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

Recently, California experienced some severe weather conditions that affected multiple facilities across the state. When disasters strike, the Community Care Licensing Division (CCLD) works very closely with the California Office of Emergency Services to report the status of each facility impacted during emergencies. The Regional Offices also work very closely with local Emergency Management Service (EMS) providers to ensure all impacted residents in our facilities are monitored. In order for the CCLD Adult and Senior Care Program to report timely and effectively, it is vital that licensees remember their mandated reporting requirements. On that note, the Adult and Senior Care Program would like to remind its licensees of a few requirements as well as helpful information that you can provide when an emergency strikes.

When developing your Emergency Disaster Plan, please note that licensees are responsible for preparing transportation arrangements in order to relocate residents to safety. This may require planning for the transportation of all residents in a timely manner during a mandatory evacuation. It may not be possible to make multiple trips in order to relocate individuals, so ensuring you have enough transportation as part of your plan is

vital. In addition, it is critical that you have sufficient supervision of residents during an evacuation or relocation, and have a way to contact your Regional Office to notify them where residents will be, or have recently relocated. The final piece of mandated reporting during an emergency is to alert your Regional Office when residents return to the facility or have been relocated to other facilities if the facility is in disrepair or condemned.

Although licensees are not required to report the census of the relocated residents daily, it is extremely helpful during an extended emergency, or one that covers a large population, to know the census and ambulatory status as CCLD reports this information to EMS daily. Moreover, local EMS providers utilize this information to manage the disaster response for their territories.

Providing this information daily and knowing what you need to report to the Regional Office, will not only help the Adult and Senior Care Program, but also state and local EMS as they oversee all impacted residents through an emergency. We hope with this reminder, we can all collaborate to ensure the health and safety of our residents in the event of a disaster.

Adult and Senior Care Regional Office Updates

Vivien Helbling

Vivien promoted to Licensing Program Manager (LPM) II in CCLD, San Bruno Adult and Senior Care Regional Office, effective December 23, 2016. Prior to this appointment, Ms. Helbling served as an LPM I at the San Bruno Adult and Senior Care Regional Office since 2014. She worked as an LPM I at the Oakland Adult Program in 2010 and went back to work as a Licensing Program Analyst (LPA) at the San Bruno Senior Care Program in 2011. Prior to that, Ms. Helbling worked as an LPA in the Peninsula Child Care District Office and the Adult and Senior Care Program Regional Office in San Bruno from 1996-2014. She also served as Office Assistant from 1989-1993 and Office Technician from 1994-1996 at the San Bruno Adult and Senior Care Office. Ms. Helbling earned a Bachelor of Science degree in Commerce from the University of Santo Tomas, Manila, Philippines in March, 1982.

Benita Yates

Benita promoted to Licensing Program Manager (LPM) II in CCLD, proposed El Segundo Adult and Senior Care Regional Office, effective January 17, 2017. Prior to this appointment, Ms. Yates served as an LPM I in the Monterey Park Adult and Senior Care Regional Office since 2009; as a Licensing Program Analyst (LPA) in the Adult Care Program in Monterey Park from 2002-2009; and as an LPA in the Children's Residential Program in Culver City from 2000-2002. She also served as Office Assistant with CCLD from 1997-1999 in Culver City.

Joel Esquivel

Joel promoted to Licensing Program Manager (LPM) I at CCLD, Riverside Adult and Senior Care Regional Office, effective February 1, 2017. Prior to this appointment, Joel served as a Licensing Program Analyst at the Riverside Adult and Senior Care Regional Office since 2007; as a Correctional Case Records Analyst with the California Department of Corrections and Rehabilitation, at the California Rehabilitation Center located in Norco from 2006-2007; as a Secretary at the California Rehabilitation Center from 2008-2009; and as an Office Assistant and Office Technician at the California Institution for Men in Chino from 2004-2006. He also earned a Bachelor's Degree in Liberal Studies from the CA State University San Bernardino in 2007.

Renee Kurjiaka

Renee has been hired as the Staff Services Manager II for the Quality Assurance, Advocacy & Technical Support Bureau (QAATS) within CCLD effective February 21, 2017. Renee is coming from the Department of Developmental Services (DDS), where she was Chief of the Quality Management Section. She brings over 16 years of extensive managerial experience in leading dynamic teams in the development and coordination of complex programs. She is committed to

continuing the strong working relationships established at CCLD while utilizing her vast knowledge of implementing continuous quality improvement procedures to assure valid and reliable resources are efficiently utilized.

Quang David Diep

Quang promoted to Staff Services Manager (SSM) I in the Community Care Licensing Division, Adult and Senior Care Program, Administration Unit effective

March 24, 2017. Prior to this appointment, David served as a Research Analyst with the Department of Social Services, Child Welfare Data Analysis Bureau since September 2016 and as an Associate Governmental Program Analyst in Adult and Senior Care Program from May 2016 through September 2016. He earned a Bachelor's Degree in Business Management from Metro State University in 2009.

New System News: Update

The Child Welfare Digital Services (CWDS) maintains and operates the current Child Welfare Services/Case Management System (CWS/CMS) and is developing the Child Welfare Services-New System (CWS-NS). CWS-NS will replace and improve upon a set of key digital services currently provided by the CWS/CMS, Licensing Information System (LIS), and Field Automation System (FAS), collectively referred to as "legacy systems."

One of these digital services is the Certification, Approval, and Licensing Services (CALS), which will provide an integrated, statewide Resource Family Home approval system for counties and a facility licensing system for the Community Care Licensing Division's Children's Residential Program (CRP). While CALS will be developed with CRP specifically in mind, it is being built in a way to allow later customization for Adult and Senior Care, Child Care Licensing, and Home Care Services' needs as well.

On January 5, 2017 the state executed a contract with Cambria Solutions, Inc. as the CALS Design and Development Team. On January 24, the CWDS CALS Business Team hosted a four-day onboarding session with Cambria Solutions and subject matter experts

from five counties (Los Angeles, Orange, San Francisco, San Joaquin, and San Mateo), and three CCLD Regional Offices (Culver City, Monterey Park, and San Jose). This was a unique opportunity for the participants to get to know one another in person, to receive information on the core strategies needed, and to develop a strong common vision to take on the exciting work that lies ahead. In February, the Design and Development team visited several counties and CCLD field offices, including Natomas, Monterey Park, and Culver City to research users' needs for a new system and pain points in the use of existing systems. This important work includes the shadowing of staff as they carry out their office and field assignments, including the way they navigate the legacy systems, plus manual and external systems. This research will continue throughout the spring, but thanks to the wonderfully organized visits which have been made already, an initial roadmap for how to approach meeting users' needs is starting to emerge.

We continue to need your participation, as user research and testing activities are critical to understanding what features we need next in the New System. It is this continuous process of research, feedback, testing, and incremental development that will give the estimated

25,000 users statewide a system which far surpasses what is available today by way of innovation, field-relevance, completeness, and intuitive user interface experience.

We are currently working on a Proof of Concept to display a facility profile. This first step is to show that data can be integrated from multiple systems. It is the building block upon which the first feature, based on the synthesis of user research and ongoing collaborative meetings, will be built.

All of the CWDS CALS Team can be reached directly at CWDSCALS@osi.ca.gov.

Please do not hesitate to send in questions or share your insights about what you need in a new facility licensing system.

More information about the progress, scope, and vision for CALS development, and all of the CWS-NS digital services can be found at the following website: https://cwds.ca.gov/

- Stay informed: Subscribe to mail list.
- "Dashboard" has links to each team's work.
- "For Stakeholders" has links to Events including the Monthly Solutions Demos, Quarterly Stakeholder Forums, Reports, and much more.
- Choose the social media options at the bottom of any page to view and follow CWDS updates including Facebook, Twitter, LinkedIn, YouTube, and GitHub

Program Clinical Consultant Corner – Change of Condition Pressure Injuries

The facility staff shall ensure that residents with Pressure Injuries (Pressure Ulcers, Pressure Sores…) are regularly observed for changes and that appropriate assistance is provided when such observation reveals unmet needs. When changes in Pressure Injuries (PI) are observed, the facility staff shall ensure that such changes are documented and brought to the attention of the resident's physician and the resident's responsible person. If the resident is under the care of a home health agency, they too must be notified.

Facility staff might observe the following that could indicate a PI Change of Condition:
- Increased drainage on or from the PI dressing.
- The color of the drainage has changed and/or increased.
- Presence of odor on the PI dressing and/or drainage.

- Increased redness, warmth, and swelling around the PI dressing site.
- Pain, if present, has increased.

Question: Although not limited to these examples, could the following be indicative of PI Change of Conditions?
1. A staff member is giving personnel care to a resident. The staff member observes that the PI dressing is wet with some foul smelling drainage.
2. A staff member assisting a resident to the bathroom observes that the skin around the PI dressing is red.
3. A resident has a PI on her left hip. A staff member was transferring the resident from her wheelchair to her bed. The resident stated "Ouch, ouch, my (left) hip is hurting more where the sore is!"

Answer: Yes, the above examples could be PI Changes of Condition. Have the changes been documented and brought to the attention of the resident's physician and the resident's

responsible person? If the resident is under care of a home health agency how are they working with the facility to provide services for the PI?

PIs affect the quality of life of our residents. There are many ways a resident can be negatively affected by PIs. PIs could:

- Restrict movement related to the location of the PI and create difficulties with ambulation.
- Cause pain and sleeplessness and inability to assume comfortable positions.
- Create changes to body image.
- Restrict social life, contributing to social isolation.

- Interfere with participation in activities and activities of daily living,
- Cause a loss of appetite.
- Create the feeling of powerlessness and additional emotional problems such as low mood, hopelessness, and anger.

References:
1. "Impact of Pressure Ulcers on Quality of Life in Older Patients: A Systemic Review" in the Journal of the American Geriatric Society 57(7):1175-83
2. http://mayoclinic.org/diseases-conditions/bedsores/basics/risk-factors/con-20030848
3. CCR, Title 22 §§ 87466, 87631, 87612 and 87615

Most Commonly Cited Deficiencies for 2016

The Most Commonly Cited Deficiencies for 2016 is now available on our website and can be viewed at the following link: http://www.cdss.ca.gov/inforesources/Community-Care/Self-Assessment-Guides-and-Key-Indicator-Tools/Most-Commonly-Cited-Deficiencies

Return to Annual Facility Inspections

Over the last several years, California's budget situation led to the reduced frequency of inspections of RCFEs and ARFs. The Department of Social Services implemented a random sample system for conducting annual inspections. The Department was required to inspect a facility no less than once every five years. New requirements for incrementally increasing inspections will be implemented over the next few years.

- On and after January 1, 2017 and until January 1 2018 the Department will

conduct unannounced inspections no less than once every three years.
- On and after January 1, 2018 and until January 1, 2019 the Department will conduct unannounced inspections no less than once every two years.
- On and after January 1, 2019 the Department will conduct annual unannounced inspections of **all** RCFEs, RCF-CIs and ARFs.

The Department will continue to conduct annual inspections for facilities under the following qualifying conditions:

- When a facility has a probationary license,

- When the terms of agreement in a facility compliance plan require an annual inspection,
- When an accusation against a licensee is pending,
- When a facility requires an annual inspection as a condition of receiving federal financial participation, or

- In order to verify that a person who has been ordered out of a facility by the Department is no longer at the facility.

Progress is being made in many regional offices to conduct annual inspections for all facilities prior to the 2019 deadline. For specific requirements click the link to Health & Safety Code §1569.33 §1534 and §1568.07.

Create a Healthy Eating Plan

A healthy eating plan may help individuals with medical conditions affecting blood sugar levels. This includes eating the healthiest foods in moderate amounts and sticking to regular mealtimes. A healthy eating plan is one that is naturally rich in nutrients and low in fat and calories. Key elements are fresh fruits, vegetables and whole grains. In fact, a diabetic diet is the best eating plan for most everyone.

A healthy eating plan may help to control blood sugar (glucose), manage weight and control risk factors for heart disease, such as high blood pressure and high blood fats.

If blood glucose isn't kept in check, it can lead to serious problems, such as a dangerously high blood glucose level (hyperglycemia) and long-term complications, such as nerve, kidney and heart damage.

Blood glucose levels can be kept in a safe range by making healthy food choices and tracking eating habits.

For most people with Type 2 diabetes, weight loss also can make it easier to control blood glucose and offers a host of other health benefits.

A healthy eating plan is based on eating three meals a day at regular times. This helps the body to better use the insulin it produces or gets through a medication.

Recommended Foods
Make calories count with these nutritious foods:

- **Healthy carbohydrates.** During digestion, sugars (simple carbohydrates) and starches (complex carbohydrates) break down into blood glucose. Focus on the healthiest carbohydrates, such as fruits, vegetables, whole grains, legumes (beans, peas and lentils) and low-fat dairy products.
- **Fiber-rich foods.** Dietary fiber includes all parts of plant foods that the body can't digest or absorb. Fiber moderates how the body digests and helps control blood sugar levels. Foods high in fiber include vegetables, fruits, nuts, legumes (beans, peas and lentils), whole-wheat flour and wheat bran.
- **Heart-healthy fish.** Eat heart-healthy fish at least twice a week. Fish can be a good alternative to high-fat meats. For example, cod, tuna and halibut have less total fat, saturated fat and cholesterol than do meat and poultry. Fish such as salmon, mackerel, tuna, sardines and bluefish are rich in Omega-3 fatty acids, which promote heart health by lowering blood fats called triglycerides. Avoid fried fish and fish with high levels of mercury, such as tilefish, swordfish and king mackerel.
- **"Good" fats.** Foods containing monounsaturated and polyunsaturated fats can help lower cholesterol levels. These include avocados, almonds, pecans,

walnuts, olives, along with canola, olive and peanut oils. But don't overdo it, as all fats are high in calories.

Foods to Avoid

Diabetes increases the risk of heart disease and stroke by accelerating the development of clogged and hardened arteries. Foods containing the following can work against your goal of a heart-healthy diet:

- **Saturated fats.** High-fat dairy products and animal proteins such as beef, hot dogs, sausage and bacon contain saturated fats. Limit your daily calories from saturated fat to less than seven percent.
- **Trans fats.** These types of fats are found in processed snacks, baked goods, shortening and stick margarines. Avoid these items.
- **Cholesterol.** Sources of cholesterol include high-fat dairy products and high-fat animal proteins, egg yolks, liver, and other organ meats. Aim for no more than 200 milligrams (mg) of cholesterol a day.
- **Sodium.** Aim for less than 2,300 mg of sodium a day.

Creating a Plan

A few different approaches to creating a healthy eating plan are available to help keep blood glucose levels within a normal range. The facility can consult with a dietitian and the resident's physician to help find one or a combination of the following methods that work for residents at the facility:

- **The plate method.** The American Diabetes Association offers a simple seven-step method of meal planning. In essence, it focuses on eating more vegetables. When preparing a plate, fill one-half of it with non-starchy vegetables, such as spinach, carrots and tomatoes. Fill one-quarter with a protein, such as tuna or lean pork. Fill the last quarter with a whole-grain item or starchy food. Add a serving of fruit or dairy and a drink of water or unsweetened tea or coffee.
- **Counting carbohydrates.** Because carbohydrates break down into glucose, they have the greatest impact on blood glucose level. To help control blood sugar, eat about the same amount of carbohydrates each day, at regular intervals, especially if diabetes medications or insulin are taken.

  A dietitian can assist the facility to measure food portions and become an educated reader of food labels, paying special attention to serving size and carbohydrate content.
- **The exchange lists system.** A dietitian may recommend using food exchange lists to help you plan meals and snacks. The lists are organized by categories, such as carbohydrates, protein sources and fats.

  One serving in a category is called a "choice." A food choice has about the same amount of carbohydrates, protein, fat and calories — and the same effect on the blood glucose — as a serving of every other food in that same category. So, for example, you could choose to eat half of a large ear of corn or 1/3 cup of cooked pasta for one starch choice.
- **Glycemic index.** Some people who have diabetes use the glycemic index to select foods, especially carbohydrates. This method ranks carbohydrate-containing foods based on their effect on blood glucose levels. Talk with a dietitian about whether this method might work at the facility. Follow this link for more information on glycemic index.
  http://www.diabetes.org/food-and-fitness/food/what-can-i-eat/understanding-carbohydrates/glycemic-index-and-diabetes.html

Results

Embracing a healthy-eating plan is the best way to keep blood glucose levels under control and prevent diabetes complications. Aside from managing diabetes, a diabetic diet offers other benefits, too. Because a diabetic diet recommends generous amounts of fruits, vegetables and fiber, following it is likely to reduce your risk of cardiovascular diseases and certain types of cancer. Consuming low-fat dairy products can reduce the risk of low bone mass in the future.

Risks/Benefits

It is important to partner with a doctor and dietitian to create an eating plan that works. Use healthy foods, portion control and scheduling to manage blood glucose levels. If residents stray from the prescribed diet, they run the risk of fluctuating blood sugar levels and more-serious complications. Following a healthy eating plan has many added side effects such as reduced dependence on medication and leveling of blood sugar levels. Another benefit may be having a better mood throughout the day, more energy, along with an overall sense of well-being and inner peace. Simple changes in the diet of your residents may assist the overall operation of the facility.

For more information on healthy diets, see the links below.

- Recipes for Healthy Living
- Living well with Diabetes

Department of Social Services New Website

We are excited to announce that the Department of Social Services new and refreshed website has gone live. We encourage everyone to visit and explore the new website which showcases our full spectrum of services. The updated site includes dropdown menus for easier navigation. We've also improved the formatting of our contents, so you'll get more from a quick read. There is a whole host of smaller but impactful changes, all to provide you with a better experience.

When we started the project, we had big ideas, from updating the Department's messaging to helping users get from one place to the next without skipping our most important content. Our solution included adding new icons to help select the areas of interest. We have also incorporated new graphics and included a few updates that have made the site easier to use.

We hope you like the changes. If you have any feedback, please let us know by sending an e-mail to cclwebmaster@dss.ca.gov

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

Centralized Application Unit Website: http://www.ccld.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