

ADULT/SENIOR CARE UPDATE

Adult and Senior Residential Licensing Program Mission:

The Adult and Senior Care Residential Licensing Program licenses and monitors Adult Day Programs, Adult Residential Facilities, Social Rehabilitation Facilities, Residential Care Facility for the Chronically Ill (RCFCI) and Residential Care Facilities for the Elderly (RCFE) 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

Welcome to the Adult and Senior Care Program Quarterly Newsletter. It is that time of the year wherein we typically contemplate on the accomplishment of the program that gave the most value to the lives of the community care residents. We are impressed with the collaboration and partnership of stakeholders in raising the awareness of the needs of our vulnerable residents. This past year, we held the Registered Nurse (RN) Stakeholder meeting to begin our discussion on the role of these clinicians in our social based community care model. We also held the Mental Health Symposiums to promote the needs of mentally ill residents in the community. At these symposiums we discussed clinical, theoretical, and practical challenges and best practices in fostering quality of life in residential care.

The program, along with direct intervention by the Advocacy and Technical Support Unit helped promote healthier communities by providing assistance to struggling facilities willing to work with the department in optimizing the care they provide their residents. This year, the unit released RCFE Resource Guides on “*Medication Administration*” and “*Facility Self-Assessment*”. Facilities must learn to pro-actively identify issues in their

facilities and prevent adverse effects on their residents.

As we work towards promoting effective communication between the program and licensees, our Policy Branch implemented the Provider Information Notification (PIN) as a systematic means of communicating to licensed providers and our external stakeholders. Also, in 2017 expect to see increased collaborative efforts between Policy staff and external stakeholders when updates to licensing regulations are in the horizon.

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Adult and Senior Care Regional Office Updates

Alex Estrada

Alex promoted to Licensing Program Manager I (LPM) in the Community Care Licensing Division's (CCLD), Woodland Hills Adult and Senior Care Regional Office located in Woodland Hills, effective November 2, 2016. He worked previously as a Licensing Program Analyst (LPA) with the CCLD Adult and Senior Care Program, starting there in 2000. He was the Application Specialist for the Woodland

Hills Office since 2007. Prior to that, he worked as a Disability Insurance Program Representative, representing Employment Development Department in adjudication of workers compensation claims. Mr. Estrada holds a Bachelor Degree in Business Administration with California State University, Northridge.

New System News: The Launch!

On December 15, 2016, all of Community Care Licensing Division's Regional Managers, and many Bureau Chiefs, were on-hand to "Kick Off" the design and development of a new information system for the Children's Residential Program (CRP) that ultimately will replace FAS and LIS. The Certification, Approval, and Licensing Services (CALs) of Child Welfare Services-New System (CWS-NS) will be an integrated, statewide resource family home approval system for Counties, and a facility licensing system for the CRP. (The code developed for CRP and facility licensing will also be made available to the Adult and Senior Care Program and the Child Care Program following implementation for CRP).

The "Kick Off" meeting, which will be available as a recording for anyone unable to attend, was led by Child Welfare Digital Services (CWDS) team members, including Phoebe DeMund, the CALs Digital Service Manager and Ken Bennett-Gibson, manager from the CALs Team. It included a general description of the process for CALs development; what to expect in terms of what CRP will get, and when; and how CWS-NS is being developed in a way that is a first for the State of California, and why that matters.

The most important difference from how other large Information Technology (IT) projects have been developed is that it will focus on delivering solutions for users' most pressing needs in incremental pieces. In other words, rather than waiting until an entirely new system is complete, CWDS will focus on delivering a series of new tools that over time add up to a whole new system. Each of these tools will be designed on the basis of ongoing research into what users want and need of that tool, and only implemented when users have tested it and agree that they'd rather use it than what they have now.

As an example, it could be that the first tool that CALs will develop/deliver is a way to conduct/document fieldwork that is less typing intensive, easier, and that produces more easily searched reports. Regional Offices won't be asked to use it until CALs team has research that confirms that Licensing Program Analysts and Managers generally agree it is a preferable way to conduct/document fieldwork.

The way CWDS is developing CALs makes it possible to deliver a new and much more modern IT system than if the entire system had to be developed before it was offered for use.

Starting in January, the CALs team will hit the ground running. We expect the announcement

of the software design and development team that will be working with us. We will also begin showing up in the regional offices and counties to watch work as it is done and gain insights into ways to make it easier. The CALS team will work heavily with three CCLD personnel to coordinate user research and testing. If you are approached by Stephen Kim from Monterey Park, Brandon Galbraith from Culver City, or Joel Segura from San Jose to participate in user research or testing, we hope you will jump at the chance. They will be helping to ensure your voices are heard in the development of the CALS licensing features and tools. They will also be able to share updates on the project's progress and be open to your feedback or concerns at any point.

All of the CWDS CALS Team can be reached directly at CWDSCALS@osi.ca.gov Please do not hesitate to send your questions or share your insights about what you need in a new facility licensing system.

In other broader CWDS news: On September 29, the first CWS-NS Quarterly Stakeholder Forum was held wherein the project's principal vision, core strategies, and status of progress were discussed. Much more information on the project's core strategies of "agile methodology" for software development and the related concept of "modular procurement," will ensure CWS-NS' adaptability to evolving needs, ease of accessibility, and the uniformity of operating tools for the benefit of some 25,000 estimated users statewide. The second Quarterly Stakeholder Forum will be held on January 10, 2017, and include a project status report, and breakout sessions, one of which will be for the discussion of CALS. Please watch the CWDS.CA.GOV website for information about materials to review, or ways to call in or participate, if you are interested.

Program Clinical Consultant Corner - Pressure Injury Prevention

Pressure injuries (pressure ulcers, dermal ulcers, decubitus ulcers) are localized injury to the skin and/or underlying tissue usually over a bony prominence, as a result of pressure, or pressure in combination with shear; any lesion caused by unrelieved pressure that results in damage to underlying tissues.

Shearing occurs when layers of the skin rub against each other; when the skin remains in place and the underlying tissues move and stretch, tearing underlying blood vessels and causing tissue damage. The Department completed a statistical analysis on November 29, 2016 on the frequency of citations related to pressure injury violations across the state. The time period evaluated was January 1, 2013 through



November 29, 2016. A summary of the results are as follows:

- Senior Care averaged 103 citations per year and 8.75 per month.
- Adult Care averaged 7 citations per year and .59 per month.

Our senior care population is at risk for the development of pressure injuries. Pressure injuries are painful and can cause infection. What are some interventions the facility staff can use to prevent pressure injuries?

- Reposition the bedridden resident every 2 hours and/or those unable to leave one's chair every hour.
- Use pillows for support as needed to prevent contact between bony areas (i.e. knees and ankles).

- Don't position residents on a pressure injury; or on tubes, such as urine catheter tubes or oxygen tubes.
- Prevent friction of the skin by not pulling the resident across the bed and/or chair.
- Get help to move the resident as needed.
- Keep the resident's skin clean and dry. Inspect the skin when giving personal care and report any redness/concerns to the resident's physician.
- Keep clothing and bedding wrinkle free, as much as possible, to prevent irritation.

- Ensure adequate nutrition and hydration.
- Monitor side effects of psychotropic medications, which could cause some drowsiness and contribute to immobility and restlessness where shearing may take place.

The above are basic interventions constituting best practices. For more information, refer to the [National Pressure Ulcer Advisory Panel \(NPUAP\)](#).

Direct Care Staff Initial General Training Reminder

Licensees must ensure that all RCFE general direct care staff complete forty (40) hours of initial training on a general, or core curriculum, as specified in [Health and Safety Code section 1569.625](#). This training requirement is for staff hired on or after January 1, 2016. Staff hired prior to that date do not need to meet the 40 hour training requirement. However, they are required to meet the new annual training requirements.

Training must be divided into two (2) phases:

- (1) Initial twenty (20) hours, which must be completed before working independently with residents; and
- (2) Remaining twenty (20) hours, which must be completed within the first four (4) weeks of employment.

Licensees have flexibility to design staff training plans, as shown on the following grid. The CDSS provides some guidelines for licensees to consider as they design staff training plans:

- If the required minimum training hours are not specified in either the "Initial 20 hours" or "Remaining 20 hours" columns for



a training topic, licensees have discretion with regard to the training topic.

- "Licensee discretion" means that licensees may determine the number of training hours to be dedicated to a training topic or whether a training topic is taught in the initial twenty (20) hours or remaining twenty (20) hours.
- For the training topic "Postural supports, restricted health conditions, and hospice care," the number of training hours to be dedicated during the remaining 20 hours of training is to be determined by licensees.
- For all other training topics at licensee discretion, licensees are to determine the number of hours to be dedicated to training. Training can be provided anytime during the 40 hours of training, as long as the total 40 hours of training are met.
- For training topics at licensee discretion, the number of training hours to be dedicated to a training topic or when a training topic is taught (initial or remaining

twenty (20) hours) should be based on the needs of residents in an RCFE, what staff need to know before and while working with residents, and the needs of the licensee.

New training topics included in the general or core curriculum shown on the following grid are noted by **boldface** font.

General or Core Curriculum Training Topic	Minimum Training Hours	
	Initial 20 hours	Remaining 20 hours
Cultural competency	Licensee Discretion	
Personal care services	3	
Physical limitations and needs of the elderly	2	
Psychosocial needs of the elderly	Licensee Discretion	
Residents' rights	Licensee Discretion	
Dementia care	6	6
Building and fire safety and appropriate response to emergencies	Licensee Discretion	
Antipsychotic and psychotropic medications*	Licensee Discretion	
Policies and procedures regarding medications	2	
Postural supports, restricted health conditions, and hospice care	4	Licensee Discretion
Total Required – Initial 20 hours	10	
Total Required – Remaining 20 hours		6
Remaining TOTAL hours for training topics at licensee discretion	24	
TOTAL	40	

*Applies separately to both RCFE general direct care staff and direct care staff assisting residents with self-administration of medication.

Hands-On Training Requirement

All RCFE general direct care staff must complete **sixteen (16) hours of hands-on training** as part of initial training within the first four (4) weeks of employment. Licensees may require that direct care staff complete a portion of these hours before providing care to residents independently, and complete a remaining portion of these hours anytime within the first four (4) weeks of employment. This requirement may be based on direct care staff

knowledge, ability, and skill necessary to ensure the health and safety of residents in the facility. There are additional training requirements for staff assigned to assist residents with the self-administration of medication. The training requirements for certified (CNA) and licensed (LVN, RN) employees are different. Refer to the [Implementation Plan for AB 1570/SB 911](#) for further information.

Administrator Certification Section

The Administrator Certification Section (ACS) invites interested parties to take a few minutes and enjoy the information presented in the **ACS "Insider"**. The **Insider** provides an array of news and articles relative to ACS approved vendors, administrators, licensees, etal.

It is published on a quarterly basis and is available at: <http://www.cclid.ca.gov/PG3636.htm>. The ACS also wishes to extend warmest holiday and New Year wishes to all of our community care partners. Enjoy!

Policy Reminder and Update

AB 1523 (Chapter 205, Statutes of 2014) requires all RCFEs, except those facilities that are an integral part of a continuing care retirement community, to maintain liability insurance. Liability insurance is required to cover injury to residents and guests caused by the negligent acts or omissions, or neglect by,

the RCFE licensee or its employees. Liability insurance is required to be maintained in an amount of at least \$1 million per occurrence and \$3 million in the annual aggregate. Licensing Program Analysts will verify that licensees comply with this requirement during inspections and complaint investigations.

Helping Senior Residents Cope with Holiday Season Depression

Care providers at Residential Care Facilities for the Elderly (RCFEs) are well advised to exercise particular care and vigilance over signs of depression in their residents during this holiday season. The [Centers for Disease Control and Prevention \(CDC\)](#) defines depression as a true and treatable medical condition and not a normal part of aging, although older adults are at greater risk of experiencing it.

Signs of depression are generally marked by prolonged periods (weeks at a time) of someone experiencing sadness or anxiety. Its onset can be further complicated by the presence of other ailments or tragic life events such

as a sudden loss of a loved one. According to the CDC, 80% of older adults with chronic ailments are at greater risk of experiencing depression. Often misdiagnosed as a mere residual effect of their physical ailments, depression seldom gets treated as a separate condition for which there is relief. Signs of depression in the elderly may include:

- Feelings of hopelessness and “emptiness”
- Feelings of helplessness or worthlessness
- Irritability and restlessness

- Loss of interest in activities or pastimes once pleasurable
- Fatigue and decreased energy
- Difficulty concentrating, remembering details and making decisions
- Insomnia, early–morning wakefulness, or excessive sleeping
- Overeating or appetite loss
- Thoughts of suicide, suicide attempts
- Persistent aches or pains, headaches, cramps
- Digestive problems that do not get better, even with treatment



The holiday season can be particularly hard on an elderly resident already experiencing depression due to the surfacing memories of

the distant past that he or she may recall as “happier times.” Feelings of loneliness, emptiness, hopelessness, worthlessness, and boredom may become all the more compounded with such thoughts and validated with the disheartening lack of visitors and an absence of meaningful, enriching activities.

Care providers can assist their residents (and not just those experiencing depression) by proactively promoting a warm and caring homelike environment replete with inviting conversations and activities suited to the needs of the residents served. The holiday season marks an ideal time to set such a tone for the

rest of the year. Care staff are advised to be mindful of each resident’s physical limitations and personal preferences and to exercise tact and sensitivity in engaging them in conversation. It is best to avoid a “one-size-fits-all” approach in the delivery of assistance and in acts of kindness during the season, as not all residents will care to participate in communal games or like festivities. Some may

be touched more profoundly with simple daily conversations and companionship. For further information on this subject, please visit: <http://www.cdc.gov/aging/mentalhealth/depression.htm>
https://www.nimh.nih.gov/health/publications/older-adults-and-depression-qf-16-7697/qf-16-7697_153371.pdf

Facility Succession Planning

Succession planning means having a plan in place to respond to the unexpected or eventual change in facility operation and/or management.

If the administrator of your facility has a heart attack, do you have a plan in place to ensure their duties are carried out? If your top employee is recruited by another facility, do you have other staff prepared to fill that void? If not, you may end up with an empty facility—or worse, underqualified staff moving into

leadership roles because there is no one better to take over.

The Department has seen many facilities close due to sole proprietors, or closely held corporate owners, who are no longer able to function as the facility administrator. Licensees should take a look at their business structure and ensure that they have a plan in place at all times to maintain the proper level of care for all residents in the facility.

Link to Adult and Senior Care Program Office Website: <http://www.dss.ca.gov/dsssource/PG2166.asp>

Centralized Application Unit Website: <http://www.cclcd.ca.gov/PG4872.htm>

IMPORTANT PHONE NUMBERS	
Centralized Complaint Information Bureau (CCIB)	1-844-538-8766
Administrator Certification	916-653-9300
Caregiver Background Check Bureau (CBCB)	1-888-422-5669
Long Term Care Ombudsman	1-800-231-4024
CCLD Public Inquiry and Response	916-651-8848
Technical Support Program	916-654-1541
Centralized Applications Unit	916-657-2600

Notes and Credits

The Community Care Licensing Division (CCLD) publishes the Adult and Senior Care Program Quarterly Update for the benefit of Licensees, Residents, their Advocates, and other Stakeholders.

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