

ADULT and SENIOR CARE UPDATE

Adult and Senior Care Program:

The Adult and Senior Care Program licenses and provides oversight of Adult Day Programs, Adult Residential Facilities, Social Rehabilitation Facilities, Adult Residential Facilities for Persons with Special Health Care Needs (ARFPSHN), Residential Care Facility for the Chronically Ill (RCFEI) 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

The Community Care Licensing Division (CCL), Adult and Senior Care Program acknowledges National Fall Prevention Day celebrated, appropriately so, during the Fall season. Falls have the potential to seriously impact the quality of life of residents in residential care. With this newsletter, we introduce the “*Program Clinical Consultant Corner*” authored by our CCL Registered Nurses with a piece on fall awareness.

The CCL Centralized Applications Unit is continuing to work on strategies to streamline the process and better respond to the needs of the residential care community. We continue to enhance the Centralized Applications Unit’s website to provide key information on the licensing and application process. You may find the following link helpful
<http://www.cclid.ca.gov/PG4872.htm>.

In addition, we hired another manager and hired more analysts to assist with processing the applications. We aim to establish more efficiencies and appreciate your feedback and patience as we continue to improve our service to the public.

In our effort to further strengthen our organizational infrastructure and address the

needs of the population we serve, the program conducted the Northern California Mental Health Symposium in September 2016. This symposium included a panel of experts in mental health who shared challenges and best practices and was attended by field managers, supervisors, and Licensing Program Analysts to broaden their understanding of the needs of the residents with mental illness.

I am very pleased to announce the appointment of Ellie Jones as the Assistant Deputy Director of CCLD for the Department, effective May 1, 2016. Ellie has over 25 years of extensive Child Welfare Services experience. Ellie has been the Chief of the Children’s Services Operations and Evaluations Branch in the Children and Family Services Division for the last five years. In her new capacity, Ellie will oversee the development and implementation of policy and process standards across CCLD’s seven branches and the Central Operations Branch functions. Please join me in welcoming Ellie to the CCLD’s leadership team.

INSIDE THIS ISSUE

Deficiencies, Civil Penalties, and Appeals	2
Donating Unused Medications	3
Resident Councils	3
New System News	4
Program Clinical Consultant Corner	5
Maintain Safe Water Temperature	7

Deficiencies, Civil Penalties, and Appeals

[Assembly Bill \(AB\) 1387](#), enacted amendments to [Health and Safety Code \(HSC\) Section 1548](#), [1568.0822](#), [1569.35](#), [1569.49](#), [1596.99](#), and [1597.58](#) to the following effect:

- A **notification of deficiency** must factually describe the nature of the deficiency, stating where it occurred and how the licensee was noncompliant with statute or regulations.
- **Assessing civil penalties** for violations that resulted in the death, physical abuse, or serious bodily injury of a client now requires the prior approval of the Program Administrator. *(Before this, the Director's approval was required [HSC Section 1548(f)].)*
- The **appeals process** for civil penalties involving the death, physical abuse, or serious bodily injury of a client or resident is now simplified to two appellate levels: first, the Deputy Director and then the Administrative Law Judge (ALJ). *(Before this, there was a four-tier appeals process, starting with the Regional Manager, the Program Administrator, the Deputy Director, and then finally the ALJ (HSC Section 1548(j)).)* All other citation or civil penalty appeals are to be reviewed by the Regional Manager and then by the Program Administrator, whose decision is considered final (HSC Section 1548(k)).
- The amended **appeals timeline** requires (1) a written appeal (along with all available supporting documentation at the time) to be filed **within 15 business days** of the receipt of the civil penalty assessment; (2) the filing (by the appellant) of additional supporting documentation not available at the time of the initial appeals filing **within 30 business days** of that initial filing; (3) the Department to request of the appellant additional information **within 30 business days** of the receipt of the initial appeal; (4) the appellant to provide additional information **within 30 business days** of the receipt of request from the Department; and (5) the appellant to receive a written notification of the Department's decision of the appeal **within 60 business days** of the Department's receipt of all requested information.

Donating Unused Medications

Did you know that you could be donating your unused medications instead of destroying them? California's long-term-care industry destroys an estimated \$100 million worth of perfectly good medications each year! By opting to donate those medications instead, communities can save valuable staff time, reduce destruction costs, and improve the health of fellow Californians.

[Health and Safety Code 150200-150208](#) allows several facility types, **including RCFEs with 16 or more residents**, to donate unused medications to county-run programs, which dispense the medications to indigent patients free of charge. [Read a recent article](#) about some of the patients helped by donated medicine.

Donated medications must meet certain requirements, including:

- Unexpired & non-controlled
- Centrally & properly stored (never possessed by a resident/member of the public)
- In unopened, tamper-evident packaging (such as "bubble" packs)

Resident Councils

Health & Safety Code 1569.157 grants resident councils' additional rights, adds requirements for licensees, and limits membership of a resident council to RCFE residents, except at the invitation of the resident council. Family members, resident representatives, advocates, long-term care ombudsman program representatives, facility staff or others may participate in resident council meetings and activities at the invitation of the resident council.

Licensees are required to:

- Assist residents in



- Labeled with lot number and expiration date

If your community would like to start donating, consider partnering with an organization that helps supply donated medications to county recipients. Currently, in California, the Supporting Initiatives to Redistribute Unused Medicine (SIRUM) is the only nonprofit organization licensed to help coordinate and facilitate medicine donation.

SIRUM is actively seeking to grow their donor network of over 200 care communities and facilities in California. To find out more, contact Leslie Walker, designation at <mailto:leslie@sirum.org> or (650) 479-4886.

establishing and maintaining a single resident council (formerly referred to as resident-oriented facility council) at the request of two or more residents, instead of a majority of its residents.

- Provide a written response within 14 calendar days to written concerns or recommendations of resident councils regarding any action or inaction taken in response to concerns or recommendations.
- Inform resident council members of their right to be

interviewed as part of the regulatory inspection process.

- Promote established resident councils by providing information on the council to new residents, as specified.
- Inform in writing new residents and resident representatives, upon admission, of their right to form a resident council when no council is currently established.
- Upon request and with permission of the council, share resident council contact information with the long-term care ombudsman.
- Post the text of Health and Safety Code section 1569.157 with the heading “Rights of Resident Councils” in a **prominent place** at the facility accessible to residents, family members, and resident representatives.

For a facility with a licensed capacity of 16 or more beds, this bill also requires a licensee to designate a staff person to assist with resident council meetings and notifications, including, making a room available for resident council meetings, and posting information in a central location readily accessible to residents, relatives, and resident representatives.

Licensees are prohibited from:

- Having policies limiting the rights of residents to meet independently with outside persons or facility personnel.
- Willfully interfering with the formation, maintenance, or promotion of a resident council or its participation in the regulatory inspection process.

A violation of any provision in this section is considered a violation of resident rights and subjects the licensee to a daily civil penalty of \$250 until the violation is corrected and verified.

New System News – It’s Really Happening!

Child Welfare Digital Services (CWDS) is overseeing development of Child Welfare Services-New System (CWS-NS). As part of CWS-NS, CWDS will provide the “Certification, Approval, and Licensing Services” (CALs) functionality needed by Children’s Residential Program and Counties. In what is likely to be a multi-year process, once everything that CCLD currently relies on from the current databases-Field Automation System (FAS) and Licensing Information System (LIS) has been developed for Children’s Residential, planning for rollout to the Adult and Senior Care and Child Care Programs will also begin.

The first step on this journey is procuring the software developers who will work in partnership with users to create CWS-NS. On September 1, 2016, CWDS [announced the award](#) of a development contract for the Intake digital service to Case Commons. The Intake

Digital Service will provide county Child Welfare Agencies an easy to navigate and efficient way to record and access information regarding child abuse, neglect, and exploitation allegations, investigative findings, and outcomes. Case Commons has now started this work.

On September 16, 2016, the Request for Offer (RFO) for the design and development services of the CALs digital service was also released. The CALs digital service will provide tools that facilitate and support the activities of state and county workers related to ensuring that licensed facilities, approved homes, and associated adults meet and maintain required standards. More information about the vision for CALs and the scope of the CALs digital service can be found at the CWDS [“Digital Services Dashboard.”](#)

The team that is awarded a contract on the basis of their response to the CALS RFO may begin work as early as December! To read the CALS Request for Offer or to follow the key action dates for this procurement, please see the [CWS-NS Procurements page](#).

More information about the progress, scope, and vision for CALS development, as well as for all the CWS-NS digital services, including your opportunities to provide feedback throughout CWS-NS development, can be found at the following websites:

- <https://cwds.ca.gov/dashboard/digitalservices.html>
- <https://cwscms.osi.ca.gov/New-System>
- <http://www.cdss.ca.gov/cdssweb/PG2400.htm>
(see monthly “Child Welfare Service – Digital Services Update” reports under Children and Family Services Division)

You can also follow CWDS [on its Twitter feed](#) for more information about CWS-NS and CALS progress!

Program Clinical Consultant Corner

New Terminology: Pressure Ulcer Renamed Pressure Injury.

The National Pressure Ulcer Advisory Panel (NPUAP) is an independent non-profit organization dedicated to the prevention and management of pressure ulcers and serves as a resource to health care professionals, government, the public and health care agencies.

Bedsore, pressure sore, decubitus ulcer, dermal ulcer and pressure ulcer are all terms that have been used to describe wounds to the skin resulting from pressure. Pressure ulcers are staged numerically in an ascending order of severity from one through four.

In April of this year, the NPUAP announced a change in terminology, replacing the term “pressure ulcer” with “pressure injury”. This was done in conjunction with updating the staging system definitions in order to more accurately describe injuries to intact and ulcerated skin. (1)

The numerical staging remains one through four; however, Arabic numbers (1, 2, 3, 4) are now used in place of Roman numerals (I, II, III, IV). (1)



What does this mean for Community Care Licensing facilities? The new terminology and updated definitions do not affect current regulations.

For example, in Residential Care Facilities for the Elderly (RCFE), a resident with a diagnosis of a Stage 1 or 2 pressure **injury** would be the same as a Stage 1 or 2 pressure sore (the term used in regulation) and considered a restricted health condition under Title 22, Division 6, Ch.8 , Section 87612. A diagnosis of a Stage 3 or 4 pressure **injury** would be the same as a Stage 3 or 4 pressure sore and considered a prohibited health condition under Section 87615.

Government agencies and professional organizations support the new staging system. The federal Centers for Medicare and Medicaid (CMS) is working to incorporate the new terminology. The Joint Commission, an independent non-profit organization that accredits and certifies health care facilities, has adopted the new terminology and the Wound Ostomy Continence Nurses (WOCN) Society has endorsed the changes. (2)

For the short term, the previous terminology will continue to be used in most documentation and remains acceptable. As more health care providers adopt the new terminology it will appear more frequently in clinical record documentation.

References:

1. "National Pressure Ulcer Advisory Panel (NPUAP) announces a change in terminology

from pressure ulcer to pressure injury and updates the stages of pressure injury", NPUAP Press Release, April 13, 2016.

2. "Governmental Agencies and Professional Organizations Support NPUAP's Pressure Injury Staging System", NPUAP Press Release, August 30, 2016.

Source:

National Pressure Ulcer Advisory Panel (NPUAP) web site home page: www.npuap.org

Fall Prevention

Among older adults, falls are the leading cause of injury deaths, unintentional injuries, and hospital admissions for trauma. Falls can take a serious toll on older adults' quality of life and independence. To recognize this critical issue, at the state level, SCR 77 (D-Lowenthal) was passed in 2008 declaring the first week of Fall each year as Fall Prevention Awareness Week.

At the heart of this initiative is the message that falls are preventable. During Fall Prevention Awareness Week, California's fall prevention coalitions, health care providers, and senior service agencies will hold presentations, health fairs, screenings, and workshops to raise awareness among older adults and their families and caregivers, elder care professionals, and the general public about the seriousness of falls and ways to reduce fall risk. Some focused questions to begin the

dialogue between our older adults and care givers that could start the conversation on fall prevention:

- Can you see well with your glasses?
- Can you hear adequately?
- Does your cane or walker still offer you enough support in moving around?
- Does your room and living area have clear pathways for you to walk inside and outside?
- Do you talk to you physician about possible medication side effects that could contribute to falls?

Let's all work together to support Fall Prevention.

For more information please visit the Centers for Disease Control as one of many sites on this important topic <http://www.cdc.gov/HomeandRecreationalSafety/Falls/pubs.html>.

Reminder to Provide Email Addresses

All RCFE licensees are required to maintain an e-mail address of record with the Department of Social Services (Department). The e-mail address is required to be provided at the time of application and within 10 business days of any changes once a facility is licensed. (Health and Safety Code 1569.15 (e))

You may submit changes to your e-mail address via the Department's website at: <http://www.cclcd.ca.gov/PG4872.htm>

You will need the following information to submit your e-mail address on-line:

1. Facility Name
2. Licensee Name
3. Facility Number*
4. Facility Mailing Address Zip Code*
5. Facility PIN Number*

*Items 3, 4 and 5 above must be entered EXACTLY as indicated on your annual billing notice.

Although this process may be labor intensive for those licensees with multiple facilities, the e-mail address will need to be entered separately for each facility.

In addition, AB 601 amends sections 1569.2, 1569.15, 1569.16, 1569.50, 1569.58 and 1569.618, and adds section 1569.356 to the Health and Safety Code. These changes became effective on January 1, 2016.

A complete copy of AB 601 as chaptered can be found at:

http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201520160AB601

The Department's Implementation plan for AB 601 can be found at:

<http://cclcd.ca.gov/res/pdf/16APX-05.pdf>

You may contact the Adult and Senior Care Program Office at (916) 657-2592 for any questions or concerns.

Always Maintain Safe Water Temperatures

Each year, approximately 3,800 injuries and 34 deaths occur in homes due to scalding from excessively hot tap water. The majority of these accidents involve the elderly and children under the age of five. The U.S. Consumer Product Safety Commission (CPSC) urges all users to lower their water heaters to 120 degrees Fahrenheit. Licensing Regulations state that hot water temperatures must be between 105 and 120 degrees. In addition to preventing accidents, this decrease in temperature will conserve energy and save money.

Most adults will suffer third-degree burns if exposed to 150 degree water for two seconds. Burns will also occur with a six-second exposure to 140 degree water or with a thirty second exposure to 130 degree water. Even if

the temperature is 120 degrees, a five minute exposure could result in third-degree burns.

Various procedures for lowering water temperature in the home exist, depending on the method of heating. Call your local electric or gas company to adjust the thermostat. Some companies offer this service at no-charge. Hot water should not be used for at least two hours prior to setting. Let the water run and hold a candy or meat thermometer under the faucet to check water temperature. If reading is too high, adjust thermostat on heater, according to manufacturer's instructions, and check again with a thermometer.

The CPSC notes that a thermostat setting of 120 degrees Fahrenheit (49 degrees Celsius)

may be necessary for residential water heaters to reduce or eliminate the risk of most tap water scald injuries. Facilities should consider lowering the thermostat to the lowest settings that will satisfy hot water needs for all clothing

and dish washing machines. Never take hot water temperature for granted. Always hand-test the water temperature before assisting any resident with showers.

Link to Adult and Senior Care Program Office Website: <http://www.dss.ca.gov/dsssource/PG2166.asp>
 Centralized Application Unit Website: <http://www.cclid.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 Elderly Residential Care Quarterly Update for the benefit of Licensees, Residents, their Advocates, and other Stakeholders.

Pamela Dickfoss, CCLD Deputy Director
Ley Arquisola R.N., Adult and Senior Care Program Administrator

This Issue's Editor
Alison Newkirk

Assistant Editors
Alison Harris and Stephen Kim

Additional Contributors
*Phoebe DeMund (CCL), Leslie Walker (SIRUM),
 Program Clinical Consultants: David Brazil, R.N. and
 Pam Valencia, R.N.*