
EVALUATOR MANUAL TRANSMITTAL SHEET

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| <u>Distribution:</u> <input type="checkbox"/> All Child Care Evaluator Manual Holders <input checked="" type="checkbox"/> All Residential Care Evaluator Manual Holders <input type="checkbox"/> All Evaluator Manual Holders | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;"><u>Transmittal No.</u> 08GLR-02</td> </tr> <tr> <td style="padding: 2px;"><u>Date Issued</u> May 2008</td> </tr> </table> | <u>Transmittal No.</u> 08GLR-02 | <u>Date Issued</u> May 2008 |
| <u>Transmittal No.</u> 08GLR-02 | | | |
| <u>Date Issued</u> May 2008 | | | |

Subject:

General Licensing Requirements

Reason For Change:

Section 80001 Definitions
 Section 80069 Client Medical Assessments
 Section 80065 Personnel Requirements
 Section 80072 Personal Rights
 Section 80075 Health-Related Services

Filing Instructions:

REMOVE – Pages 3, 82, 84, 85, and 89 through 100.

INSERT – Pages 3, 82, 84, 85 and 89 through 100.

Approved:

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5/14/08

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80001 DEFINITIONS (Continued)**80001****(e)(7) EXEMPTION POLICY**

Exemptions can be obtained on an individual basis under certain circumstances. However, the law does not allow transferring of exemptions between statutory acts. For example, exemptions granted to adult residential providers can be transferred to group homes and foster family homes (all in the Community Care Facilities Act) but cannot be transferred to family day care homes or centers (both in the Child Day Care Act).

PROCEDURE

Refer to Section 80019.

(g)(2) Guardian**POLICY**

A guardian is also identified as a person who is exempt from licensure.

(i)(2) Inhalation-assistive device**POLICY**

Inhalation-assistive device does not include metered-dose aerosols and dry-powder inhalers. Due to public comment, metered-dose aerosols and dry-powder inhalers were removed from this definition during the October 1998 regulation package (ORD# 0696-27). Refer to the California Code of Regulations Section 80075 regarding facility staff assisting clients with metered-dose inhalers and dry powder inhalers.

(n)(2) Nonambulatory Person**POLICY**

A deaf person who could respond to a visual signal may be ambulatory. However, when coupled with other factors such as dependence upon a mechanical aid, the person would be considered nonambulatory

80065 PERSONNEL REQUIREMENTS (Continued)**80065****(f) POLICY**

This requirement for on-the-job training or related experience also applies to administrators.

(g)(3) POLICY

If an individual is only occasionally in the facility to provide a service (e.g., entertainment), a TB clearance is not necessary. However, if individuals supplement staff with regard to regular activity programs, a clearance is required.

(h) POLICY

The health screening shall be completed and signed by a physician or a medical professional, such as a nurse practitioner or physician assistant under the direct supervision of the physician. The physician's evaluation shall certify that the person's general health is adequate to carry out required responsibilities. The Health Screening Report-Facility Personnel (LIC 503) is available for this purpose.

Religious facilities which are subject to licensure (See Policy under Section 80007(a)(5)) may be granted a waiver for California Code of Regulations Sections 80065(g), 80066(b), 80069, 80070(b)(7)-(10), and 80075(a), (c), (d), (i) and (j) under the following conditions:

1. The entire administrative staff are adherents of the particular religion.
2. All clients admitted to the facility are adherents of the religion.
3. All nonadministrative staff who are not adherents of the religion, must be informed in writing by the facility that all staff are covered by the waiver and, therefore, other employees have not been medically cleared against TB or other infectious diseases.

Religious facilities which do not meet the above conditions for a waiver, or any nonreligious facility, may be granted individual exceptions to the above sections for any staff or clients who are adherents of a well-recognized church, relying solely upon prayer or spiritual means of healing. Facilities must present satisfactory evidence to the licensing agency that individuals needing an exception are free from any communicable disease. Such evidence shall be a written statement from a physician or person under his/her supervision.

80069 CLIENT MEDICAL ASSESSMENTS (Continued)**80069****(b) POLICY(Continued)**

If a facility is conducted by and for the adherents of any well-recognized church or religious denomination who rely solely upon prayer or spiritual means of healing, the requirement for client medical assessments may be waived.

PROCEDURE

Refer to Section 80065(h), Policy.

80070 CLIENT RECORDS**80070****(b)(10) PROCEDURE**

For Subsections 80070(b)(7) through (10), see Section 80065(h), Policy.

(c)(2) PROCEDURE

See Section 80044 - Policy, relative to State Ombudsman.

(d)(1) PROCEDURE

Review a sample of 10 percent, or a minimum of ten, of the client record files. If your review reveals any substantial problems more records should be sampled. Document your review of the Client Record Review (Residential) (LIC 858). If capacity of the facility is less than ten clients, review 100 percent of the client record files.

Refer to Section 80044(b).

80071 REGISTER OF CLIENTS**80071****(a)(1)(A)-(D) POLICY**

The Roster of Facility Clients (LIC 9020) is available to licensees for this purpose. Licensees are to maintain this information in a single location for all clients. Information may be on one list for all clients or a separate sheet containing all the required data on each client. However, if information is maintained on a separate sheet for each client, a single folder, binder, etc., must be used to ensure the central location of the information. All information must be legible.

80072 PERSONAL RIGHTS (Continued)**80072****PROCEDURE**

See Policy following (a)(8) of this section for additional documentation required for use of prone containment.

(a)(8)(D)

POLICY

Any form of restraint shall not be permitted without an appropriate fire clearance from the local fire district. For the purpose of securing an appropriate fire clearance persons in supportive restraints shall be considered nonambulatory. On the request for a fire clearance it shall be noted that the facility intends to use supportive restraints by marking Item 15 on the STD 850.

PROCEDURE

Advise the clerk to note on the STD 850, Item 15, that the facility intends to use supportive restraints. (See Section 80072(8)(A)-(C) and 80020(b) (2).

(a)(9)

POLICY

Refer to information on crushing medication in [Regulation Interpretation and Procedures for General Licensing Requirements](#) Section 80075(b)(3), Health-Related Services.

(d)

POLICY

The Personal Rights from (LIC 613), meets this requirement and is available to licensees.

80073 TELEPHONES**80073**

(a)

PROCEDURE

See Sections 83072, 84072 and 85072, General Licensing Regulations.

80074 TRANSPORTATION**80074****(c) POLICY**

Licenses are not required by California Department of Social Services to have their motor vehicles periodically safety checked.

PROCEDURE

If you observe any vehicle used to transport clients, which appears to be in an unsafe operating condition (e.g., bald tires, broken headlight, shattered windshield, etc.), develop a plan with the licensee to (1) correct the obvious problem(s) and (2) submit to the licensing agency a safety check from a service station or garage certified to perform this service.

80075 HEALTH-RELATED SERVICES**80075****PROCEDURE**

For procedures relative to waivers due to religious beliefs, see [Regulation Interpretations and Procedures for General Licensing Requirements](#) Sections 80065(h).

Some policies in this section may not apply to Small Family Homes which care for children with special health care needs. Consult your supervisor before visiting such facilities. See Chapter 4 for Small Family Homes. Also see the provisions of Assembly Bill 760, Chapter 1137, Statutes of 1990. (Health and Safety Code in Appendix B).

(a) POLICY

Transportation to meet medical/dental appointments and to obtain needed medical/dental services are basic services which must be provided at the basic rate. If the nearest available healthcare facility, that can meet a client's health needs is too far from the facility, the licensee must ensure provision of transportation at no extra charge to the client. However, licensees have two other options:

1. If the licensee is aware of this situation at time of admission, he/she can deny the client admission into the facility. Once accepted, the licensee must provide this basic service to the client.
 2. If a client's health needs change after admission, requiring that he/she obtain health services from a distant medical facility, the licensee can give a 30-day notice to relocate the client to a facility which can meet his/her needs, or to a facility which is located closer to the client's medical facility.
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80075 HEALTH-RELATED SERVICES (Continued)**80075****(b)****POLICY**

Assistance with medications shall not include the actual administration of the medications by the licensee or facility staff to the clients. For example, assistance includes passing oral medication to clients for self-administration. See Regulation Interpretations and Procedures for General Licensing **Requirements** Section 80075**(b)(3)** regarding crushing medications.

As needed or PRN medications are allowed in community care facilities only under the following circumstances:

1. When the client is mentally and physically capable of knowing that a dose of medication needed, and is capable of asking for it, or
2. When the doctor has written detailed instructions for the prescription label including symptoms that might require use of the medication, exact dosage to be given in a 24-hour period, facility staff shall telephone the doctor **before** each dose and explain the person's symptoms and receive an order to assist the client in self-administration of that dose of medication.

The purpose of the detailed instructions on the prescription label is to enable the employee to know when to call the doctor to describe the client's condition and have the doctor make the judgment that the drug is needed.

In order to demonstrate that the doctor has authorized the dose of medication, a written record must be placed in the client's file by the person who talked to the doctor.

Facility staff are prohibited from taking any part, by advice or otherwise, in the diagnosis of a client's condition, the selection of a medication or the dosage to use to treat the illness or condition. An opinion by the California Office of the Attorney General (No. 87-106, June 15, 1988) states that the making of such decisions for others constitutes treatment of others by means of drugs which only licensed practitioners may do. This includes both prescription drugs and nonprescription or over-the-counter drugs and preparations.

Medication shall not be used by anyone other than the person for whom prescribed. If a client refuses to take medication, it is the licensee's responsibility to report it to the client's physician and/or authorized representative.

(b)

POLICY

The following policy applies to the requirement for written instructions from a physician for a client's/resident's/child's PRN medication(s):

1. The physician's business stationery may substitute for the required prescription blank for every prescription PRN and nonprescription PRN medication.
2. A licensee may obtain faxed instructions from the client's/resident's physician when there are no written physician instructions on file. The fax must be of the physician's business stationery or prescription blank.
3. A licensee may obtain written instructions from the client's/resident's/child's treating physician for a nonprescription PRN medication before a client/resident/child shows a need for such medications.

PROCEDURE

Review the client's/resident's/child's file to ensure that the physician's written instructions are on a prescription blank, physician's business stationery (or fax of either) and that the instructions contain the following information:

1. The documentation required by California Code of Regulations Section 80075(b).
2. The physician's signature and the date of the instructions provided.
3. Specific information on how and when to take these prescription and nonprescription PRN medications along with other medications (if applicable) that the client/resident/child is taking.

Special instructions for adult residential facilities and social rehabilitation facilities:

Review the client's/resident's file for the physician's written statement that the client/resident can determine and communicate his/her need for a prescription or nonprescription PRN medication, or can communicate his/her symptoms clearly even though he/she is unable to determine his/her own need for a nonprescription PRN medication.

80075 HEALTH-RELATED SERVICES (Continued)**80075****(b)(2)****POLICY**

In community care facilities, injections may be self-administered by the clients. If the clients are unable to do so, injections shall **only** be administered by licensed medical professionals, such as physicians, licensed vocational nurses and registered nurses. The Board of Vocational Nurse and Psychiatric Technician Examiners interprets the Psychiatric Technician Law, Sections 2728 and 2728.5 of the California Business and Professions Code, to mean that a licensed psychiatric technician may administer medication within their scope of practice. In settings outside of a health facility or State Developmental Center, a psychiatric technician can only administer subcutaneous and intramuscular injections to clients who are developmentally disabled or mentally disordered, provided the licensed psychiatric technician performs the procedure in accordance with a licensed physician's order.

Only the client or a licensed medical professional shall mix medication to be injected or fill the syringe with the prescribed dose ("draw-up" the medication).

For information on how far in advance doses of insulin and other injectable medications can be prefilled in individual syringes by a pharmacy or the manufacturer (or, in the case of insulin only, a registered nurse), please see Regulation Interpretations and Procedures for General Licensing Requirements Section 80092.8(a)(4).

PROCEDURE

Suspected violations (e.g., scope of practice, ethics) under the authority of any non-CCL licensing entity (e.g., Board of Registered Nursing, Board of Vocational Nursing and Psychiatric Technicians) should be referred to the respective licensing board. Consult with a licensing supervisor prior to making this referral.

If unlicensed and/or unauthorized persons are administering injections, a notice of deficiency must be issued, citing California Code of Regulations Section 80075(b)(2).

(b)(3)**POLICY**

Clients/children have a personal right to refuse medication, unless a guardian, conservator; child's authorized representative, or other legal entity has been appointed who has authority over medical decisions. Therefore, medication may be crushed to enhance swallowing or taste, but never to disguise or "slip" it to a client/resident/child without his/her knowledge or the permission of a guardian/conservator/authorized representative who has authority over medical decisions.

80075 HEALTH-RELATED SERVICES (Continued)**80075****(b)(3)****POLICY (Continued)**

No exception from licensing is required to crush a client's/child's medication, if the following written documentation is in the client's/child's file.

1. The physician's order for the specified medication to be crushed. The order must include the following:
 - a. The dosage amount.
 - b. The timeframe for giving the medication, i.e., when and how often.
2. A consent form that gives authorization for medication(s) to be crushed, signed by one of the following:
 - a. The client, if not conserved.
 - b. The client who has a conservator, but whose conservator does not have authority over the client's medical decisions.
 - c. The client's/child's conservator who has authority over the client's/child's medical decisions.
 - d. The child's authorized representative. This approval may be contained in the child's needs and services plan.
3. Documentation of the licensee's/facility administrator's consultation with a pharmacist or treating physician, provided orally or in writing, that includes the following:
 - a. The name of the pharmacist/treating physician, the name of the business, and the date of the conversation.
 - b. The pharmacist's/physician's statement that the medication can be safely crushed without losing effectiveness.
 - c. Identification of foods and liquids that can be mixed with the medication.
 - d. Instructions for crushing and mixing the medication.

80075 HEALTH-RELATED SERVICES (Continued)**80075****PROCEDURE**

Review the client's/child's file for the following written documentation: (See Regulation Interpretations and Procedures [for General Licensing Requirements](#) Section 80075**(b)(3)** above for the specific information required for each item below.)

- A physician's order that allows specified medication to be crushed, and
- The licensee/facility administrator's verification of a consultation with a pharmacist or treating physician, which was provided either orally or in writing by that pharmacist or physician; and
- A consent form that gives authorization for medication(s) to be crushed.

(b)(5)(A)**POLICY**

Refer to Regulation Interpretations and Procedures [for General Licensing Requirements](#) Section 80075**(b)** concerning prescription blanks.

80075 HEALTH-RELATED SERVICES (Continued)**80075****(c)****POLICY**

The provision of an isolation room or area does not require the licensee to maintain an extra bedroom for that purpose. In cases where isolation is deemed necessary, the licensee may designate the affected client's own bedroom as the isolation room. If the client shares his/her bedroom with another client, alternative sleeping arrangements which provide privacy must be made for the client who is not ill. Such an arrangement shall not exceed ten days.

(i)**POLICY**

If licensees or facility employees are currently certified as Standard First Aid Instructors, they may train other facility staff. Certification as an instructor must be provided by the American Red Cross or other authorized agency.

Facility employees who are licensed medical professionals do not have to complete first aid training, but they shall not provide training to other employees unless they are also certified as Standard First Aid Instructors.

Staff such as cooks, gardeners, and janitors shall not be required to complete first aid training unless they also serve in the capacity of direct care staff or, at various intervals, are called upon to provide direct care and supervision of the clients.

CPR training does not substitute for the first aid training required by this regulation.

Review personnel records to determine that all staff required to have first aid training have a current certificate on file as proof of training.

If training is being provided by another facility employee, check to see that the person has a current Standard First Aid Instructor certificate.

80075 HEALTH-RELATED SERVICES (Continued)**80075**

(j)(1)

POLICY

The first aid kit may contain other first aid items specified in the first aid manual, such as Ipecac syrup and universal antidote (activated charcoal) used in poisoning cases. However, care staff must be reminded that use of these antidotes must not occur without the recommendation of the local poison information center, hospital, or physician.

(k)(4)

POLICY

It is recommended that the licensee obtain a signed consent from the authorized representative to permit the authorization of medical care. It is mandatory that licensees of children's facilities obtain such consent for medical care.

The form LIC 627 is available to licensees for this purpose.

See California Code of Regulations Section 83070 for Small Family Homes and Section 84070 for Group Homes.

(m)(3)

POLICY

When there is a dispute with the licensee/administrator over whether medications shall be centrally stored, the licensing agency shall contact a physician to obtain a third opinion. In most community care facilities, the "condition or habits of other persons" in care will require that medications be centrally stored.

(n)

POLICY

Centrally stored medications, kept in the refrigerator, shall be maintained in a locked receptacle, drawer, or container, separate from food items.

80075 HEALTH-RELATED SERVICES (Continued)**80075**

(n)(2)

POLICY

Over-the-counter preparations/medications should have the client's name on the container, without obscuring the manufacturer's label or the instructions for use of the product. By turning an over-the-counter medication over to the licensee to store, the client is entrusting the medication to the licensee, thus invoking the California Code of Regulations Section 80026, Safeguards for Cash Resources, Personal Property and Valuables. In order to prevent loss of the client's medication by having it used for others it must be identified as belonging to a given person.

POLICY

Containers of medication samples provided by the client's physician should contain all information required by this section except the prescription number and pharmacy name.

PROCEDURE

See Regulation Interpretations and Procedures [for General Licensing Requirements Section 80075\(b\)](#) for additional information about prescription labels for PRN (as needed) medications.

For facilities with a capacity of more than 20 clients, review a random sample of 10 percent of the clients' medication containers. If the capacity is less than 20, review all of the clients' medications. Compare the information on the containers with the information on the records required by Section 80075(n)(7)(A) – [\(H\)](#).

(n)(3)

PROCEDURE

Check medication labels for storage instructions such as temperature requirements. If not indicated, medications should be stored at room temperature, between 59 degrees Fahrenheit and 80 degrees Fahrenheit. If the label indicates "refrigerate or store below 45 degrees Fahrenheit, the medication should be stored in a refrigerator between 36 degrees Fahrenheit and 46 degrees Fahrenheit. If the medication is not stored at the appropriate temperature, cite this section.

Check to ensure that all containers have secure caps or lids. Paper envelopes are not acceptable storage containers.

(n)(4)

PROCEDURE

Check labels to determine if someone other than the issuing pharmacist has altered the prescription container label. If the doctor changes the frequency or amount of the dosage, the facility should have a system of flagging or noting the change without altering the label. The following procedure is recommended:

80075 HEALTH-RELATED SERVICES (Continued)**80075****(n)(4) PROCEDURE (Continued)**

1. Designated facility staff affix a colored label somewhere on the container but not covering the original label; this refers the person passing the medications to a notebook, card file, cardex or other record, where the new instructions have been written by the facility staff following the physician's instructions to make the change. This contact may have been by telephone or in person.
 2. The physician prepares a new prescription request or calls the pharmacy so that the container can be properly labeled when the prescription is refilled.
-

(n)(5) POLICY

Insulin and other injectable medications shall be kept in their original containers until the prescribed single dose is measured into a syringe for immediate injection by the client or a licensed medical professional. Dosages may not be prepared or "set-up" in advance by filling one or more syringes with the prescribed dose and storing the medication in the syringes until needed. See [Regulation Interpretations and Procedures for General Licensing Requirements](#) Section 80092.8(a)(4).

PROCEDURE

When evaluating the storage and handling of insulin or other injectable medications, keep in mind that some medications may be packaged in premeasured doses in individual syringes. Check the container label(s) to be sure that the medication has not been set up in advance by someone other than a pharmacist or the manufacturer. See [Regulation Interpretations and Procedures for General Licensing Requirements](#) Section 80092.8(a)(4).

(n)(6) POLICY

When an adult client leaves a facility for a short period of time during which only one dose of medication(s) is needed, the facility may give medication(s) to the client in an envelope (or similar container) labeled with the facility's name and address, client's name, name of medication(s) and instructions for administering the dose. If the client is to be gone for more than one dosage period, the facility may:

1. Give the full prescription container to the client, or
 2. Have the pharmacy fill a separate prescription or separate the into two bottles, or
 3. Have the client's family obtain a separate supply of the medication for use when the client visits with the family.
-

80075 HEALTH-RELATED SERVICES (Continued)**80075****PROCEDURE**

If medications are being sent with adult clients off the facility premises, check the Physician's Report (LIC 602) to ensure that they are given only to clients whose doctors indicated that they may control their own medication.

See Regulation Interpretations and Procedures [for General Licensing Requirements](#) Section 80075(n)(5) regarding the prohibition against setting up injectable medications in advance.

(n)(7)

POLICY

A record shall be kept in the client's file that any over-the-counter medications are being taken with the knowledge of the client's physician. This record keeping is required by the California Code of Regulations Section 80070(b)(10).

PROCEDURE

If a client is taking any over the counter medications, check the file to ensure that the client's physician is aware of the medication. Cite California Code of Regulations Section 80070(b)(10) if there is no record.

PROCEDURE

(n)(7)(F) Inspect medication containers for the expiration date. It may be typed on the prescription label, on the manufacturer's label or stamped on the bottom crimp of a tube. If the medication has expired, it must be destroyed, under the provisions of California Code of Regulations 80075(o).

(o)

POLICY

The LIC 622 is available to licensees to maintain this information.