicillin-Resistant Staphylococcus Aureus)* which is a staphylococcus infection difficult to treat because of resistance to antibiotics.

The importance of hand hygiene is needed where a resident with *Candida Auris (a fungal infection)* resides. When caring for residents with *Candida Auris*, personnel should follow standard hand hygiene practices, which include alcohol-based hand sanitizer use or, if hands are visibly soiled, washing with soap and water. Wearing gloves is not a substitute for hand hygiene.

3. **Respiratory Precautions** are used to prevent the transmission of all respiratory infections, including influenza.

The following infection control measures should be implemented at the first point of contact with a potentially infected person and are recommended for all individuals with signs and symptoms of a respiratory infection including the common cold.

- Cover your mouth and nose with a tissue when coughing or sneezing.
- Use the nearest waste receptacle to dispose of a tissue after use.
- Practice good hand hygiene after having contact with respiratory secretions and contaminated objects or materials.
- Provide materials for adhering to Respiratory Hygiene/Cough Etiquette.
- Provide tissues and no-touch receptacles for used tissue disposal.
- Provide conveniently located dispensers of alcohol-based hand rub; where sinks are available, ensure that supplies for hand washing (i.e., soap, disposable towels) are consistently available.

More information can be found at the [Centers for Disease Control and Prevention website](#).

Healthy Habits – Staying Active and Healthy

The [National Institute of Diabetes and Digestive and Kidney Diseases](#) website offers some general tips and information that may be useful in keeping healthy as we move into the summer months.

Diet & Nutrition- Food and beverages provide the energy and nutrients you need to improve health, manage disease, and reduce the risk of disease.

1. Add color, variety, and flavor to your meals with fruits and vegetables fresh from your local farmers market.
2. Start a small garden in your yard or in a community patch to exercise, grow healthy food, and have fun.
3. Fuel your summer with nutrient-rich foods like whole grains, fat-free or low-fat milk and cheese, seafood, lean meats, poultry, eggs, beans, nuts, and seeds.
4. Drink plenty of water before, during, and after activities, especially when the temperature soars.

Walking: A Step in the Right Direction

Walking is a great way to be more active and is the most popular physical activity among adults. Most people can walk, including many people with disabilities who are able to walk on their own or with walkers or other aids.

Two main benefits of walking are ease and a low risk of injury. Walking also is free or low-cost because you do not need special equipment, clothing, facilities, or training. Because walking can easily fit your schedule, needs, and abilities, it is a good way to start getting active for individuals that tend to be inactive. Beat the heat with an early morning activity like walking and watch the sun come up.



Fire Season

In the 2018 fire season, we had over 8,500 wildfires and the largest amount of burned acreage recorded in California history. The largest of these fires was the Ranch Fire, engulfing 410,203 acres. The most destructive and deadliest was the Camp Fire, destroying over 150,000 acres, including over 18,000 structures, and taking 85 lives. With the increased rain this last season, new vegetation can dry up in the summer heat and be added fuel for fires.

There are several things you can do to prepare for a fire in your area, some of them are requirements. Please make sure to check regulations for your facility type.

- Have an evacuation plan. Practice evacuating your home or facility with your clients/residents. Everyone in the home or facility should be aware of what to do in case there is a need to evacuate. If you have clients/residents who need additional assistance, your staff must be well-equipped and organized.
- Make sure that fire suppression systems, smoke detectors and carbon monoxide detectors are always in place and working.
- Create a defensible space around your home or facility by trimming trees and other vegetation, clearing away dead branches, wood piles, and vegetation from your roof, patio furniture, and play equipment, and keep your rain gutters free of debris. For more information on preparing your facility for fire season, go to Cal Fire's [Preparing Your Home For Wild Fires](#).
- Have a relocation plan in place in case of emergency. Consider alternate routes to relocation sites. Keep all important phone numbers and addresses readily available in your home or facility (RCFE requirement).
- Notify your Licensing Program Analyst as soon as possible if you do have to relocate. Have a current [LIC 9020](#) (or [LIC 9020A](#) for RCFEs), Register of Facility Clients/Residents, available to assist in tracking who is in care and where they have been relocated.

Community Care Licensing tracks fires that may pose a danger to our facilities on a seven-day-a-week, 24-hour basis. By notifying us if you must relocate, we can assist you to ensure that your clients/residents are safe and get the services they need.

New Inspection Process Project Updates

The Department continues to develop Comprehensive Inspection Tools and Standard Inspection Tools for adult and senior facilities. These tools will facilitate inspections that focus on three priority areas: prevention, enforcement, and compliance. In March, Subject Matter Experts (SMEs) met to discuss the inspection tools and processes for Residential Care Facilities for the Elderly (RCFE). Over two days, SMEs rated and discussed which regulations should be kept in the tool based on a risk assessment methodology and provided feedback on resident and staff interview questions and processes. The SMEs also took part in organizational mapping, which included removing redundancies from the tools and preparing a plan for the ideal layout of the inspection process. The next step is to determine where the thresholds should be for triggering a more in-depth inspection, i.e. triggers to go from a standard tool to a domain-focused tool. The Department will launch the RCFE Comprehensive and Standard Inspection Tools statewide this fall.

In April, another group of SMEs met to apply a risk assessment methodology and analysis to regulations and statute related to Adult Care facilities, similar to the workgroup process conducted in March. It is important to note that the Department did not develop this workgroup process for RCFE inspection tools until after the conclusion of the pilot. The Department anticipates that this new process will result in tools that are less cumbersome for LPAs and licensees, while still facilitating a thorough inspection.

Facility Inspections – Principles of Documentation

In March, the Department published an update to Reference Material for Documentation in its Evaluator Manual (EM). The update included incorporating the new Principles of Documentation (POD), which provides Licensing Program Analysts with mindful principles and examples for application when documenting deficiencies found during a facility inspection.

Temporary Manager Candidate Information

If you are interested in becoming a temporary manager candidate, we 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 or mail to:

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

Management Information

Christine Yee promoted to an LPM I from LPA in the Monterey Park Regional Office, effective June 3, 2019.

Hope DeBenedetti promoted to an LPM I from an LPA in the Rohnert Park Regional Office, effective June 17, 2019.



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](#)

Additional information and resources can also be found on the [Department of Developmental Services](#) website.

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:

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