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## EVALUATOR MANUAL TRANSMITTAL SHEET

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<p><b><u>Distribution:</u></b></p> <p><input type="checkbox"/> All Child Care Evaluator Manual Holders</p> <p><input type="checkbox"/> All Residential Care Evaluator Manual Holders</p> <p><input checked="" type="checkbox"/> All Evaluator Manual Holders</p>	<p><b><u>Transmittal No.</u></b> 08RM-11</p> <hr/> <p><b><u>Date Issued</u></b> November 2008</p>
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**Subject:**

Reference Material  
 Health and Behavior – Correction of California Code of Regulations, Title 22 citations

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**Reason for Change:**

Amend Sections 5-1000, 5-1005, and 5-1015  
 Move text from page 60 to page 59

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**Filing Instructions:**

REMOVE – Pages 2, 4, 59 and 60

INSERT – Pages 2, 4, 59 and 60

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**Approved:**

*Original signed by Thomas Stahl*

*11/18/08*

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**THOMAS STAHL** Chief  
 Policy Development Bureau  
 Community Care Licensing Division

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Date

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**RESIDENTIAL CARE FACILITIES FOR THE ELDERLY****5-1000 HEALTH CONDITION RELOCATION ORDER  
AND INTERDISCIPLINARY TEAM REVIEW****5-1000****GENERAL STATEMENT**

Health and Safety Code Sections (1569.54 (b) and (c) provide for the resident of a Residential Care Facility for the Elderly to request an independent review by the Department's Interdisciplinary Team when issued a Health Condition Relocation Order. A Health Condition Relocation Order is issued by the District Office when retention of the resident in the facility is considered inappropriate due to the existence of one or more health conditions that cannot be legally cared for in a residential care facility for the elderly. Health and Safety Code Section 1569.54(b) and residential care facility for the elderly Regulation Section 87638 define and explain the procedure. An order may be issued when the resident has other health conditions which, while not prohibited, appear to be severe enough to endanger the resident or appear to be beyond the ability of the licensee or facility staff to care for properly.

The Interdisciplinary Team review process is initiated by the resident or resident's responsible person and follows its own unique rules and requirements. Independent of the Interdisciplinary Team review process, however, the licensee may request an administrative review (i.e. appeal) of the relocation order and other related deficiencies. Even though the outcome of the Interdisciplinary Team review process may affect the outcome of the administrative review (appeal) process, or vice versa, the Interdisciplinary Team review process should operate independently of the Community Care Licensing Division's administrative review of a licensee's appeal.

**5-1005 ISSUING HEALTH CONDITION RELOCATION ORDER****5-1005**

The LIC 9105 form, "Client Request: Health-Condition Relocation Review" is used to inform the resident of the relocation order.

- Depending on District Office procedure, discuss the relocation with the licensing supervisor or district manager prior to completing the LIC 9105.
- The reason(s) for relocation of the resident must be stated in the LIC 809, and in the LIC 9105 to be issued at the facility.
- The space provided at about the middle of the LIC 9105 next to the phrase "three working days" must be filled in with the date of the third working day following the date of the LIC 9105.
  - Section 87638(b)(1) of the residential care facilities for the elderly regulations defines "working days" to be any day except Saturday, Sunday, or an official State holiday.
  - Do not include the date of the LIC 9105 when computing the three working days time period.

**5-1010 RESIDENT'S REQUEST FOR INTERDISCIPLINARY  
TEAM REVIEW****5-1010**

If the resident or the resident's responsible person wishes to request an Interdisciplinary Team review:

- The request must be in writing and the bottom portion of the LIC 9105 is reserved for this purpose.
  - It is not required that the LIC 9105 form be used to request a review of the Health Condition Relocation Order. A letter or any written request from the resident or responsible person, no matter how informal, should be accepted.

It is not mandatory that the box next to the "I DO NOT WANT a review of my relocation order" on the LIC 9105 form be checked, although doing so would clarify that an Interdisciplinary Team review is not being requested.

- The resident or responsible person must forward the written request for an Interdisciplinary Team review directly to the facility licensee or representative (this may include facility staff), and must do so within three working days following the resident's receipt of the relocation order (LIC 9105).
  - If this time frame is not met, the District Office should decide if sufficient grounds exist to discontinue the Interdisciplinary Team review process. If the review process is discontinued for this reason, the District Office notifies the licensee, resident, and responsible person, if any, of this determination by letter.

**5-1015 LICENSEE SUBMISSION OF LIC 9105****5-1015**

Within two working days of receipt of the resident's written request for an Interdisciplinary Team review, the licensee is required to mail or deliver the LIC 9105 to the District Office. Upon receipt, the resident's request should be routed to the Licensing Program Supervisor as a priority action item. Failure by the licensee to forward the review request to the District Office in a timely manner is a violation of Section 87638(c) of the residential care facilities for the elderly regulations.

If and when it is learned that the resident's request for an interdisciplinary team review has not been forwarded by the licensee, issue a serious deficiency requiring that the licensee mail or personally deliver the resident's request to the District Office within 24 hours.

**5-2530** III. PERSONNEL RECORDS (Continued)**5-2530**

- Foster family agencies failing to monitor a child's in-home medical services as specified in the child's individualized health care plan, and foster family agencies using unqualified or "over-worked" monitors, shall be cited on the LIC 809.  
(Welfare and Institutions Code 17731(c)(8) and (9); California Code of Regulations 80065(a))
- If the foster family agency is in compliance, the Licensing Program Analyst shall document on the LIC 809 that the above personnel requirements have been met.

2. Training Requirements**Procedures**

- The Licensing Program Analyst shall cite on the LIC 809, failure by the foster family agency to maintain documentation of the completion of training or, if training is exempted, documentation of professional qualifications and team waivers, in the specialized foster care home case record.  
(California Code of Regulations 80069.7(b)(6))
- Failure by the foster family agency to ensure that all non-exempt training and additional training is completed by the certified foster parent and other persons caring for a child with special care needs shall be cited on the LIC 809.  
(California Code of Regulations 88065(a)(5))

**5-2600 REFERENCE MATERIAL****5-2600****5-2610 I. GLOSSARY OF MEDICAL TERMS****5-2610**

**Acquired Immune Deficiency Syndrome** – Acquired Immune Deficiency Syndrome. A secondary immunodeficiency syndrome resulting from Human Immunodeficiency Virus infection and characterized by opportunistic infections, malignancies, neurologic dysfunction, and a variety of other syndromes.

**Aerosol Therapy** – The function of aerosol therapy is the inhalation of a solution of liquid medication suspended in droplet form in the air (aerosol) for direct deposition in the tracheobronchial tree. Aerosols are generated by nebulizers powered by heat, hand, compressed gas, ultrasound, or intermittent positive breathing machine. Administration is achieved with the encouragement of deep breathing. Nebulization through a tracheostomy tube requires the use of a special adapter. **Complications:** nebulizers and connections can be a source of infection; improper use of the nebulizer can diminish the effect of treatment.

**Alkalosis** – A condition in which the alkalinity of the body tends to increase beyond normal due to excesses of alkalites or withdrawal of acid or chlorides from the blood.

## 5-2610 I. GLOSSARY OF MEDICAL TERMS (Continued)

5-2610

**Anoxia** – Oxygen deficiency.

**Apnea** – Cessation of breathing, usually of a temporary nature. It is characterized by a gradual increase in the rate of breathing until it ends in a gasp followed by the gradual decrease until the respiration ceases, then breathing begins again. Another form is sometimes noticed when the respiration gradually increases in force and frequency and then suddenly ceases. The child may require stimulation such as rubbing the child's back or turning the child over. In an acute episode, CPR may be required.

**Apnea Monitor** – A device which uses a mattress, chest belt or electrodes, designed to sound an alarm when the infant ceases to breathe.

**Asphyxia** – A decrease in the amount of oxygen and an increased amount of carbon dioxide in the body as a result of some interference with respiration.

**Ataxia** – Muscular incoordination, especially manifested when voluntary movements are attempted.

**Atelectasis** – A collapsed or airless condition of the lung.

**Aspiration** – To draw in or out by suction. Foreign bodies may be sucked into the nose, throat, or lungs on inspiration.

**Asthma** – A generally chronic disorder characterized by wheezing, coughing, difficulty in breathing, and a suffocating feeling, usually caused by an allergy to ingested substances. Status asthmaticus is a more or less continuous asthmatic state which may last for hours or days, and is resistant to treatment.

**Atomizer (Nebulizer)** – Apparatus for changing jet of liquid into a spray.

**Bronchopulmonary Dysplasia** – A chronic lung disorder in infants who have been treated for respiratory distress with intermittent mandatory ventilation. At 28 days of age they will have respiratory distress, characteristic x-ray changes, and an ongoing need for oxygen.

**Candidiasis** – Yeast infection.

**Cardiac Sphincter** – Plain muscle about the esophagus at the cardiac opening (upper orifice of stomach connecting with the esophagus).

**Catheter** – A flexible tube for evacuating or injecting fluids. The tube may be made of elastic, elastic web, rubber, glass, or metal.

**Chlorothiazide** – Drug used as a diuretic and antihypertensive.