

**Article 5. ENFORCEMENT PROVISIONS****81051 SERIOUS DEFICIENCIES****81051**

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- (a) The following are examples of regulations that, if not complied with, nearly always result in a serious deficiency.
- (1) Section 81010 relating to limitations on the capacity or ambulatory status of facility clients.
  - (2) Section 81019 relating to criminal record clearance.
  - (3) Section 81020 relating to fire clearance.
  - (4) Section 81021 relating to water supply.
  - (5) Sections 81068.4(a)(1) and (a)(2) and Section 81075(c) relating to persons with active communicable tuberculosis and persons requiring inpatient health care.
  - (6) Section 81072 relating to personal rights.
  - (7) Section 81073 relating to telephone service.
  - (8) Section 81075 relating to storing and dispensing medications.
  - (9) Section 81076 relating to food storage, preparation and service.
  - (10) Section 81087 relating to safety of client accommodations, buildings and grounds.
  - (11) Section 81088(e)(1), (e)(2), and (e)(3) relating to hot water temperature and bathroom facilities.
  - (12) Section 81088(f) relating to storage and disposal of solid wastes.
  - (13) Section 81094.5 relating to a licensee forwarding to the Department a client's request for an interdisciplinary team (IDT) review of a health condition relocation order.
  - (14) Any other regulation the violation of which is deemed by the licensing agency to constitute a serious deficiency as defined in Section 81001(s)(1).

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NOTE: Authority Cited: Section 1530, Health and Safety Code. Reference: Sections 5670 and 5671, Welfare and Institutions Code; Sections 1501, 1502(a)(7), 1507, 1531 and 1534, Health and Safety Code.

**81052 DEFICIENCIES IN COMPLIANCE****81052**

- (a) When a licensing evaluation is conducted and the evaluator determines that a deficiency exists the evaluator shall issue a notice of deficiency, unless the deficiency is not serious and is corrected during the visit.
- (b) Prior to completion of an evaluation or other licensing visit, the licensee, administrator, operator, or other person in charge of the facility shall meet with the evaluator to discuss any deficiencies noted, to jointly develop a plan for correcting each deficiency, and to acknowledge receipt of the notice of deficiency.
- (c) The evaluator shall provide the notice of deficiency to the licensee by one of the following:
  - (1) Personal delivery to the licensee, at the completion of the visit.
  - (2) If the licensee is not at the facility site, leaving the notice with the person in charge of the facility at the completion of the visit.
    - (A) Under such circumstances, a copy of the notice shall also be mailed to the licensee.
  - (3) If the licensee or the person in charge of the facility refuses to accept the notice a notation of the refusal shall be written on the notice and a copy left at the facility.
    - (A) Under such circumstances, a copy of the notice shall also be mailed to the licensee.
- (d) The notice of deficiency shall be in writing and shall include the following:
  - (1) Citation of the statute or regulation that has been violated.
  - (2) A description of the nature of the deficiency stating the manner in which the licensee failed to comply with a specified statute or regulation, and the particular place or area of the facility in which it occurred.
  - (3) The plan developed, as specified in (b) above, for correcting each deficiency.

## 81052 DEFICIENCIES IN COMPLIANCE (Continue)

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Section 1522(c) of the Health and Safety Code provides in part:

(c)(1) Subsequent to initial licensure, a person . . . shall obtain either a criminal record clearance or an exemption from disqualification . . . prior to employment, residence, or initial presence in the facility. A person specified in subdivision (b) who is not exempt from fingerprinting shall be fingerprinted and shall sign a declaration under penalty of perjury regarding any prior criminal convictions. The licensee shall submit fingerprint images and related information to . . .the Department of Justice, for a state and federal level criminal offender record information search, or comply with paragraph (1) of subdivision (h). . . A licensee's failure to prohibit the employment, residence, or initial presence of a person... who is not exempt from fingerprinting and who has not received either a criminal record clearance or an exemption from disqualification . . . shall result in the citation of a deficiency and the immediate assessment of civil penalties . . . The department may assess civil penalties for continued violations as permitted by Section 1548. The fingerprint images and related information shall then be submitted to the Department of Justice for processing. . .

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- (4) A date by which each deficiency shall be corrected.
- (A) In determining the date for correcting a deficiency, the evaluator shall consider the following factors:
1. The potential hazard presented by the deficiency.
  2. The number of clients affected.
  3. The availability of equipment or personnel necessary to correct the deficiency.
  4. The estimated time necessary for delivery and any installation of necessary equipment.
- (B) The date for correcting a deficiency shall not be more than 30 calendar days following service of the notice of deficiency, unless the evaluator determines that the deficiency cannot be completely corrected in 30 calendar days.

**81052 DEFICIENCIES IN COMPLIANCE (Continue)****81052**

- (C) If the date for correcting the deficiency is more than 30 calendar days following service of the notice of deficiency, the notice shall specify the corrective actions which must be taken within 30 calendar days to begin correction.
- (D) The evaluator shall require correction of the deficiency within 24 hours and shall specify on the notice the date by which the correction must be made whenever penalties are assessed pursuant to Sections 81054(c), (d) and (e).
- (5) The amount of penalty being assessed and the date the penalty begins.
- (6) The address and the telephone number of the licensing office responsible for reviewing notices of deficiencies for the area in which the facility is located.

NOTE: Authority Cited: Sections 1530 and 1548, Health and Safety Code. Reference: Sections 5670 and 5671, Welfare and Institutions Code; Sections 1534 and 1548, Health and Safety Code.

**81053 FOLLOW-UP VISITS TO DETERMINE COMPLIANCE****81053**

- (a) A follow-up visit shall be conducted to determine compliance with the plan of correction specified in the notice of deficiency.
  - (1) At a minimum, a follow-up visit shall be conducted within ten working days following the dates of corrections specified in the notice of deficiency, unless the licensee has demonstrated that the deficiency was corrected as required.
  - (2) No penalty shall be assessed unless a follow-up visit is conducted as specified in (a) and (a)(1) above.
- (b) If a follow-up visit indicates that a deficiency was not corrected on or before the date specified in the notice of deficiency, the evaluator shall issue a notice of penalty.
- (c) A notice of penalty shall be in writing and shall include:
  - (1) The amount of the penalty assessed, and the date the payment is due.
  - (2) The name and address of the agency responsible for collection of the penalty.
- (d) When an immediate penalty has been assessed pursuant to Sections 81054(c), (d), (e) and (f), and correction is made when the evaluator is present, a follow-up visit is not required.

NOTE: Authority Cited: Sections 1530 and 1548, Health and Safety Code. Reference: Sections 5670 and 5671, Welfare and Institutions Code; Sections 1533, 1534 and 1548, Health and Safety Code.

**81054 PENALTIES****81054**

- (a) A penalty of \$50 per day, per cited violation, shall be assessed for serious deficiencies that are not corrected by the date specified in the notice of deficiency, up to a maximum of \$150 per day.
- (b) Notwithstanding Section 81054(a) above, an immediate penalty of \$100 per cited violation per day for a maximum of five (5) days shall be assessed if any individual required to be fingerprinted under Health and Safety Code section 1522(b) has not obtained a California clearance or a criminal record exemption, requested a transfer of a criminal record clearance, or requested and been approved for a transfer of an exemption as specified in Section 81019(e) prior to working, residing or volunteering in the facility.
  - (1) Subsequent violations within a twelve (12) month period will result in a civil penalty of one hundred dollars (\$100) per violation per day for a maximum of thirty (30) days.
  - (2) The Department may assess civil penalties for continued violations as permitted by Health and Safety Code section 1548.
  - (3) Progressive civil penalties specified in Sections 81054(d) and (e) below shall not apply.
- (c) Notwithstanding Section 81054(a) above, an immediate penalty of \$150 per day shall be assessed for any of the following:
  - (1) Sickness, injury or death of a client that has occurred as a result of the deficiency.
- (d) When a facility is cited for a deficiency and violates the same regulation subsection within a 12-month period, the facility shall be cited and an immediate penalty assessment of \$150 per cited violation shall be assessed for one day only. Thereafter, a penalty of \$50 per day, per cited violation, shall be assessed until the deficiency is corrected.
- (e) When a facility that was cited for a deficiency subject to the immediate penalty assessment in Section 81054(d) above, violates the same regulation subsection within a 12-month period of the last violation, the facility shall be cited and an immediate penalty of \$150 per cited violation shall be assessed for one day only. Thereafter, a penalty of \$150 per day per cited violation shall be assessed until the deficiency is corrected.
  - (1) For purposes of Sections 81054(d) and (e) above, a regulation subsection is the regulation denoted by a lower-case letter after the main regulation number.

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An example of the same regulation subsections are Sections 87218(a)(2) and 87218(a)(5). Sections 87218(a) and 87218(b) are not the same regulation subsection.

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**81054 PENALTIES****81054**

- (f) If any deficiency is not corrected by the date specified in the notice of deficiency, a penalty shall be assessed for each day following that date until compliance has been demonstrated.
- (1) Immediate penalty assessment, as specified in (c), (d) and (e) above, shall begin on the day the deficiency is cited.
- (g) If a licensee or his/her representative reports to the licensing agency that a deficiency has been corrected, the penalty shall cease as of the day the licensing agency receives notification that the correction was made.
- (1) If the deficiency has not been corrected, civil penalties shall continue to accrue from the date of the original citation.
- (2) If it can be verified that the correction was made prior to the date of notification, the penalty shall cease as of that earlier date.
- (h) If necessary, a site visit shall be made immediately or within five working days to confirm that the deficiency has been corrected.
- (i) If an immediate civil penalty is assessed, and the deficiency is corrected on the same day, the penalty shall still be assessed for that day.
- (j) Unless otherwise ordered by the Department, all penalties are due and payable upon receipt of notice for payment, and shall be paid only by check or money order made payable to the agency indicated in the notice.
- (k) The licensing agency shall have the authority to file a claim in a court of competent jurisdiction or to take other appropriate action for failure to pay penalties as specified in Section 81054(j) above.

NOTE: Authority Cited: Section 1530 and 1548, Health and Safety Code. Reference: Sections 5670 and 5671, Welfare and Institutions Code; Sections 1522, 1534 and 1548, Health and Safety Code.

**81055 ADMINISTRATIVE REVIEW****81055**

- (a) A licensee or his/her representative shall have the right to request a review of a notice of deficiency and/or notice of penalty within 10 working days of receipt of such notice(s).
- (1) If the deficiency has not been corrected, civil penalties shall continue to accrue during the review process.

**81055 ADMINISTRATIVE REVIEW (Continued)****81055**

- (b) The review shall be conducted by a higher-level staff person than the evaluator who issued the notice(s).
- (c) If the reviewer determines that a notice of deficiency or notice of penalty was not issued or assessed in accordance with applicable statutes and regulations of the Department, or that other circumstances existed, he/she shall have the authority to amend or dismiss the notice.
- (d) The reviewer shall have the authority to extend the date specified for correction of a deficiency if warranted by the facts or circumstances presented to support a request for extension.

NOTE: Authority Cited: Section 1530, Health and Safety Code. Reference: Sections 5670 and 5671, Welfare and Institutions Code; Section 1534, Health and Safety Code.

**81055.1 DENIAL OR REVOCATION OF LICENSE FOR FAILURE TO PAY CIVIL PENALTIES****81055.1**

- (a) The licensee shall be responsible for paying civil penalties.
  - (1) Unless otherwise provided, the transfer, surrender, forfeiture or revocation of a license shall not affect the licensee's responsibility for paying any civil penalties accrued while the license was in effect.
- (b) The Department shall have the authority to deny or revoke any license for failure to pay civil penalty assessments.
  - (1) The Department shall have the authority to approve payment arrangements acceptable to the Department.
  - (2) The Department shall have the authority to approve the form of payment.
  - (3) The licensee's failure to pay civil penalty assessments pursuant to a payment plan approved by the Department may result in the denial or the revocation of any license, and/or any other appropriate action.
- (c) Any denial or revocation of the license for failure to pay civil penalties may be appealed as provided by Health and Safety Code section 1551.

NOTE: Authority Cited: Section 1530 and 1548, Health and Safety Code. Reference: Sections 5670 and 5671, Welfare and Institutions Code; Sections 1522, 1534, 1548 and 1551, Health and Safety Code.

**81056 EXEMPTION FROM CIVIL PENALTIES****81056**

- (a) Civil penalties shall not be assessed against any governmental entity, including a state or city, holding a community care facility license.

NOTE: Authority Cited: Section 1530, Health and Safety Code. Reference: Sections 5670 and 5671, Welfare and Institutions Code; Section 1534, Health and Safety Code.

**81058 UNLICENSED FACILITY PENALTIES****81058**

- (a) A penalty of \$200 per day shall be assessed for the operation of an unlicensed facility under either of the following conditions:
- (1) The operator has not submitted a completed application for licensure within 15 calendar days of issuance of the Notice of Operation in Violation of Law pursuant to Section 81006, and continues to operate.
    - (A) For purposes of this section, an application shall be deemed completed if it includes the information required in Section 81018.
    - (B) The completed application shall be deemed to be submitted when received by the licensing agency.
  - (2) Unlicensed operation continues after denial of the initial application.
    - (A) Notwithstanding any appeal action, facility operation must cease within 10 calendar days of the mailing of the notice of denial or upon receipt of the denial notice by the operator, whichever occurs first.
- (b) The \$200 per day penalty shall be assessed for the continued operation of an unlicensed facility as follows:
- (1) On the 16th calendar day after the operator has been issued the Notice of Operation in Violation of Law, and has not submitted a completed application as required.
    - (A) The \$200 per day penalty shall continue until the operator ceases operation, or submits a completed application pursuant to Sections 81058(a)(1)(A) and (a)(1)(B).
  - (2) Within 10 calendar days of the mailing of the notice of denial or upon receipt of the denial notice by the operator, whichever occurs first.
    - (A) The \$200 per day penalty shall continue until the operator ceases operation.



**81058 UNLICENSED FACILITY PENALTIES (Continued)****81058**

- (c) If the unlicensed operator or his/her representative reports to the licensing agency that unlicensed operation, as defined in Section 1503.5 of the Health and Safety Code, has ceased, the penalty shall cease as of the day the licensing agency receives the notification.
  - (1) A site visit shall be made immediately or within five working days to verify that the unlicensed facility operation has ceased.
  - (2) Notwithstanding Section 81058(c) above, if the unlicensed facility operation has not ceased, penalties shall continue to accrue without interruption from the date of initial penalty assessment.
- (d) All penalties shall be due and payable upon receipt of the Notice for Payment from the licensing agency, and shall be paid by check or money order made payable to the agency indicated in the notice.
- (e) The licensing agency shall have the authority to file a claim in a court of competent jurisdiction or to take other appropriate action for failure to pay penalties as specified in Section 81058(d) above.

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Payment of civil penalties or application for licensure in response to a citation under this Section does not permit the operation of a community care facility without a license.

Section 1508 of the Health and Safety Code provides in pertinent part:

No person, firm, partnership, association, or corporation within the state and no state or local public agency shall operate, establish, manage, conduct, or maintain a community care facility in this state, without a current valid license therefore as provided in this chapter.

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NOTE: Authority Cited: Section 1530, Health and Safety Code. Reference: Sections 5670 and 5671, Welfare and Institutions Code; Sections 1503.5, 1508, 1520, 1533, 1538, 1540, 1540.1, 1541, 1547 and 1549, Health and Safety Code.

**81059 UNLICENSED FACILITY ADMINISTRATIVE APPEAL****81059**

- (a) An unlicensed facility operator or his/her representative shall have the right to appeal the penalty assessment within 10 working days after service of the penalty assessment.
  - (1) If the unlicensed facility operation has not ceased, the \$200 per day penalty shall continue to accrue during the appeal process.
- (b) The appeal review shall be conducted by a higher-level staff person than the evaluator who issued the penalty.
- (c) If the reviewer of the appeal determines that the penalty assessment was not issued in accordance with applicable statutes and regulations of the Department, he/she shall have the authority to amend or dismiss the penalty assessment.

NOTE: Authority Cited: Section 1530, Health and Safety Code. Reference: Sections 5670 and 5671, Welfare and Institutions Code; Sections 1503.5, 1508, 1547 and 1548, Health and Safety Code.

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**Article 6. CONTINUING REQUIREMENTS****81060 BASIC SERVICES****81060**

(a) For SSI/SSP recipients who are residents, the basic services shall be provided and/or made available at the basic rate with no additional charge to the resident.

- (1) This shall not preclude the acceptance by the facility of voluntary contributions from relatives or others on behalf of an SSI/SSP recipient.

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- (A) The Social Security Administration has interpreted Federal Regulations (20 CFR 416.1102, 416.1103, and 416.1145) to mean that any contribution given directly to the facility on behalf of an SSI/SSP recipient will not count as income (i.e., will not reduce the recipient's SSI/SSP check) if the payment is used for items other than food, clothing or shelter (e.g., care and supervision).

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- (2) An extra charge to the resident shall be allowed for a private room if a double room is made available but the resident prefers a private room, provided the arrangement is documented in the admissions agreement and the charge is limited to 10% of the Board and Room portion of the SSI/SSP grant.
- (3) An extra charge to the resident shall be allowed for provision of special food services or products beyond that specified in Section 81076(a)(2) and (a)(4) when the resident wishes to purchase the services and agrees to the extra charge in the admissions agreement.

NOTE: Authority Cited: Section 1530, Health and Safety Code. Reference: Sections 5670, 5671 and 12350, Welfare and Institutions Code; Sections 1501 and 1502(a)(7), Health and Safety Code.

**81061 REPORTING REQUIREMENTS****81061**

- (a) Each licensee or applicant shall furnish to the licensing agency reports as required by the Department, including, but not limited to, those specified in this section.
- (b) Upon the occurrence, during the operation of the facility, of any of the events specified in Section 81061(b)(1) below, a report shall be made to the licensing agency within the agency's next working day during its normal business hours. In addition, a written report containing the information specified in Section 81061(b)(2) below shall be submitted to the licensing agency within seven days following the occurrence of such event.

**81061 REPORTING REQUIREMENTS (Continued)****81061**

- (1) Events reported shall include the following:
  - (A) Death of any client from any cause.
  - (B) In a residential facility, death of any client as a result of injury, abuse, or other than natural causes, regardless of where the death occurred. This includes a death that occurred outside the facility such as at a day program, workshop, job, hospital, en route to or from a hospital, or visiting away from the facility.
    - 1. The licensee shall obtain a certified copy of the client's death certificate as soon as it is available, maintain it in the client's file, and shall send a copy to the Department as soon as it is obtained.
    - 2. For Regional Center clients, the licensee shall also send a copy of the death certificate to the Regional Center.
  - (C) The use of an Automated External Defibrillator.
  - (D) Any injury to any client which requires medical treatment.
  - (E) Any unusual incident or client absence which threatens the physical or emotional health or safety of any client.
  - (F) Any suspected physical or psychological abuse of any client.
  - (G) Epidemic outbreaks.
  - (H) Poisonings.
  - (I) Catastrophes.
  - (J) Fires or explosions which occur in or on the premises.
- (2) Information provided shall include the following:
  - (A) Client's name, age, sex, and date of admission.
  - (B) Date and nature of event.
  - (C) Attending physician's name, findings, and treatment, if any.
  - (D) Disposition of the case.

**81061 REPORTING REQUIREMENTS (Continued)****81061**

- (c) The items below shall be reported to the licensing agency within 10 working days following the occurrence.
- (1) The organizational changes specified in Section 81034(a)(2).
  - (2) Any change in the licensee's or applicant's mailing address.
  - (3) Any change of the chief executive officer of a corporation or association.
    - (A) Such notification shall include the new chief executive officer's name and address.
    - (B) Fingerprints shall be submitted as specified in Section 81019(d).
  - (4) Any changes in the plan of operation which affect the services to clients.
- (d) The items specified in Section 81061(b)(1)(A) through Section 81061(b)(1)(H) above shall also be reported to the client's authorized representative, if any.
- (e) The items specified in Section 81061(b)(1)(E) through Section 81061(b)(1)(G) above shall also be reported to the local health officer when appropriate pursuant to Title 17, California Administrative Code, Sections 2500, 2502 and 2503.

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California Code of Regulations Title 17. Public Health, Division 1. State Department of Health Services, Chapter 4. Preventive Medical Service, Subchapter 1. Reportable Diseases and Conditions, Article 1. Reporting, Section 2500. Reporting to the Local Health Authority provides in pertinent part:

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**HANDBOOK CONTINUES**

## 81061 REPORTING REQUIREMENTS (Continued)

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## HANDBOOK CONTINUES

(j) Health care providers shall submit reports for the following diseases or conditions.

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| Acquired Immune Deficiency syndrome (Aids)   | Hepatitis B (specify acute case or chronic)   |
| + Amebiasis  | Hepatitis C (specify acute case or chronic)   |
| ◆ Anaplasmosis/Ehrlichiosis  | Hepatitis D (Delta) (specify acute case or chronic)   |
| + Babesiosis   | Hepatitis E, acute infection  |
| ◆ Botulism (Infant, Foodborne, Wound, Other)   | ◆ Influenza, deaths in laboratory - confirmed cases for ages 0-64 years                             |
| ◆ Brucellosis human  | ◆ Influenza, novel strains (human)  |
| Brucellosis, animal (except infections due to <i>Brucella canis</i> )                                | Legionellosis   |
| Campylobacteriosis   | Leprosy (Hansen Disease)  |
| + Campylobacteriosis   | Leptospirosis   |
| Chancroid  | + Listeriosis   |
| + Chickenpox (Varicella) (only hospitalizations and deaths)  | Lyme Disease  |
| <i>Chlamidia trachomatis</i> infections, including lymphogranuloma venereum (LGV)                    | + Malaria   |
| ◆ Cholera  | ◆ Measles (Rubeola)   |
| ◆ Ciguatera Fish Poisoning   | + Meningitis, Specify Etiology: Viral, Bacterial, Fungal, Parasitic                                 |
| Coccidioidomycosis   | ◆ Meningococcal Infections  |
| Creutzfeldt-Jacob Disease (CJD) and other Transmissible Spongiform Encephalopathies (TSE)            | Mumps   |
| + Cryptosporidiosis  | ◆ Paralytic Shellfish Poisoning   |
| Cyclosporiasis   | Pelvic Inflammatory Disease (PID)   |
| Cysticercosis or taeniasis   | + Pertussis (Whooping Cough)  |
| ◆ Dengue   | ◆ Plague, human or animal   |
| ◆ Diphtheria   | + Poliovirus Infection  |
| ◆ Domoic Acid Poisoning (Amnesic Shellfish Poisoning)  | + Psittacosis   |
| + Encephalitis, Specify Etiology: Viral, Bacterial, Fungal, Parasitic                                | + Q Fever   |
| ◆ <i>Escherichia coli</i> : shiga toxin producing (STEC) including <i>E. coli</i> 0157               | ◆ Rabies, human or animal   |
| + • Foodborne Disease  | + Relapsing Fever   |
| Giardiasis   | Rickettsial Diseases (non-Rocky Mountain Spotted Fever), including Typhus and Typhus-like Illnesses |
| Gonococcal Infections  | Rocky Mountain Spotted Fever  |
| + <i>Haemophilus influenzae</i> , invasive disease (report an incident of less than 15 years of age) | Rubella (German Measles)  |
| ◆ Hantavirus Infections  | Rubella Syndrome, Congenital  |
| ◆ Hemolytic Uremic Syndrome  | + Salmonellosis (Other than Typhoid Fever)  |
| + Hepatitis A, acute infection   | ◆ Scombroid Fish Poisoning  |
|  | ◆ Severe Acute Respiratory Infection (SARS)   |
|  | ◆ Shiga toxin (detected in feces)   |
|  | + Shigellosis Infections  |
|  | ◆ Smallpox (Variola)  |

## HANDBOOK CONTINUES

## 81061 REPORTING REQUIREMENTS (Continued)

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## HANDBOOK CONTINUES

- + Staphylococcus aureus infection (only a case resulting in death or admission to an intensive care unit of a person who has not been hospitalized or had surgery, dialysis, or residency in a long-term care facility in the past year, and did not have an indwelling catheter or percutaneous medical device at the time of culture.)
  - + Streptococcal Infections (Outbreaks of Any type and Individual Cases in Food Handlers and Dairy Workers Only)
  - + Syphilis
  - + Tetanus
  - + Toxic Shock Syndrome
  - + Trichinosis
  - + Tuberculosis
  - ◆ Tularemia, human
  - + Tularemia, animal
  - + Typhoid fever, cases and carriers
  - + *Vibrio* Infections
  - ◆ Viral Hemorrhagic Fevers, human or animal (e.g., Crimean-Congo, Ebola, Lassa and Marburg viruses)
  - + West Nile virus infection
  - ◆ Yellow Fever
  - + Yersiniosis
  - ◆ OCCURRENCE of ANY UNUSUAL DISEASE
  - ◆ OUTBREAKS of ANY DISEASE (Including diseases not listed in Section 2500). Specify if institutional and/or open community.
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- (◆) = to be reported immediately by telephone
- (+) = to be reported by mailing a report, telephoning, or electronically transmitting a report within one (1) working day of identification of the case or suspected case.
- (No diamond or cross symbol) = to be reported within seven (7) calendar days by mail, telephone, or electronic report from the time of identification.
- (•) = when two (2) or more cases or suspected cases of foodborne disease from separate households are suspected to have the same source of illness, they should be reported immediately by telephone.

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- (f) The item specified in Section 81061(b)(1)(H) shall also be reported immediately to the local fire authority. In areas not having organized fire services a report shall be made to the State Fire Marshal within 24 hours.
- (g) Licensees shall send copies of all substantiated complaints to board members of the licensed facility, parents, legal guardians, conservators, client rights advocates or placement agencies, as designated in each client's placement agreement in accordance with Health and Safety Code section 1538.5

## 81061 REPORTING REQUIREMENTS (Continued)

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Health and Safety Code section 1538.5 reads in pertinent part:

(a)(1) Not less than 30 days prior to the anniversary of the effective date of a residential community care facility license, except licensed foster family homes, the department may transmit a copy to the board members of the licensed facility, parents, legal guardians, conservators, client's rights advocate, or placement agency, as designated in each resident's placement agreement, of all inspection reports given to the facility by the state department during the past year as a result of a substantiated complaint regarding a violation of this chapter relating to resident abuse and neglect, food, sanitation, incidental medical care, and residential supervision. During that one-year period the copy of the notices transmitted and the proof of the transmittal shall be open for public inspection...

(b) The facility operator, at the expense of the facility, shall transmit a copy of all substantiated complaints, by certified mail, to those persons described pursuant to paragraph (1) of subdivision (a) in the following cases:

(1) In the case of any substantiated complaint relating to resident physical or sexual abuse, the facility shall have three days, from the date the facility receives the licensing report from the state department to comply.

(2) In the case in which a facility has received three or more substantiated complaints relating to the same violation during the past 12 months, the facility shall have five days from the date the facility receives the licensing report to comply.

(c) A residential facility shall retain a copy of the notices transmitted pursuant to subdivision (b) and proof of their transmittal by certified mail for a period of one year after their transmittal.

(d) If a residential facility to which this section applies fails to comply with the provisions of this section, as determined by the state department, the state department shall initiate civil penalty action against the facility in accordance with the provisions of Article 3 (commencing with Section 1530) and the related rules and regulations...

(e) The department shall notify the residential community care facility of its obligation when it is required to comply with this section.

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**81061      REPORTING REQUIREMENTS (Continued)****81061**

- (h) The licensee shall notify the licensing agency, in writing, within 10 working days of a change of administrator or program director. Such notification shall include the following:
- (1) Name, residence and mailing address of the new administrator/program director.
  - (2) Date he/she assumed his/her position.
  - (3) Description of his/her background and qualifications, including documentation of required education and related experience.

NOTE: Authority cited: Sections 1530 and 1538.5, Health and Safety Code. Reference: Sections 5670 and 5671, Welfare and Institutions Code; Sections 1501, 1502(a)(7), 1507, 1531, 1538.5 and 1797.196, Health and Safety Code.

**81062      FINANCES****81062**

- (a) The licensee shall meet the following financial requirements:
- (1) Development and maintenance of a financial plan which ensures resources necessary meet operating costs for care and supervision of clients.
  - (2) Maintenance of financial records.
  - (3) Submission of financial reports as required upon the written request of the department or licensing agency.
    - (A) Such request shall explain the necessity for disclosure.
    - (B) The licensing agency shall have the authority to reject any financial report, and to request and examine additional information including interim financial statements. The reason(s) for rejection of the report shall be in writing.

NOTE: Authority cited: Sections 1530, Health and Safety Code. Reference: Sections 5670 and 5671, Welfare and Institutions Code; Sections 1501, 1520 and 1531, Health and Safety Code.

**81063 ACCOUNTABILITY****81063**

- (a) The licensee, whether an individual or other entity, is accountable for the general supervision of the licensed facility, and for the establishment of policies concerning its operation.
- (1) If the licensee is a corporation or an association, the governing body shall be active and functioning in order to ensure such accountability.

NOTE: Authority Cited: Section 1530, Health and Safety Code. Reference: Sections 5670 and 5671, Welfare and Institutions Code; Sections 1501 and 1531, Health and Safety Code.

**81064 ADMINISTRATOR - QUALIFICATIONS AND DUTIES****81064**

- (a) All social rehabilitation facilities shall have an administrator.
- (b) The administrator shall have the following qualifications prior to employment:
- (1) One year of full-time work experience in a management or administrative position; and
- (2) Completion, with a passing grade, of 15 college or continuing education semester or equivalent quarter units, of which 9 units shall be in administration and/or management.
- (A) Three years of full-time work experience in a management or administrative position may be substituted to meet the requirement of Section 81064(b)(2) above.
- (c) The administrator shall have the following qualifications:
- (1) Attainment of at least 18 years of age.
- (2) Knowledge of the requirements for providing the type of care and supervision needed by clients, including the ability to communicate with such clients.
- (3) Knowledge of and ability to comply with applicable law and regulation.
- (4) Ability to maintain, or supervise the maintenance of, financial and other records.
- (5) Ability to direct the work of others, when applicable.
- (6) Ability to establish the facility's policy, program and budget.
- (7) Ability to recruit, employ, train, and evaluate qualified staff, and to terminate employment of staff, if applicable to the facility.
- (d) Each licensee shall make provision for continuing operation and carrying out of the administrator's responsibilities during any absence of the administrator.

**81064 ADMINISTRATOR - QUALIFICATIONS AND DUTIES****81064**

- (e) The administrator of the facility shall be responsible for the following:
- (1) Communication with the licensee concerning the administrative operations of the facility.
  - (2) Development of an administrative plan and procedures to define lines of responsibility, workloads, and staff supervision.
  - (3) Recruitment, employment, and training of qualified staff, and termination of staff.
- (f) Any person designated as an administrator shall be required to complete at least 20-clock-hours of continuing education per year in areas relating to mental health and the care of the mentally ill, and/or administration.
- (g) Persons employed as the administrator in an Adult Residential Facility serving clients who meet the definition of "mental illness" as contained in sSection 81001(m)(3) as of the effective date of this section, shall not be required to meet the education/experience requirements specified in Section 81064(b) above.
- (h) If the administrator is also the program director, he/she shall also meet the requirements of the program director set forth in California Code of Regulations, Title 9, Division 1, Chapter 3, Article 3.5, Sections 532.6(f), (g), and (i).

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**HANDBOOK BEGINS HERE**

Refer to Section 81064.1(e)(1) for additional qualifications of a director.

Title 9, Division 1, Chapter 3, Article 3.5, Section 532.6 provides in pertinent part:

(f) The program director of a certified Short-Term Crisis Residential Treatment Program shall have the following qualifications prior to employment.

(1) A Bachelor's Degree in Psychology, Social Work or any other major which includes at least 24 semester college units in one or more of the following subject areas:

- (A) Psychology
- (B) Social Work
- (C) Sociology
- (D) Behavioral Sciences
- (E) Psychiatric Nursing; and

(2) Two (2) years of full-time work experience in a community program that serves clients who have a mental illness. Such experience must be in the direct provision of services to clients, of which one (1) year must be in the position of supervising direct care staff, or

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**HANDBOOK CONTINUES**

**81064 ADMINISTRATOR - QUALIFICATIONS AND DUTIES****81064**

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**HANDBOOK CONTINUES**

(3) As an alternative to the Bachelor Degree and experience required in paragraph (1) and (2) of this subsection, a total of four (4) years of experience in a community program providing direct services to persons with mental disabilities, of which one (1) year must be in the position of supervising direct care staff, and graduation from high school or possession of a GED may be substituted.

(g) The program director of a certified Transitional Residential Treatment Program or a certified Long-Term Residential Treatment Program shall have the following qualifications prior to employment.

(1) A Bachelor's Degree in Psychology, Social Work or any other major which includes at least 24 semester college units in one or more of the following subject areas:

- (A) Psychology
- (B) Social Work
- (C) Sociology
- (D) Behavioral Sciences
- (E) Psychiatric Nursing; and

(2) One (1) year of full-time work experience in a community program that serves clients who have a mental illness. Such experience must be in the direct provision of services to clients, of which four (4) months must be in a position of supervising direct care staff.

(3) As an alternative to the Bachelor's Degree and experience required in paragraphs (1) and (2) of this subsection, a total of three years of experience in providing direct services in the community to persons with mental illnesses, of which six (6) months must be in a position of supervising direct care staff, and graduation from high school or possession of a GED may be substituted.

(i) Program directors and all direct care staff of social rehabilitation programs as of the date that this section is adopted shall be considered as meeting all of the requirements of this section until two (2) years after the effective date of this section, at which time the requirements of this section shall be met in full.

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**HANDBOOK ENDS HERE**

- (i) The licensee, if an individual, or any member of the governing board of the licensed corporation or association, shall be permitted to be the administrator provided that he/she meets the qualifications specified in this Chapter.

NOTE: Authority Cited: Section 1530, Health and Safety Code. Reference: Sections 5670 and 5671, Welfare and Institutions Code; Sections 1501, 1502(a)(7) and 1531, Health and Safety Code.

**81064.1 PROGRAM DIRECTOR QUALIFICATIONS AND DUTIES****81064.1**

- (a) All social rehabilitation facilities shall have a program director.
- (b) The program director shall be on the premises the number of hours necessary to manage and administer the treatment program of the facility in compliance with California Code of Regulations, Title 9, Division 1, Chapter 3, Article 3.5, Sections 531 through 535 and Title 22, Division 6, Chapter 2, Sections 81001(l)(5), (s)(2) and (t)(2).
- (c) When the program director is temporarily absent from the facility, there shall be coverage by a substitute program director designated in writing by the licensee.
  - (1) If the absence is for more than 14 consecutive calendar days, excluding emergency leave, sick leave or vacation of the program director, the designated substitute shall meet the qualifications of a program director set forth by the Department of Health Care Services.
- (d) The program director shall meet the minimum qualifications set forth in California Code of Regulations, Title 9, Division 1, Chapter 3, Article 3.5, Sections 532.6(f), (g), and (i).

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**HANDBOOK BEGINS HERE**

California Code of Regulations, Title 9, Sections 532.6(f) provides:

(f) The program director of a certified Short-Term Crisis Residential Treatment Program shall have the following qualifications prior to employment.

(1) A Bachelor's Degree in Psychology, Social Work or any other major which includes at least 24 semester college units in one or more of the following subject areas:

- (A) Psychology
- (B) Social Work
- (C) Sociology
- (D) Behavioral Sciences
- (E) Psychiatric Nursing; and

(2) Two (2) years of full-time work experience in a community program that serves clients who have a mental illness. Such experience must be in the direct provision of services to clients, of which one (1) year must be in the position of supervising direct care staff, or

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**HANDBOOK CONTINUES**

**81064.1 PROGRAM DIRECTOR QUALIFICATIONS AND DUTIES (Continued)****81064.1**

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**HANDBOOK CONTINUES**

(3) As an alternative to the Bachelor Degree and experience required in paragraph (1) and (2) of this subsection, a total of four (4) years of experience in a community program providing direct services to persons with mental disabilities, of which one (1) year must be in the position of supervising direct care staff, and graduation from high school or possession of a GED may be substituted.

California Code of Regulations, Title 9, Section 532.6(g) provides:

The program director of a certified Transitional Residential Treatment Program or a certified Long-Term Residential Treatment Program shall have the following qualifications prior to employment.

(1) A Bachelor's Degree in Psychology, Social Work or any other major which includes at least 24 semester college units in one or more of the following subject areas:

- (A) Psychology
- (B) Social Work
- (C) Sociology
- (D) Behavioral Sciences
- (E) Psychiatric Nursing; and

(2) One (1) year full-time work experience in a community program that serves clients who have a mental illness. Such experience must be in the direct provision of services to clients, of which four (4) months must be in a position of supervising direct care staff.

(3) As an alternative to the Bachelor's Degree and experience required in paragraphs (1) and (2) of this subsection, a total of three years of experience in providing direct services in the community to persons with mental illness, of which six (6) months must be a position of supervising direct care staff, and graduation from high school or possession of a GED may be substituted.

California Code of Regulations, Title 9, Section 532.6(i) provides:

(i) Program directors and all direct care staff of social rehabilitation programs as of the date that this section is adopted shall be considered as meeting all of the requirements of this section until two (2) years after the effective date of this section, at which time the requirements of this section shall be met in full.

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**HANDBOOK ENDS HERE**

**81064.1 PROGRAM DIRECTOR QUALIFICATIONS AND DUTIES (Continued) 81064.1**

(e) The program director shall ensure the following:

- (1) Communication with the licensee concerning the operation of the facility.
- (2) Provision of the services identified in each client's individual needs and services plan or required by California Code of Regulations, Title 9, Division 1, Chapter 3, Article 3.5, Sections 531 through 535 or Title 22, Division 6, Chapter 2.
- (3) Arrangements for clients to attend available community programs, when clients have needs, identified in the needs and services plan, which cannot be met by the facility but can be met by community programs.
  - (A) Such arrangements shall include, but not be limited to, arranging for transportation.
    - (1) This requirement does not exempt the licensee from providing transportation when public transportation is not practical or when the client is unable to use public transit.
- (4) Arrangements for special provision of services to clients with disabilities including visual and auditory deficiencies.

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Such provisions may include additional staff, safety and emergency information printed in braille, and lights to alert the deaf to emergencies.

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- (5) Development of an employee work schedule as required in Section 81066(a).
- (6) Provision of staff support to clients in the planning, preparing, and serving of meals.
  - (A) If clients are unable to plan, prepare, and serve meals, the program director shall initiate and carry out the program plan pursuant to Section 81022(b)(17) to ensure the requirements of Section 81076 are met.
- (7) Provision of staff support to clients in performing facility maintenance and/or cleaning activities as designated in the client's treatment/rehabilitation plan.
  - (A) If clients are unable to perform facility maintenance and/or cleaning activities, the program director shall initiate and carry out the plan developed pursuant to Section 81022(b)(17) to ensure the requirements of Section 81087(a) are met.

**81064.1 PROGRAM DIRECTOR QUALIFICATIONS AND DUTIES (Continued) 81064.1**

- (f) Any person designated as a program director shall be required to complete at least 20-clock-hours of continuing education per year in areas relating to mental health and the care of the mentally ill, and/or administration.
- (g) If the program director is also the administrator, he/she shall also meet the requirements of the administrator set forth in section 81064(b).

NOTE: Authority Cited: Section 1530, Health and Safety Code. Reference: Sections 5670 and 5671, Welfare and Institutions Code; Sections 1501 and 1502(a)(7), Health and Safety Code.

**81065 PERSONNEL REQUIREMENTS 81065**

- (a) Facility personnel shall be competent to provide the services necessary to meet individual client needs and shall, at all times, be employed in numbers necessary to meet such needs.

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Section 1522(b)(1) of the Health and Safety Code provides:

Any person, other than a client, residing in the facility.

Section 1522(c)(3) of the Health and Safety Code provides in part:

Except for persons specified in subdivision (b), the licensee shall endeavor to ascertain the previous employment history of persons required to be fingerprinted.

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**HANDBOOK ENDS HERE**

- (b) The licensing agency shall have the authority to require any licensee to provide additional staff whenever the licensing agency determines and documents that additional staff are required for the provision of services necessary to meet client needs. The licensee shall be informed in writing of the reasons for the licensing agency's determination. The following factors shall be taken into consideration in determining the need for additional staff.
  - (1) Needs of the particular clients.
  - (2) Extent of the services provided by the facility.
  - (3) Physical arrangements of the particular facility.
  - (4) Existence of a state of emergency or disaster.



**81065 PERSONNEL REQUIREMENTS (Continued)****81065**

- (c) The licensee shall be permitted to utilize volunteers provided that such volunteers are supervised, and are not included in the facility staffing plan.
- (d) The following facility personnel shall be at least 18 years of age:
  - (1) Persons who supervise employees and/or volunteers.
  - (2) Persons, including volunteers, who provide any element of care and supervision to clients.
- (e) The licensee shall provide for direct supervision of clients during participation in or presence at potentially dangerous activities or areas in the facility.
  - (1) An adult other than a client shall be present at all times while clients are using a pool or other body of water from which rescue requires the rescuer's ability to swim.
  - (2) Adults who supervise while clients are using a pool or other body of water from which rescue requires the rescuer's ability to swim, shall have a valid water safety certificate.
- (f) All personnel shall be given on-the-job training or shall have related experience which provides knowledge of and skill in the following areas, as appropriate to the job assigned and as evidenced by safe and effective job performance.
  - (1) Principles of nutrition, food preparation and storage and menu planning.
  - (2) Housekeeping and sanitation principles.
  - (3) Provision of client care and supervision, including communication.
  - (4) Assistance with prescribed medications which are self-administered.
  - (5) Recognition of early signs of illness and the need for professional assistance.
  - (6) Availability of community services and resources.
  - (7) Universal Precautions as defined in Section 81001(u)(1).
    - (A) Training in Universal Precautions may be provided in the facility or staff may attend training provided by a local health facility, county health department, or other local training resources.

**81065 PERSONNEL REQUIREMENTS (Continued)****81065**

- (g) All personnel, including the licensee, administrator and volunteers, shall be in good health, and shall be physically, mentally, and occupationally capable of performing assigned tasks.
- (1) Except as specified in Section 81065(g)(3) below, good physical health shall be verified by a health screening, including a test for tuberculosis, performed by or under the supervision of a physician not more than one year prior to or seven days after employment or licensure.
  - (2) A health screening report signed by the person performing such screening shall be made on each person specified above, and shall indicate the following:
    - (A) The person's physical qualifications to perform the duties to be assigned.
    - (B) The presence of any health condition that would create a hazard to the person, clients or other staff members.
  - (3) The good physical health of each volunteer who works in the facility shall be verified by:
    - (A) A statement signed by each volunteer affirming that he/she is in good health.
    - (B) A test for tuberculosis performed not more than one year prior to or seven days after initial presence in the facility.
- (h) Personnel with evidence of physical illness that poses a threat to the health and safety of clients shall be relieved of their duties.
- (i) Prior to employment or initial presence in the facility, all employees and volunteers subject to a criminal record review shall:
- (1) Obtain a California clearance or a criminal record exemption as required by law or Department regulations or
  - (2) Request a transfer of a criminal record clearance as specified in Section 81019(f) or
  - (3) Request and be approved for a transfer of a criminal record exemption, as specified in Section 81019.1(r), unless, upon request for the transfer, the Department permits the individual to be employed, reside or be present at the facility.

**81065 PERSONNEL REQUIREMENTS (Continued)****81065**

- (j) Clients shall not be used as substitutes for required staff but shall be permitted, as a voluntary part of their program of activities, to participate in household duties and other tasks suited to the client's needs and abilities.
  - (1) Such duties and tasks shall be specified in the client's needs and services plan as specified in this chapter.
- (k) When regular staff members are absent, there shall be coverage by personnel capable of performing assigned tasks as evidenced by on-the-job performance.
- (l) Personnel shall provide for the care and safety of persons without physical or verbal abuse, exploitation or prejudice.
- (m) All personnel shall be instructed to report observations or evidence of violations of any of the personal rights specified in section 81072 and/or any of the personal rights provisions of this chapter.
- (n) All direct care staff shall meet the minimum qualifications as set forth in California Code of Regulations, Title 9, Division 1, Chapter 3, Article 3.5, Sections 532.6(h) and (i).

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Title 9, California Code of Regulations, Sections 532.6(h) and (i) provide:

- (h) "All direct care staff shall have graduated from high school or possess a GED and have a minimum of one (1) year of full-time experience, or its part-time equivalent, working in a program serving persons with mental disabilities. Such experience shall be in direct services to clients. If the employee does not have the required experience, the program shall document a specific plan of supervision and in-service training for the employee which will guarantee the ongoing qualification of the employee to perform the job. The plan should include but not be limited to the frequency and number of hours of training, the subjects to be covered, and a description of the supervision to be provided."
- (i) "Program directors and all direct care staff of social rehabilitation programs as of the date that this section is adopted shall be considered as meeting all the requirements of this section until two (2) years after the effective date of this section, at which time the requirements of this section must be met in full."

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**HANDBOOK ENDS HERE**

**81065 PERSONNEL REQUIREMENTS (Continued)****81065**

- (o) The licensee shall hire support staff as necessary to perform office work, and maintenance of buildings, equipment, and grounds.
- (p) The licensee shall ensure that a direct service to a client shall be provided by a person with the appropriate license or certificate when required by law.
- (q) The licensee shall develop, maintain, and implement a written plan for the orientation, continuing education, on-the-job training, supervision, and evaluation of all direct care staff.
- (r) All direct care staff shall receive a minimum of 20-clock-hours of continuing education per year, which shall provide the staff with the knowledge and skills as appropriate to their job assignment.

NOTE: Authority Cited: Section 1530, Health and Safety Code. Reference: Sections 5670 and 5671, Welfare and Institutions Code; Sections 1501, 1502(a)(7), 1507, 1522, 1531 and 1562, Health and Safety Code; and Section 42001, Vehicle Code.

**81065.5 DAY STAFF-CLIENT RATIO****81065.5**

- (a) A licensee shall ensure that sufficient direct care staff are at the facility whenever clients are present.
  - (1) There shall be at least one direct care staff person on duty, on the premises, any time clients are in the facility.
    - (A) Any time there is only one direct care staff person on duty on the premises, another direct care staff person shall be on call and capable of responding within 30 minutes.
  - (2) Short Term Crisis Residential Programs shall have at least two direct care staff persons on duty, on the premises, any time clients are in the facility.
  - (3) All facilities shall employ staff and have staffing patterns and ratios as indicated on the facility certification document.
    - (A) The facility shall notify the California Department of Health Care Services when staff qualifications, positions or staffing patterns change.

**81065.5 DAY STAFF-CLIENT RATIO (Continued)****81065.5**

- (b) Whenever a client who relies upon others to perform all activities of daily living is present, the following minimum staffing requirements shall be met:
- (1) For Regional Center clients, staffing shall be maintained as specified by the Regional Center, but no less than one direct care staff to three such clients.
  - (2) For all other clients, there shall be a staff-client ratio of no less than one direct care staff to three such clients.

NOTE: Authority Cited: Section 1530, Health and Safety Code. Reference: Sections 5670 and 5671, Welfare and Institutions Code, and Sections 1501, 1502(a)(7), 1507 and 1562, Health and Safety Code.

**81065.6 NIGHT SUPERVISION****81065.6**

- (a) In addition to Section 81065.5(a), the following shall apply.
- (b) In facilities providing care to seven or more clients who rely upon others to perform all activities of daily living, there shall be at least one person on duty, on the premises and awake.
- (1) For every additional 14 such clients, there shall be one additional person on duty, on the premises and awake.
- (c) In facilities providing care to regional center clients who rely upon others to perform all activities of daily living, night supervision shall be maintained as required by the regional center, but no less than specified in Section 81065.6(b) and (b)(1) above.

NOTE: Authority Cited: Section 1530, Health and Safety Code. Reference: Sections 5670 and 5671, Welfare and Institutions Code, and Sections 1501, 1502(a)(7), 1507 and 1562, Health and Safety Code.

**81066 PERSONNEL RECORDS****81066**

- (a) An employee work schedule shall be developed at least monthly, shall be displayed conveniently for employee reference, and shall contain the following information for each employee:
- (1) Name;
  - (2) Job title;
  - (3) Dates, days and hours of work; and
  - (4) Days off.

**81066 PERSONNEL RECORDS (Continued)****81066**

- (b) Staff training as required by Section 81065(r) shall be documented. Documentation shall include the subject of the training, who conducted the training, and the date(s) of the training.
- (c) The licensee shall ensure that personnel records are maintained on the licensee, administrator and each employee. Each personnel record shall contain the following information:
  - (1) Employee's full name.
  - (2) Driver's license number if the employee is to transport clients.
  - (3) Date of employment.
  - (4) A statement signed by the employee that he/she is at least 18 years of age.
  - (5) Home address and phone number.
  - (6) Documentation of the educational background, training and/or experience specified in licensing regulations for the type of facility in which the employee works.
  - (7) Past experience, including types of employment and former employers.
  - (8) Duties of the employee.
  - (9) Termination date if no longer employed by the facility.
  - (10) A health screening as specified in Section 81065(g).
  - (11) Tuberculosis test documents as specified in Section 81065(g).
  - (12) For employees that are required to be fingerprinted pursuant to Section 81019:
    - (A) A signed statement regarding their criminal record history as required by Section 81019(d).
    - (B) Documentation of either a criminal record clearance or exemption as required by Section 81019(e).
      - 1. For Certified Administrators, a copy of their current and valid Administrator Certification meets this requirement.

**81066 PERSONNEL RECORDS (Continued)****81066**

- (d) Personnel records shall be maintained for all volunteers and shall contain the following:
- (1) A health statement as specified in Section 81065(g)(3).
  - (2) Tuberculosis test documents as specified in Section 81065(g).
  - (3) For volunteers that are required to be fingerprinted pursuant to Section 81019:
    - (A) A signed statement regarding their criminal record history as required by Section 81019(d).
    - (B) Documentation of either a criminal record clearance or exemption as required by Section 81019(e).
- (e) All personnel records shall be available to the licensing agency to inspect, audit, and copy upon demand during normal business hours. Records may be removed if necessary for copying. Removal of records shall be subject to the following requirements:
- (1) Licensing representatives shall not remove any current emergency and health-related information for current personnel unless the same information is otherwise readily available in another document or format.
  - (2) Prior to removing any records, a licensing representative shall prepare a list of the records to be removed, sign and date the list upon removal of the records, and leave a copy of the list with the administrator or designee.
  - (3) Licensing representatives shall return the records undamaged and in good order within three business days following the date the records were removed.
- (f) All personnel records shall be retained for at least three years following termination of employment.
- (g) All personnel records shall be maintained at the facility site.
- (1) The licensee shall be permitted to retain such records in a central administrative location provided that they are readily available to the licensing agency at the facility site as specified in Section 81066(e).
- (h) In all cases, personnel records shall document the hours actually worked.

NOTE: Authority Cited: Section 1530, Health and Safety Code. Reference: Sections 5670 and 5671, Welfare and Institutions Code; Sections 1501, 1502(a)(7) and 1531, Health and Safety Code.

**81068 ADMISSION AGREEMENTS****81068**

- (a) The licensee shall complete an individual written admission agreement with each client and the client's authorized representative, if any.
- (1) Prior to admitting a developmentally disabled adult recommended by a Regional Center, the licensee shall obtain from the Regional Center written certification which states that there was no objection to the placement by any persons specified in Welfare and Institutions Code section 4803.
- (2) The licensee shall maintain a copy of the certification in the client's file.

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Welfare and Institutions Code section 4803 provides:

If a regional center recommends that a person be admitted to a community care facility . . . as a developmentally disabled resident, the employee or designee of the regional center responsible for making the recommendations shall certify in writing that neither the person recommended for admission to a community care facility . . . nor the parent of a minor or conservator of an adult, if appropriate, nor the person or agency appointed pursuant to subdivision (d) of Section 4548 or subdivision (e) of Section 4705 [and responsible for protecting the rights of persons with developmental disabilities, including representatives of area boards on developmental disabilities or clients' rights advocates assigned to the regional centers] has made an objection to the admission to the person making the recommendation. The regional center shall transmit the certificate, or a copy thereof, to the community care facility . . .

A community care facility . . . shall not admit any adult as a developmentally disabled patient on recommendation of a regional center unless a copy of the certificate has been transmitted pursuant to this section.

Any person who, knowing that objection to a community care facility . . . admission has been made, certifies that no objection has been made, shall be guilty of a misdemeanor.

Objections to proposed placements shall be resolved by a fair hearing procedure pursuant to [Welfare and Institutions Code] Section 4700.

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- (b) The licensee shall complete and maintain in the client's file a Telecommunications Device Notification - LIC 9158 (5/97) for each client whose pre-admission appraisal or medical assessment indicates that he/she is deaf, hearing-impaired, or otherwise disabled.



**81068      ADMISSION AGREEMENTS (Continued)****81068**

(c) Admission agreements must specify the following:

- (1) Basic services.
- (2) Available optional services.
- (3) Payment provisions, including the following:
  - (A) Basic rate.
  - (B) Optional services rates.
  - (C) Payor.
  - (D) Due date.
  - (E) Frequency of payment.
- (4) Modification conditions, including requirement for provision of at least 30 calendar days' prior written notice to the client or his/her authorized representative of any basic rate change.
  - (A) It shall be acceptable for agreements involving clients whose care is funded at government-prescribed rates to specify that the effective date of a government rate change shall be considered the effective date for basic-service rate modifications and that no prior notice is necessary.
- (5) Refund Conditions.
- (6) Right of the licensing agency to perform the duties authorized in Section 81044(b) and (c).
- (7) Conditions under which the agreement may be terminated.
  - (A) The client's refusal to cooperate with the licensee's implementation of his/her Restricted Health Condition Care Plan as specified in Section 81092.2, if any, and his/her Needs and Services Plan, as specified in Section 81068.2 or 81068.3, must be one of the conditions.
- (8) The facility's policy concerning family visits and other communication with clients, pursuant to Health and Safety Code section 1512.

**81068 ADMISSION AGREEMENTS (Continued)****81068**

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Section 1512 of the Health and Safety Code provides in pertinent part:

The community care facility's policy concerning family visits and communication shall be designed to encourage regular family involvement with the resident client and shall provide ample opportunities for family participation in activities at the facility.

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- (9) Facility policies that are intended to ensure that no client, in the exercise of his/her personal rights, infringes upon the personal rights of any other client.
  - (10) Those actions, circumstances, or conditions that may result in the client's eviction from the facility as specified in Section 81068.5.
  - (11) An indication of whether the client is either receiving or is eligible to receive Short/Doyle payments pursuant to Welfare and Institutions Code sections 5700 through 5750.
  - (12) If a client has a restricted health condition, as specified in Section 81092, the admission agreement must contain a statement that he/she agrees to comply with the Restricted Health Condition Care Plan developed for him/her as specified in Section 81092.2.
- (d) Such agreements shall be dated and signed, acknowledging the contents of the document, by the client and the client's authorized representative and the licensee or the licensee's designated representative no later than seven calendar days following admission.
  - (e) Modifications to the original agreement shall be made whenever circumstances covered in the agreement change, and shall be dated and signed by the persons specified in Section 81068(c) above.
  - (f) The licensee shall retain in the client's file the original of the initial admission agreement and all subsequent modifications.
    - (1) The licensee shall provide a copy of the current admission agreement to the client and the client's authorized representative, if any.
  - (g) The licensee shall comply with all terms and conditions set forth in the admission agreement.
  - (h) The admission agreement shall be automatically terminated by the death of the client. No liability or debt shall accrue after the date of death.

**81068 ADMISSION AGREEMENTS (Continued)****81068**

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This does not preclude contractual arrangements such as life-care contracts or payments ordered by a court of competent jurisdiction.

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NOTE: Authority Cited: Section 1530, Health and Safety Code. Reference: Sections 4803, 5670, 5671 and 5713.1, Welfare and Institutions Code; Sections 1501, 1507(a)(7), 1512, 1524.7 and 1531, Health and Safety Code; and Section 2881, Public Utilities Code.

**81068.1 ADMISSION PROCEDURE****81068.1**

- (a) The licensee shall develop, maintain, and implement admission procedures which shall meet the requirements specified in this section.
- (b) No client shall be admitted prior to a determination of the facility's ability to meet the needs of the client, which shall include an appraisal of his/her individual service needs as specified in Section 81068.2.
- (c) Prior to accepting a client for treatment, the program director or an experienced staff person who has received training in developing a needs and services plan shall:
  - (1) Interview the prospective client, and his/her authorized representative, if any.
    - (A) The interview shall provide the prospective client with information about the facility, including the information contained in the Admission Agreement and any additional policies and procedures, house rules, and activities.
  - (2) Obtain and review documents as specified in sections 81068.2(b)(1) and (2).
    - (A) This information may not be readily available for clients accepted in a short-term residential crisis program. If this information is not available at the time of admission, this fact must be documented in the client's file. This information must be obtained within three days of admission to the program.
- (d) The facility shall obtain the medical assessment, performed as specified in Section 81069.

**81068.1 ADMISSION PROCEDURE (Continued)****81068.1**

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- (1) See Section 81069 for requirement exceptions.

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- (e) If terms of admission are mutually agreeable, the facility shall obtain the signature of the client, or his/her authorized representative, if any, on the Admission Agreement.

NOTE: Authority Cited: Section 1530, Health and Safety Code. Reference: Sections 5670 and 5671, Welfare and Institutions Code; Sections 1501, 1502(a)(7), 1507 and 1531, Health and Safety Code.

**81068.2 NEEDS AND SERVICES PLAN****81068.2**

- (a) Prior to admission, the licensee shall determine whether the facility's program can meet the prospective client's service needs.
- (b) If the client is to be admitted, then prior to admission, the licensee shall complete a written Needs and Services Plan, that must include:
- (1) A written assessment as required in California Code of Regulations, Title 9, Division 1, Chapter 3, Article 3.5, Section 532.2(b).

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California Code of Regulations, Title 9, Section 532.2(b) provides:

There shall be a written assessment of each client on admission which includes at least:

- (1) Health and psychiatric histories;
- (2) Psycho-social skills;
- (3) Social support skills;
- (4) Current psychological, educational, vocational and other functional limitations;
- (5) Medical needs, as reported; and
- (6) Meal planning, shopping and budgeting skills.

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**81068.2 NEEDS AND SERVICES PLAN (Continued)****81068.2**

- (2) Any needs appraisal or individual program plan completed by a placement agency or consultant.
- (3) A written treatment/rehabilitation plan as required by California Code of Regulations, Title 9, Subchapter 3, Article 3.5, Section 532.2(c).

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- (A) Title 9, California Code of Regulations, Section 532.2(c) provides:

The program and client shall together develop a written treatment/rehabilitation plan specifying goals and objectives and the staff and client's responsibilities for their achievement. Clients shall be involved in an ongoing review of progress towards reaching established goals and be involved in the planning and evaluation of their treatment goals. The plan shall contain at least the following elements:

- (1) Statement of specific treatment needs and goals.
- (2) Description of specific services to address identified treatment needs.
- (3) Documentation of reviews by staff and client of the treatment/rehabilitation plan adhering to the following schedule:
  - (A) Short-Term Crisis Residential Treatment Program: at least weekly.
  - (B) Transitional Residential Treatment Program: at least once every 30 days.
  - (C) Long-Term Residential Treatment Program: at least once every 60 days.
- (4) Anticipated length of stay needed to accomplish identified goals, and methods to evaluate the achievement of these goals.

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- (4) If the client has a restricted health condition, as specified in Section 81092, a written Restricted Health Condition Care Plan as specified in Section 81092.2.

**81068.2 NEEDS AND SERVICES PLAN (Continued)****81068.2**

- (c) If the client has an existing needs appraisal or individual program plan (IPP) completed by a placement agency, or a consultant for the placement agency, the Department may consider the plan to meet the requirements of this section provided that:
- (1) The needs appraisal or the IPP is not more than one year old.
  - (2) The licensee and the placement agency agree that the client's physical, mental and emotional status has not significantly changed since the assessment.
- (d) The written Needs and Services Plan specified in Section 81068.2(b) shall be maintained in the client's file.

NOTE: Authority Cited: Section 1530, Health and Safety Code. Reference: Sections 5670 and 5671, Welfare and Institutions Code; Sections 1501, 1502(a)(7), 1507 and 1531, Health and Safety Code.

**81068.3 MODIFICATIONS TO NEEDS AND SERVICES PLAN****81068.3**

- (a) The program director or an experienced staff person who has been trained in the development and modification of a needs and services plan shall, with the client's participation, update the needs and services plan specified in Section 81068.2.
- (b) The licensee shall ensure that each client's written Needs and Services Plan is updated as often as necessary to assure its accuracy, but at least annually. These modifications shall be maintained in the client's file.
- (c) If the licensee determines that the client's needs cannot be met, the licensee shall inform the client, and his/her authorized representative, if any, and the placement agency, if any, and request that the client relocate to a facility that can provide the needed services.
- (1) If the client refuses to relocate, the licensee may evict in accordance with Section 81068.5
- (d) The program director or staff person specified in (a) above shall, with the client's participation, review the treatment/rehabilitation plan according to the schedule set forth in California Code of Regulations, Title 9, Division 1, Chapter 3, Article 3.5, Section 532.2(c).

**81068.3 MODIFICATIONS TO NEEDS AND SERVICES PLAN (Continued)****81068.3**

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California Code of Regulations, Title 9, Division 1, Chapter 3, Article 3.5, Section 532.2(c)(3) provides in pertinent part:

The program and client shall together develop a written treatment/rehabilitation plan specifying goals and objectives and the staff and client's responsibilities for their achievement. Clients shall be involved in an on-going review of progress towards reaching established goals and be involved in the planning and evaluation of their treatment goals. The plan shall contain at least the following elements:

- (1) Statement of specific treatment needs and goals.
- (2) Description of specific services to address identified treatment needs.
- (3) Documentation of reviews by staff and client of the treatment/rehabilitation plan adhering to the following schedule:
  - (A) Short-Term Crisis Residential Treatment Program: at least weekly.
  - (B) Transitional Residential Treatment Program: at least once every 30 days.
  - (C) Long-Term Residential Treatment Program: at least once every 60 days.

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- (e) The program director shall ensure that the updated needs and services plan includes documentation of all changes in the client's physical, mental, emotional, and social functioning.
  - (1) The program director shall ensure that all changes are considered when modifying the needs and services plan.
  - (2) The program director shall ensure that all changes are brought to the attention of the client's physician, mental health professional, or authorized representative, if any.
- (f) If modifications to the plan identify an individual client need which is not being met by the program of services, the following requirements shall apply:
  - (1) The program director shall secure consultation from a dietitian, physician, social worker, psychologist, or other consultant as necessary to assist in determining if such needs can be met by the facility within the facility's program of services.

**81068.3 MODIFICATIONS TO NEEDS AND SERVICES PLAN (Continued)****81068.3**

- (2) If it is determined that the needs can be met, the program director, in conjunction with the consultant, shall develop and maintain in the facility a written services plan which shall include the following:
  - (A) Objectives, within a time frame, which relate to the client's problems and/or needs;
  - (B) Plans for meeting the objectives;
  - (C) Identification of any individuals or agencies responsible for implementing and evaluating each part of the plan; and
  - (D) Method of evaluating progress.
- (3) If it is determined that the needs cannot be met, the licensee shall bring this fact to the attention of the client and/or his/her authorized representative or mental health professional, if any, and request that the client relocate.
  - (A) If the client refuses to relocate, the licensee shall be permitted to evict the client in accordance with Section 81068.5.

NOTE: Authority Cited: Section 1530, Health and Safety Code. Reference: Sections 5670 and 5671, Welfare and Institutions Code; Sections 1501, 1502(a)(7), 1507 and 1531, Health and Safety Code.

**81068.4 ACCEPTANCE AND RETENTION LIMITATIONS****81068.4**

- (a) The licensee shall not accept or retain the following:
  - (1) Persons with active communicable tuberculosis.
  - (2) Persons who require inpatient care in a health facility.
  - (3) Persons who have needs which are in conflict with other clients or the program of services offered.
  - (4) Persons who require more care and supervision than is provided by the facility.
- (b) A client's length of stay shall not exceed 18 months.

NOTE: Authority Cited: Section 1530, Health and Safety Code. Reference: Sections 5670 and 5671, Welfare and Institutions Code; Sections 1501, 1502(a)(7), and 1507, Health and Safety Code.



**81068.5 EVICTION PROCEDURES****81068.5**

- (a) The licensee shall be permitted to evict a client with 30 days' written notice for any of the following reasons:
- (1) Nonpayment of the rate for basic services within ten days of the due date.
  - (2) Failure of the client to comply with state or local law after receiving written notice of the alleged violation.
  - (3) Failure of the client to comply with the general facility policies that are documented in the facility agreement, and are for the purpose of making it possible for clients to live together.
  - (4) Failure of the client to participate in the services and activities specified in the treatment/rehabilitation plan to the extent of his/her ability.
  - (5) Inability to meet the client's needs.
    - (A) A Needs and Services Plan modification must have been performed, as specified in Section 81068.3, which determined that the client's needs cannot be met by the facility and the client has been given an opportunity to relocate as specified in Section 81068.3(f)(3).
  - (6) The client refuses to comply with his/her Restricted Health Condition Care Plan, if any, as specified in Section 81092.2.
  - (7) The program or facility type has changed and the client is no longer compatible with the population to be served.
  - (8) Change of use of the facility.
  - (9) Failure of the client to comply with the provisions of the Admission Agreement.
- (b) The licensee shall be permitted to evict a client with three days' prior written notice if the client has engaged in behavior since being admitted to the facility which is a threat to the mental health or physical safety of the client or other clients and the following requirement is met:
- (1) The licensee has received prior written and/or has documented telephone approval for the notice of eviction from the licensing agency.
    - (A) The licensing agency shall approve or deny the request within two working days of receipt.
    - (B) Failure of the Department to reply to the request for approval within two working days shall be considered approval.

**81068.5 EVICTION PROCEDURES (Continued)****81068.5**

- (c) The licensee shall set forth in the notice the reasons for the eviction, with specific facts including the date, place, witnesses, and circumstances.
- (d) When serving the client with either a 30-day or a 3-day notification of eviction, the licensee shall, on the same day, overnight mail or fax a copy of the notice to the client's authorized representative, if any, or the client's responsible person if there is no authorized representative. The licensee shall, upon providing the client with notification of eviction, mail a copy of the eviction notice to the client's mental health professional.
- (e) The licensee shall mail or fax to the Department a copy of the 30-day written notice to quit in accordance with (a) above within five days of giving the notice to the client.
- (f) Upon request of a client or his/her authorized representative or responsible person, the Department will investigate the reasons for the eviction pursuant to the provisions of Section 1538 of the Health and Safety Code.
- (g) Nothing in this section is intended to preclude the licensee or client from invoking other remedies when eviction.

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Such remedies include voluntary relocation, relocation by the client's authorized representative, hospitalization for mental or physical conditions, and arrest.

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NOTE: Authority Cited: Section 1530, Health and Safety Code. Reference: Sections 5670 and 5671, Welfare and Institutions Code; Sections 1501, 1502(a)(7), 1531 and 1770 et seq., Health and Safety Code.

**81069 CLIENT MEDICAL ASSESSMENTS****81069**

- (a) Notwithstanding Section 81069(b), the licensee must obtain a medical assessment prior to or within 3 days following acceptance of a client into a short-term crisis program.
  - (1) Assessments completed by a referring medical or mental health agency may be accepted by the facility; however, the licensee must ensure all information required in Section 81069(c) is either contained in the assessment or is obtained by the licensee within three days following acceptance of a client.

**81069 CLIENT MEDICAL ASSESSMENTS (Continued)****81069**

- (b) Prior to accepting a client into care, the licensee shall obtain and keep on file documentation of the client's medical assessment.
- (1) Such assessment shall be performed by a licensed physician, or a designee, who is also a licensed professional, and the assessment shall not be more than one year old when obtained.
- (c) The medical assessment shall include the following:
- (1) The results of an examination for communicable tuberculosis and other contagious/infectious diseases.
- (2) Identification of the client's special problems and needs.
- (3) Identification of a prescribed medications being taken by the client.
- (4) A determination of the client's ambulatory status, as defined in Section 81001(n)(2).
- (5) Identification of physical restrictions, including any medically necessary diet restrictions, to determine the client's capacity to participate in the licensee's program.
- (6) A physical examination of the person, indicating the physician's primary diagnosis and secondary diagnosis, if any.
- (7) Identification of other medical conditions, including those described in Section 81092, which are restricted, and in Section 81091, which would preclude care of the person by the licensee.
- (8) Documentation of prior medical services and history.
- (9) Current medical status including, but not limited to, height, weight, and blood pressure.
- (10) Identification of the client's needs as a result of any medical information contained in the report.
- (d) The licensing agency shall have the authority to require the licensee to obtain a current written medical assessment, if such an assessment is necessary to verify the appropriateness of a client's placement.

NOTE: Authority Cited: Section 1530, Health and Safety Code. Reference: Sections 5670 and 5671, Welfare and Institutions Code; Sections 1501, 1502(a)(7), 1530 and 1531, Health and Safety Code.

**81069.2 FUNCTIONAL CAPABILITIES ASSESSMENT****81069.2**

- (a) In order to determine whether the facility's program meets a client's service needs, the licensee shall assess the client's need for personal assistance and care by determining his/her functional capabilities. The assessment shall be in writing, shall be used in developing the Needs and Service Plan, and shall include, but not be limited to the following activities:
- (1) Bathing:
    - (A) Does not bathe or shower self.
    - (B) Performs some bathing or showering tasks.
    - (C) Bathes or showers self independently.
  - (2) Dressing:
    - (A) Does not dress self.
    - (B) Puts on some clothing by self.
    - (C) Dresses self completely.
  - (3) Grooming:
    - (A) Does not tend to own personal hygiene.
    - (B) Tends to some personal hygiene tasks.
    - (C) Tends to own personal hygiene.
  - (4) Toileting:
    - (A) Not toilet trained.
    - (B) Does not toilet by self.
    - (C) Goes to toilet by self.
  - (5) Transferring:
    - (A) Unable to move in and out of a bed or chair.
    - (B) Needs assistance to transfer.
    - (C) Is able to move in and out of a bed or chair.

**81069.2 FUNCTIONAL CAPABILITIES ASSESSMENT (Continued)****81069.2**

- (6) Repositioning:
  - (A) Unable to reposition.
  - (B) Repositions from side to side.
  - (C) Repositions from front to back and back to front.
- (7) Wheelchair:
  - (A) Unable to sit without support.
  - (B) Sits without support.
  - (C) Needs assistance moving wheelchair.
  - (D) Moves wheelchair independently.
  - (E) Does not use wheelchair.
- (8) Continence:
  - (A) No bowel and/or bladder control.
  - (B) Some bowel and/or bladder control.
  - (C) Use of assistive devices, such as a catheter.
  - (D) Complete bowel and bladder control.
- (9) Eating:
  - (A) Does not feed self.
  - (B) Feeds self with assistance from another person.
  - (C) Feeds self completely.

**81069.2 FUNCTIONAL CAPABILITIES ASSESSMENT (Continued)****81069.2**

- (b) Assessment of the client's need for assistance shall include consideration of his/her physical condition affecting participation in his/her own care, including:
- (1) Vision:
    - (A) Severe/profound impairment.
    - (B) Mild/moderate impairment.
    - (C) No vision impairment.
  - (2) Hearing:
    - (A) Severe/profound loss.
    - (B) Mild/moderate loss.
    - (C) No hearing loss.
  - (3) Communication:
    - (A) Does not express nonverbally.
    - (B) Does not express verbally.
    - (C) Expresses by sounds or movements.
    - (D) Expresses self well, both verbally and nonverbally.
  - (4) Walking:
    - (A) Does not walk.
    - (B) Walks with support.
    - (C) Walks well alone.
  - (5) Medical history and conditions.
  - (6) Need for prescribed and non-prescribed medications.

**81069.2 FUNCTIONAL CAPABILITIES ASSESSMENT (Continued)****81069.2**

- (c) Assessment of the client's need for assistance and care shall include consideration of the following:
- (1) Mental and emotional conditions.
  - (2) Socialization and cognitive status.
  - (3) Propensity for behaviors that result in harm to self or others and that require supervision.
  - (4) Ability to manage his/her own finances and cash resources.

NOTE: Authority Cited: Section 1530, Health and Safety Code. Reference: Sections 5670 and 5671, Welfare and Institutions Code; Sections 1250, 1501, 1502, 1507, 1530, 1531 and 1557.5, Health and Safety Code.

**81070 CLIENT RECORDS****81070**

- (a) The licensee shall ensure that a separate, complete, and current record is maintained in the facility for each client.
- (b) Each client record shall contain the following information including, but not limited to, the following:
- (1) Name of client.
  - (2) Birthdate.
  - (3) Sex.
  - (4) Last known address.
  - (5) Date of admission.
  - (6) Name, address, and telephone number of the client's authorized representative(s), if any.
  - (7) A signed copy of the admission agreement specified in Section 81068.
  - (8) Name, address and telephone number of the client's physician and dentist, and other medical and mental health providers, if any.
  - (9) Medical assessment, including ambulatory status, as specified in Section 81069.
  - (10) Record of any illness or injury requiring treatment by a physician or dentist and for which the facility provided assistance to the client in meeting his/her necessary medical and dental needs.

**81070 CLIENT RECORDS (Continued)****81070**

- (11) Record of current medications, including the name of the prescribing physician, and instructions, if any, regarding control and custody of medications.
  - (12) Restricted Health Condition Care Plan, if required for the client by Section 81092.2.
  - (13) Functional assessment as specified in Section 81069.2.
  - (14) Religious preference, and name and address of clergyman or religious advisor, if any.
  - (15) Needs and services plan and any modifications thereto, as specified in Sections 81068.2 and 81068.3.
  - (16) An account of the client's cash resources, personal property, and valuables entrusted as specified in Section 81026.
  - (17) Date of termination of services.
- (c) All information and records obtained from or regarding clients shall be confidential.
- (1) The licensee shall be responsible for safeguarding the confidentiality of record contents.
  - (2) Except as specified in Section 81070(d) below, or as otherwise authorized by law, the licensee and all employees shall not reveal or make available confidential information.
- (d) All client records shall be available to the licensing agency to inspect, audit, and copy upon demand during normal business hours. Records may be removed if necessary for copying. Removal of records shall be subject to the following requirements:
- (1) Licensing representatives shall not remove the following current records for current clients unless the same information is otherwise readily available in another document or format:
    - (A) Name, address, and telephone number of the client's authorized representative(s) as specified in Section 81070(b)(6).
    - (B) Name, address, and telephone number of a client's physician and dentist, and any other medical and mental health providers, as specified in Section 81070(b)(8).
    - (C) Medical assessment, including ambulatory status, as specified in Section 81070(b)(9).
    - (D) Record of any current illness or injury as specified in Section 81070(b)(10).
    - (E) Record of current medications as specified in Section 81070(b)(11).



**81070 CLIENT RECORDS (Continued)****81070**

- (F) Restricted Health Condition Care Plan as specified in Section 81070(b)(12).
  - (G) Functional assessment as specified in Section 81070(b)(13).
  - (H) Any other records containing current emergency or health-related information for current clients.
- (2) Prior to removing any records, a licensing representative shall prepare a list of the records to be removed, sign and date the list upon removal of the records, and leave a copy of the list with the administrator or designee.
  - (3) Licensing representatives shall return the records undamaged and in good order within three business days following the date the records were removed.
- (e) A client's records shall be open to inspection by the client's authorized representative(s), if any.
  - (f) The information specified in Section 81070(b)(1) through (b)(17) above must be updated as necessary to ensure the accuracy of the client's record.
  - (g) Original client records or photographic reproductions shall be retained for at least three years following termination of service to the client.

NOTE: Authority Cited: Section 1530, Health and Safety Code. Reference: Sections 5670 and 5671, Welfare and Institutions Code; Sections 1501, 1502(a)(7), 1507 and 1531, Health and Safety Code.

**81071 REGISTER OF CLIENTS****81071**

- (a) In all licensed facilities, the following shall apply:
  - (1) The licensee shall maintain in the facility a register of all clients. The register shall be immediately available to, and copied for, licensing staff upon request, and must contain current information on the following:
    - (A) Client's name and ambulatory status as specified in Sections 81070(b)(1) and 81070(b)(9).
    - (B) Name, address and telephone number of client's attending physician.
    - (C) Authorized representatives information as specified in Section 81070(b)(6).
    - (D) Client's restricted health condition(s), if any, as specified in Section 81092(b).
      - 1. The licensee may keep a separate client register with this information.

**81071 REGISTER OF CLIENTS (Continued)****81071**

- (2) The licensee shall keep the register in a central location at the facility.
- (A) Registers are confidential, as specified in Section 81070(c).

NOTE: Authority Cited: Section 1530, Health and Safety Code. Reference: Sections 5670 and 5671, Welfare and Institutions Code; Sections 1507 and 1557.5, Health and Safety Code.

**81072 PERSONAL RIGHTS****81072**

- (a) Each client shall have personal rights which include, but are not limited to, the following:
- (1) To be accorded dignity in his/her personal relationships with staff and other persons.
  - (2) To be accorded safe, healthful and comfortable accommodations, furnishings and equipment to meet his/her needs.
  - (3) To be free from corporal or unusual punishment, infliction of pain, humiliation, intimidation, ridicule, coercion, threat, mental abuse, or other actions of a punitive nature, including but not limited to: interference with the daily living functions, including eating, sleeping, or toileting; or withholding of shelter, clothing, medication or aids to physical functioning.
  - (4) To be informed, and to have his/her authorized representative, if any, informed, by the licensee of the provisions of law regarding complaints including, but not limited to, the address and telephone number of the complaint receiving unit of the licensing agency, and of information regarding confidentiality.

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Provisions regarding inspection requests are found in Health and Safety Code section 1538:

- (a) Any person may request an inspection of any community care facility in accordance with the provisions of this chapter by transmitting to the state department notice of an alleged violation of applicable requirements prescribed by statutes or regulations of this state....
- (b) The substance of the complaint shall be provided to the licensee no earlier than at the time of the inspection....

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- (5) To be free to attend religious services or activities of his/her choice and to have visits from the spiritual advisor of his/her choice.

**81072 PERSONAL RIGHTS (Continued)****81072**

- (A) Attendance at religious services, in or outside of the facility, shall be on a completely voluntary basis.
- (6) To leave or depart the facility at any time.
  - (A) The licensee shall not be prohibited by this provision from setting curfews or other house rules for the protection of clients.
  - (B) This provision may not apply to clients for whom a guardian, conservator, or other legal authority has been appointed.
- (7) Not to be locked in any room, building, or facility premises by day or night.
  - (A) The licensee shall not be prohibited by this provision from locking exterior doors and windows or from establishing house rules for the protection of clients provided the clients are able to exit the facility.
  - (B) The licensee shall be permitted to utilize means other than those specified in 81072(a)(7)(A) above for securing exterior doors and windows only with the prior approval of the licensing agency.
- (8) Not to be placed in any restraining device. Postural supports may be used under the following conditions.
  - (A) Postural supports shall be limited to appliances or devices including braces, spring release trays, or soft ties, used to achieve proper body position and balance, to improve a client's mobility and independent functioning, or to position rather than restrict movement including, but not limited to, preventing a client from falling out of bed, a chair, etc.
    - 1. Physician-prescribed orthopedic devices such as braces or casts used for support of a weakened body part or correction of body parts are considered postural supports.
  - (B) A written order from the client's physician indicating the need for the postural support shall be maintained in the client's record. The licensing agency shall be authorized to require additional documentation if needed to verify the order.
  - (C) Postural supports shall be fastened or tied in a manner that permits quick release by the client.
  - (D) Prior to the use of postural supports that cause the client to become non-ambulatory, the licensee shall ensure that a fire clearance, as required by Section 81020, has been secured.

**81072 PERSONAL RIGHTS (Continued)****81072**

- (E) Under no circumstances shall postural supports include tying of, or depriving or limiting the use of, a client's hands or feet.
1. A bed rail that extends from the head half the length of the bed and used only for assistance with mobility shall be allowed. Bed rails that extend the entire length of the bed are prohibited except for clients who are currently receiving hospice care and have a hospice care plan that specifies the need for full bed rail.
- (F) Protective devices including, but not limited to, helmets, elbow guards, and mittens which do not prohibit a client's mobility but rather protect the client from self-injurious behavior are not to be considered restraining devices for the purpose of this regulation. Protective devices may be used if they are approved in advance by the licensing agency as specified below.
1. All requests to use protective devices shall be in writing and include a written order of a physician indicating the need for such devices. The licensing agency shall be authorized to require additional documentation including, but not limited to, the Individual Program Plan (IPP) as specified in Welfare and Institutions Code section 4646, and the written consent of the authorized representative, in order to evaluate the request.
  2. The licensing agency shall have the authority to grant conditional and/or limited approvals to use protective devices.
- (9) To receive or reject medical care, or health-related services, except for clients for whom a guardian, conservator, or other legal authority has been appointed.
- (10) To be informed of the facility's policy concerning family visits and other communication with clients, as specified in Health and Safety Code section 1512.

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**HANDBOOK BEGINS HERE**

Section 1512 of the Health and Safety Code provides in pertinent part:

The community care facility's policy concerning family visits and communication shall be designed to encourage regular family involvement with the resident client and shall provide ample opportunities for family participation in activities at the facility.

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**HANDBOOK ENDS HERE**

**81072 PERSONAL RIGHTS (Continued)****81072**

- (11) To visit the facility with his/her relatives, mental health professional or authorized representative prior to admission.
  - (12) To have the facility inform his/her relative, mental health professional, or authorized representative, if any, of activities related to his/her care and supervision, including but not limited to notification of any modifications to the needs and services plan.
    - (A) This may only be done with prior written permission from the client.
  - (13) To have communications to the facility from his/her relatives, mental health professional, or authorized representative answered promptly and completely.
  - (14) To have visitors, including advocacy representatives, visit privately during waking hours, provided that such visitations do not infringe upon the rights of other clients.
  - (15) To wear his/her own clothes.
  - (16) To possess and use his/her own personal items, including his/her own toilet articles.
  - (17) To possess and control his/her own cash resources.
  - (18) To have access to individual storage space for his/her private use.
  - (19) To have access to telephones in order to make and receive confidential calls, provided that such calls do not infringe upon the rights of other clients and do not restrict availability of the telephone during emergencies.
    - (A) The licensee shall be permitted to require reimbursement from the client or his/her authorized representative for long distance calls.
    - (B) The licensee shall be permitted to prohibit the making of long distance calls upon documentation that requested reimbursement for previous calls has not been received.
  - (20) To mail and receive unopened correspondence.
  - (21) To receive assistance in exercising the right to vote.
  - (22) To move from the facility.
- (b) At admission, a client and the client's authorized representative shall be personally advised of and given a list of the rights specified in Section 81072(a)(1) through (22).

**81072 PERSONAL RIGHTS (Continued)****81072**

- (c) The information specified in Section 81072(b) above including the visiting policy as stated in the admissions agreement shall be prominently posted in areas accessible to clients and their visitors.
- (d) The licensee shall ensure that each client is accorded the personal rights as specified in this section.

NOTE: Authority Cited: Section 1530, Health and Safety Code. Reference: Sections 5670 and 5671, Welfare and Institutions Code; Sections 1501, 1502(a)(7), 1512 and 1531, Health and Safety Code.

**81073 TELEPHONES****81073**

- (a) A social rehabilitation facility shall have telephone service on the premises.

NOTE: Authority Cited: Section 1530, Health and Safety Code. Reference: Sections 5670 and 5671, Welfare and Institutions Code; Sections 1501, 1531 and 1539, Health and Safety Code.

**81074 TRANSPORTATION****81074**

- (a) Only drivers licensed for the type of vehicle operated shall be permitted to transport clients.
- (b) The manufacturer's rated seating capacity of the vehicles shall not be exceeded.
- (c) Motor vehicles used to transport clients shall be maintained in a safe operating condition.

NOTE: Authority Cited: Section 1530, Health and Safety Code. Reference: Sections 5670 and 5671, Welfare and Institutions Code; Sections 1501 and 1531, Health and Safety Code.

**81075 HEALTH-RELATED SERVICES****81075**

- (a) The licensee shall ensure that each client receives necessary first aid and other needed medical or dental services, including arrangement for and/or provision of transportation to the nearest available services.
- (b) Clients shall be assisted as needed with self-administration of prescription and nonprescription medications.
  - (1) Facility staff who receive training may assist clients with metered-dose inhalers, and dry powder inhalers if the following requirements are met:

**81075 HEALTH-RELATED SERVICES (Continued)****81075**

(A) Facility staff must receive training from a licensed professional.

1. The licensee shall obtain written documentation from the licensed professional outlining the procedures and the names of facility staff who have been trained in those procedures.
2. The licensee ensures that the licensed professional reviews staff performance as the licensed professional deems necessary, but at least once a year.

(B) All staff training shall be documented in the facility personnel files.

- (2) Facility staff, except those authorized by law, shall not administer injections but staff designated by the licensee shall be authorized to assist clients with self-administration of injections as needed.
- (3) Assistance with self-administration does not include forcing a client to take medications, hiding or camouflaging medications in other substances without the client's knowledge and consent, or otherwise infringing upon a client's right to refuse to take a medication.
- (4) If the client's physician has stated in writing that the client is able to determine and communicate his/her need for a prescription or nonprescription PRN medication, facility staff shall be permitted to assist the client with self-administration of their PRN medication.
- (5) If the client's physician has stated in writing that the client is unable to determine his/her own need for nonprescription PRN medication, but can communicate his/her symptoms clearly, facility staff designated by the licensee shall be permitted to assist the client with self-administration, provided all of the following requirements are met:
  - (A) There is written direction from a physician, on a prescription blank, specifying the name of the client, the name of the medication, all of the information specified in Section 81075(e), instructions regarding a time or circumstance (if any) when it should be discontinued, and an indication of when the physician should be contacted for a medication reevaluation.
  - (B) Once ordered by the physician the medication is given according to the physician's directions.
  - (C) A record of each dose is maintained in the client's record. The record shall include the date and time the PRN medication was taken, the dosage taken, and the client's response.

**81075 HEALTH-RELATED SERVICES (Continued)****81075**

- (6) If the client is unable to determine his/her own need for a prescription or nonprescription PRN medication, and is unable to communicate his/her symptoms clearly, facility staff designated by the licensee, shall be permitted to assist the client with self-administration, provided all of the following requirements are met:
- (A) Facility staff shall contact the client's physician prior to each dose, describe the client's symptoms, and receive direction to assist the client in self-administration of that dose of medication.
  - (B) The date and time of each contact with the physician, and the physician's directions, shall be documented and maintained in the client's facility record.
  - (C) The date and time the PRN medication was taken, the dosage taken, and the client's response, shall be documented and maintained in the client's facility record.
  - (D) For every prescription and nonprescription PRN medication for which the licensee provides assistance, there shall be a signed, dated written order from a physician on a prescription blank, maintained in the client's file, and a label on the medication. Both the physician's order and the label shall contain at least all of the following information:
    - 1. The specific symptoms which indicate the need for the use of the medication.
    - 2. The exact dosage.
    - 3. The minimum number of hours between doses.
    - 4. The maximum number of doses allowed in each 24-hour period.
- (c) The isolation room or area specified in Section 81087(i) shall be used where separation from others is required.
- (d) There shall be privacy for first aid treatment of minor injuries and for examination or treatment by a physician if required.
- (e) When a client requires oxygen the licensee is responsible for the following:
- (1) Monitoring the client's ongoing ability to operate and care for the equipment in accordance with the physician's instructions, or if the client is unable to do so:



**81075 HEALTH-RELATED SERVICES (Continued)****81075**

- (A) Ensuring that an adequate number of facility staff persons are designated to operate and care for the equipment and that those staff persons receive.
  - 1. The licensee shall comply with all of the requirements for training in Sections 81075(b)(1)(A) through (B).
- (2) Ensuring that the following conditions are met if oxygen equipment is in use:
  - (A) The licensee makes a written report to the local fire jurisdiction that oxygen is in use at the facility.
  - (B) "No Smoking - Oxygen in Use" signs shall be posted in appropriate areas.
  - (C) Smoking is prohibited where oxygen is in use.
  - (D) All electrical equipment is checked for defects that may cause sparks.
  - (E) Oxygen tanks that are not portable are secured either in a stand or to the wall.
  - (F) Plastic tubing from the nasal cannula (mask) to the oxygen source is long enough to allow the client movement within his/her room but does not constitute a hazard to the client or others.
  - (G) Clients use oxygen from a portable source when they are outside of their rooms or when walking in a day care setting.
  - (H) Equipment is operable.
  - (I) Facility staff have knowledge and ability to operate and care for the oxygen equipment.
  - (J) Equipment is removed from the facility when no longer in use by the client.
- (f) Staff responsible for providing direct care and supervision shall receive training in first aid from persons qualified by agencies including but not limited to the American Red Cross.
- (g) If the facility has no medical unit on the grounds, first aid supplies shall be maintained and be readily available in a central location in the facility.
  - (1) The supplies shall include at least the following:
    - (A) A current edition of a first aid manual approved by the American Red Cross, the American Medical Association or a state or federal health agency.

**81075 HEALTH-RELATED SERVICES (Continued)****81075**

- (B) Sterile first aid dressings.
  - (C) Bandages or roller bandages.
  - (D) Adhesive tape.
  - (E) Scissors.
  - (F) Tweezers.
  - (G) Thermometers.
  - (H) Antiseptic solution.
- (h) There shall be at least one person capable of and responsible for communicating with emergency personnel in the facility at all times. The following information shall be readily available:
- (1) The name, address and telephone number of each client's physician and dentist, and other medical and mental health providers, if any.
  - (2) The name, address and telephone number of each emergency agency, including but not limited to the fire department, crisis center or paramedical unit. There shall be at least one medical resource available to be called at all times.
  - (3) The name and telephone number of an ambulance service.

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**HANDBOOK BEGINS HERE**

It is recommended that the licensee obtain consent forms to permit the authorization of medical care.

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**HANDBOOK ENDS HERE**

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- (i) When a client requires prosthetic devices, or vision or hearing aids, the staff shall be familiar with the use of these devices and aids and shall assist the client with their utilization as needed.
- (j) Medications shall be centrally stored under the following circumstances:
  - (1) Preservation of the medication requires refrigeration.
  - (2) Any medication determined by the physician to be hazardous if kept in the personal possession of the client for whom it was prescribed.

**81075 HEALTH-RELATED SERVICES (Continued)****81075**

- (2) Any medication determined by the physician to be hazardous if kept in the personal possession of the client for whom it was prescribed.
  - (3) Because of physical arrangements and the condition or the habits of persons in the facility, the medications are determined by either the administrator or by the licensing agency to be a safety hazard.
- (k) The following requirements shall apply to medications which are centrally stored:
- (1) Medication shall be kept in a safe and locked place that is not accessible to persons other than employees responsible for the supervision of the centrally stored medication.
  - (2) Each container shall identify the items specified in Section 81075(k)(7)(A) through (G) below.
  - (3) All medications shall be labeled and maintained in compliance with label instructions and state and federal laws.
  - (4) No person other than the dispensing pharmacist shall alter a prescription label.
  - (5) Each client's medication shall be stored in its originally received container.
  - (6) No medications shall be transferred between containers.
  - (7) The licensee shall ensure the maintenance, for each client, of a record of centrally stored prescription medications which is retained for at least one year and includes the following:
    - (A) The name of the client for whom prescribed.
    - (B) The name of the prescribing physician.
    - (C) The drug name, strength and quantity.
    - (D) The date filled.
    - (E) The prescription number and the name of the issuing pharmacy.
    - (F) Expiration date.
    - (G) Number of refills.
    - (H) Instructions, if any, regarding control and custody of the medication.

**81075 HEALTH-RELATED SERVICES (Continued)****81075**

- (l) Prescription medications which are not taken with the client upon termination of services, or which are not to be retained shall be destroyed by the facility administrator, or a designated substitute, and one other adult who is not a client.
  - (1) Both shall sign a record, to be retained for at least one year, which lists the following:
    - (A) Name of the client.
    - (B) The prescription number and the name of the pharmacy.
    - (C) The drug name, strength and quantity destroyed.
    - (D) The date of destruction.
- (m) The facility administrator shall ensure the development and implementation of a plan which insures assistance is provided to the clients in meeting their medical and dental needs.
- (n) The facility administrator shall ensure the isolation of a client suspected of having a contagious or infectious disease and shall ensure that a physician is contacted to determine suitability of the client's retention in the facility.

NOTE: Authority Cited: Section 1530, Health and Safety Code. Reference: Sections 5670 and 5671, Welfare and Institutions Code; Sections 1501, 1502, 1502(a)(7), 1507, 1530 and 1531, Health and Safety Code.

**81075.1 AUTOMATED EXTERNAL DEFIBRILLATORS (AEDs)****81075.1**

- (a) The licensee is permitted to maintain and operate an AED at the facility if all of the following requirements are met:
  - (1) The licensee shall notify the licensing agency in writing that an AED is in the facility and will be used in accordance with all applicable federal and other state requirements.
  - (2) The AED shall be used in accordance with all applicable federal and other state requirements.
  - (3) The licensee shall maintain at the facility the following:
    - (A) A copy of the required physician's prescription for the AED.

**81075.1 AUTOMATED EXTERNAL DEFIBRILLATORS (AEDs) (Continued) 81075.1**

- (B) A training manual from an American Heart Association - or American Red Cross-recognized AED training class.
  - (C) A log of checks of operation of the AED containing the dates checked and the name of person checking.
  - (D) A copy of a valid AED operator's certificate for any employee(s) authorized by the licensee to operate the AED. The certificate shall indicate that the AED training course completed complies with the standards of the American Heart Association or the American Red Cross. If it does not, then other evidence indicating that the AED training course completed complies with the standards of the American Heart Association or the American Red Cross shall be available at the facility.
  - (E) A log of quarterly proficiency demonstrations for each holder of an AED operator's certificate who is authorized by the licensee to operate the AED. The log shall contain the dates of the demonstrations and the manner of demonstration.
- (4) A supply kit shall be maintained at the facility and be readily available for use with the AED. The kit shall contain at least the following:
- (A) A back-up battery set.
  - (B) An extra set of pads.
  - (C) A safety razor for shaving chest hair when necessary to apply the pads.
  - (D) A cardiovascular pulmonary resuscitation barrier (a face shield or mask) for protection from transmission of infectious disease.
  - (E) Two pairs of unused medical examination gloves (latex or non-latex).
- (5) Use of an AED shall be reported as specified in Section 81061.

NOTE: Authority Cited: Section 1530, Health and Safety Code. Reference: Sections 1501, 1502, 1507, 1530, 1531 and 1797.196, Health and Safety Code.

**81076 FOOD SERVICE****81076**

(a) In a social rehabilitation facility providing meals to clients, the following shall apply:

- (1) All food shall be safe and of the quality and in the quantity necessary to meet the needs of the clients. Each meal shall meet at least 1/3 of the servings recommended in the USDA Basic Food Group Plan - Daily Food Guide for the age group served. All food shall be selected, stored, prepared and served in a safe and healthful manner.

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**HANDBOOK BEGINS HERE**

U.S. Department of Agriculture Dietary Guidelines for Americans 2005

The following is the U.S. Department of Agriculture's Food Guide for a 2,000 calorie level diet. For additional calorie level diets please see the entire Food Guide chart available in the Dietary Guidelines for Americans 2005 (appendix A-2).

Daily Amount of Food From Each Group (vegetable subgroup amounts are per week)

Food Group      Food group amounts shown in cup (c) or ounce-equivalents (oz-eq), with number of servings (srv) in parentheses when it differs from the other units. See note for quantity equivalents for foods in each group. Oils are shown in grams (g).

Fruits	2 c (4 srv)/day
Vegetables	2.5 c (5 srv)/day
Dark Green Veg	3 c/wk
Orange Veg	2 c/wk
Legumes	3 c/wk
Starchy Veg	3 c/wk
Other Veg	6.5 c/wk
Grains	6 oz-eq/day
Whole Grains	3 oz-eq/day
Other Grains	3 oz-eq/day
Lean Meat and Beans	5.5 oz-eq/day
Milk	3 c/day
Oils	27 g/day
Discretionary Calorie Allowance	267 calories/day

Note: One serving of fruits and vegetables is equivalent to 1/2 cup.

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**HANDBOOK ENDS HERE**

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**81076 FOOD SERVICE (Continued)****81076**

- (2) Where all food is provided by the facility, arrangements shall be made so that each client has available at least three meals per day.
  - (A) Not more than 15 hours shall elapse between the third meal of one day and first meal of the following day.
- (3) Where meal service within a facility is elective, arrangements shall be made to ensure availability of a daily food intake meeting the requirements of Section 81076(a)(1) above for all clients who, in their admission agreement, elect meal service.
- (4) Between meal nourishment or snacks shall be available for all clients unless limited by dietary restrictions prescribed by a physician.
- (5) Menus shall be written at least one week in advance and copies of the menus as served shall be dated and kept on file for at least 30 days. Menus shall be made available for review by the clients or their authorized representatives and the licensing agency upon request.
- (6) Modified diets prescribed by a client's physician as a medical necessity shall be provided.
  - (A) The licensee shall obtain and follow instructions from the physician or dietitian on the preparation of the modified diet.
- (7) Commercial foods shall be approved by appropriate federal, state and local authorities. All foods shall be selected, transported, stored, prepared and served so as to be free from contamination and spoilage and shall be fit for human consumption. Food in damaged containers shall not be accepted, used or retained.
- (8) Where indicated, food shall be cut, chopped or ground to meet individual needs.
- (9) Powdered milk shall not be used as a beverage but shall be allowed in cooking and baking. Raw milk, as defined in Division 15 of the California Food and Agricultural Code shall not be used. Milk shall be pasteurized.
- (10) Except upon written approval by the licensing agency, meat, poultry and meat food products shall be inspected by state or federal authorities. Written evidence of such inspection shall be available for all products not obtained from commercial markets.
- (11) All home canned foods shall be processed in accordance with standards of the University of California Agricultural Extension Service. Home canned foods from outside sources shall not be used.

**81076 FOOD SERVICE (Continued)****81076**

- (12) If food is prepared off the facility premises, the following shall apply:
- (A) The preparation source shall meet all applicable requirements for commercial food services.
  - (B) The facility shall have the equipment and staff necessary to receive and serve the food and for cleanup.
  - (C) The facility shall maintain the equipment necessary for in-house preparation, or have an alternate source for food preparation, and service of food in emergencies.
- (13) All persons engaged in food preparation and service shall observe personal hygiene and food services sanitation practices which protect the food from contamination.
- (14) All foods or beverages capable of supporting rapid and progressive growth of microorganisms which can cause food infections or food intoxications shall be stored in covered containers at 45 degrees F (7.2 degrees C) or less.
- (15) Pesticides and other similar toxic substances shall not be stored in food storerooms, kitchen areas, food preparation areas, or areas where kitchen equipment or utensils are stored.
- (16) Soaps, detergents, cleaning compounds or similar substances shall be stored in areas separate from food supplies.
- (17) All kitchen, food preparation, and storage areas shall be kept clean, free of litter and rubbish, and measures shall be taken to keep all such areas free of rodents, and other vermin.
- (18) All food shall be protected against contamination. Contaminated food shall be discarded immediately.
- (19) All equipment, fixed or mobile, dishes, and utensils shall be kept clean and maintained in safe condition.
- (20) All dishes and utensils used for eating and drinking and in the preparation of food and drink, shall be cleaned and sanitized after each usage.
- (A) Dishwashing machines shall reach a temperature of 165 degrees F (74 degrees C) during the washing and/or drying cycle to ensure that dishes and utensils are cleaned and sanitized.
  - (B) Facilities not using dishwashing machines shall clean and sanitize dishes and utensils by an alternative comparable method.



**81076 FOOD SERVICE (Continued)****81076**

- (21) Equipment necessary for the storage, preparation and service of food shall be provided, and shall be well-maintained.
- (22) Tableware and tables, dishes, and utensils shall be provided in the quantity necessary to serve the clients.
- (23) Adaptive devices shall be provided for self-help in eating as needed by clients.
- (b) The licensing agency shall have the authority to require the facility to provide written information, including menus, regarding the food purchased and used over a given period when it is necessary to determine if the licensee is in compliance with the food service requirements in the regulations in this Division.
  - (1) The licensing agency shall specify in writing the written information required from the licensee.
- (c) The following requirements shall be met when serving food:
  - (1) Meals served on the premises shall be served in one or more dining rooms or similar areas in which the furniture, fixtures, and equipment necessary for meal service are provided.
    - (A) Such dining areas shall be located near the kitchen so that food may be served quickly and easily.
  - (2) Tray service shall be provided in case of emergency need.
- (d) The licensee shall meet the following storage requirements:
  - (1) Supplies of staple nonperishable foods for a minimum of one week and fresh perishable foods for a minimum of two days shall be maintained on the premises.
  - (2) Freezers shall be large enough to accommodate required perishables and shall be maintained at a temperature of zero degrees F ( -17.7 degrees C).
  - (3) Refrigerators shall be large enough to accommodate required perishables and shall maintain a maximum temperature of 45 degrees F (7.2 degrees C).
  - (4) Freezers and refrigerators shall be kept clean, and food storage shall permit the air circulation necessary to maintain the temperature specified in (2) and (3) above.

NOTE: Authority Cited: Section 1530, Health and Safety Code. Reference: Sections 5670 and 5671, Welfare and Institutions Code; Sections 1501, 1502(a)(7), 1530, 1530.5 and 1531, Health and Safety Code.

**81077.2 CARE FOR CLIENTS WHO RELY UPON OTHERS TO PERFORM  
ALL ACTIVITIES OF DAILY LIVING****81077.2**

- (a) A licensee may accept or retain a client who relies upon others to perform all activities of daily living for them.
- (b) Prior to accepting a client into care, the licensee shall complete the following:
  - (1) An approved plan of operation demonstrating the licensee's ability to care for these clients as specified in Section 81022(g).
  - (2) A Needs and Services Plan, as required by Section 81068.2 that includes all of the following:
    - (A) A plan to monitor the client's skin condition, including:
      - 1. Specific guidelines for turning the client, (time, method, acceptable positions).
      - 2. Skin breakdown.
      - 3. Objective symptoms, observable by a lay person, indicating when a licensed professional must be contacted.
    - (B) A method for feeding the client and providing him/her with hydration.
    - (C) A method for determining the client's needs.
    - (D) A method for communicating with the client.
    - (E) A list of emergency contacts and a list of readily observable conditions that indicate when emergency intervention is necessary.
    - (F) A list of persons to contact in the event of non-emergency client distress or discomfort and a list of readily observable conditions that indicate when the licensee is to contact those persons.
    - (G) A description of the client-specific training that facility staff will receive.
      - 1. The training must be provided by the client's health care provider (physician or nurse), the client's physical or mental health therapist, social worker, and placement worker, within their individual scopes of practice.
      - 2. The training must include the client's needs and objective symptoms that indicate when the licensee is to obtain health care or other type of assistance.

**81077.2 CARE FOR CLIENTS WHO RELY UPON OTHERS TO PERFORM ALL ACTIVITIES OF DAILY LIVING (Continued) 81077.2**

- (H) An agreement, signed by the placement agency, or authorized representative, to review the client's care at least once a month. A copy of the agreement shall be maintained in the client's file.
  - (I) The licensee's agreement to document significant occurrences that result in changes in the client's physical, mental, and/or functional capabilities. This documentation must be retained in the client's record in the facility and be readily available for review by the client's health care providers and the Department.
- (c) The Department may require any additional information it considers necessary to ensure the safety of clients.

NOTE: Authority Cited: Section 1530, Health and Safety Code. Reference: Sections 1501, 1507 and 1530, Health and Safety Code.

**81077.3 CARE FOR CLIENTS WHO LACK HAZARD AWARENESS OR IMPULSE CONTROL 81077.3**

- (a) If a client requires protective supervision because of running/wandering away, supervision may be enhanced by fencing yards, using self-closing latches and gates, and installing operational bells, buzzers, or other auditory devices on exterior doors to alert staff when the door is opened. The fencing and devices must not substitute for appropriate staffing.
- (1) The licensee may use wrist bands and other client egress-alert devices with the prior written approval of the client or authorized representative, if the client is legally incapable of giving consent, provided that the devices do not violate Section 81072.

NOTE: Authority Cited: Section 1530, Health and Safety Code. Reference: Sections 1501, 1507, 1530, 1531 and 1531.1, Health and Safety Code.

**81077.4 CARE FOR CLIENTS WITH INCONTINENCE 81077.4**

- (a) A licensee may accept or retain a client who has bowel and/or bladder incontinence.
- (b) If a licensee accepts or retains a client who has bowel and/or bladder incontinence, the licensee is responsible for all of the following:
  - (1) Ensuring that incontinent care products appropriate to the needs of the client are used whenever they are needed.

**81077.4 CARE FOR CLIENTS WITH INCONTINENCE (Continued)****81077.4**

- (2) Ensuring that clients who can benefit from scheduled toileting are assisted or reminded to go to the bathroom at regular intervals rather than being diapered.
- (3) Assisting the client with self-care.
- (4) Ensuring that clients with incontinence are kept clean and dry, and that the facility remains free of odors.
- (5) Ensuring that, where prescribed, bowel and/or bladder programs are designed by a licensed professional or designee. The person designing the program must have training and experience in care of persons with bowel and/or bladder dysfunction and development of retraining programs for establishing normal patterns of continence.
  - (A) The licensee shall ensure that clients are assisted with a structured bowel and/or bladder retraining program if one has been designed for the client.
  - (B) The licensee shall ensure that facility staff responsible for implementing the program receive training from the licensed professional or designee who designed the program.
  - (C) The licensee obtains from the licensed professional or designee written instructions to facility staff outlining the procedures and shall document the names of facility staff who received the training.
  - (D) The licensee shall ensure that the licensed professional or designee evaluates the effectiveness of the program and staff as the licensed professional or designee deems appropriate, but at least annually.
- (6) Ensuring that the condition of the skin exposed to urine and stool is evaluated regularly to ensure that skin breakdown is not occurring.
- (7) Ensuring privacy when care is provided.
- (8) Providing needed incontinence supplies when the client or a third party is unable to do so.
- (9) Ensuring that fluids are not withheld to control incontinence.
- (10) Ensuring that a client with incontinence is not catheterized to control incontinence for the convenience of the licensee or facility staff.

NOTE: Authority Cited: Section 1530, Health and Safety Code. Reference: Sections 1501, 1502, 1507, 1530 and Health and Safety Code.

**81077.5 CARE FOR CLIENTS WITH CONTRACTURES****81077.5**

- (a) A licensee may accept or retain a client who has contractures.
- (b) If a licensee accepts or retains a client who has contractures, the licensee is responsible for all of the following:
  - (1) Monitoring the client's ongoing ability to care for his/her contractures in accordance with the physician's instructions.
  - (2) Ensuring that care is provided by a licensed professional or trained facility staff when the client is unable to provide self-care.
    - (A) The licensee shall ensure that facility staff responsible for assisting with range of motion exercises or other exercise(s) prescribed by the physician or therapist receive supervision and training from a licensed professional.
    - (B) The licensee obtains from the licensed professional written documentation outlining the procedures for the exercises and the names of facility staff who received the training.
    - (C) The licensee shall ensure that the licensed professional reviews staff performance as the licensed professional deems necessary, but at least once a year.
- (c) In addition to Section 81077.5(b) the licensee shall ensure that there is a plan of care for the contractures that is developed by a licensed professional.

NOTE: Authority Cited: Section 1530, Health and Safety Code. Reference: Sections 1501, 1502, 1507 and 1530, Health and Safety Code.

**81078 RESPONSIBILITY FOR PROVIDING CARE AND SUPERVISION****81078**

- (a) The licensee shall provide care and supervision as necessary to meet the client's needs
- (b) In any instance where the Department does not suspend the facility license and the licensing agency requires that a client be relocated, as specified in Section 81094, the licensee shall prepare a written relocation plan. The plan shall contain all necessary steps to be taken to reduce stress to the client which may result in transfer trauma.

**81078 RESPONSIBILITY FOR PROVIDING CARE AND SUPERVISION**  
(Continued)**81078**

- (1) The written relocation plan shall include, but not be limited to the following:
  - (A) A specific date for beginning and a specific date for completion of the process of safely relocating the client. The time frame for relocation may provide for immediate relocation but shall not exceed 30 days or 30 days after the date of the written conclusion of the client's appeal of the relocation order, if appealed.
  - (B) A specific date when the client and the client's authorized representative, if any, shall be notified of the need for relocation.
  - (C) A specific date when consultation with the client's physician shall occur to obtain a current medical assessment of the client's health needs, to determine the appropriate facility type for relocation and to ensure that the client's health care needs continue to be met at all times during the relocation process.
  - (D) The method by which the licensee shall participate in the identification of an acceptable relocation site with the client and the authorized representative if any. The licensee shall advise the client and/or the authorized representative that if the client is to be moved to another nonmedical community care facility, a determination must be made that the client's needs can be legally met in the new facility before the move is made. If the client's needs cannot be legally met in the new facility, the client must be moved to a facility licensed to provide the necessary care.
  - (E) A list of contacts made or to be made by the licensee with community resources, including but not limited to, social workers, family members, Long Term Care Ombudsman, clergy and others as appropriate to ensure that services are provided to the client before, during and after the move. The need for the move shall be discussed with the client and the client assured that support systems will remain in place.
  - (F) Measures to be taken until relocation to protect the client and/or meet the client's health and safety needs.
  - (G) An agreement to notify the licensing agency when the relocation has occurred, including the client's new address, if known.
- (2) The relocation plan shall be submitted in writing to the licensing agency within the time set forth in the written notice by the licensing agency that the client requires health services that the facility cannot legally provide.
- (3) Any changes in the relocation plan shall be submitted in writing to the licensing agency. The licensing agency shall have the authority to approve, disapprove or modify the plan.

**81078 RESPONSIBILITY FOR PROVIDING CARE AND SUPERVISION 81078**  
(Continued)

- (4) If relocation of more than one (1) client is required, a separate plan shall be prepared and submitted in writing for each client.
  - (5) The licensee shall comply with all terms and conditions of the approved plan. No written or oral contract with any other person shall release the licensee from the responsibility specified in sections 81078(b) and (c) for relocating a client who has a health condition(s) which cannot be cared for in the facility and/or requires inpatient care in a licensed health facility, nor from taking necessary actions to reduce stress to the client.
  - (6) In cases where the licensing agency determines that the resident is in imminent danger because of a health condition(s) which cannot be cared for in the facility or which requires inpatient care in a licensed health facility, the licensing agency shall have the authority to order the licensee to immediately relocate the resident.
- (c) In all cases when a client or resident must be relocated, the licensee shall not obstruct the relocation process and shall cooperate with the licensing agency in the relocation in process. Such cooperation shall include, but not be limited to, the following activities:
- (1) Identifying and preparing for removal of the medications, Medi-Cal or Medicare or other medical insurance documents, clothing, safeguarded cash resources, valuables and other belongings of the client.
  - (2) Contacting the authorized representative of the client to assist in transporting him or her, if necessary.
  - (3) Contacting other suitable facilities for placement, if necessary.
  - (4) Providing access to client's files when required by the Department.
- (d) Notwithstanding 81078(a) through (c)(4) above, the licensee shall arrange for and/or provide those services identified in the client's needs and services plan as necessary to meet the client's needs.

NOTE: Authority cited: Section 1530, Health and Safety Code. Reference: Sections 5670 and 5671, Welfare and Institutions Code; Sections 1501, 1502(a)(7), 1511, 1528, 1531 and 1556, Health and Safety Code.

**81079 ACTIVITIES****81079**

- (a) The licensee shall ensure that planned recreational activities, which include the following, are provided for the clients:
  - (1) Activities that require group interaction.
  - (2) Physical activities including but not limited to games, sports, and exercises.
- (b) Each client who is capable shall be given the opportunity to participate in the planning, preparation, conduct, clean-up and critique of the activities.
- (c) The licensee shall ensure that clients are encouraged to participate in and shall make available community activities including but not limited to the following:
  - (1) Worship services and activities of the client's choice.
  - (2) Community service activities.
  - (3) Community events including but not limited to concerts, tours, dances, plays and celebrations of special events.
  - (4) Self-help organizations.
  - (5) Senior citizen groups, sports leagues, and service clubs.
- (d) Notices of planned activities shall be posted in a central location readily accessible to clients, relatives, and representatives of placement and referral agencies.
- (e) Activities shall be encouraged through provision of the space, equipment, and supplies specified in Sections 81087.2, 81087.3 and 81088(1).

NOTE: Authority Cited: Section 1530, Health and Safety Code. Reference: Sections 5670 and 5671, Welfare and Institutions Code; Sections 1501 and 1502(a)(7), Health and Safety Code.

**81080 RESIDENT COUNCILS****81080**

- (a) Each facility, at the request of a majority of its residents, shall assist its residents in establishing and maintaining a resident-oriented facility council.
  - (1) The licensee shall provide space for, and post notice of, meetings, and shall provide assistance in attending council meetings for those residents who request it.



**81080 RESIDENT COUNCILS (Continued)****81080**

- (A) If residents are unable to read the posted notice because of physical or functional disabilities, the licensee shall notify the residents in a manner appropriate to that disability including but not limited to verbal announcements.
- (2) The licensee shall document notice of meetings, meeting times, and recommendations from council meetings.
- (3) In order to permit a free exchange of ideas, at least part of each meeting shall be conducted without the presence of any facility personnel.
- (4) Residents shall be encouraged, but shall not be compelled to attend council meetings.
- (b) The licensee shall ensure that in providing for resident councils the requirements of the Health and Safety Code section 1520.2 are observed.

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**HANDBOOK BEGINS HERE**

Health and Safety Code section 1520.2 provides in pertinent part:

- "(a) ... The council shall be composed of residents of the facility and may include family members of residents of the facility. The council may, among other things, make recommendations to facility administrators to improve the quality of daily living in the facility and may negotiate to protect residents' rights with facility administrators.
- (b) A violation of subdivision (a) shall not be subject to the provisions of Section 1540 (misdemeanors) but shall be subject to the provisions of Section 1534 (civil penalties) and any other provisions of this chapter.
- (c) This section shall not apply to a community care facility ...licensed to provide care for six (6) or fewer individuals."

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**HANDBOOK ENDS HERE**

NOTE: Authority Cited: Section 1530, Health and Safety Code. Reference: Sections 5670 and 5671, Welfare and Institutions Code; Sections 1501, 1502(a)(7) and 1520.2 Health and Safety Code.

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