ADULT and SENIOR CARE PROGRAM UPDATE

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

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

A Note from Pamela Dickfoss, Deputy Director

There has been a growing call to develop strategies to prevent and end homelessness among older adults, particularly as increasing numbers of older adults face severe housing “cost burden”, defined as spending 50% or more of household income on housing costs.

Adult and Senior Care recognizes that a number of residents in our facilities are a breath away from homelessness. We have licensed facilities that serve residents who receive Social Security Income/State Supplementary Payment (SSI/SSP), who cater to low income individuals, and those with mental, psycho-social, and medical needs. It is imperative that ASC and its partners work towards giving these residents the opportunity to access housing that is safe, secure, and affordable.

I was not surprised that the 2017 American Association of Retired Persons survey (AARP survey) of adults age 36-70 revealed that many Californians remain unprepared financially for retirement and that the primary obstacle to saving money was housing related costs. People are spending more on rent – more than half or near half of their income – which leaves very little money for other necessities. During her presentation at our Mental Health Symposium last year, Margot Kushel, M.D., Professor of Medicine at Zuckerberg San Francisco General Hospital and Director of the UCSF Center for Vulnerable Populations, stated that these struggling families are “one small crisis away from losing housing.”

Dr. Kushnel further stated that an alarming number of homeless adults are now 50 and older, compared to 11 percent almost 30 years ago. We should also consider the health characteristics of people experiencing homelessness such as memory loss, functional impairment, and falls. These conditions are experienced by those who are 70 years or older who live at home. Due to the premature development of multiple health concerns in homeless adults, these individuals are “older” at age 50.
Many of the residents and clients in Adult and Senior Care facilities are elderly and/or have some co-morbidities; at times living paycheck to paycheck. Licensed facilities that serve these low-income residents are vital to California. The Department has a vested interest in ensuring that these facilities remain healthy and able to continue serving this vulnerable population.

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**Updated RCFE Regulations on Eviction Notices**

CCLD has updated the California Code of Regulations (CCR), Title 22, Section 87224, Eviction Procedures and Section 87412, Personnel Records and Miscellaneous Cross References regulations that went into effect January 8, 2019. This regulations update aligns regulatory and statutory requirements and revises outdated cross references.

Updates to Title 22, Section 87224, implement changes made by Health and Safety Code section 1569.682(a)(2), which require, among other things, an RCFE licensee to provide a sixty (60) day written notice to evict a resident due to change of use of the facility. Licensees must otherwise continue to abide by all other requirements in statute and regulation when issuing an eviction notice to a resident. Handbook language that appears in CCR, Title 22, Section 87224 has also been updated. Updates to Title 22, Section 87412, revises outdated cross references in regulations.

CCLD also released a Provider Information Notice (PIN) 19-06-ASC informing licensees of the update.

**Home Health Agencies/Hospice and RCFEs**

Residential Care Facilities for the Elderly (RCFE) licensees and Home Health Agencies (HHA) are partners in a resident’s care team. Health and Safety Code (HSC) and California Code of Regulations (CCR) require that both, the RCFE licensee and the HHA, share resident care information.

Pursuant to HSC Section 1569.725(a)(3) there must be evidence of an agreed-upon protocol between the RCFE and an HHA that addresses the need for communication and sharing of information related to the home health care plan. Statute also requires ongoing communication between the HHA and the RCFE licensee pursuant to HSC Section 1569.725(a)(4). This is necessary to ensure that everyone responsible for a resident’s care is regularly informed of what is occurring with the resident’s care and that the resident receives appropriate care at all times.

Resident care information, such as detailed notes of the services provided by the HHA, may be shared between the HHA and the RCFE licensee. This information includes:
• Information relative to the resident’s medical condition.
• Care and treatment provided to the resident by the HHA, including but not limited to, medical information as defined by the Confidentiality of Medical Information Act, Part 2.6 (commencing with Section 56) of Division 1 of the Civil Code.

In addition, regulations require that the RCFE licensee and an HHA have a written agreement that addresses the responsibilities of the licensee and those of the HHA in caring for a resident's medical condition(s) pursuant to CCR, Title 22, Section 87609(b)(4)(A)-(C). The written agreement shall:

• Reflect the services, frequency and duration of care provided by the HHA.
• Include day and evening contact information for the HHA, and the method of communication between the HHA and the facility, which may include verbal contact, electronic mail, or logbook.

With regard to Health Insurance Portability and Accountability Act (HIPAA) concerns, it is important to note that the RCFE licensee is responsible for storing resident records and for safeguarding their confidentiality. Resident information, which may include information from the HHA, may only be revealed or made available with consent from a resident or their representative. [CCR, Title 22, Section 87506(c)(1)] For more information on HIPAA, please see the HIPAA article published in the Fall 2016 Quarterly Update.

Updated RCFE Personal Rights Forms Available

The Department has updated the Residential Care Facilities for the Elderly (RCFE) personal rights forms and complaint poster, based on October 1, 2018 updates in personal rights regulations (i.e. California Code of Regulations (CCR), Title 22, Section 87468, Section 87468.1, and Section 87468.2). The following updated forms are available and are available as a courtesy to licensees:

• Personal Rights of Residents in Publicly Operated RCFEs (LIC 613C)
• Personal Rights of Residents in Privately Operated RCFEs (LIC 613C-2)
• Residential Care Facility for the Elderly Complaint Poster (PUB 475)

RCFE licensees may use the forms to provide the applicable personal rights and nondiscrimination notice to a resident and, if applicable, the resident's representative. Licensees may also use the forms and poster to post the applicable personal rights, nondiscrimination notice, and complaint information prominently in their facilities. The forms and poster help licensees meet the requirements of CCR, Title 22, Section 87468, Personal Rights of Residents.

To access the updated personal rights forms and RCFE Complaint Poster, please visit the California Department of Social Services Forms and Publications webpage.
**TB Screening Requirements for Staff and Residents**

Licensees must obtain a TB (tuberculosis) screening for staff as a condition of their employment, and for residents as a condition of their acceptance and retention. Active TB is a communicable disease. An infected individual may not be permitted to remain on the premises due to presenting an immediate health risk to the residents and staff.

For ARFs, staff records should indicate a TB test result of not more than one year prior to or seven days after employment. For RCFEs, staff records should indicate a TB test result of not more than six months prior to or seven days after employment. TB screenings for both ARF clients and RCFE residents must be obtained prior to acceptance and may not be more than a year old at the time obtained.

Health screenings for RCFE staff and residents (inclusive of TB screening) must be signed by a physician. Health assessments for ARF staff and residents must be signed by a physician or an individual operating under the supervision of a physician.

For further information on the subject, please review the following Title 22 Regulations sections:

**ARFs:**
- Title 22 Section 80065(g)(1) & (3)(B) – Personnel Requirements
- Title 22 Section 80066(a)(11) – Personnel Records
- Title 22 Section 80069(c)(1) – Client Medical Assessments
- Title 22 Section 80091(a)(2) – Prohibited Health Conditions

**RCFEs:**
- Title 22 Section 87411(f) – Personnel Requirements - General
- Title 22 Section 87412(a)(11) – Personnel Records
- Title 22 Section 87458(a) & (b)(1) – Medical Assessment
- Title 22 Section 87455(c)(1) – Acceptance and Retention Limitations

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**Nurse Consultant’s Corner – Best Practices in Managing Behaviors Without Antipsychotic Medications**

By: Pamela Valencia, RN

Antipsychotic drugs are commonly used as the primary treatment to address challenging resident behaviors. The negative impact to residents that results from the widespread use of such powerful antipsychotic drugs is profound in terms of overall impact on quality of life.

Antipsychotic drugs contain powerful chemicals that act on the brain to change a person’s mood, personality, behavior, and/or level of consciousness. Elderly residents are especially at risk of harmful drug interactions because most take many other medications and are in poor health.

Antipsychotic drugs have numerous, potentially serious side effects. Some of the side effects to watch for include:
- Over-sedation, anxiety, confusion, falls, cognitive slowing, delirium and insomnia.
- Constipation, dry mouth, blurred vision, and urinary retention.
- Orthostatic hypotension (a form of low blood pressure that happens when a resident stands up from sitting or lying down) can make them feel dizzy or lightheaded, and maybe even faint.
- Parkinsonian events, expressed as slowness and difficulty in initiating movement with rigidity, with or without resting tremor.
- Tardive dyskinesia, expressed as repetitive, involuntary, and purposeless movements.

It is important to know nonpharmacologic means as the initial and concurrent intervention is more effective than just using antipsychotics at producing lasting behavior change, even among residents with dementia.

Here is a summary of best practices that many facilities employ to successfully manage unwanted behaviors without the use of antipsychotics:

<table>
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<tr>
<th>Practices</th>
<th>Description</th>
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<tr>
<td>1. The Right Environment</td>
<td>The facility creates an environment that is calm and quiet. The lighting and sound levels are more subdued, and appropriate to the time of day. There are quiet areas where residents can go when the first signs of agitation become apparent.</td>
</tr>
<tr>
<td>2. Stable Staffing Patterns</td>
<td>The facility maintains stable staffing patterns. Age, infirmity, and pain often lead to a restricted world view that reduces to one’s immediate surroundings—the facility, the regular staff, and, particularly, the consistent caregiver who helps residents with the most basic elements of life is the most important person in the daily life of many residents.</td>
</tr>
<tr>
<td>3. Making Training a Priority</td>
<td>The facility trains staff to recognize and report mental health issues and respond appropriately to unwanted behaviors as directed in the behavior management plans. The facility continues to provide training that gives staff the education they need to understand, communicate effectively, and de-escalate agitated behaviors.</td>
</tr>
<tr>
<td>4. Addressing Root Causes</td>
<td>The facility tries to identify the underlying source of unwanted behavior and address the cause, as opposed to merely trying to suppress the behavior itself. For example, a resident who tries to escape may just want to go home to familiar surroundings. Bringing familiar pictures and items from home may help alleviate the unfamiliarity of the surroundings.</td>
</tr>
<tr>
<td>5. Medications</td>
<td>Medications are not always necessary. Every resident’s current psychiatric condition and diagnosis shall be thoroughly evaluated upon admission and continually evaluated as needed. Any psychotropic medication should be based on current diagnosis and observable symptoms per physician specific directions.</td>
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</table>
6. Individualized planning

Create individualized behavioral management plans for those residents that need one. The underlying cause of any behavior is different for each resident and so are the strategies that should be employed to reduce or eliminate the behaviors. The well-considered behavior management plan is then documented in the resident’s record and revisited frequently by the staff to monitor its effectiveness and make ongoing changes, if required.

7. Consistent response

Consistent response is imperative; the facility ensures that all staff members respond to the unwanted behavior in a consistent fashion. Once a behavior management plan is created, these facilities understand how imperative it is that all staff members act in accord with it each time that behaviors are observed.

Community Crisis Homes and Emergency Intervention Section

Effective January 2, 2019, a regulation package was completed to renumber the Emergency Intervention Chapter 6, Subchapter 1 to an 851XX series and Community Crisis Homes Chapter 6.1 to a 853XX series. These regulatory amendments were necessary to ensure the correct order of the regulatory chapters and subchapters as they appear in Westlaw. Chapter 6, Subchapter 1 Emergency Intervention chapter now appear correctly under the Adult Residential Facilities Chapter 6.

Healthy Habits – Coughing and Sneezing Etiquette

The Centers for Disease Control and Prevention (CDC) notes that a critical time to practice good hygiene etiquette is when you are sick, especially when coughing or sneezing. Many of the people in care facilities (residents, staff, and others) may need gentle reminders about these health tips. To help stop the spread of germs:

- Cover your mouth and nose with a tissue when you cough or sneeze.
- Put your used tissue in a waste basket.
- If you don’t have a tissue, cough or sneeze into your upper sleeve, not your hands.
- Remember to wash your hands after coughing or sneezing.
New Inspection Process Project Updates

The Department has partnered with California State University, Sacramento (CSUS) to complete an in-depth analysis of the Senior Care Inspection Tool Pilot. Highlights of the RCFE Pilot findings from CSUS can be found on our website.

This spring, the Department and CSUS will convene a work group with Subject Matter Experts to develop the Senior Care Standard Inspection tool, which will be used to facilitate annual inspections. The work group will also make recommendations to refine the Senior Care Comprehensive Inspection Tool further. Additionally, the Department is drafting Adult Care inspection tools, which will be piloted later this year.

Safety Reminders

Spring is a good time of year to check your safety equipment in your home or facility. Did you know that smoke and carbon monoxide detectors have expiration dates? Carbon monoxide detectors are said to have a lifespan of five to seven years and smoke detectors approximately eight to ten years. You may locate these dates on the back of the alarm as pictured below. For more information on smoke and carbon monoxide safety, you can visit the National Fire Protection Association or California Department of Public Health websites.

Temporary Manager Candidate Information

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

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

Rayna Bryson was promoted to LPM I, Rohnert Park Regional Office, effective 2/11/19. Fernando Fierros was promoted to LPM I, Monterey Park Regional Office, effective 2/11/19. Maribeth Senty was promoted to LPM I, Sacramento Regional Office, effective 2/5/19.

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

Please apply at: CalCareers
  • Information on how to apply for a State job can be found at the Cal Careers Website.

Links to Adult and Senior Care Program Office Websites:

Adult Care
Senior Care
Central Applications Bureau

Remember to check for new PINS

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Program Administrator - Ley Arquisola, RN, MSN
Assistant Program Administrators:
Stacy Barlow- Northern CA, Claire Matsushita- Central CA, Kimberly Lyon- Southern CA