



CDSS

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Adult and Senior Care Update



Summer 2010

This is the Summer edition of the *Adult and Senior Care Update for 2010*. Our goal is to provide you with timely and relevant information about issues that affect adult and senior care licensed facilities. We hope you will take time to review the Update and share it with members of your organization as well as with others interested in adult and senior care issues.

NEW PROGRAM ADMINSTRATOR FOR COMMUNITY CARE LICENSING

Mary Jolls was appointed as the new Adult and Senior Care Program Administrator for the Community Care Licensing Division (CCLD). Mary comes back to the California Department of Social Services (CDSS) from the Department of Public Health, Licensing and Certification Program, where she was the Region I Field Operations Branch Chief. Mary has had extensive experience with CCLD working in the field, in the Senior Care program office, and with the Central Operations Branch. She was also a Legislative Coordinator in the Office of Legislation overseeing legislation affecting CCLD.

NEW LAW IMPACTING FIRE CLEARANCE

With the passage of Assembly Bill (AB) 762, effective January 1, 2010, for purposes of fire clearances only, the law regarding bedridden clients in Residential Care Facilities for the Elderly (RCFE) occupancies, Community Care Facilities, and Residential Care Facilities for the Chronically Ill has changed. For more information, see <http://cclid.ca.gov/res/pdf/10apx04.pdf>

- Residents/clients who need assistance transferring to and from bed are considered non-ambulatory for purposes of fire clearance. A non-ambulatory fire clearance is required for these residents/clients.
- Residents/clients who need assistance turning or repositioning in bed continue to be considered bedridden for purposes of fire clearance. A bedridden fire clearance is required for these residents/clients.

- Implementation Plans for bills chaptered in 2009 are now available on the CCLD website at <http://cclid.ca.gov/PG830.htm> If you have any questions contact your local licensing office.

A public hearing was held for the Requirements for Bedridden Persons in RCFEs regulation package and the final regulations were sent to the Office of Administrative Law on May 26, 2010. These proposed regulations incorporate AB 762 (Statutes of 2009) and Senate Bill (SB) 1896 (Statutes of 2000). We anticipate these regulations will become effective August 2010.

ELECTRONIC PHYSICIAN SIGNATURES

California has been governed by the California Electronic Transactions Act since 1999. Civil Code Section 1633.2 of California law defines electronic signatures as “an electronic sound, symbol, or process attached to or logically associated with an electronic record and executed or adopted by a person with the intent to sign the electronic record.”

California law currently defines digital signatures as “an electronic identifier, created by computer, intended by the party using it to have the same force and effect as the use of a manual signature.” Government Code Section 16.5 states that digital signatures have the same effect as manual signatures, only if all of the following apply:

- ✓ It is unique to the person using it.
- ✓ It is capable of verification.
- ✓ It is under the sole control of the person using it.
- ✓ It is linked to data in such a manner that if the data were changed, the digital signature is invalidated, and
- ✓ It conforms to regulations adopted by the Secretary of State.

Electronic signatures also include several consumer protections, which must be followed when the transaction involves a consumer (one who obtains “products or services which are used primarily for personal, family or household purposes”). Electronic signatures are legally accepted in California.

Physician e-orders, including physician e-signature are allowed provided all of the information required for a written order is included in the electronic transmission and all of the information required to identify the physician issuing the order is present in the transmission. The electronic orders shall be printed and placed in the resident’s file. The Evaluator Manual will be updated to provide guidance on electronic physician’s orders and signatures.



FIRE PROTECTION FRAUD

The Contractors State License Board (CSLB) is warning businesses across California to be on the alert for anyone coming into their business to service their fire extinguishers, perform service on the hood and duct systems over cooking areas, or to conduct maintenance on automatic sprinkler systems.

Representatives of “American Fire Protection” (CSLB License #726110) have been using high pressure tactics and deceptive methods to convince business owners to buy their service. In addition, they perform sub-standard work without proper building code inspections. For additional information, please visit

<http://www.cslb.ca.gov/GeneralInformation/Newsroom/PressReleases/PressReleases2008/News20081223.asp>.

DRUG RECALL

The maker of several over-the-counter drugs, including Tylenol, Motrin and Benadryl, announced a recall of these and other drugs after receiving complaints of an unusual moldy, musty or mildew-like odor. This odor was associated with temporary and non-serious stomach problems, which includes nausea, stomach pain, vomiting, or diarrhea.

The smell was caused by a chemical called “2,4,6-tribromoanisole,” which is a breakdown of a chemical that is sometimes applied to wooden pallets that are used to transport and store packaging materials. The products were widely sold through a number of retail stores, including large chain drug stores, independent pharmacies and supermarkets. For a full list of the products that were recalled, please visit

<http://www.fda.gov/Safety/Recalls/ucm197746.htm>.

To help determine if any of the products you have are part of this recall, please visit www.mcneilproductrecall.com.

FOOD AND DRUG ADMINISTRATION GUIDANCE ON HOSPITAL BED DESIGN TO REDUCE PATIENT ENTRAPMENT

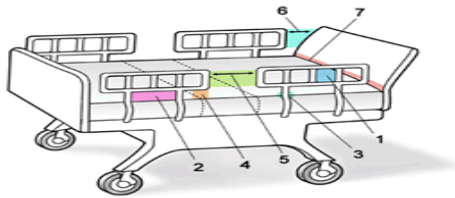
The federal Food and Drug Administration (FDA) published a guidance designed to reduce the occurrence of hospital bed entrapments. Entrapment can occur when part of a patient’s body becomes caught between parts of the bed, such as in the space between the mattress and the side rails. This can cause strangulation and death. This is available on the FDA’s website at:

<http://www.fda.gov/MedicalDevices/DeviceRegulationandGuidance/GuidanceDocuments/ucm072662.htm>

In addition, the FDA has designed a brochure entitled “A Guide to Bed Safety.” This informative brochure describes benefits and risks of using bedrails. This is available at: <http://www.fda.gov/downloads/MedicalDevices/ProductsandMedicalProcedures/MedicalToolsandSupplies/HospitalBeds/UCM125857.pdf>

Key body parts at risk of entrapment are:

- Head
- Neck
- Chest



Potential zones of entrapment in a hospital bed system are:

- Zone 1** Within the Rail
- Zone 2** Under the Rail, Between the Rail Supports or Next to a Single Rail Support
- Zone 3** Between the Rail and the Mattress
- Zone 4** Under the Rail, at the Ends of the Rail
- Zone 5** Between Split Bed Rails
- Zone 6** Between the End of the Rail and the Side Edge of the Head or Foot Board
- Zone 7** Between the Head or Foot Board and the Mattress End

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UNSTAGEABLE PRESSURE ULCERS

A pressure ulcer (commonly known as bedsores) is an area of skin that breaks down when one stays in a position for too long without shifting their weight. The constant pressure against the skin reduces the blood supply to that area, and the affected tissue dies. It starts as reddened skin (Stage I) but gets progressively worse, forming a blister, then an open sore, and finally a crater (Stage IV). There is an additional category for wounds that cannot be fully assessed. These wounds are known as “unstageable” pressure ulcers.

According to the National Pressure Ulcer Advisory Panel, it defines unstageable pressure ulcers as “full thickness tissue loss in which the base of the ulcer is covered by slough and/or in the wound bed.” Slough is a layer or mass of dead tissue separated from surrounding living tissue, as in a wound, sore or inflammation. Slough can be yellow, tan, gray, green, or brown in color. Eschar is a dry scab or slough formed on the skin as a result of a burn or by the action of a corrosive or caustic substance. Eschar can be tan,

brown, or black in color. Pressure ulcers covered with slough and eschar to the degree that wound depth cannot be determined cannot be categorized as Stage I, II, III or IV ulcers; therefore, they are unstageable. Unstageable pressure ulcers must be debrided in order for severity and stage to be determined. Debride is the removal of contaminated tissue. Once debrided, these wounds will likely be determined to be Stage III or Stage IV ulcer. Stage III or Stage IV pressure ulcers are considered prohibited health conditions which are not allowed in an RCFE. For more information on the pressure ulcer stages, see <http://www.npuap.org/pr2.htm>

PRIVATELY PAID PERSONAL ASSISTANTS AND CRIMINAL RECORD CLEARANCE BACKGROUND CHECKS

To ensure client/resident health and safety, privately paid personal assistants must have a CDSS processed background check clearance or criminal record exemption. Please see below for specifics:

- If a licensee retains or contracts with a company who provides personal assistants, the assistants must also be fingerprinted using the facility license number.
- If a client/resident or a client/resident's family employs, retains or contracts for a personal assistant, the assistant must be fingerprinted using the facility license number.
- If the assistant identified in either situation above is a Certified Nurses Assistant (CNA) and was certified or recertified on or after July 1, 1998, he/she does not need to be fingerprinted. The licensee must retain a copy of the current certification. Note: If the CNA is an employee of the facility, the CNA must be fingerprinted like any other facility employee.

REMINDERS FOR A HEALTHY AND SAFE SUMMER

With the summer months here, it is critical to be aware of steps to take to reduce chances that clients/residents, facility staff and visitors will be exposed to extreme heat, making water safety a priority, and fire prevention.

For more information, please see:

Heat tips:

<http://www.bt.cdc.gov/disasters/extremeheat/heattips.asp>

<http://www.oes.ca.gov/Operational/OESHome.nsf/ALL/AA07C0C051F70991882572f3005C15CF?OpenDocument>

<http://www.redcross.org/www-files/Documents/pdf/Preparedness/checklists/HeatWave.pdf>

<http://bepreparedcalifornia.ca.gov/NR/ronlyres/D45A45AE-04F3-4B7F-8046-3B40B9DDA4BD/0/Top10HotTips.pdf>

Water safety:

<http://www2.redcross.org/services/hss/tips/healthtips/safetywater.html#general>

Fire prevention:

<http://www.redcross.org/www-files/Documents/pdf/Preparedness/checklists/FireSafety.pdf>

<http://www.cdc.gov/HomeandRecreationalSafety/Fire-Prevention/fireprevention.htm>

ENHANCING CUSTOMER SERVICE:

The CCLD is committed to meeting the CDSS' goal of providing effective and responsive service to our customers. In light of the current budgetary constraints, the CCLD is working on new ways to provide information to the public. Some CCLD offices have a router system on their main telephone line to provide answers to commonly asked questions. However, we believe that the current systems have room for improvement. In an effort to address this issue, we are in the preliminary phases of designing an Interactive Voice Response system (IVR) that will provide significantly improved telephone services to our Administrator Certification Section (ACS) customers. Using the IVR, the caller will have the option to use a self-directed menu that will provide them with useful information and answer many of their questions.

The ACS will pilot the IVR system in the late summer of 2010. When this system is fully functional, callers may speak with an ACS representative but they will also have the option to use the new IVR automated system. The IVR system will provide them information for many ACS-related questions. For example, initial applicants can find out whether or not they passed the initial certification test, when their initial application was mailed to them and when we received their application. Existing administrators will be able find out about the status of their renewal application and when their new certificate was mailed. The IVR system will operate 24 hours a day, seven days a week.

Our vision for the future is to expand the use of automated telephone technologies for other CCLD program areas such as the Caregiver Background Check Bureau and the local regional offices. We believe that by doing this, we will provide both licensees and the public with a 24-7 service that will respond to their questions and provide them easy access to information that they frequently need.

EMPOWERING OUR CUSTOMERS:

Currently, there are approximately 7,800 licensed RCFEs in California, with a total capacity of over 170,000 residents. Given the number of licensed facilities, we recognize that it can be challenging for family members to locate and place their loved ones in care. We also recognize that RCFEs have numerous marketing options to locate residents for their facilities. In an effort to assist both licensees and families with the placement process, CCLD is working on a special project in collaboration with the California HealthCare Foundation and the University of California, San Francisco. Once this project is completed, RCFE licensees will be able to use the MyCCL web portal to update their facility information and, since this information will be on a public website, it can be used by families to search for placement options. The website will contain basic licensing information for all licensed RCFE facilities in California and licensees will have the ability to augment their basic information by including facility photos, pricing schedules, descriptions of amenities and their program statement. This site will give consumers the ability to be more informed when they consider their choices for a residential facility and will provide licensees with an additional marketing resource.

The CCLD ACS has had preliminary discussions with RCFE Continuing Education Vendors to establish an approved two-hour training course that will cover the details of the MyCCL special project, the CCLD website, and other Core of Knowledge areas. We are very excited about this project and invite our licensees to get more information by contacting an approved RCFE Continuing Education Vendor and by visiting the “RCFE Consumer Information Initiative” on our MyCCL website. We are near the go-live launch date and anticipate that by mid-summer of 2010 vendors will be offering the training. We encourage you to become one of the 7,800 licensees with their facility information on the site. You will receive a mailer about this project in the near future. All administrators are encouraged to keep current on the regulations by visiting the ACS link at www.cclld.ca.gov. In addition, they may contact Charles Boatman, ACS Manager at (916) 324-4318.

ELDER ABUSE VIDEOS

Failure to report elder or dependent adult abuse is a crime. To ensure that staffs of community facilities are trained in recognizing and reporting elder and dependent adult abuse, California law requires each community care facility or RCFE to provide training and continuing education to all staff in recognizing and reporting abuse.

“Your Legal Duty...Reporting Elder and Dependent Adult Abuse” training curriculum and video was designed to meet the training requirements for recognizing and reporting elder and dependent adult abuse. The curriculum was developed by the Department of Justice, in cooperation with the Department of Health Services and the Department of Social Services.

The video and training curriculum were available from Department of Justice (DOJ) but currently are unavailable. The DOJ is in the process of placing the training

curriculum on their website. In the interim Licensees are encouraged to contact other Licensees or provider associations to obtain a copy or loaner of the materials until the information is available on the DOJ website.

CCLD STAFF CHANGES

The Adult and Senior Care Program welcome four new Licensing Program Managers (LPM):

Vivien Helbling is the new LPM for the Oakland Adult Care Local Unit. She has worked for CCLD for over twenty years, most recently as a Licensing Program Analyst (LPA) in Senior Care for three years. Previously, Vivien had been an LPA in Child Care for almost 11 years. She can be reached at (510) 286-4353.

George Mabanglo is the new LPM for the Senior Care Local Units in Chico and Sacramento. He previously worked as an Associate Governmental Program Analyst (AGPA) for almost two years with the CCLD Central Training Section. Previously, George was an LPA in Adult Care for nine years. He can be reached at (530) 895-5948 or (916) 263-4832.

Alysha Loumakis-Calderon is the new LPM for the Orange Senior Care Local Unit. She was an LPA with Senior Care for three and one-half years. Her prior work experience includes three years as a Senior Auditor Examiner with the Bureau of State Audits, and Social Work Case Manager. She can be reached at (714) 703-2870.

Edna Musoke is the new LPM for the San Diego Senior Care Local Unit. She most recently worked as an AGPA with the Care Policy for almost two years. Previously, Edna was an LPA in Senior Care for ten years. She can be reached at (619) 767-2333.

SUMMARY

If you have questions about this *Update* or suggestions for future topics, please contact Gary Levenson-Palmer, Chief of the Technical Assistance and Policy Branch, at (916) 324-4312. Please visit our website at www.cclid.ca.gov for copies of *Updates*, office locations, provider letters, regulations, or to learn more about licensing services.

Sincerely,

Original signed by Jeffrey Hiratsuka

JEFFREY HIRATSUKA
Deputy Director
Community Care Licensing Division

