

# Quarterly Update

FALL 2020

## 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 the past six years, my heart and soul has been focused on the leadership of this extraordinary program that plays a significant role in the health and safety of infants through the elderly. I am saddened to tell you I am retiring the first of December. It has been an honor to work with such a dedicated group of providers and stakeholders. These collaborations have been essential in establishing partnerships and a continuous dialogue on how to improve the quality of care in our licensed facilities.

Seven months into the Coronavirus (COVID-19) Pandemic, I remain amazed by your commitment and continued efforts to serve the residents/clients in your facilities and at the same time, support your staff. I have also been encouraged by your ability to adjust to the fluidity of this ever-evolving health crisis. CCLD has been on the front lines of California's response to slow down the adverse effect and health inequities brought on by COVID-19 to facilities. CCLD has oversight of nearly 15,000 Adult and Senior Care homes with approximately 300,000 residents, the majority being 6-bed homes in residential communities. As of the beginning of August there were more than 7,500 positive cases of COVID-19; including more than 3,700 residents and 3,700 staff.

Tragically, we have also lost more than 700 individuals (707 residents and 30 staff).

CCLD has worked diligently on developing resources to assist providers, including releasing numerous Provider Information Notices (PINS); implementation of virtual tele-inspections with the assistance of the Department's Program Clinical Consultants; and starting August, conducting monthly statewide informational calls. In addition, CCLD distributed approximately 775,000 Protective Personal Equipment (PPEs) to providers throughout the state which included masks, gloves, hand sanitizer, gowns/coveralls and goggles/face shields.

CCLD initiated the California Residential Care HERO Awards program in the month of June to make available a one-time stipend of \$500 to recognize the essential work that direct care staff carry out. As of August 31, CCLD awarded 24,615 HERO Award cards to the direct care staff.

I'm grateful for individuals within the provider community who willingly stepped forward to serve as surge temporary managers to preserve two non-profit RCFEs. I want to recognize, Adam Zenou and Moises Bercovich of Skilled Management, Inc. and Maria Cantoria of All About Caring. Their combined efforts helped to preserve the placements of approximately 30 elderly residents.

Finally, I want to thank you for your perseverance and tireless work on behalf of all the individuals we serve. I am reassured my current leadership will continue to collaborate with providers, advocates, residents and families to protect the vulnerable Californians we serve. Your spirit and resilience have lifted me up during challenging situations. I am forever grateful to have been able to serve as the Deputy Director of Community Care Licensing and wish you all success in the wonderful work you do.

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## [Practicing Self-Care](#)

The concept of “self-care” refers to the action of meeting one’s own needs to ensure physical, mental, and emotional well-being. It is important to give yourself mental health breaks to ensure that you are rebooting your energy levels and paying attention to your immediate needs. Self-care practices can include things such as taking deep breaths during a stressful situation, taking a walk, meditating, exercising, reading a book, having a conversation with a friend/loved one, etc.

There are many ways in which someone can practice self-care and it is important to be mindful of your body, emotions, and mental state. Particularly during a public health crisis such as COVID-19, it is especially important that you practice self-care in order to reduce the likelihood of burn out. Life stressors are normal and common, but you should always take care of yourself and take breaks whenever needed.

The following links are helpful resources to provide additional information to better understand the importance of self-care:

- [California Surgeon General’s Playbook: Stress Relief](#)
- [Self-Care – Active Minds](#)
- [Taking Good Care of Yourself – Mental Health America](#)
- [Mayo Clinic Health System](#)



## [Planned Activities and Maintaining Safety](#)

The holiday season is a time when being away from family or loved ones can be more deeply felt by clients and residents. Restrictions to visitations and other safety steps taken in response to COVID-19 can make the upcoming holiday season particularly challenging. This is a good time for providers to plan

activities for their clients/residents in a way that keeps them safe but also continuously engaged and connected to those dear to them.

Adjustments will need to be made regarding how group activities are conducted in order to prevent the spread of COVID-19. The need to maintain physical distancing, limiting the number of participants at each event, and ensuring that those who are sick aren't participating will determine what these activities look like and how they are to be carried out.

Providers are required to provide planned activities for their clients/residents. The health restrictions due to COVID-19 place an added challenge for creative but doable ways to offer planned activities. Below are four considerations in planning activities:

- Provide activities that match the interests and abilities of the clients and residents; avoid a "one-size-fits-all" approach, even if it's simpler or convenient.
- Encourage staff to build on the daily interactions they already have with clients and residents by turning them into several mini-activities such as short chats and games.
- Turn activities already scheduled, such as meals and daily exercise, into further opportunities for active engagements using games, storytelling, or talent shows.
- Help make up for the reduced opportunities for person-to-person contacts with the increased use of electronic ways of keeping the clients and residents engaged.

For further information on this subject, please review CCLD's PowerPoint presentation on [Planned Activities](#).

## Keeping the Brain Sharp

Have you ever wondered what happens to the brain as we age? Not challenging your mind as you age can contribute to decreased cognitive function. It is normal to experience some cognitive decline with age, but there are ways to proactively prevent memory lapses and strengthen the brain.

[Johns Hopkins University](#) suggests that seniors can improve their chances of maintaining a healthy mind by exercising daily, eating a healthy diet, getting plenty of sleep, learning new things, and staying socially engaged. Also, daily interaction and socializing with others, such as facility staff help reduce feelings of isolation, depression, and anxiety. [Kaiser Permanente](#), [National Institute on Aging](#), [Administration for Community Living](#), [Alzheimer's Association](#) and the [American Association of Retired Persons](#) are great resources for getting more information and ideas on keeping the brain sharp. While seniors may not have the social opportunities they normally would due to COVID-19 restrictions, activities like reading, word searches, puzzles, journaling, coloring, and crafts are all great person-centered activities that can keep the mind stimulated.

Although aging can impact our mental state and processing time, applying healthy living measures, and having an active social life can help our seniors thrive and improve brain health.

## Physical Distancing and Social Isolation

Many holidays and milestones have already been missed due to COVID-19 and many of us are missing the people we can't be with in person right now. We are now approaching a season marked by more holidays and residents and clients will want to gather with family and friends to celebrate. Separation from loved ones during the holidays can create negative effects and when people are

placed in physically isolating environments, such as those presented by the COVID-19 public health crisis, the impacts of loneliness and social isolation can become worse.

The Centers for Disease Control and Prevention ([CDC](#)) states that public health measures, such as physical distancing, can make people feel further isolated and lonely and increase stress and anxiety. These measures, however, are necessary to reduce the spread of COVID-19 and to keep residents and clients, family, and staff safe.

The elderly, adults with developmental disabilities, and people who have existing mental health and underlying medical conditions are particularly vulnerable during the COVID-19 public health crisis and may experience more difficulty responding to the stress of a crisis and the important physical distancing practices.

Signs of social isolation can vary with each individual, but some of the most common include:

- Deep boredom, general lack of interest and withdrawal
- Isolating in room
- Poor eating and nutrition
- Losing interest in personal hygiene

It is also important to pay close attention to those residents and clients who may be non-verbal, shy by nature, or tend to not share their feelings. Indications of difficulties may not be as noticeable in persons with these types of traits.

The following resources are provided to help your staff address social isolation in your facility during the COVID-19 pandemic:

- National Resource Center for Engaging Older Adults – [Resources to Address Social Isolation During the COVID-19 Crisis](#)
- Coalition to End Social Isolation and Loneliness Now – [COVID-19 and Social Isolation Resources](#)
- Senior Planet, powered by [OATS](#) (Older Adults Technology Services) – [Coronavirus Resource Guide: Learn how to get online and stay connected](#)

## Transporting Clients/Residents

Providers have the responsibility to ensure the health and safety of clients/residents in their care. This includes providing transportation to clients/residents in the facility vehicle. Below are important safety reminders and suggestions when providers are transporting clients/residents:

- The vehicle must be in safe operating condition.
- The driver must be at least 18 years old with a valid driver's license for the type of vehicle used for transporting clients/residents and be covered under the vehicle's insurance.
- Never exceed the seating capacity of the vehicle.
- Staff should assist clients/residents, as needed, in and out of the vehicle.
  - Ensure that seat belts are operational and properly fastened.
  - Staff must be trained on how to use any access equipment (such as step stools or wheelchair lifts).
- Never leave clients/residents unsupervised in parked vehicles.
  - Never leave infants, children, dependent adults, the elderly, or pets in a parked car. It can take as little as 10 minutes for the temperature inside a car to rise to levels that can kill, even if windows are cracked open. See [PIN 20-13-CCLD](#).

- Always maintain appropriate supervision while in the vehicle.
  - Watch and listen to what clients/residents are doing.
  - Eliminate distractions while you are driving.
  - Minimize phone calls. Using a hands-free device is still a distraction. Calls should be for emergencies only.
- Be prepared for emergencies. At a minimum, it's best practice to:
  - Carry emergency contact information and a disaster supply kit in the vehicle.
  - Have clearly delegated responsibilities and lines of communication.
  - Discuss where to gather, where and whom to transport the client/resident to, and what to do in emergencies (i.e., client not present at waiting location, flat tire, etc.).
  - Maintain daily log of names, time and place clients/residents were dropped off and picked up.
- Consider having staff who transport clients/residents take Defensive Driver Training. See the State of California [Department of General Services](#) website for more information.
- Due to COVID-19 take precautions to protect staff and clients/residents from virus transmission while on an outing:
  - Only transport persons from the same facility (or household).
  - Make sure all staff and clients/residents are wearing face coverings.
  - Clean/sanitize the vehicle between each trip.

Remember to have proper supervision for clients/residents who remain at the facility. The following are some helpful links:

- [Disability & Mobility Resources](#)
- [Purchasing a Mobility Vehicle](#)

## Is Your Facility Safe and Healthy?

Now, more than ever, cleanliness is so important in your facility. A fundamental requirement for making your facility a home is ensuring that it is **clean, safe, sanitary**, and **in good repair** at all times. Maintenance shall include provision of **maintenance services and procedures** for the safety and well-being of persons in care, employees, and visitors per Title 22 CCR, [section 80087\(a\)](#), [section 81087\(a\)](#), [section 82087\(a\)](#), [section 87303\(a\)](#), and [section 87887\(a\)](#). Some examples of regulations that address this requirement include but are not limited to the following:

- **Floor surfaces** in bath, laundry, and kitchen areas shall be maintained in a **clean, sanitary**, and **odorless** condition per Title 22 CCR, [section 87303\(a\)\(1\)](#).
- **Faucets** used by persons in care for personal care such as shaving and grooming shall deliver hot water. **Hot water temperature** controls shall be maintained to automatically regulate the temperature of hot water used by persons in care to attain a temperature of not less than **105 degree F (41 degree C)** and not more than **120 degree F (49 degree C)** per Title 22 CCR [section 80088\(e\)\(1\)](#), [section 81088\(e\)\(1\)](#), [section 82088\(e\)\(1\)](#), [section 87303\(e\)\(2\)](#), and [section 87888\(e\)\(1\)](#).
  - \***Note:** A statewide waiver is available to licensees to use hotter water **only for a washing machine**, as specified in [Provider Information Notice \(PIN\) 20-14-CCLD](#).
- **Toilet, handwashing, and bathing facilities** shall be maintained in **operating condition**. **Additional equipment** shall be provided in facilities accommodating physically disabled and/or non-ambulatory persons in care, based on the needs of the person in care per Title 22 CCR [section 80088\(e\)\(3\)](#), [section 81088\(e\)\(3\)](#), [section 82088\(e\)\(3\)](#), [section 87303\(e\)\(6\)](#), and [section 87888\(e\)\(3\)](#).

- **Equipment and supplies necessary for personal care and maintenance of adequate hygiene** practice shall be readily available to each person in care, as specified per Title 22 CCR, [section 81088\(i\)](#), [section 85088\(c\)](#), [section 87307\(a\)\(3\)](#), and [section 87888\(h\)](#).
- **Solid waste** shall be **stored, located, and disposed** of in a manner that will not permit the transmission of a communicable disease or of odors, create a nuisance, provide a breeding place or food source for insects or rodents per Title 22 CCR, [section 80088\(f\)](#), [section 81088\(f\)](#), [section 82088\(f\)](#), [section 87303\(f\)\(1\)](#), and [section 87888\(g\)](#).

Licensees are also reminded of the importance of **extra cleaning and disinfection**, particularly during this time of COVID-19, and following the **infection control practices** outlined in [Infection Control in Residential Care Facilities: COVID-19](#). All the efforts you are making to keep your facility clean, healthy, and safe continue to be appreciated.

## Fire Safety

Every licensed facility is required to have a minimum of one fire extinguisher and one or more carbon monoxide and smoke detectors in the building. During inspections, the Department will account for the presence of these items, and it is important that they are in good working condition because this can save your life and the lives of others in your facility.

### **Carbon Monoxide and Smoke Detectors:**

Please remember to test smoke detectors monthly and to check the batteries of the smoke and carbon monoxide detectors in your facility. A best practice is to replace the batteries twice a year and replace smoke detectors every 10 years. When we set our clocks forward for daylight savings time and then back again to standard time is a good reminder to change the batteries. This year daylight savings time begins on Sunday, March 8<sup>th</sup> and ends on Sunday, November 1<sup>st</sup>.

**Fire Extinguishers:** Your portable fire extinguisher should be inspected monthly and serviced annually by a person licensed or registered by the State Fire Marshal. [Title 8, Section 1922](#). Remember, if you purchase a non-rechargeable or disposable fire

extinguisher, it is not capable of undergoing complete maintenance or the required annual service. A best practice is to maintain the store receipt for one year from the purchase date to show licensing when it needs to be replaced or serviced.



### **Carbon Monoxide Detectors:**

ADP, ARF, ARFPSHN, CCH, EBSH, and SRF – HSC [Section 1503.2](#)  
 RCFCI – HSC [Section 1568.043](#)  
 RCFE – HSC [Section 1569.311](#)

### **Smoke Detectors and Fire Extinguishers:**

ARF, ARFPSHN, CCH, and EBSH – Title 22, [Section 80020\(a\)](#)  
 RCFCI – Title 22, [Section 87820\(a\)](#)  
 RCFE – Title 22, [Section 87202\(a\)](#)  
 SRF – Title 22, [Section 81020\(a\)](#)

## Required Self-Assessment for Providers Vendorized with Regional Centers

In 2014, the [Centers for Medicare and Medicaid Services \(CMS\)](#) issued requirements known as the [Home and Community-Based Services \(HCBS\) Final Rule](#). The purpose of the HCBS Final Rule is to improve the quality of HCBS and to provide additional protections to people receiving services,

including Regional Center consumers. The [CMS Final Rule deadline](#) for compliance has been extended until **March 17, 2023**.

The HCBS Final Rule was put in place to make sure that individuals have full access to the benefits of community living and the opportunity to receive services in the most personalized and relevant way possible. It takes a person-centered approach that pays close attention to the quality of each individual's experience in receiving services.

Care providers vendorized with the Regional Center to deliver services designed for groups of individuals with developmental disabilities were required to complete a self-assessment. The self-assessment seeks to measure their current level of compliance with the HCBS Final Rule. For providers who have not yet completed the Self-Assessment, it is very important that you begin this process as soon as possible as you are beyond the timeframe for completion. It is not necessary to complete the entire HCBS Self-Assessment at one time, however, you will want to allow yourself plenty of time to gather needed information. Check out the [HCBS Self-Assessment website](#) for access.

If you have any questions about the HCBS Final Rule or the Self-Assessment process, please reach out to your local Regional Center's Home and Community Based Services Specialist. Providers who have already completed their HCBS Self-Assessments do not need to take any further action at this time.



## [CBCB Guardian System-Update](#)

The Caregiver Background Check Bureau (CBCB) is pleased to announce the launch of the background check system, *Guardian*, set to go live this Fall.

*Guardian* is a tool to assist agencies and applicants in the background check process. *Guardian* will ensure background checks are completed faster and more efficiently, while making the process easier for applicants and agencies to request exemptions.

A Licensee User Access form has been sent to all licensee mailing addresses to create a unique *Guardian* user account. The Licensee User Access form will ensure only authorized users have the appropriate access to *Guardian*.

For additional information regarding *Guardian*, please visit the [CBCB Webpage](#).

## [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](mailto:ASCPTemporaryManager@dss.ca.gov) or mail to:

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



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

Please apply at [CalCareers](#)

More 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:

[CCLD Main Page \(with COVID-19 updates and resources\)](#)

[Adult Care](#)

[Senior Care](#)

[Central Applications Bureau](#)

Remember to check for new [PINS](#)

#### 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

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