

ACTION REQUIRED

ASSEMBLY BILL 1570 (Chesbro) Chapter 698, Statutes of 2014

SENATE BILL 911 (Block) Chapter 705, Statutes of 2014

These bills become effective January 1, 2016.

Affects: Residential Care Facilities for the Elderly

Subject: Residential care facilities for the elderly

Summary: [Assembly Bill \(AB\) 1570](#) and [Senate Bill \(SB\) 911](#) amended, repealed, and added various sections of the Health and Safety Code related to administrator certification and direct care staff training.

[SB 911](#) added sections of the Health and Safety Code related to prohibition on discrimination and retaliation for dialing or calling 9-1-1 and to restricted and prohibited health conditions and care.

AB 1570 and SB 911 increase training hour and topic requirements and enhance training methods for applicants for licensure, administrators, and direct care staff in Residential Care Facilities for the Elderly (RCFEs). They also enhance administrator certification requirements for applicants for licensure and administrators.

SB 911 prohibits licensees of RCFEs from discriminating or retaliating against a resident, employee, or other person for contacting 911. It also requires licensees providing care to residents with prohibited or restricted health conditions to ensure that care is provided by specified professionals under specified conditions.

The Implementation Plan for AB 1570 and SB 911 has been combined into one plan for ease of reference. This document is structured as follows:

| Topic | Audience |
|--|--|
| Administrator Certification Requirements | Licensees Vendors Licensing Program Analysts |
| Direct Care Staff Training Requirements | Licensees Licensing Program Analysts |
| Prohibition on Discrimination and Retaliation for Dialing or Calling 9-1-1 | |
| Restricted and Prohibited Health Conditions and Care | |

IMPLEMENTATION

Licensees must ensure that they comply with the requirements of the new law as well as continue to comply with the requirements of the California Code of Regulations (CCR), Title 22, RCFE and previously enacted law that are not changed by the new law and continue to apply.

The California Department of Social Services (CDSS) Community Care Licensing Division (CCLD) will also develop regulations and update policies and procedures.

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ADMINISTRATOR CERTIFICATION REQUIREMENTS

SECTION A1: LICENSEES

OVERVIEW

New Applicants

Prospective Licensees

If an applicant has never been licensed to operate a California RCFE, the applicant is required to meet new initial administrator certification requirements that include an increase in both training hours and exam questions.

Existing Licensees

- If an applicant for a new license, who is also an existing licensee, is required to meet initial administrator certification requirements that include an increase in both training hours and exam questions unless the applicant has:
 - Initial licensure prior to July 1, 1989, or
 - Successfully completed an approved certification program within the prior five (5) years, regardless if the licensee has met continuing education requirements to keep the certificate valid.

All Applicants

There has been no change to Health and Safety Code section [1569.23](#) which states:

If an applicant is a firm, partnership, association, or corporation, the chief executive officer, or other person serving in a like capacity, or the designated administrator of the facility, shall provide evidence of successfully completing an approved certification program.

Existing Certified Administrators

RCFE licensees who are also administrators and RCFE administrators certified prior to December 31, 2015, are not required to complete the new eighty (80)-hour Initial Certification Training Program (ICTP).

REQUIREMENTS

Initial Certification

Effective January 1, 2016, applicants for RCFE licensure and prospective certified RCFE administrators must complete an ICTP as defined in Health and Safety Code sections [1569.23](#) and [1569.616](#) that consists of the following:¹

- Completing a CDSS-approved eighty (80)-hour ICTP, sixty (60) hours of which must be attended in person.
- A state-developed and administered examination that consists of no less than one hundred (100) questions based on the uniform Core of Knowledge (CoK) required for administrators.

Applicants for RCFE licensure and prospective certified RCFE administrators must complete coursework in the uniform CoK that has been updated in scope and topic to comply with Health and Safety Code sections [1569.23](#) and [1569.616](#).

The new and/or revised topics for administrator certification include:

- Medication management; including antipsychotics, and the adverse effects of psychotropic drugs for use in controlling the behavior of persons with dementia.
- Managing Alzheimer's disease and related dementias; including nonpharmacologic, person-centered approaches to dementia care.
- Managing the physical environment; including maintenance and housekeeping.
- Residents' rights, and the importance of initial and ongoing training for all staff to ensure residents' rights are fully respected and implemented.
- Cultural competency and sensitivity in issues relating to the underserved, aging, lesbian, gay, bisexual, and transgender community².
- Postural supports, restricted health conditions, and hospice care.

A sample of the updated CoK is available for review on the CDSS CCLD Administrator Certification Section webpage.

Documentation of Certification and Transfer of Certification to Another RCFE

Licensees must continue to maintain documentation that administrators have met certification requirements as specified in CCR, Title 22, sections [87406](#) and [87407](#), as specified in CCR, Title 22, section [87412](#).

¹Prior to January 1, 2016, some hyperlinks to statute may provide a screen that shows links to both old and new versions of statute. The old version of statute can be accessed by clicking on "(Amended by...)" The new version of statute can be accessed by clicking on "(Repealed (in...) and added by...)."

²The requirement to receive training on cultural competency and sensitivity has been a requirement for prospective administrators in Health and Safety Code section [1569.616](#). This requirement now also applies to applicants for licensure as specified in Health and Safety Code section [1569.23](#).

Licensees that meet new initial administrator certification requirements and apply for a new license to operate another RCFE can transfer their certification to another licensed RCFE, provided no more than five (5) years have passed since the date of their certification. After five (5) years, licensees that apply for a new license to operate another RCFE will need to repeat initial administrator certification. This certification requirement for licensees applies even if the licensee has kept their administrator certification current.

If they have met certification requirements as specified in CCR, Title 22, sections [87406](#) and [87407](#), administrators may transfer their certification from one licensed RCFE to another licensed RCFE, regardless of the date of their certification.

ADMINISTRATOR CERTIFICATION REQUIREMENTS

SECTION A2: VENDORS

OVERVIEW

Effective **January 1, 2016**, a RCFE ICTP must:

- consist of eighty (80) hours of coursework, at least sixty (60) hours of which, must be attended in person; and
- be approved by the CDSS.

All CDSS previously approved 40 (forty)-hour RCFE ICTPs expire **December 31, 2015**.

For the most current information on Administrator Certification activities, requirements, and forms, please see the CDSS CCLD Administrator Certification Section webpage.

ADMINISTRATOR CERTIFICATION REQUIREMENTS

SECTION A3: LICENSING PROGRAM ANALYSTS

OVERVIEW

Effective **January 1, 2016**, a RCFE ICTP must:

- consist of eighty (80) hours of coursework, at least sixty (60) hours of which, must be attended in person; and
- be approved by the CDSS.

All CDSS previously approved 40 (forty)-hour RCFE ICTPs expire **December 31, 2015**.

REQUIREMENTS

Central Application Unit

Licensing Program Analysts working in the Central Application Unit should ensure that applicants for new RCFE licensure meet new initial administrator certification requirements effective on January 1, 2016.

Review of Administrator Training Records

Licensing Program Analysts should review administrator training records to confirm that administrators have current and valid proof of certification that they have met certification requirements effective through December 31, 2015, or effective on January 1, 2016.

Citation from Existing Regulations

Licensing Program Analysts shall continue to cite from existing applicable regulations when administrators are found to not have current and valid proof of certification in administrator training records.

Reminder to Licensees

If an administrator's current and valid proof of certification is about to expire, Licensing Program Analysts should remind licensees that the administrator must renew their certification.

DIRECT CARE STAFF TRAINING REQUIREMENTS

SECTION B1: LICENSEES

OVERVIEW

Effective **January 1, 2016**, RCFE licensees must ensure that they meet initial and annual training requirements that include new:

- Required initial and annual training time and training topics for all RCFE general direct care staff.
- For all RCFE direct care staff assisting residents with self-administration of medication, additional required initial and annual training time and training topic.
- For licensees that employ licensed or certified medical professionals, orientation, initial, and annual training requirements.

Licensees may permit RCFE general direct care staff and direct care staff assisting residents with self-administration of medication who start, but do not complete, initial or annual training **on or before December 31, 2015**, to count prior training towards new initial or annual training requirements.

Licensees must ensure that RCFE general direct care staff and direct care staff assisting residents with self-administration of medication who have started the existing initial or annual training complete training **on or before December 31, 2015** for laws and regulations effective in 2015 to apply. Licensees must ensure that all direct care staff who start initial training or are due for annual training **on or after January 1, 2016**, meet new initial or annual training requirements.

NOTE: The term “direct care staff” refers to staff that are not licensed or certified medical professionals, unless noted otherwise.

REQUIREMENTS

Updated Plan of Operation and Staff Training Plan

To meet the requirements of new law, the CCLD will require licensees to revise their plans of operation and staff training plans as necessary by January 1, 2016, to address the new law. Plans of operation must reflect that staff training plans have been updated to address new training requirements for direct care staff. Staff training plans must reflect new training requirements.

Licensees must send copies of their revised plans of operation and staff training plans to their Regional Offices for approval as currently required by CCR, Title 22, section

[87208\(a\)\(5\) and \(6\)](#).³ Although approval may be pending, licensees will be required to be in compliance with new law as of January 1, 2016. On an ongoing basis, licensees will only need to send copies of their revised training plans to their Regional Offices.

General Direct Care Staff Who Are Not Licensed or Certified Medical Professionals

Initial General Training

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 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 when a training topic is taught. 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 and 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 should be based on the needs of residents in a RCFE, what staff need to know before and while working with residents, and the needs of a RCFE.

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

³When viewing hyperlinks to regulations from the CCLD website in Adobe Acrobat Reader, it is necessary to search for the appropriate section of regulations by either: 1) clicking on the “Edit” tab, then clicking on “Find” to search for the section in the linked pages, or 2) scrolling through the linked pages to find the section. For greater ease of use, the CDSS CCLD has provided direct hyperlinks to the Westlaw/Barclays version of the California Code of Regulations in this Implementation Plan.

| 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 medication* | 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.

Annual General Training

Licensees must ensure that all RCFE general direct care staff complete twenty (20) hours of annual training on the general, or core curriculum, as specified in Health and Safety Code section [1569.625](#). The total required hours of training must include:

- (1) eight (8) hours of training on dementia care, as required by Health and Safety Code section [1569.626](#); and
- (2) four (4) hours of training on postural supports, restricted health conditions, and hospice care, as required by Health and Safety Code section [1569.696](#).

The remaining eight (8) hours of annual training can be in any of the topics required for initial training, at the discretion of licensees.

Documentation of Training and Transfer of Training to Another RCFE

Licensees must maintain documentation that all RCFE general direct care staff completed initial and annual general, or core curriculum, training on the topics required by new law and existing regulations in the personnel records for direct care staff required by CCR, Title 22, section [87412](#).

Certain initial and annual general, or core curriculum, training topics can be portable, or transferred to, another RCFE. The hiring licensee has discretion on whether to accept training records for certain initial and annual training topics or provide training. Licensees that accept transfer of training must have documentation that RCFE general direct care staff successfully completed initial and annual training, determine whether the training meets the requirements and needs of their facilities, and document the training as being acceptable for their facilities.

The following initial and annual general, or core curriculum, training topics can be transferred to another RCFE with appropriate documentation:

- Cultural competency.
- Personal care services.
- Physical limitations and needs of the elderly.
- Psychosocial needs of the elderly.
- Residents' rights.
- Postural supports, restricted health conditions and hospice care, if initial or annual training is general and not resident-specific.

Licensees may not accept transfer of, and must have RCFE general direct care staff repeat, initial and annual training on the following general, or core curriculum, training topics:

- Building and fire safety and appropriate response to emergencies.
- Dementia care, as required by CCR, Title 22, section [87707\(a\)\(1\)\(A\)](#).
- Medication training, as required by Health and Safety Code section [1569.69\(a\)\(8\)](#).

Licensees may be part of joint ownership or joint management and use the same training plan at all of their RCFEs. In this situation, all initial and annual general, or core curriculum, training topics are portable between connected facilities. The exception to this is training on building and fire safety and appropriate response to emergencies, which may vary among facilities.

Direct Care Staff Who Are Not Licensed or Certified Medical Professionals Assisting Residents with Self-Administration of Medication

Initial Medication Training

In RCFEs licensed to provide care for fifteen (15) or fewer residents, licensees must ensure that all direct care staff assigned to assist residents with self-administration of medication complete ten (10) hours of initial training as specified in Health and Safety Code section [1569.69](#). This training must consist of:

- (1) six (6) hours of hands-on training, to be completed before assisting residents with self-administration of medication; and
- (2) four (4) hours of other training or instruction, to be completed within the first two (2) weeks of employment.

In RCFEs licensed to provide care for sixteen (16) or more residents, licensees must ensure that all direct care staff assigned to assist residents with self-administration of medication complete twenty-four (24) hours of initial training as specified in Health and Safety Code section [1569.69](#). This training must consist of:

- (1) sixteen (16) hours of hands-on training, to be completed before assisting residents with self-administration of medication; and
- (2) eight (8) hours of other training or instruction, to be completed within the first four (4) weeks of employment.

Direct care staff must complete training on the medication topics specified in Health and Safety Code section [1569.69](#). This law has been updated to include antipsychotic and psychotropic medication.

Annual Medication Training

Licensees must ensure that all RCFE direct care staff assigned to assist residents with self-administration of medication complete eight (8) hours of annual training on the training topics specified in Health and Safety Code section [1569.69](#).

Documentation of Training and Transfer of Training to Another RCFE

Licensees must maintain documentation that all RCFE direct care staff assigned to assist residents with self-administration of medication completed initial and annual medication training required by new law and existing regulations in the personnel records for direct care staff required by CCR, Title 22, section [87412](#).

Licensees may not accept transfer of, and must have RCFE direct care staff assigned to assist residents with self-administration of medication repeat, initial and annual medication training, as required by Health and Safety Code section [1569.69\(a\)\(8\)](#).

Licensees may be part of joint ownership or joint management and use the same training plan at all of their RCFEs. In this situation, all initial and annual medication training topics are portable between connected facilities.

Licensed or Certified Medical Professionals⁴

Facility-Specific Orientation

Licensees must ensure that all RCFE direct care staff with currently valid licenses or certificates as licensed vocational nurses (LVNs), registered nurses (RNs), or certified nurse assistants (CNAs) complete eight (8) hours of facility-specific orientation on the following topics specified in Health and Safety Code section [1569.625](#) before providing direct care to residents:

- Resident characteristics.
- Resident records.
- Facility practices and procedures prior to providing direct care to residents.

Initial General Training

Licensees must also ensure that all CNAs working as direct care staff in RCFEs complete twelve (12) hours of initial general, or core curriculum, training on dementia care, as required by Health and Safety Code section [1569.625](#).

Annual General Training

Licensees must ensure that all CNAs working as direct care staff in RCFEs also complete the annual general, or core curriculum, training required for all general direct care staff in Health and Safety Code section [1569.625](#).⁵

Documentation of Training and Transfer of Training to Another RCFE

Licensees must maintain documentation that all RCFE direct care staff who are licensed or certified medical professionals completed facility-specific orientation and required initial and annual general, or core curriculum, training on the topics required by new law in the personnel records for direct care staff required by CCR, Title 22, section [87412](#).

Licensees may not permit RCFE direct care staff who are licensed or certified medical professionals to transfer completion of their facility-specific orientation from one licensed RCFE to another licensed RCFE.

⁴These direct care staff, which include paraprofessional CNAs and licensed professionals, i.e., LVNs and RNs, must also comply with their respective licensing and certification requirements.

⁵The specific requirement to receive training on building and fire safety and the appropriate response to emergencies does not apply to CNAs on and after January 1, 2016. Although not required by new law, licensees are encouraged to include CNAs, as well as LVNs and RNs, in training on this topic received by other direct care staff.

Licensees may not accept transfer of, and must have RCFE direct care staff who are CNAs repeat, initial training on dementia care, as required by CCR, Title 22, section [87707\(a\)\(1\)\(A\)](#).

Certain general, or core curriculum, training topics to be taken as annual training by direct care staff who are CNAs, can be portable, or transferred to, another RCFE. The hiring licensee has discretion on whether to accept training records for certain annual training topics or provide training. Licensees that accept transfer of training must have documentation that direct care staff who are CNAs successfully completed initial and annual training, determine whether the training meets the requirements and needs of their facilities, and document the training as being acceptable for their facilities.

The following general, or core curriculum, training topics addressed in annual training taken by direct care staff who are CNAs can be transferred to another RCFE with appropriate documentation:

- Cultural competency.
- Personal care services.
- Physical limitations and needs of the elderly.
- Psychosocial needs of the elderly.
- Residents' rights.
- Postural supports, restricted health conditions and hospice care, if annual training is general and not resident-specific.

Licensees may be part of joint ownership or joint management and use the same training plan at all of their RCFEs. In this situation, all initial and annual general, or core curriculum, training topics that apply to direct care staff who are CNAs are portable between connected facilities. The exception to this is training on building and fire safety and appropriate response to emergencies, which may vary among buildings in facilities that are connected.

DIRECT CARE STAFF TRAINING REQUIREMENTS

SECTION B2: LICENSING PROGRAM ANALYSTS

OVERVIEW

Effective **January 1, 2016**, RCFE licensees are required to ensure that they meet initial and annual training requirements that include new:

- Required initial and annual training time for all RCFE general direct care staff who are not licensed or certified medical professionals.
 - Forty (40) hours of initial training on a general, or core curriculum, divided into two (2) phases:
 - (1) initial twenty (20) hours, which must be completed before working independently with residents, with the total required hours to include six (6) hours of training on dementia care and four (4) hours of training on postural supports, restricted health conditions, and hospice care.
 - (2) remaining 20 hours, which must be completed within the first four (4) weeks of employment, with the total required hours to include six (6) hours of training on dementia care.
 - Sixteen (16) hours of hands-on training must be completed as part of initial training, with timing of these hours at licensee discretion, within the first four (4) weeks of employment.
 - Twenty (20) hours of annual training on the general, or core curriculum, with the total required hours to include:
 - (1) eight (8) hours of training on dementia care; and
 - (2) four (4) hours of training on postural supports, restricted health conditions, and hospice care.
- Training topics.
 - Cultural competency.
 - Dementia care.
 - Building and fire safety and appropriate response to emergencies.
 - Antipsychotic and psychotropic medication.*
 - Postural supports, restricted health conditions, and hospice care.

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

- For all RCFE direct care staff who are not licensed or certified medical professionals assisting residents with self-administration of medication, additional required initial and annual training time.
 - In RCFEs licensed to provide care for fifteen (15) or fewer residents, ten (10) hours of initial training, to include:

- (1) six (6) hours of hands-on training, to be completed before assisting residents with self-administration of medication; and
 - (2) four (4) hours of other training or instruction, to be completed within the first two (2) weeks of employment.
- In RCFEs licensed to provide care for sixteen (16) or more residents, twenty-four (24) hours of initial training, to include:
 - (1) sixteen (16) hours of hands-on training, to be completed before assisting residents with self-administration of medication; and
 - (2) eight (8) hours of other training or instruction, to be completed within the first four (4) weeks of employment.
- For licensees that employ licensed or certified medical professionals, orientation, initial, and annual training requirements.
 - All RCFE direct care staff with currently valid licenses or certificates as licensed vocational nurses (LVNs), registered nurses (RNs), or certified nurse assistants (CNAs) are required to complete eight (8) hours of facility-specific orientation before providing direct care to residents.
 - Facility-specific orientation is required to be on:
 - Resident characteristics.
 - Resident records.
 - Facility practices and procedures prior to providing direct care to residents.
 - CNAs working as direct care staff in RCFEs are required to complete:
 - twelve (12) hours of initial general, or core curriculum, training on dementia care.
 - annual general, or core curriculum, training required for all RCFE general direct care staff.

Licensees may permit RCFE general direct care staff and direct care staff assisting residents with self-administration of medication who start, but do not complete, initial or annual training **on or before December 31, 2015**, to count prior training towards new initial or annual training requirements.

Licensees are required to ensure that RCFE general direct care staff and direct care staff assisting residents with self-administration of medication who have started the existing initial or annual training complete training **on or before December 31, 2015** for laws and regulations effective in 2015 to apply. Licensees are required to ensure that all direct care staff who start initial training or are due for annual training **on or after January 1, 2016**, meet new initial or annual training requirements.

REQUIREMENTS

Review of Direct Care Staff Training Records

Licensing Program Analysts should review direct care staff training records to confirm that all general direct care staff, direct care staff assisting residents with self-

administration of medication, and direct care staff who are licensed or certified medical professionals have met initial and annual training requirements effective through December 31, 2015, or effective on January 1, 2016.

Citation from New Law or Existing Regulations

Licensing Program Analysts shall cite from new law or continue to cite from existing applicable regulations when licensees are found to not have met initial and annual training requirements for direct care staff as specified in provisions of new law or existing regulations. The following examples are provided to assist Licensing Program Analysts for potential situations that may be identified on or after January 1, 2016.

| Situation | Cite |
|--|---|
| A direct care staff member was permitted to continue working with residents after completing only six (6) of the required twelve (12) hours of initial training on dementia care within the first four (4) weeks of employment. | Health and Safety Code sections 1569.625(b)(1) & 1569.626(a)(1) . |
| A direct care staff member does not have initial or annual training on cultural competency and sensitivity in issues relating to the underserved, aging, lesbian, gay, bisexual, and transgender community. | Health and Safety Code section 1569.625(c)(9) . |
| A CNA working in a RCFE did not have initial training on facility practices and procedures. | Health and Safety Code section 1569.625(d)(1) . |
| A direct care staff member in a facility licensed to provide care to fifteen (15) or fewer residents was permitted to assist residents with self-administration of their medications before completing the required hours of hands-on training. | Health and Safety Code section 1569.69(a)(2) . |
| A direct care staff member who continues to assist residents with self-administration of their medications does not have training on adverse effects of psychotropic drugs for use in controlling the behavior of persons with dementia, and the increased risk of death when elderly residents with dementia are given antipsychotic medications. | Health and Safety Code section 1569.69(a)(4)(I) . |
| A direct care staff member does not have initial training on postural supports, restricted health conditions, and hospice care. | Health and Safety Code sections 1569.625(b)(1) & 1569.696(a)(1) . |

Reminder to Licensees

If direct care staff are due for annual training, Licensing Program Analysts should remind licensees that direct care staff must meet new annual training requirements.

**REFERENCE GUIDE: OVERVIEW OF RCFE REQUIREMENTS FOR TRAINING OF
GENERAL DIRECT CARE STAFF WHO ARE NOT LICENSED OR CERTIFIED
MEDICAL PROFESSIONALS**

Key: New or revised requirements as specified in new law are indicated in **boldface** font.

Please note that licensees must ensure that they comply with the requirements of the new law and continue to comply with existing requirements of the CCR, Title 22, RCFE. Existing general direct care staff must meet existing initial or annual training requirements **on or before December 31, 2015** for laws and regulations effective in 2015 to apply. Otherwise, these direct care staff completing initial or annual training requirements after **January 1, 2016** must meet the requirements of new law.

| INITIAL TRAINING GENERAL DIRECT CARE STAFF WHO ARE NOT LICENSED OR CERTIFIED MEDICAL PROFESSIONALS | | | | | |
|---|--|---|--|---|--|
| | Training Topic | Statute and/or Regulation Citation ⁶ (Health & Safety Code or Title 22, California Code of Regulations) | Existing: 10 hours (Through December 31, 2015) | New: 40 hours ⁷ (Effective January 1, 2016) | |
| | | | | Initial 20 hours (Before working independently with residents) | Remaining 20 hours (Within 1 st 4 weeks of employment) |
| BASIC SERVICES | Cultural competency and sensitivity in issues relating to the underserved, aging, lesbian, gay, bisexual, and transgender community (AB 1570) 1569.2 | 1569.625(c)(9) | No requirement | Not specified ⁸ | |
| | Personal care services | 1569.625(c)(2) 87411(c)(3)(B) & (d)(3) and (d)(5) | 3 hours | No change in requirement | |

⁶Prior to January 1, 2016, some hyperlinks to statute may provide a screen that shows links to both old and new versions of statute. The old version of statute can be accessed by clicking on "(Amended by...)" The new version of statute can be accessed by clicking on "(Repealed (in...) and added by...)". When viewing hyperlinks to regulations from the CCLD website in Adobe Acrobat Reader, it is necessary to search for the appropriate section of regulations by either: 1) clicking on the "Edit" tab, then clicking on "Find" to search for the section in the linked pages, or 2) scrolling through the linked pages to find the section. For greater ease of use, the CDSS CCLD has provided direct hyperlinks to the Westlaw/Barclays version of the California Code of Regulations in this chart.

⁷Sixteen (16) hours of the new 40-hour initial training must be hands-on training, which may be provided within the initial 20 hours of training before working independently with residents or the remaining 20 hours of training within the first four (4) weeks of employment, at the discretion of licensees. Refer to Health and Safety Code section [1569.625\(b\)\(1\)](#).

⁸If a required number of hours of training on a topic are not specified in statute or regulations, the number of hours of training on a topic will be up to licensees pending regulations.

**INITIAL TRAINING
GENERAL DIRECT CARE STAFF
WHO ARE NOT LICENSED OR CERTIFIED MEDICAL PROFESSIONALS**

| | Training Topic | Statute and/or Regulation Citation ⁶ (Health & Safety Code or Title 22, California Code of Regulations) | Existing: 10 hours (Through December 31, 2015) | New: 40 hours ⁷ (Effective January 1, 2016) | |
|-------------------------------|--|---|--|---|--|
| | | | | Initial 20 hours (Before working independently with residents) | Remaining 20 hours (Within 1 st 4 weeks of employment) |
| | Physical limitations and needs of the elderly | 1569.625(c)(1) 87411(c)(3)(A) | 2 hours | No change in requirement | |
| | Psychosocial needs of the elderly | 1569.625(c)(5) 87411(c)(3)(E) | Not specified | No change in requirement | |
| | Residents' Rights | 1569.625(c)(3) 87411(c)(3)(C) | Not specified | No change in requirement | |
| DEMENTIA CARE | Special needs of persons with Alzheimer's disease and dementia, including nonpharmacologic, person-centered approaches to dementia care (AB 1570) | 1569.625(b)(1), (c)(7) & (8) 1569.626(a)(1) 87411(c)(3)(F) , 87705(c)(3)(A) and (c)(3)(B) , and 87707(a)(2)(A)(2.) and (a)(2)(A)(4.) ⁹ | No requirement ¹⁰ | 6 hours | 6 hours |
| EMERGENCY PREPAREDNESS | Building and fire safety and appropriate response to emergencies (AB 1570 & AB 2044) | 1569.625(c)(6) | No requirement | Not specified | |

⁹With the exception of the training topic of recognizing signs and symptoms of dementia in individuals, which applies to all licensees as specified in CCR, Title 22, section [87411](#), these training topics will continue to be required for direct care staff working for licensees that currently either accept or retain residents diagnosed with dementia as specified in CCR, Title 22, section [87705](#) or advertise dementia special care as specified in CCR, Title 22, section [87707](#). Pending new regulations, all licensees will be permitted to address these training topics since direct care staff working in all facilities will now be required to receive training on dementia care as specified in new law.

¹⁰Title 22, CCR, section [87707\(a\)\(1\)](#) requires six (6) hours of initial training (currently referred to in regulations as "orientation") on dementia care for staff working at facilities advertising dementia special care. Facilities advertising dementia special care will continue to be required to meet initial training requirements specified in Title 22, CCR, section [87707\(a\)\(1\)\(C\), \(a\)\(1\)\(C\)\(1.\), \(a\)\(2\)\(B\) & \(E\)](#). Regulations will be revised to address dementia care training in all facilities.

**INITIAL TRAINING
GENERAL DIRECT CARE STAFF
WHO ARE NOT LICENSED OR CERTIFIED MEDICAL PROFESSIONALS**

| | Training Topic | Statute and/or Regulation Citation ⁶ (Health & Safety Code or Title 22, California Code of Regulations) | Existing: 10 hours (Through December 31, 2015) | New: 40 hours ⁷ (Effective January 1, 2016) | |
|---|--|---|--|---|--|
| | | | | Initial 20 hours (Before working independently with residents) | Remaining 20 hours (Within 1 st 4 weeks of employment) |
| MEDICATION | Interaction of drugs commonly used by the elderly, use and misuse of anti-psychotics, and the adverse effects of psychotropic drugs for use in controlling the behavior of persons with dementia (AB 1570 & SB 911) ¹¹ | 1569.625(c)(7) 1569.69(a)(4)(I) ¹² | No requirement | Not specified | |
| | Policies and procedures regarding medications | 1569.625(c)(4) 1569.69(a)(4)(A)-(G) 87411(c)(3)(D) & (d)(4) | 2 hours | No change in requirement | |
| POSTURAL SUPPORTS & SPECIAL CARE | Postural Supports, Restricted Health Conditions, and Hospice Care (AB 1570 & SB 911) | 1569.625(b)(1) 1569.696(a)(1) | No requirement | 4 hours | No requirement |

¹¹As required by new law, all direct care staff, including direct care staff assigned to assist residents with self-administration of medication, must complete training on the adverse effects of psychotropic drugs for use in controlling the behavior of persons with dementia. [(Health and Safety Code sections [1569.625\(c\)\(7\)](#) and [1569.69\(a\)\(4\)\(I\)](#)] Licensees are required to ensure that this topic is addressed in training for all direct care staff as required by Health and Safety Code section [1569.625](#). However, licensees shall ensure that this topic is also addressed in training for all direct care staff assigned to assist residents with self-administration of medication as required by Health and Safety Code section [1569.69](#). Given the specific job duties of those direct care staff, this would be more intensive training.

¹²These training topics will continue to be required for direct care staff working for licensees that currently either accept or retain residents diagnosed with dementia as specified in CCR, Title 22, section [87705](#) or advertise dementia special care as specified in CCR, Title 22, section [87707](#). Pending new regulations, all licensees will be permitted to address these training topics since direct care staff working in all facilities will now be required to receive training on dementia care as specified in new law.

**INITIAL TRAINING
GENERAL DIRECT CARE STAFF
WHO ARE NOT LICENSED OR CERTIFIED MEDICAL PROFESSIONALS**

| Training Topic | Statute and/or Regulation Citation ⁶ (Health & Safety Code or Title 22, California Code of Regulations) | Existing: 10 hours (Through December 31, 2015) | New: 40 hours ⁷ (Effective January 1, 2016) | |
|----------------|---|---|--|---|
| | | | Initial 20 hours (Before working independently with residents) | Remaining 20 hours (Within 1 st 4 weeks of employment) |
| | | 10 hours of initial training required – 7 of those hours are specific training topics | 20 hours of initial training required – 10 of those hours are specific training topics | 20 hours of remaining training required – 6 of those hours are specific training topics |

Points to remember for initial training:

- The seven (7) hours of specified initial training required under current regulations will remain required after January 1, 2016. Until new regulations are developed and become effective, licensees can determine whether to require direct care staff to complete this training during the first twenty (20) hours of initial training or the second twenty (20) hours of initial training.
- While Cardiopulmonary Resuscitation (CPR) training is not required for all direct care staff, licensees must ensure there is at least one staff person who has CPR training to be on duty and on the premises of a facility at all times as required by [AB 2044](#). Refer to Health and Safety Code section [1569.618\(c\)\(3\)](#).
- Licensees must also ensure that all direct care staff assigned to assist residents with self-administration of medication in a RCFE complete specific initial training on medication as specified in [SB 911](#).
 - In facilities licensed for 15 or fewer residents, direct care staff must complete ten (10) rather than the current six (6) hours of initial training, to consist of six (6) hours of hands-on shadowing training completed prior to assisting residents with self-administration of medications, and four (4) hours of other training to be completed within the first 2 weeks of employment.
 - In facilities licensed for 16 or more residents, direct care staff must complete twenty-four (24) rather than the current sixteen (16) hours of initial training, to consist of sixteen (16) hours of hands-on shadowing training completed prior to assisting residents with self-administration of medications, and eight (8) hours of other training to be completed within the first 4 weeks of employment.

Please refer to Health and Safety Code section [1569.69\(a\)\(1\) & \(2\)](#).

- Trainer qualifications, training methods, and training location vary slightly in statute and regulation. Statute permits these aspects of training to “include, but not be limited, to,” and regulations specify that training “may include.” Thus, the CDSS CCLD will permit licensee discretion in these aspects of training, as appropriate to their RCFEs. Regulations will be revised.

| ANNUAL TRAINING GENERAL DIRECT CARE STAFF WHO ARE NOT LICENSED OR CERTIFIED MEDICAL PROFESSIONALS | | | | |
|--|---|--|---|---|
| | Training Topic | Statute and/or Regulation Citation ¹³ (Health & Safety Code or Title 22, California Code of Regulations) | Existing: 4 hours (Through December 31, 2015) | New: 20 hours (Effective January 1, 2016) |
| BASIC SERVICES | Cultural competency and sensitivity in issues relating to the underserved, aging, lesbian, gay, bisexual, and transgender community (AB 1570) | 1569.625(c)(9) | No requirement | Not specified ¹⁴ |
| | Personal care services | 1569.625(c)(2) 87411(c)(3)(B) & (d)(5) | Not specified | Not specified |
| | Physical limitations and needs of the elderly | 1569.625(c)(1) 87411(c)(3)(A) | Not specified | Not specified |
| | Psychosocial needs of the elderly | 1569.625(c)(5) 87411(c)(3)(E) | Not specified | Not specified |
| | Residents' rights | 1569.625(c)(3) 87411(c)(3)(C) | Not specified | Not specified |

¹³Prior to January 1, 2016, some hyperlinks to statute may provide a screen that shows links to both old and new versions of statute. The old version of statute can be accessed by clicking on “(Amended by...)”. The new version of statute can be accessed by clicking on “(Repealed (in...) and added by...)”. When viewing hyperlinks to regulations from the CCLD website in Adobe Acrobat Reader, it is necessary to search for the appropriate section of regulations by either: 1) clicking on the “Edit” tab, then clicking on “Find” to search for the section in the linked pages, or 2) scrolling through the linked pages to find the section. For greater ease of use, the CDSS CCLD has provided direct hyperlinks to the Westlaw/Barclays version of the California Code of Regulations in this chart.

¹⁴If a required number of hours of training on a topic are not specified in statute or regulations, the number of hours of training on a topic will be up to licensees pending regulations.

**ANNUAL TRAINING
GENERAL DIRECT CARE STAFF
WHO ARE NOT LICENSED OR CERTIFIED MEDICAL PROFESSIONALS**

| | Training Topic | Statute and/or Regulation Citation ¹³ (Health & Safety Code or Title 22, California Code of Regulations) | Existing: 4 hours (Through December 31, 2015) | New: 20 hours (Effective January 1, 2016) |
|-------------------------------|---|--|---|---|
| DEMENTIA CARE | Special needs of persons with Alzheimer's disease and dementia, including nonpharmacologic, person-centered approaches to dementia care (AB 1570) ¹⁵ | 1569.625(b)(1), (c)(7) & (8) , 1569.626(a)(1) , 87411(c)(3)(F) , 87705(c)(3)(A) and (c)(3)(B) , and 87707(a)(2)(A)(2.) and (a)(2)(A)(4.) | No requirement ¹⁶ | 8 hours |
| EMERGENCY PREPAREDNESS | Building and fire safety and appropriate response to emergencies (AB 1570 & AB 2044) | 1569.625(c)(6) | No requirement | Not specified |
| MEDICATION | Interaction of drugs commonly used by the elderly, use and misuse of anti-psychotics, and the adverse effects of psychotropic drugs for use in controlling the behavior of persons with dementia (AB 1570 & SB 911) | 1569.625(c)(7) 1569.69(a)(4)(I) ¹⁷ | No requirement | Not specified |

¹⁵All licensees will be required to address this training topic since direct care staff working in all facilities will now be required to receive training on dementia care as specified in new law. The training topic of recognizing signs and symptoms of dementia in individuals still applies to all licensees as specified in CCR, Title 22, section [87411](#). Training topics will continue to be required for direct care staff working for licensees that currently either accept or retain residents diagnosed with dementia as specified in CCR, Title 22, section [87705](#) or advertise dementia special care as specified in CCR, Title 22, section [87707](#).

¹⁶Title 22, CCR, section [87707\(a\)\(2\)](#) requires eight (8) hours of annual training on dementia care for staff working at facilities advertising dementia special care.

¹⁷These training topics will continue to be required for direct care staff working for licensees that currently either accept or retain residents diagnosed with dementia as specified in CCR, Title 22, section [87705](#) or advertise dementia special care as specified in CCR, Title 22, section [87707](#). Pending new regulations, all licensees will be permitted to address these training topics since direct care staff working in all facilities will now be required to receive training on dementia care as specified in new law.

**ANNUAL TRAINING
GENERAL DIRECT CARE STAFF
WHO ARE NOT LICENSED OR CERTIFIED MEDICAL PROFESSIONALS**

| | Training Topic | Statute and/or Regulation Citation ¹³ (Health & Safety Code or Title 22, California Code of Regulations) | Existing: 4 hours (Through December 31, 2015) | New: 20 hours (Effective January 1, 2016) |
|---|---|--|---|--|
| | Policies and procedures regarding medications | 1569.625(c)(4) 1569.69(a)(4)(A)-(G) 87411(c)(3)(D) & (d)(4) | No requirement | Not specified |
| POSTURAL SUPPORTS & SPECIAL CARE | Postural Supports, Restricted Health Conditions, and Hospice Care (AB 1570 & SB 911) | 1569.625(b)(1) 1569.696(a)(1) | No requirement | 4 hours |
| | | | 4 hours of initial training required – 0 of those hours are specific training topics | 20 hours of annual training required – 12 of those hours are specific training topics |

Points to remember for annual training:

- Different annual training requirements apply to licensed or certified health professionals as specified in [AB 1570](#). Refer to Health and Safety Code section [1569.625\(d\)\(2\)](#).
- Licensees must also ensure that all direct care staff assigned to assist residents with self-administration of medication in a RCFE complete eight (8), rather than the current four (4), hours of annual training on medication, as specified in [SB 911](#). Refer to Health and Safety Code section [1569.69\(b\)](#)
- Trainer qualifications, training methods, and training location vary slightly in statute and regulation. Statute permits these aspects of training to “include, but

not be limited, to,” and regulations specify that training “may include.” Thus, the CDSS CCLD will permit licensee discretion in these aspects of training, as appropriate to their RCFEs. Regulations will be revised.

**REFERENCE GUIDE: OVERVIEW OF RCFE REQUIREMENTS FOR TRAINING OF
DIRECT CARE STAFF WHO ARE LICENSED OR CERTIFIED MEDICAL
PROFESSIONALS**

| INITIAL TRAINING LICENSED VOCATIONAL NURSES (LVNS), REGISTERED NURSES (RNS), AND CERTIFIED NURSE ASSISTANTS (CNAS) | | | | |
|---|--|---|--|--|
| | Training Topic | Statute and/or Regulation Citation ¹⁸ (Health & Safety Code or Title 22, California Code of Regulations) | Existing: (Through December 31, 2015) | New: 8 hours (Effective January 1, 2016) (Before providing direct care to residents) |
| FACILITY-SPECIFIC ORIENTATION | Resident characteristics | 1569.625(d)(1) | No requirement | Not specified ¹⁹ |
| | Resident records. | 1569.625(d)(1) | No requirement | Not specified |
| | Facility practices and procedures prior to providing direct care to residents. | 1569.625(d)(1) | No requirement | Not specified |
| | | | | 8 hours of initial training required |

Points to remember for initial training:

- Statute does not specify requirements for trainer qualifications, training methods, and training location for facility-specific orientation. Thus, the CDSS CCLD will permit licensee discretion in these aspects of training, as appropriate to their RCFEs. Regulations will be revised.

¹⁸Prior to January 1, 2016, some hyperlinks to statute may provide a screen that shows links to both old and new versions of statute. The old version of statute can be accessed by clicking on "(Amended by...)" The new version of statute can be accessed by clicking on "(Repealed (in...) and added by...)". When viewing hyperlinks to regulations from the CCLD website in Adobe Acrobat Reader, it is necessary to search for the appropriate section of regulations by either: 1) clicking on the "Edit" tab, then clicking on "Find" to search for the section in the linked pages, or 2) scrolling through the linked pages to find the section. For greater ease of use, the CDSS CCLD has provided direct hyperlinks to the Westlaw/Barclays version of the California Code of Regulations in this chart.

¹⁹If a required number of hours of training on a topic are not specified in statute or regulations, the number of hours of training on a topic will be up to licensees pending regulations.

INITIAL TRAINING CNAs Only

| | Training Topic | Statute and/or Regulation Citation ²⁰ (Health & Safety Code or Title 22, California Code of Regulations) | Existing: (Through December 31, 2015) | New: 12 hours (Effective January 1, 2016) | |
|----------------------|--|--|--|--|---|
| | | | | Initial Hours (Before working independently with residents) | Remaining Hours (Within 1 st 4 weeks of employment) |
| DEMENTIA CARE | Special needs of persons with Alzheimer's disease and dementia, including nonpharmacologic, person-centered approaches to dementia care (AB 1570) | 1569.625(d)(2) | No requirement | 6 | 6 |
| | | | | 6 initial hours of training required | 6 remaining hours of training required |

Points to remember for initial training:

- Trainer qualifications, training methods, and training location for general direct care staff vary slightly in statute and regulation. Statute permits these aspects of training to “include, but not be limited, to,” and regulations specify that training “may include.” Since statute requires the same initial training for general direct care staff and direct care staff who are CNAs, the CDSS CCLD will permit licensee discretion in these aspects of initial training for both general direct care staff and direct care staff who are CNAs, as appropriate to their RCFEs. Regulations will be revised.

²⁰Prior to January 1, 2016, some hyperlinks to statute maprovide a screen that shows links to both old and new versions of statute. The old version of statute can be accessed by clicking on “(Amended by...)” The new version of statute can be accessed by clicking on “(Repealed (in...) and added by...)” When viewing hyperlinks to regulations from the CCLD website in Adobe Acrobat Reader, it is necessary to search for the appropriate section of regulations by either: 1) clicking on the “Edit” tab, then clicking on “Find” to search for the section in the linked pages, or 2) scrolling through the linked pages to find the section. For greater ease of use, the CDSS CCLD has provided direct hyperlinks to the Westlaw/Barclays version of the California Code of Regulations in this chart.

ANNUAL TRAINING CNAs Only

| | Training Topic | Statute and/or Regulation Citation ²¹ (Health & Safety Code or Title 22, California Code of Regulations) | Existing: (Through December 31, 2015) | New: 20 hours (Effective January 1, 2016) |
|-----------------------|---|--|--|---|
| BASIC SERVICES | Cultural competency and sensitivity in issues relating to the underserved, aging, lesbian, gay, bisexual, and transgender community (AB 1570) | 1569.625(d)(2) | No requirement | Not specified ²² |
| | Personal care services | 1569.625(d)(2) | No requirement | Not specified |
| | Physical limitations and needs of the elderly | 1569.625(d)(2) | No requirement | Not specified |
| | Psychosocial needs of the elderly | 1569.625(d)(2) | No requirement | Not specified |
| | Residents' Rights | 1569.625(d)(2) | No requirement | Not specified |

²¹Prior to January 1, 2016, some hyperlinks to statute may provide a screen that shows links to both old and new versions of statute. The old version of statute can be accessed by clicking on "(Amended by...)" The new version of statute can be accessed by clicking on "(Repealed (in...) and added by...)". When viewing hyperlinks to regulations from the CCLD website in Adobe Acrobat Reader, it is necessary to search for the appropriate section of regulations by either: 1) clicking on the "Edit" tab, then clicking on "Find" to search for the section in the linked pages, or 2) scrolling through the linked pages to find the section. For greater ease of use, the CDSS CCLD has provided direct hyperlinks to the Westlaw/Barclays version of the California Code of Regulations in this chart.

²²If a required number of hours of training on a topic are not specified in statute or regulations, the number of hours of training on a topic will be up to licensees pending regulations.

ANNUAL TRAINING CNAs Only

| | Training Topic | Statute and/or Regulation Citation ²¹ (Health & Safety Code or Title 22, California Code of Regulations) | Existing: (Through December 31, 2015) | New: 20 hours (Effective January 1, 2016) |
|----------------------|--|--|--|---|
| DEMENTIA CARE | Special needs of persons with Alzheimer's disease and dementia, including nonpharmacologic, person-centered approaches to dementia care (AB 1570) | 1569.625(b)(1), (c)(7) & (8) 1569.626(a)(1) 87411(c)(3)(F), 87705(c)(3)(A) and (c)(3)(B), and 87707(a)(2)(A)(2.) and (a)(2)(A)(4.) ²³ | No requirement ²⁴ | 8 hours |
| MEDICATION | Interaction of drugs commonly used by the elderly, use and misuse of anti-psychotics, and the adverse effects of psychotropic drugs for use in controlling the behavior of persons with dementia (AB 1570 & SB 911) | 1569.625(c)(7) 1569.69(a)(4)(I) ²⁵ | No requirement | Not specified |
| | Policies and procedures regarding medications | 1569.625(c)(4) 1569.69(a)(4)(A)-(G) 87411(c)(3)(D) & (d)(4) | No requirement | Not specified |

²³With the exception of the training topic of recognizing signs and symptoms of dementia in individuals, which applies to all licensees as specified in CCR, Title 22, section [87411](#), these training topics will continue to be required for direct care staff working for licensees that currently either accept or retain residents diagnosed with dementia as specified in CCR, Title 22, section [87705](#) or advertise dementia special care as specified in CCR, Title 22, section [87707](#). Pending new regulations, all licensees will be permitted to address these training topics since direct care staff working in all facilities will now be required to receive training on dementia care as specified in new law.

²⁴Title 22, CCR, section [87707\(a\)\(2\)](#) requires eight (8) hours of annual training on dementia care for staff working at facilities advertising dementia special care.

²⁵These training topics will continue to be required for direct care staff working for licensees that currently either accept or retain residents diagnosed with dementia as specified in CCR, Title 22, section [87705](#) or advertise dementia special care as specified in CCR, Title 22, section [87707](#). Pending new regulations, all licensees will be permitted to address these training topics since direct care staff working in all facilities will now be required to receive training on dementia care as specified in new law.

ANNUAL TRAINING CNAs Only

| | Training Topic | Statute and/or Regulation Citation ²¹ (Health & Safety Code or Title 22, California Code of Regulations) | Existing: (Through December 31, 2015) | New: 20 hours (Effective January 1, 2016) |
|---|---|--|--|--|
| POSTURAL SUPPORTS & SPECIAL CARE | Postural Supports, Restricted Health Conditions, and Hospice Care (AB 1570 & SB 911) | 1569.625(b)(1) 1569.696(a)(1) | No requirement | 4 hours |
| | | | | 20 hours of annual training required – 12 of those hours are specific training topics |

Points to remember for annual training:

- Trainer qualifications, training methods, and training location for general direct care staff vary slightly in statute and regulation. Statute permits these aspects of training to “include, but not be limited, to,” and regulations specify that training “may include.” Since statute requires the same annual training for general direct care staff and direct care staff who are CNAs, the CDSS CCLD will permit licensee discretion in these aspects of annual training for both general direct care staff and direct care staff who are CNAs, as appropriate to their RCFEs. Regulations will be revised.

PROHIBITION ON DISCRIMINATION AND RETALIATION FOR DIALING OR CALLING 9-1-1

SECTION C1: LICENSEES

OVERVIEW

Licensees are prohibited from discriminating or retaliating against a resident, employee, or other person for contacting 9-1-1.

REQUIREMENTS

Licensees must continue to comply with the requirements for contacting 9-1-1 as specified in CCR, Title 22, section [87465](#).²⁶

As specified in Health and Safety Code section [1569.371](#), licensees and officers or employees of licensees are prohibited from discriminating or retaliating in any manner against a resident or employee of a RCFE due to the resident, employee, or any other person dialing or calling 9-1-1.

Licensees who violate this prohibition are subject to civil penalties as specified in Health and Safety Code [1569.49](#).²⁷

²⁶When viewing hyperlinks to regulations from the CCLD website in Adobe Acrobat Reader, it is necessary to search for the appropriate section of regulations by either: 1) clicking on the "Edit" tab, then clicking on "Find" to search for the section in the linked pages, or 2) scrolling through the linked pages to find the section. For greater ease of use, the CDSS CCLD has provided direct hyperlinks to the Westlaw/Barclays version of the California Code of Regulations in this Implementation Plan.

²⁷Prior to January 1, 2016, some hyperlinks to statute may provide a screen that shows links to both old and new versions of statute. The old version of statute can be accessed by clicking on "(Amended by...)." The new version of statute can be accessed by clicking on "(Repealed (in...) and added by...).

PROHIBITION ON DISCRIMINATION AND RETALIATION FOR DIALING OR CALLING 9-1-1

SECTION C2: LICENSING PROGRAM ANALYSTS

OVERVIEW

Licensees are prohibited from discriminating or retaliating against a resident, employee, or other person for contacting 9-1-1.

REQUIREMENTS

According to inspection protocols and when investigating complaints, Licensing Program Analysts shall carefully consider and determine whether noncompliance with the prohibition on discrimination and retaliation for dialing or calling 9-1-1 occurred. If noncompliance occurred in regard to the prohibition, Licensing Program Analysts shall cite from new law in Section [1569.371](#) of the Health and Safety Code. Licensing Program Analysts shall also cite from any other regulations in the CCR, Title 22, RCFE that may apply. The following example is provided to assist Licensing Program Analysts.

| Situation | Cite |
|--|--|
| A resident was frightened by something that seemed like an emergency and when no one answered the resident's call for help, the resident contacted 911. Later, the licensee removed the phone from a resident's room to prevent the resident from calling 911 in the future. | Health and Safety Code section 1569.371(a) . |

REFERENCE GUIDE: PROHIBITION ON DISCRIMINATION AND RETALIATION FOR DIALING OR CALLING 9-1-1

REQUIREMENTS OF EXISTING REGULATIONS AND SB 911

Key: *Italicized* text indicates how the new law changes requirements specified in regulations.

Please note that licensees must ensure that they comply with the requirements of the new law and continue to comply with the requirements of the CCR, Title 22, RCFE.

| Existing California Code of Regulations, Title 22, RCFE ²⁸ | SB 911 (Effective January 1, 2016) |
|--|--|
| <ul style="list-style-type: none"> Licensees must contact 9-1-1 immediately if an injury or other circumstance results in an imminent threat to a resident's health including, but not limited to, an apparent life-threatening medical crisis except as specified in Section 87469. [(CCR, Title 22, section 87465(g)] | <ul style="list-style-type: none"> <i>Licensees and officers or employees of licensees are prohibited from discriminating or retaliating in any manner against a resident or employee of a RCFE due to the resident, employee, or any other person dialing or calling 911. [(Health and Safety Code section 1569.371(a)]</i> <i>Licensees that violate this prohibition are subject to civil penalties as specified in Health and Safety Code section 1569.49. [(Health and Safety Code section 1569.371(b)]</i> |

²⁸When viewing hyperlinks to regulations from the CCLD website in Adobe Acrobat Reader, it is necessary to search for the appropriate section of regulations by either: 1) clicking on the "Edit" tab, then clicking on "Find" to search for the section in the linked pages, or 2) scrolling through the linked pages to find the section. For greater ease of use, the CDSS CCLD has provided direct hyperlinks to the Westlaw/Barclays version of the California Code of Regulations in this Implementation Plan.

RESTRICTED AND PROHIBITED HEALTH CONDITIONS AND CARE

SECTION D1: LICENSEES

OVERVIEW

Licensees providing care to residents with prohibited or restricted health conditions must ensure that care is provided by specified professionals under specified conditions.

REQUIREMENTS

Licensees may accept or retain residents with prohibited or restricted health conditions if requirements in the CCR, Title 22, RCFE are met. As specified in CCR, Title 22, section [87209](#), licensees may submit a written exception request if they agree that a resident has a prohibited or restricted health condition or has a prohibited health condition, but is not receiving hospice care, and believe that they can meet the intent of law through alternative means.²⁹ [(Title 22, CCR, section [87616\(a\)](#)] The CDSS CCLD permits prohibited or restricted health conditions to be in licensed RCFEs if a licensee's plan of operation does not prohibit these conditions and a written exception request has been approved by the CCLD Regional Office responsible for a RCFE.

As required by new law in Health and Safety Code section [1569.39](#), licensees must:

- Assist residents who have prohibited health conditions with accessing home health and hospice services, as indicated in the resident's current appraisal, to ensure that residents receive medical care as prescribed by the resident's physician and contained in the resident's service plan.
- Ensure that residents with restricted health conditions receive medical care, as prescribed by the resident's physician and contained in the resident's service plan, by appropriately skilled professionals acting within their scope of practice.

Licensees continue to be responsible for ensuring that residents with restricted and prohibited health conditions receive care prescribed by their physicians in a timely manner and documenting their efforts to schedule appointments as requested by, and work with, home health agencies and hospice care agencies when they accept or retain these residents.

Licensees who fail to meet or arrange to meet the needs of a resident who requires health-related services as specified in the resident's written record of care, or fail to notify the resident's physician of a resident's illness or injury that poses a danger of

²⁹When viewing hyperlinks to regulations from the CCLD website in Adobe Acrobat Reader, it is necessary to search for the appropriate section of regulations by either: 1) clicking on the "Edit" tab, then clicking on "Find" to search for the section in the linked pages, or 2) scrolling through the linked pages to find the section. For greater ease of use, the CDSS CCLD has provided direct hyperlinks to the Westlaw/Barclays version of the California Code of Regulations in this Implementation Plan.

death or serious bodily harm, are subject to civil penalties based on the nature or seriousness of a violation as specified in Health and Safety Code section [1569.49](#).³⁰

³⁰Prior to January 1, 2016, some hyperlinks to statute may provide a screen that shows links to both old and new versions of statute. The old version of statute can be accessed by clicking on "(Amended by...)." The new version of statute can be accessed by clicking on "(Repealed (in...) and added by...).

RESTRICTED AND PROHIBITED HEALTH CONDITIONS AND CARE

SECTION D2: LICENSING PROGRAM ANALYSTS

OVERVIEW

Licensees providing care to residents with prohibited or restricted health conditions must ensure that care is provided by specified professionals under specified conditions.

REQUIREMENTS

According to inspection protocols and when investigating complaints, Licensing Program Analysts shall carefully consider and determine whether noncompliance with the responsibility to ensure appropriate care when accepting or retaining residents who require health-related services occurred. If noncompliance occurred in regard to the prohibition, Licensing Program Analysts shall cite from new law in Section [1569.39](#) of the Health and Safety Code. Licensing Program Analysts shall also cite from any other regulations in the CCR, Title 22, RCFE that may apply. The following examples are provided to assist Licensing Program Analysts.

| Situation | Cite |
|---|---|
| An indwelling urinary catheter used by a resident was not irrigated by an appropriately skilled professional both as prescribed by the resident’s physician and as specified in the resident’s care plan. | Health and Safety Code section 1569.39(b) . |
| A licensee has not assisted a resident who has a naso-gastric (NG) tube due to complications from surgery with accessing adequate home health services to ensure that NG tube feedings are provided on the schedule prescribed by the resident’s physician and specified in the resident’s care plan. | Health and Safety Code section 1569.39(a) . |

REFERENCE GUIDE: RESTRICTED AND PROHIBITED HEALTH CONDITIONS AND CARE

REQUIREMENTS OF EXISTING REGULATIONS AND SB 911

Key: *Italicized* text indicates how the new law changes requirements specified in regulations.

Please note that licensees must ensure that they comply with the requirements of the new law and continue to comply with the requirements of the CCR, Title 22, RCFE.

| Existing California Code of Regulations, Title 22, RCFE³¹ | SB 911 (Effective January 1, 2016) |
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| <ul style="list-style-type: none"> • Licensees are currently required to arrange, or assist in arranging, for medical or dental care appropriate to the conditions and needs of residents. [(CCR, Title 22, section 87465(a)(1))] • Licensees must: <ul style="list-style-type: none"> ○ Before, or within two (2) weeks of admitting a resident, arrange a meeting with the resident, the resident's representative, if any, appropriate facility staff, and a representative of the resident's home health agency, if any, and any other appropriate parties, to prepare a written record of care the resident will receive in the facility. [(CCR, Title 22, section 87467(a))] ○ Agree in writing with the home health or hospice agency on the responsibilities of the home health or hospice agency and licensee in caring for the resident's medical condition. [(CCR, Title 22, sections 87609(b)(4) and 87633(b)(2) and (4))] ○ Contact or report to the physician, appropriately skilled professional, | <ul style="list-style-type: none"> • Licensees that accept or retain residents with: <ul style="list-style-type: none"> ○ Restricted health conditions must ensure that residents receive medical care <i>as prescribed by the resident's physician and contained in the resident's service plan from appropriately skilled professionals acting within their scope of practice.</i> [(Health and Safety Code section 1569.39(b))] ○ Prohibited health conditions must <i>assist residents with accessing home health or hospice services, as indicated in the resident's current appraisal, to ensure that residents receive medical care as prescribed by the resident's physician and contained in the resident's service plan.</i> [(Health and Safety Code section 1569.39(a))] • <i>Licensees that fail to meet or arrange to meet the needs of residents who require health-related services as specified in the resident's written record of care or fail to notify the resident's physician of an illness or</i> |

³¹When viewing hyperlinks to regulations from the CCLD website in Adobe Acrobat Reader, it is necessary to search for the appropriate section of regulations by either: 1) clicking on the "Edit" tab, then clicking on "Find" to search for the section in the linked pages, or 2) scrolling through the linked pages to find the section. For greater ease of use, the CDSS CCLD has provided direct hyperlinks to the Westlaw/Barclays version of the California Code of Regulations in this Implementation Plan.

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| <p>home health or hospice agency, or responsible person for a resident when necessary, such as when changes are observed in the resident, the resident requires additional care, or there has been an incident affecting the health and safety of the resident. Report to the licensing agency and the responsible person for a resident when specified emergency incidents involving a resident occur. [(CCR, Title 22, section 87211(a)(1(A) through (C), 87465(d)(1), 87466, 87469(d), 87609(b)(4)(B) and 87633(b)(4)]</p> <ul style="list-style-type: none"> • Licensees are subject to initial, immediate, and repeat civil penalties for serious deficiencies as specified in regulations. [(CCR, Title 22, section 87761(a) and (c) through (f)] | <p><i>injury of the resident that poses a danger of death or serious bodily harm is subject to civil penalty pursuant to Section 1569.49.³² [Health and Safety Code section 1569.39(d)]</i></p> |
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³²Prior to January 1, 2016, some hyperlinks to statute may provide a screen that shows links to both old and new versions of statute. The old version of statute can be accessed by clicking on "(Amended by...)." The new version of statute can be accessed by clicking on "(Repealed (in...) and added by...).