



THE COMMUNITY CARE LICENSING DIVISION'S Quarterly Update

SUMMER 2016

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 (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

Individuals and their families are increasingly turning to residential care communities as a place for them to reside to receive hands on care. The care needs of many of the residents residing at these communities who have mental health issues, have evolved to include the need for medical assistance. The Community Care Licensing Division (CCLD), Adult and Senior Care Program recognized this need. In January 2016, we began hiring our Registered Nurses (RNs) who provide program clinical consultation to our field staff. These Program Clinical Consultants have a variety of experience as surveyors of healthcare facilities and as clinicians in hospitals, home health agencies, etc. We currently have three Program Clinical Consultants and are currently in the process of bringing one more consultant on board. A few weeks ago, they organized an RN Symposium to begin a dialogue with the CCLD stakeholders on the healthcare requirements of residents and how to meet their needs while preserving the social model of living. We are committed to continue the dialogue with our partners and build the infrastructure needed to continue serving the needs of the residents of the community care facilities.

Additionally, CCLD has identified a critical need for mental health education to help our staff be ambassadors in fostering a sustainable framework in the community setting. We recognize we cannot assist in keeping facilities healthy by issuing deficiencies/citations alone without working with providers to understand mental health is an inherent problem in many facilities. In April, CCLD hosted a mental health symposium in Southern California attended by regional managers, supervisors and Licensing Program Analysts (LPA) to begin building information into the LPAs repertoire of training to enrich their skill to provide technical assistance. We will follow up with a training module developed by the Technical Support Program.

INSIDE THIS ISSUE	
<u>New System Progress – CALS</u>	2
<u>Food Safety</u>	3
<u>Complaint Process</u>	5
<u>Policy Update & Reminders</u>	7
<u>Summer is Fire Season</u>	7
<u>Drowning Prevention</u>	8

New System Progress – Meet “CALs”

Did you know that CCLD’s planning a new state-of-the-art innovative technology application to replace Field Automation System (FAS) and Licensing Information System (LIS)? Child Welfare Digital Services (CWDS) is overseeing replacement of the Child Welfare Services/Case Management System (CWS/CMS).

In CWS-New System (CWS-NS), CWDS will be adding all of the licensing functionality needed by Children’s Residential Program, which will include all the functions that that CCLD currently relies on from FAS and LIS.

By this fall, the software development team will begin work on developing the set of features in CWS-NS called the “Certification, Approval, and Licensing Services” (CALs). As early as summer 2017, the first features of CALs may be in testing, or even in use by some Counties or CCLD field staff chosen as testers of the digital service. The projection for complete

replacement of FAS and LIS for Children’s Residential Program (CRP) is December 2018, but any features that offer improvement to use of the current systems will be delivered as soon as they are proven ready. Adult and Senior Care Program, and Child Care Program will receive CALs shortly after CRP.

In the meantime, expect to start hearing more about CALs development. If you have questions or feedback about CALs, please send to the CALs Team via Phoebe DeMund, at Phoebe.DeMund@dss.ca.gov. You can also follow the CWDS [website](#), [Twitter feed](#) or [LinkedIn account](#) for more information about CWS-NS and CALs progress.

- CWDS website: <https://cwscms.osi.ca.gov/New-System>
- CWDS Twitter Feed: https://twitter.com/CA_CWDS
- CWDS LinkedIn: <https://www.linkedin.com/> search “Child Welfare Digital Services”

Fresno Adult and Senior Care Regional Office- Relocation

The CDSS Community Care Licensing Division is pleased to announce the relocation of our Fresno Adult and Senior Care Regional Office to its new location at 1314 East Shaw Avenue, Fresno, CA, 93710. The move is scheduled to take place on July 5, 2016.

For your convenience, the main office line (559) 243-8080 and fax number (559) 243-8088 will remain the same. The cell phone numbers for Licensing Program Analysts (LPA) will also remain the same. This relocation is a step toward furthering the

commitment of CDSS in upholding the Department’s mission to serve, aid and protect needy and vulnerable children and adults in ways that strengthen and preserve families, encourage personal responsibility and foster independence.

We look forward to the opportunity this provides to augment our services to the public and look forward to seeing you at our new location. Any questions regarding the relocation can be directed to the office at (559) 243-8080.

Food Safety

Clean: Wash Hands and Surfaces Often

Bacteria can be spread throughout the kitchen and contaminate hands, cutting boards, utensils, counter tops, and food.



Staff must wash your hands with warm water and soap for at least 20 seconds before and after handling food and after using the bathroom or assisting with personal hygiene.

- Wash your hands after playing with pets.
- Wash your cutting boards, dishes, utensils, and counter tops with hot soapy water after preparing each food item and before you go on to the next food category to avoid cross-contamination.
- Consider using paper towels to clean up kitchen surfaces. If you use cloth towels wash them often in the hot cycle of your washing machine.
- Rinse fresh fruits and vegetables under running tap water, including those with skins and rinds that are not eaten.
- Rub firm-skinned fruits and vegetables under running tap water or scrub with a clean vegetable brush while rinsing with running tap water.
- Keep books, backpacks, or shopping bags off the kitchen table or counters where food is prepared or served.



Separate: Do Not Cross Contaminate

Cross-contamination is how bacteria can be spread. When handling raw meat, poultry, seafood, and eggs, keep these foods and their juices away from ready-to-eat foods. Always start with a clean work surface — wash hands with warm water and soap. Wash cutting boards, dishes, countertops, and utensils with hot soapy water.

- Separate raw meat, poultry, seafood, and eggs from other foods in your grocery shopping cart, grocery bags, and in your refrigerator.
- Use one cutting board for fresh produce and a separate one for raw meat, poultry, and seafood.
- Never place cooked food on a plate that previously held raw meat, poultry, seafood, or eggs.

Cook: Cook to Proper Temperatures

Food is safely cooked when it reaches a high enough internal temperature to kill the harmful bacteria that cause foodborne illness. Use a food thermometer to measure the internal temperature of cooked foods.

- Use a food thermometer which measures the internal temperature of cooked meat, poultry, and egg dishes, to make sure that the food is cooked to a [safe internal temperature](#).
- Cook beef roasts and steaks to a safe minimum internal temperature of 145°F. Cook pork to a minimum of 145°F. All poultry should reach a safe minimum internal temperature of 165°F

throughout the bird, as measured with a food thermometer.

- Cook all ground meat to 160°F. Information from the [Centers for Disease Control and Prevention](#) (CDC) links eating undercooked ground beef with a higher risk of illness. Remember, color is not a reliable indicator of doneness. Use a food thermometer to check the internal temperature of your burgers.
- Cook eggs until the yolk and white are firm, not runny. Do not use recipes in which eggs remain raw or only partially cooked. Casseroles and other dishes containing eggs should be cooked to 160°F.
- Cook fish to 145°F or until the flesh is opaque and separates easily with a fork.
- Make sure there are no cold spots in food (where bacteria can survive) when cooking in a microwave oven. For best results, cover food, stir and rotate for even cooking. If there is no turntable, rotate the dish by hand once or twice during cooking.
- Bring sauces, soups and gravy to a boil when reheating. Heat other leftovers thoroughly to 165°F.
- Use microwave-safe cookware and plastic wrap when cooking foods in a microwave oven.

Chill: Refrigerate Promptly

Refrigerate foods quickly because cold temperatures slow the growth of harmful bacteria. Do not over-stuff the refrigerator. Cold air must circulate to help keep food safe.

Keeping a constant refrigerator temperature of 40°F or below is one of the most effective ways to reduce the risk of foodborne illness. Use an appliance thermometer to be sure the temperature is consistently 40°F or below. The freezer temperature should be 0°F or below.

- Refrigerate or freeze meat, poultry, eggs, and other perishables as soon as you get them home from the store.
- Never let raw meat, poultry, eggs, cooked food, or cut fresh fruits or

vegetables sit at room temperature more than two hours before putting them in the refrigerator or freezer (one hour when the temperature is above 90°F).

- Never defrost food at room temperature. Food must be kept at a safe temperature during thawing. There are three safe ways to defrost food: in the refrigerator, in cold water, and in the microwave using the defrost setting. Food thawed in cold water or in the microwave should be cooked immediately.
- Always marinate food in the refrigerator and not at ambient room-temperature.
- Divide large amounts of leftovers into shallow containers for quicker cooling in the refrigerator.
- Use or discard refrigerated food on a regular basis.

Keeping Cold Lunches Cold

Prepare cooked food, such as turkey, ham, chicken, and vegetable or pasta salads ahead of time to allow for thorough chilling in the refrigerator. Divide large amounts of food into shallow containers for fast chilling and easier use. Keep cooked food refrigerated until time to leave the facility.

To keep lunches cold away from home, include a small frozen gel pack or frozen juice box. Of course, if there is a refrigerator available, store perishable items there upon arrival. Insulated, soft-sided lunch boxes or bags are best for keeping food cold, but metal or plastic lunch boxes and paper bags can also be used. If using paper lunch bags, create layers by double bagging to help insulate the food.

Some food is safe without a cold source. Items that don't require refrigeration include whole fruits and vegetables, hard cheese, unopened canned meat and fish, chips, breads, crackers, peanut butter, jelly, mustard, and pickles.

Keeping Hot Lunches Hot

Use an insulated container to keep food such as soup, chili and stew hot. Fill the container with boiling water, let stand for a few minutes, empty, and then put in the piping hot food. Keep the insulated container closed until

lunchtime to keep the food hot — 140°F or above.

For more information, visit the [USDA Food Safety and Inspection Service](#) (FSIS).

Complaint Process Questions and Answers

State law requires CCLD to investigate every complaint it receives. CCLD is not allowed to determine whether or not a complaint has merit without investigating it first.

Where Do Complaints Come From?

Anyone can file a complaint. Some complaints come from Child or Adult Protective Services, concerned neighbors, parents, local ombudsmen, or authorized representatives.

Do Licensees Get to Know Who Made the Complaint?

The person who files a complaint allegation may alternately be referred to as the reporting party or complainant. The reporting party has a right to remain anonymous, and CCLD cannot disclose a complainant's identity.

What Are “the Allegations”?

Allegations are what the reporting party says happened. Licensees will be told about the nature of the complaint; however, certain specific details may not be revealed until the investigation is concluded to ensure that the investigation is not compromised.

What Is CCLD’s Role During a Complaint Investigation?

Complaint investigations are typically conducted by the facility’s assigned LPA. However, CCLD also has sworn peace officers (Investigators), who may conduct an entire investigation involving certain types of allegations, or who may work with an LPA to conduct an investigation.

Understanding Complaint Findings

Findings are the conclusion that an LPA reaches about an allegation, after examining all of the evidence the LPA was able to obtain. Evidence includes interviews, documentation, and their own observations.

Terms to Know	Means
<i>Unfounded</i>	Means that the complaint is false, did not occur, or is without a reasonable basis.
<i>Inconclusive</i>	Means that the LPA cannot prove or disprove that the complaint occurred.
<i>Substantiated</i>	Means that based on the evidence that the LPA collected, the preponderance of evidence standard has been met.
<i>Preponderance of Evidence Standard</i>	Means that 51% of the evidence indicates that the allegation did occur. This is a lower level of evidence than is needed to convict someone in court (beyond a reasonable doubt).

Initial Visit

The CCLD must make a visit to the facility within ten days of receiving the complaint. The investigating personnel will inform the facility of the nature of the complaint, and often times will interview the administrator/licensee. The investigator or LPA may also request to interview other persons at the facility, including clients and staff. These interviews are confidential, and the administrator/licensee has no right to be present at the interview. Since the interviews are confidential, even after the complaint is completed, the investigator or LPA is unable to share what was said by each person that they interviewed. The investigator or LPA may also request or review documentation at this visit.

Administrator/licensees are required to comply with the investigator or LPA's requests.

Subsequent Interviews

The investigator or LPA may need to interview other person's or gather further evidence before making a decision; therefore they will often not close the complaint during the initial visit.

What Is the Licensee's Role During a Complaint Investigation?

Licensees have a responsibility to be cooperative and forthcoming during an investigation, including by providing all requested information in a timely manner and by providing and/or not interfering with interviews.

How Long Do LPAs Have to Close Complaints?

The CCLD would prefer that all complaints are closed within 90 days; however, due to circumstances out of the control of any individual LPA, CCLD does not always meet this timeline. Reasons for this can include that witnesses are unavailable or a police report or coroner's report is not complete. Since LPAs are required to attempt to perform all due diligence before closing out a case, this can also cause a delay in delivering findings.

What Is Meant by "Delivering Findings"?

"Delivering findings" occurs when CCL communicates the conclusions reached during the investigation to the licensee. Usually the LPA delivers the findings by presenting the report to the licensee at the facility. In some cases, a licensee may be asked to come to the Regional Office to receive the findings.

Why Don't LPAs Tell Licensees That They Are Coming To Deliver Findings?

LPAs cannot inform licensees of any pending visits, except for pre-licensing visits. Once a licensee has been licensed, all visits are mandated by law to be unannounced.

If the Allegation Is Substantiated, What Happens?

Depending on the seriousness of the situation, the licensee may have the opportunity to correct any deficiencies by developing a Plan of Correction (POC). The POC is the licensee's opportunity to correct the issue, and ensure it will not happen again. The POC is created by the facility, but if needed the LPA can help. The POC must be verifiable and clearly correct the deficiency that the facility was cited for. Due to this, POCs such as "Facility will appeal" or "Facility does not agree" are unacceptable. While a facility can disagree, and ask that this be recorded with the findings, the facility is obligated to correct the problem.

What Can a Licensee Do if the Licensee Does Not Agree With the Findings?

Licensees who do not agree with the findings have appeal rights. Reporting parties who disagree with the findings may discuss their concerns with the LPA, or the LPA's manager. The LPA's manager can only change an LPA's findings if the LPA did not accurately analyze the collected evidence, the regulation was incorrectly cited, or if new evidence is presented.

Is the Reporting Party Informed of Findings?

The reporting party should be informed of the findings after they have been delivered to the facility. The reporting party is usually informed via phone, but may request that findings are mailed to them.

Policy Reminder and Update

Medical Marijuana

In April 2016, CCLD Policy, Training and Certification Branch added information regarding medical marijuana to the Regulation Interpretations and Procedures for General Licensing Requirements (adult and senior facilities only), Adult Day Programs, Adult Residential Facilities, Residential Care Facilities for the Elderly and Residential Care Facilities for the Chronically Ill.

Under existing California law, the Compassionate Use Act of 1996 authorizes the use of marijuana for medical purposes. A physician's recommendation that a person's health would benefit from the use of marijuana in the treatment of a specified condition, or any other illness for which it provides relief is required. Therefore, medical marijuana in community care facilities is treated as a medication.

Medical marijuana comes in a variety of forms, including plant, tinctures and candies; it does not include Marinol, a prescription drug containing a synthetic form of tetrahydrocannabinol. Medical marijuana in



smoking form remains subject to the smoking restrictions in other laws and regulations (e.g. Health and Safety Code, Section 11362.785(a) and 11362.79).

If a client/resident possesses marijuana which has been recommended by a licensed physician for medicinal use and the facility complies with applicable regulations regarding the storage, administration, and documentation of such medication, then there is no violation with regard to such possession,

storage and use of marijuana by the client/resident.

Licensees for adult and senior residential care facilities or adult day programs shall ensure that no dangers or safety hazards are present related to any medical marijuana maintained or stored at the facility. If centrally stored, medical marijuana shall be stored under the same requirements as other medications. Information specified in the client/resident's records relating to the storage of medical marijuana shall contain as much information as is provided by the recommending physician.

For more information please see the Regulation Interpretations and Procedures as noted above at <http://cclcd.ca.gov/PG546.htm>.

Summer is Fire Season

Despite the recent rains, California is still experiencing drought conditions. This increases the risk for fire dangers. Check the exterior of your facility. Ensure trees are trimmed and vegetation does not touch the building. Remove dry brush and dead plants or trees from the property. If you are ordered to evacuate, do so immediately. Notify CCLD as soon as possible.

The CCLD tracks fires that may pose a danger to our facilities on a seven day a week, 24-hour basis. By notifying us if you have to relocate, we can assist you to ensure that your residents and children are safe and get the services they need.

Drowning Prevention

Drowning Prevention is most effective with a “layers of protection” approach:

- Never leave a resident alone near water, even for a few seconds;
- A supervising staff should be present at all times when the pool is in use;
- All collections of water are dangerous including bathtubs, buckets, toilets, ponds, spas, swimming pools, and natural water sites;
- Swimming pools should have fences, alarms, and drains that meet regulations;
- Pool gates should be self-latching, opening outward;
- Keep reaching and throwing aids near a swimming pool;
- Caregivers should know how to perform rescue techniques and strategies to respond in an emergency;
- If a resident is missing, check the pool first.

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

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.

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