PRESSURE INJURIES GUIDE
For Adult and Senior Care Facilities

All adult and senior care facilities licensed by the California Department of Social Services, Community Care Licensing Division (CCLD) must comply with regulations for the care of decubitus or dermal ulcers and pressure sores in Title 22 of the California Code of Regulations (22 CCR) and applicable Health and Safety code statutes. The National Pressure Ulcer Advisory Panel (NPUAP) replaced the term “pressure ulcer” with the term “pressure injury.” However, the existing regulations continue to apply.

Pressure injuries, also known as decubitus, dermal, or pressure ulcers, pressure sores, or bed sores, are a serious threat to the health and well-being of residents in adult and senior care facilities. If left untreated, pressure injuries may quickly worsen, become infected, and cause permanent nerve damage. The following information summarizes the procedures licensees are required to follow for pressure injuries as well as provides additional safeguards and best practices for the management of pressure injuries in a care facility. This guide cannot be used as a substitute for understanding and complying with the laws and regulations that apply to the care of a resident with a pressure injury.

How Does a Pressure Injury Develop?
Residents who are unable to get out of bed without assistance, unable to reposition themselves while sitting or lying down, who are incontinent, or spend most of the day in a wheelchair are at high risk of getting a pressure injury. According to the Department of Pain Medicine and Palliative Care at Beth Israel Medical Center, people who cannot move certain parts of their bodies are also at risk, e.g. residents who have difficulty moving their legs after a stroke. Residents in RCFEs may be at additional risk because of factors associated with age like limited mobility and thin fragile skin.

According to the National Pressure Ulcer Advisory Panel (NPUAP), pressure injuries may occur when muscles and soft tissue press against a surface such as a chair or bed. This pressure, if allowed to continue without relief, can cut off blood supply to the affected area. The lack of blood supply can cause the skin tissue in this area to die. When this happens, a pressure injury may begin to form, usually over a bony area of the body. The most common parts of the body for a pressure injury are on the lower back, tailbone, heels, or hips, but other areas of the body, such as elbows, knees, ankles, or the back of the head can also be affected.
Prevention and Detection
Caregivers should contact a physician or nurse if they think they see early signs of a pressure injury. Pressure injuries can develop quickly and are often difficult to treat. If left unattended, a Stage One pressure injury will worsen over a short period of time and cause nerve damage to the area and lead to more severe conditions like sepsis.

There are several things that can help with prevention and healing, as identified by American Academy of Family Physicians (AAFP). These include assessing the factors that are specific to each resident (intrinsic) and the factors around residents (extrinsic) that increase the likelihood of developing pressure ulcers. Caregivers should identify residents in the facility that may be at a higher risk for getting pressure injuries.

**Underlying (intrinsic) factors may include:**
- Limited mobility and lack of sensory perception such as spinal cord injuries, cerebrovascular accidents, progressive neurological disorders (i.e., Parkinson’s disease, Alzheimer’s disease, multiple sclerosis, etc.), pain, fractures, postsurgical procedures, coma, or sedation.
- Poor nutrition such as anorexia, dehydration, poor dentition, dietary restrictions, weak sense of smell or taste, or lack of access to food.
- Diabetes, depression or psychosis, vasculitis or other collagen vascular disorders, peripheral vascular disease, decreased pain sensation, immunodeficiency or use of corticosteroid therapy (hormone therapy), congestive heart failure, malignancies, end-stage renal disease, chronic obstructive pulmonary disease (COPD), or dementia.
- Aging skin of older adults is typically more fragile making it more vulnerable to damage. This is due to loss of elasticity, decreased cutaneous blood flow, changes in dermal pH, flattening of rete ridges, loss of subcutaneous fat, and decreased dermal-epidermal blood flow. Older adults also typically produce new skin cells at a slower rate.

**External (extrinsic) factors include:**
- Prolonged pressure from any hard surface (i.e., bed, chair, or wheelchair, etc.).
- Friction from the resident’s attempts to move while seated or in bed without assistance.
- Shear strain from involuntary muscle movements.
- Prolonged exposure to excess moisture or excessively dry skin from bowel or bladder incontinence, excessive perspiration, wound drainage, or other causes of moisture.
Identify at-risk residents; it is imperative that facility staff implement preventive measures to avoid the development or progression of a pressure injury. To prevent pressure injuries, the National Institutes of Health (NIH, NPUAP), and The Mayo Clinic recommend the following practices:

- Check residents’ bodies from head to toe daily. Pay special attention to areas where pressure injuries normally form, such as the tailbone area, hips, and shoulders.
- Maintain residents’ wheelchair maintenance. Be sure their wheelchairs are the correct size on an annual basis or more often if needed and that residents sit on foam or gel seat cushions or natural sheepskin pads rather than donut-shaped cushions.
- Follow a repositioning schedule. Shift the weight of residents in wheelchairs every 15 to 20 minutes and reposition residents who are bedridden at least once every two hours.
- Keep skin clean and dry. Treat residents’ skin gently when washing by using a soft sponge or cloth to clean and using moisturizing cream and skin protectants daily.
- Encourage residents to drink plenty of water each day and to eat a healthy, balanced diet. They need enough fluids, calories, protein, vitamins, and minerals in their daily diet to maintain healthy skin and prevent the breakdown of tissues.
- Keep the head of residents’ beds at the lowest safe elevation to prevent shear strain. Do not raise the head of the bed beyond a 30-degree angle. Being flatter keeps the body from sliding down.
- Use pressure-reducing surfaces or pillows.
- Supply residents with manual aids and assistive devices to help them reposition themselves i.e., a trapeze bar or transfer poles.
- Encourage residents to wear loose-fitting clothes to avoid friction to sensitive areas.

The U.S. National Library of Medicine/National Institute of Health provides the following additional recommendations:

- Do not put pillows under residents’ knees. This puts pressure on their heels.
- Never drag a resident while helping the resident change positions or get in or out of bed. Dragging may cause skin breakage due to friction.
- If facility staff is repositioning residents, they should use a draw sheet to assist with the movement necessary for repositioning.
- Sheets and clothing should be dry and smooth, with no wrinkles.
- Remove any objects such as pins, pencils, or coins from residents’ beds so that they do not rub against the body during repositioning.
- If a resident has a pressure injury and it changes or a new one forms, inform a doctor or an appropriately skilled medical professional.

Staging a Pressure Injury and Possible Complications
While it is the responsibility of a doctor or appropriately skilled professional to stage a pressure injury, it is also important for facility staff to be able to recognize what a pressure injury is in order to effectively seek medical treatment for residents.
The NPUAP redefined the definitions and updated the terminology of pressure injuries in its press release in 2016 as follows:

**Stage 1 Pressure Injury: Non-blanchable erythema of intact skin**
Intact skin with a localized area of non-blanchable erythema, which may appear differently in darkly pigmented skin. Presence of blanchable erythema or changes in sensation, temperature, or firmness may precede visual changes. Color changes do not include purple or maroon discoloration; these may indicate deep tissue pressure injury.

**Stage 2 Pressure Injury: Partial-thickness skin loss with exposed dermis**
Partial-thickness loss of skin with exposed dermis. The wound bed is viable, pink or red, moist, and may also present as an intact or ruptured serum-filled blister. Adipose (fat) is not visible and deeper tissues are not visible. Granulation tissue, slough and eschar are not present. These injuries may result from adverse microclimate and shear in the skin over the pelvis and shear in the heel.

**Stage 3 Pressure Injury: Full-thickness skin loss**
Full-thickness loss of skin, in which adipose (fat) is visible in the ulcer and granulation tissue and epibole (rolled wound edges) are often present. Slough and/or eschar may be visible. The depth of tissue damage varies by anatomical location; areas of significant adiposity can develop deep wounds. Undermining and tunneling may occur. Fascia, muscle, tendon, ligament, cartilage and/or bone are not exposed. If slough or eschar obscures the extent of tissue loss it is an Unstageable Pressure Injury.

**Stage 4 Pressure Injury: Full-thickness skin and tissue loss**
Full-thickness skin and tissue loss with exposed or directly palpable fascia, muscle, tendon, ligament, cartilage or bone in the ulcer. Slough and/or eschar may be visible. Epibole (rolled edges), undermining and/or tunneling often occur. Depth varies by anatomical location. If slough or eschar obscures the extent of tissue loss this is an Unstageable Pressure Injury.

**Unstageable Pressure Injury: Obscured full-thickness skin and tissue loss**
Full-thickness skin and tissue loss in which the extent of tissue damage within the ulcer cannot be confirmed because slough or eschar obscures it. If slough or eschar is removed, a Stage 3 or Stage 4 pressure injury will be revealed. Stable eschar (i.e. dry, adherent, intact without erythema or fluctuance) on the heel or ischemic limb should not be softened or removed.

**Deep Tissue Pressure Injury: Persistent non-blanchable deep red, maroon or purple discoloration**
There is intact or non-intact skin with localized area of persistent non-blanchable deep red, maroon, purple discoloration or epidermal separation revealing a dark wound bed or blood-filled blister. Pain and temperature change often precede skin color changes. Discoloration may appear differently in darkly pigmented skin. This injury results from intense and/or prolonged pressure and shear forces at the bone-muscle interface. The wound may evolve rapidly to reveal the actual extent of tissue injury or may resolve without tissue loss. If necrotic tissue, subcutaneous tissue, granulation tissue, fascia, muscle or other underlying structures are visible, this indicates a full thickness pressure injury (Unstageable, Stage 3 or Stage 4).
Additional Pressure Injury Definitions

- **Medical Device Related Pressure Injury**: Medical device related pressure injuries result from the use of devices designed and applied for diagnostic or therapeutic purposes. The resultant pressure injury generally conforms to the pattern or shape of the device. The injury should be staged using the staging system.

- **Mucosal Membrane Pressure Injury**: Mucosal membrane pressure injury is found on mucous membranes with a history of a medical device in use at the location of the injury. Due to the anatomy of the tissue, these injuries cannot be staged.

Possible Complications
Prevention of pressure injuries and proper care at their early stages is key to avoiding more serious complications. The [Mayo Clinic](https://www.mayoclinic.org) outlines some complications that can arise when residents develop pressure injuries that are not properly treated in a timely fashion:

- **Sepsis**, which occurs when bacteria enter the bloodstream through broken skin and spread throughout the body. It is a life-threatening condition that progresses rapidly and can cause organ failure.

- **Cellulitis**, an infection of the skin and connected soft tissues that can cause severe pain, redness, and swelling. It can lead to life-threatening complications.

- **Bone and joint infections** caused from pressure injuries can damage cartilage and tissue and may reduce the function of joints and limbs. These infections can lead to life-threatening complications.

- **Cancer**, a type of squamous cell carcinoma, can also develop in chronic, non-healing wounds. This type of cancer is aggressive and usually requires surgery.

Adult and Senior Care Facilities and Pressure Injuries
When residents in adult and senior care facilities are diagnosed having a Stage 1 or 2 pressure injury, the facility may retain an affected resident if:

- The doctor or appropriately skilled professional who diagnosed the pressure injury expects the pressure injury to completely heal.

- The licensee ensures that:
  - A licensed professional provides care for the resident with the pressure injury, in accordance with the orders of the doctor or appropriately skilled professional who diagnosed the pressure injury.
  - Staff are properly trained and communicate with the licensed professional on how to meet the affected resident’s needs. Some of these needs include, but not limited to, repositioning, changing, or bathing.
  - The licensed professional assesses the pressure injury at regular intervals, as determined by the doctor or appropriately skilled professional who diagnosed the pressure injury, to evaluate treatment and progress towards healing.
  - All aspects of care for the pressure injury performed by the licensed professional and facility staff are documented in a resident’s file

Pressure injuries staged at 3 or 4 or are unstageable are prohibited unless the licensee of the facility is granted a waiver or exception to accept or retain the resident.
Reporting Requirements
Adult and Senior Care facility regulations require licensees to file a report with the CCL Regional Office if residents develop a pressure injury while at a facility. [Title 22 CCR 87211(a)(1)(B)]

Program Flexibility
In RCFE’s the use of alternate concepts, programs, services, procedures, techniques, equipment, space, personnel qualifications or staffing ratios, or the conduct of experimental or demonstration projects are not prohibited providing the alternatives are carried out with provisions for safe and adequate services. Prior to the use of such alternatives the facility will need a waiver or exception from their Regional Office. [Title 22 CCR 87209]

The written exception request, if seeking to retain a resident with a stage 3 or 4 pressure injury, would need to include documentation of the resident’s current health condition including updated medical reports, documentation of the prognosis, and expected duration of the injury. It also needs to include the licensee’s plan for ensuring that the facility will meet the resident’s needs along with the plan for minimizing the impact on the other residents in care.

Please refer to the accompanying appendix for a list of applicable regulations and references.
APPENDIX OF APPLICABLE REGULATIONS
This appendix references applicable regulations and/or requirements for the following care facilities:
1) Adult Residential Care Facilities
2) Residential Care Facilities for the Chronically Ill
3) Social Rehabilitation Facilities
4) Adult Residential Facility for Persons with Special Health Needs
5) Residential Care Facilities for the Elderly

This section is intended as a quick reference. Licensees are responsible for being familiar with and complying with all aspects of applicable regulations.

1) Adult Residential Facilities (ARFs)

Specific to the subject of this guide, ARFs must comply with:
1) Title 22, CCR, General Licensing Requirements Sections: 80001, 80061, 80090, 80091, 80092, 80092.1, 80092.2, and 80092.9
2) Title 22, CCR Adult Residential Facilities Section 85075.1.

Definitions

- “Licensed professional” means a person licensed in California to provide medical care or therapy. This includes physicians and surgeons, physician assistants, nurse practitioners, registered nurses, licensed vocational nurses, psychiatric technicians, physical therapists, occupational therapists and respiratory therapists, who are operating within his/her scope of practice. [Title 22, CCR, Section 80001]

Acceptance and Retention of Residents with Pressure Injuries

Prohibited Health Conditions
- Clients who require health services or have a health condition including, but not limited to, Stage 3 and 4 pressure injuries shall not be admitted or retained. [Title 22, CCR, Section 80091]

Hospice Care
- Despite prohibitions to the contrary in Section 80091, clients who have or develop any condition or care requirements relating to Stage 3 and 4 pressure injuries may be permitted to be accepted or retained in a facility, provided these clients have been diagnosed as terminally ill and are receiving hospice services in accordance with a hospice care plan required in Section 85075.1 and treatment of the prohibited health condition is specifically addressed in the hospice care plan. [Title 22, CCR, Section 85075.1]

Restricted Health Conditions
- Clients who have restricted health conditions listed in Section 80092 may be accepted or retained only if all applicable requirements of 22 CCR Sections 80090 through 80095 are met.
• Care for Stage 1 and 2 pressure injuries must be provided only as specified in Section 80092.9. [Title 22, CCR, Section 80092 and Section 80092.1]

Wounds
• A licensee of an adult CCF may accept or retain a client who has a serious wound if all the following conditions are met:
  o The licensee is in compliance with Section 80092.1.
  o The wound is either an unhealed, surgically closed incision or wound, or determined by the physician or a licensed professional designated by the physician to be a Stage 1 or 2 pressure injury and is expected by the physician or designated professional to completely heal.
  o The licensee ensures that a licensed professional in accordance with the physician’s instructions, provides wound care.
    ▪ The licensed professional may delegate simple dressing to facility staff who receive training from a licensed professional as specified in Sections 80092.1(k) through (k)(2).
  o The licensee ensures a licensed professional assesses the wound at intervals set by the physician, or a licensed professional designated by the physician, to evaluate treatment and progress toward healing.
  o The licensee ensures that all aspects of care performed by the licensed professional and facility staff are documented in the client’s file. [Title 22, CCR, Section 80092.9]

Waivers and Exceptions
• The Department may grant an exception allowing acceptance or retention of a client who has a medical or health condition not listed in Section 80092 if all the requirements in Section 80090(c) are met. [Title 22, CCR, Section 80090]

Care for Residents with Pressure Injuries

Restricted Health Condition Care Plan
• If licensees choose to care for a client with a restricted health condition, as specified in Section 80092, they shall develop and maintain, as part of the Needs and Services Plan, a written Restricted Health Condition Care Plan. The plan must include all items required by Section 80092.2.
• The Restricted Health Condition Care Plan shall neither require nor recommend that the licensee or any facility personnel or any other person providing care, other than a physician or licensed professional, implement any health care procedure that may legally be provided only by a physician or licensed professional.
• The licensee shall ensure that the client’s health-related service needs are met and shall follow the approved plan for each client.
• The licensee shall report any substantive deviation from the care plan to the client’s authorized representative.
• The licensee shall demonstrate compliance with the restricted health condition care plan by maintaining all relevant documentation in the facility.
• If a client refuses medical services specified in the care plan, the licensee shall immediately notify all persons identified in Section 80092.2(a)(1) and shall participate in developing a plan for meeting the client’s needs. [Title 22, CCR, Section 80092.1 and Section 80092.2]

**General Requirements for Restricted Health Conditions**

- The licensee is willing to provide the needed care.
- Care is provided as specified in 22 CCR, Division 6, Chapter 1, Article 8.
- Either the client’s medical condition is chronic and stable or is temporary in nature and is expected to return to a condition normal for that client.
- The client must be under the medical care of a licensed professional.
- Prior to admission of a client with a restricted health condition specified in Section 80092, the licensee shall:
  - Communicate with all other persons who provide care to that client to ensure consistency of care for the medical condition.
  - Ensure that facility staff who will participate in meeting the client’s specialized care needs shall complete training provided by a licensed professional sufficient to meet those needs. Training shall include hands-on-instruction in both general procedures and client-specific procedures.
- All new facility staff who will participate in meeting the client’s specialized care needs shall complete the training prior to providing services to the client.
- The licensee shall ensure that facility staff receives instruction from the client’s physician or other licensed professional to recognize objective symptoms, observable by a lay person, and how to respond to that client’s health problems, including who to contact.
- The licensee shall monitor the client’s ability to provide self-care for the restricted health condition, document any change in that ability, and inform the persons identified in Section 80092.2(a)(1) of that change.
- Should the condition of the client change, all staff providing care and services shall complete any additional training required to meet the client’s new needs, as determined by the client’s physician or a licensed professional designated by the physician.
- If the licensed health professional delegates routine care, the following requirements must be met for health conditions specified in Section 80092.3, 80092.4, and 80092.6 through 80092.11:
  - The licensee shall obtain written documentation from the licensed professional outlining the procedures and the names of the facility staff who have been trained in those procedures.
  - The licensee ensures that the licensed professional reviews staff performance as often as necessary, but at least annually.
- All training shall be documented in the facility personnel files.
- The licensee shall document any significant occurrences that result in changes in the client’s physical, mental and/or functional capabilities and report these changes to the client’s physician and authorized representative.
- The duty established by Section 80092.1 does not infringe on a client’s right to receive or reject medical care or services, as allowed in Section 80072.
• If unable to meet the client’s needs, the licensee shall issue an eviction notice as specified in Section 80068.5. [Title 22, CCR, Section 80092.1]

Reporting Requirements

• Licensees must, upon occurrence, report any injury to any client which requires medical treatment to the licensing agency within the agency’s next working day during its normal business hours. In addition, a written report containing the information must be submitted to the licensing agency within seven days following the occurrence of such event. [Title 22, CCR, Section 80061]

2) Residential Care Facilities for the Chronically Ill (RCFCIs)

Specific to the subject of this guide, RCFCIs must comply with Title 22, CCR, Residential Care Facilities for the Chronically Ill Sections 87801, 87861, 87889, 87890, 87891, 87893, and 87905.

Definitions

• “ Appropriately Skilled Professional” means an individual who is licensed in California to perform the necessary medical procedures within his/her scope of practice as prescribed by a physician. This includes, but is not limited to, the following:
  o Registered Nurse (RN),
  o Licensed Vocational Nurse (LVN),
  o Physical Therapist (PT),
  o Occupational Therapist (OT) and
  o Respiratory Therapist (RT).
  o These professionals may include, but are not limited to, those persons employed by a home health agency, the resident, or the facility. [Title 22, CCR, Section 87801]

Acceptance and Retention of Residents with Pressure Injuries

Prohibited Conditions

• The licensee shall not accept or retain a resident who has a stage III or greater pressure injury. [Title 22, CCR, Section 87891]

Allowable Conditions

• A licensee may accept or retain residents whose condition has been diagnosed as chronic and life threatening, require different levels of care, and have other medical conditions or needs or require the use of medical equipment including wounds and pressure injuries. [Title 22, CCR, Section 87890]
Wounds

- The licensee shall be permitted to accept or retain a resident who has a wound under the following circumstances:
  - When care is performed by or under the supervision of the appropriately skilled professional.
  - If the wound becomes infected, all aspects of care must be performed by the appropriately skilled professional.
  - For residents with Stage 1 or 2 pressure injury, the condition must be diagnosed by a physician and care for the pressure injury must be given by the appropriately skilled professional.
- The appropriately skilled professional shall document in the resident’s file all aspects of care performed.
- All used dressing shall be disposed of as specified in Section 87889. [Title 22, CCR, Section 87905]

Care for Residents with Pressure Injuries

General Requirements for Allowable Conditions

- Facility personnel shall have knowledge and the ability to recognize and respond to problems and shall contact the physician, appropriately skilled professional, and/or vendor as necessary.
- Facility personnel shall monitor the ability of the resident to provide self-care for the allowable health condition and document any change in that ability.
- The licensee shall ensure that services are delivered and that the Registered Nurse Case Manager is notified of any service delivery problems.
- Disposable plastic gloves and other protective garments shall be available to and be used by facility personnel when providing hands-on care to residents, handling contaminated waste and cleaning residential units.
  - These disposable items shall be discarded after each use, as specified in Section 87889. [Title 22, CCR, Section 87893]

Safety and Sanitation

- Contaminated and hazardous waste, such as soiled diapers, used needles and syringes, soiled surgical dressings, disposable wipes, gloves and other items and/or equipment used for the hygienic care and treatment of residents shall be disposed of by a hazardous waste company.
  - Needles and syringes shall be disposed of in a “container for sharps” provided by the hazardous waste company.
  - The collection of the waste shall occur at least twice a month or more often if needed.
  - Contaminated and hazardous waste shall be double bagged and stored in a locked bin/shed or other area.
  - The exterior of the storage bins/sheds or other area designated for storing the contaminated waste shall be clearly labeled “contaminated”. [Title 22, CCR, Section 87889]
**Reporting Requirements**

- Licensees must, upon the occurrence, report any injury to any resident which requires medical treatment, to the Department on the same day or within the Department's next working day during its normal business hours. In addition, a written report must be submitted to the Department within seven days following the occurrence of such event. [Title 22, CCR, Section 87861]

**3) Social Rehabilitation Facilities (SRFs)**

*Specific to the subject of this guide, SRFs must comply with Title 22, CCR, Social Rehabilitation Facilities Sections 81001, 81061, 81090, 81091, 81092, 81092.1, 81092.2, and 81092.9.*

**Definitions**

- “Licensed Professional” means a person who is licensed in California to provide medical care or therapy. This includes a physician and surgeon, physician assistant, nurse practitioner, registered nurse, licensed vocational nurse, psychiatric technician, physical therapist, occupational therapist and respiratory therapist who is operating within his or her scope of practice. [Title 22, CCR, Section 81001]

**Acceptance and Retention of Residents with Pressure Injuries**

**Prohibited Health Conditions**

- Clients who have Stage 3 and 4 pressure injuries shall not be admitted or retained. [Title 22, CCR, Section 81091]

**Restricted Health Conditions**

- A licensee may accept or retain clients who have Stage 1 and 2 pressure injuries only if all applicable requirements of 22 CCR, Division 6, Chapter 2, Article 8 and Sections 81092.1(b) through (o) are met. [Title 22, CCR, Section 81092 and Section 81092.1]

**Wounds**

- A licensee may accept or retain a client who has a serious wound if all the following conditions are met:
  - The licensee is in compliance with Section 81092.1
  - The wound is determined by a physician or licensed professional designated by the physician to be a Stage 1 or 2 pressure injury that is expected by the physician or designated professional to completely heal.
  - The licensee ensures that a licensed professional in accordance with the physician’s instructions provides the wound care.
  - The licensed professional may delegate simple dressing to facility staff who receive training from a licensed professional as specified in Sections 81092.1(k) through (k)(2).
The licensee ensures that a licensed professional assesses the wound at intervals set by the physician, or a licensed professional designated by the physician, to evaluate treatment and progress toward healing.

The licensee ensures that all aspects of care performed by the licensed professional facility staff are documented in the client’s file.

[Title 22, CCR, Section 81092.9]

Waivers and Exceptions

- Waivers or exceptions will not be granted to accept or retain clients who have health conditions prohibited by Section 81091.
- The Department may grant an exception allowing acceptance or retention of a client who has a medical or health condition not listed in Section 81092 if the requirements in Section 81090 are met.

[Title 22, CCR, Section 81090]

Care for Residents with Pressure Injuries

Restricted Health Condition Care Plan

- If licensees choose to care for a client with a restricted health condition, as specified in Section 81092, they shall develop and maintain, as part of the Needs and Services Plan, a written Restricted Health Condition Care Plan. The plan must include all of items required by Section 81092.2.
- The Restricted Health Condition Care Plan shall neither require nor recommend that the licensee or any facility personnel or any other person providing care, other than a physician or licensed professional, implement any health care procedure that may legally be provided only by a physician or licensed professional.
- The licensee shall demonstrate compliance with the restricted health condition care plan by maintaining in the facility all relevant documentation.
- The licensee shall report any substantive deviation from the care plan to the client's authorized representative.
- If a client refuses medical services specified in the care plan, the licensee shall immediately notify all persons identified in Section 81092.2(a)(1) and shall participate in developing a plan for meeting the client’s needs.

[Title 22, CCR, Section 81092.1 and Section 81092.2]

General Requirements for Restricted Health Conditions

- All new facility staff who will participate in meeting the client's specialized care needs shall complete the training prior to providing services to the client.
- The licensee shall ensure that facility staff receive instruction from the client's physician or other licensed professional to recognize objective symptoms observable by a lay person, and how to respond to that client's health problems, including who to contact.
- The licensee shall monitor the client's ability to provide self-care for the restricted health condition, document any change in that ability, and inform the persons identified in Section 81092.2(a)(1) of that change.
• Should the condition of the client change, all staff providing care and services shall complete any additional training required to meet the client's new needs, as determined by the client's physician or a licensed professional designated by the physician.

• If the licensed health professional delegates routine care, the following requirements must be met for health conditions specified in Sections 81092.3, 81092.4 and 81092.6 through 81092.11:
  o The licensee shall obtain written documentation from the licensed professional outlining the procedures and the names of the facility staff who have been trained in those procedures.
  o The licensee ensures that the licensed professional reviews staff performance as often as necessary, but at least annually.

• All training shall be documented in the facility personnel files.

• The licensee shall ensure that the client's health-related service needs are met and shall follow the approved plan for each client.

• The licensee shall document any significant occurrences that result in changes in the client's physical, mental and/or functional capabilities and report these changes to the client's physician and authorized representative.

• The duty established in Section 81092.1 does not infringe on a client's right to receive or reject medical care or services, as allowed in Section 81072.

• If unable to meet the client's needs, the licensee shall issue an eviction notice as specified in Section 81068.5.

[Title 22, CCR, Section 81092.1]

**Reporting Requirements**

• Licensees must, upon the occurrence, report any injury to any client which requires medical treatment, to the licensing agency within the agency's next working day during its normal business hours. In addition, a written report containing the information must be submitted to the licensing agency within seven days following the occurrence of such event.

[Title 22, CCR, Section 81061]

4) Adult Residential Facility for Persons with Special Health Needs (ARFPSHNs)

The Welfare and Institutions Code, Section 4684.53(c) states that each licensed ARFPSHN shall be subject to the requirements of Chapter 1 (commencing with Section 80000) of Division 6 of Title 22 of the CCR, except for Article 8 (commencing with section 80090) which establishes the prohibited health conditions that include stage 3 and 4 pressure injuries.

5) Residential Care Facilities for the Elderly (RCFEs)

Specific to the subject of this guide, RCFEs must comply with **Title 22, CCR, Sections 87101, 87211, 87609, 87611, 87612, 87613, 87615, and 87631.**
Definitions

- “Appropriately Skilled Professional” means an individual that has training and is licensed to perform the necessary medical procedures prescribed by a physician. This includes but is not limited to the following: Registered Nurse (RN), Licensed Vocational Nurse (LVN), Physical Therapist (PT), Occupational Therapist (OT) and Respiratory Therapist (RT). These professionals may include, but are not limited to, those persons employed by a home health agency, the resident, or facilities and who are currently licensed in California.
- "Healing wounds" include cuts, stage one and two pressure injuries as diagnosed by a physician, and incisions that are being treated by an appropriate skilled professional with the affected area returning to its normal state. They may involve breaking or laceration of the skin and usually damage to the underlying tissues.
- “Licensed Professional” means a person who is licensed in California to provide medical care or therapy. This includes physicians and surgeons, physician assistants, nurse practitioners, registered nurses, licensed vocational nurses, psychiatric technicians, physical therapists, occupational therapists and respiratory therapists, who are operating within his/her scope of practice. [Title 22, CCR, Section 87101]

Acceptance and Retention of Residents with Pressure Injuries

Prohibited Health Conditions

- Persons who require health services or have a health condition as specified including, but not limited to, Stage 3 and 4 pressure injuries shall not be admitted or retained in a residential care facility for the elderly. [Title 22, CCR, Section 87615]

Restricted Health Conditions

- Licensees may provide care for residents who have Stage 1 and 2 pressure injuries. [Title 22, CCR, Section 87612]

Allowable Health Conditions

- Licensees shall be permitted to accept or retain persons who have a health condition(s) which requires incidental medical services including, but not limited to, the conditions specified in Section 87612, Restricted Health Conditions. [Title 22, CCR, Section 87609]
- Prior to accepting or retaining a resident with an allowable health condition as specified in Section 87631, Healing Wounds, licensees who have, or have had, any of the compliance issues specified in Section 87611 within the last two years, shall obtain Department approval. [Title 22, CCR, Section 87611]

Healing Wounds

- Except as specified in Section 87611(a), licensees shall be permitted to accept or retain a resident who has a healing wound if all the circumstances specified in Section 87631 are met. [Title 22, CCR, Section 87631]
General Requirements forRestricted Health Conditions

- Should the condition of the resident change, all facility staff providing care to that resident shall complete any additional training required to meet the resident's new needs, as determined by the resident's physician or a licensed professional designated by the physician.
- The licensee shall document any significant occurrences that result in changes in the resident's physical, mental and/or functional capabilities and immediately report these changes to the resident's physician and authorized representative.

[Title 22, CCR, Section 87613]

General Requirements for Allowable Health Conditions

- Licensees shall:
  - Complete and maintain a current, written record of care for each resident that includes the items specified in Section 87611, monitor the ability of the resident to provide self-care for the allowable health condition and document any change in that ability.
  - Ensure that the resident is cared for in accordance with the physician’s orders and that the resident’s medical needs are met.
- Facility staff shall have knowledge and the ability to recognize and respond to problems and shall contact the physician, appropriately skilled professional, and/or vendor as necessary.

[Title 22, CCR, Section 87611]

Use of Home Health Agencies

- Incidental medical care may be provided to residents through a licensed home health agency provided the conditions specified in Section 87609 are met.

[Title 22, CCR, Section 87609]

Healing Wounds

- Licensees must ensure that:
  - The Stage one or two pressure injury is diagnosed by an appropriately skilled professional.
  - Care for the pressure injury is provided by an appropriately skilled professional.
  - All aspects of care performed by the medical professional and facility staff shall be documented in the resident's file.

[Title 22, CCR, Section 87631]

Reporting Requirements

- Licensees shall submit a written report to the licensing agency and to the person responsible for the resident within seven days of the occurrence of any serious injury as determined by the attending physician and occurring while the resident is under facility supervision. This report shall include the resident's name, age, sex and date of admission; date and nature of event; attending physician's name, findings, and treatment, if any; and disposition of the case.

[Title 22, CCR, Section 87211]
87616 Exceptions for Health Conditions:

As specified in Section 87209, Program Flexibility, the licensee may submit a written exception request if he/she agrees that the resident has a prohibited and/or restrictive health condition but believes that the intent of the law can be met through alternative means. Written requests shall include, but are not limited to, the following:

- Documentation of the resident's current health condition including updated medical reports, other documentation of the current health, prognosis, and expected duration of condition.
- The licensee's plan for ensuring that the resident's health related needs can be met by the facility.
- Plan for minimizing the impact on other residents.
- Facilities that have satisfied the requirements of Section 87632, Hospice Care Waiver, are not required to submit written exception requests under this section for residents or prospective residents with restricted health conditions under Section 87612 and/or prohibited health conditions under Section 87615 provided those residents have been diagnosed as terminally ill and are receiving hospice services in accordance with a hospice care plan as required under Section 87633, Hospice Care for Terminally Ill Residents, and the treatment of such restricted and/or prohibited health conditions is specifically addressed in the hospice care plan.

[Title 22, CCR, Section 87616]

87209 Program Flexibility

The use of alternate concepts, programs, services, procedures, techniques, equipment, space, personnel qualifications or staffing ratios, or the conduct of experimental or demonstration projects shall not be prohibited by these regulations provided that:

- Such alternatives shall be carried out with provisions for safe and adequate services.
- A written request for a waiver or exception and substantiating evidence supporting the request shall be submitted in advance to the licensing agency by the applicant or licensee.
- Prior written approval of the licensing agency shall be received.
  - In determining the merits of each request, the licensing agency shall use as guidelines the standards utilized or recommended by well-recognized state and national organizations as appropriate.
  - The licensing agency shall provide written approval or denial.
    - Unless prior written approval of the licensing agency is received, all community care facilities shall maintain continuous compliance with the licensing regulations.

[Title 22, CCR, Section 87209]