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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> 11 RCFE - 04</p> <hr/> <p><b><u>Date Issued</u></b> December 2011</p>
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**Subject:**

Residential Care Facilities for the Elderly - Resident Records

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**Reason for Change:**

Update record requirement policy during the sale or transfer of facility property.

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**Filing Instructions:**

REMOVE – Pages 109 through 118.2

INSERT – Pages 109 thorough 118.2

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**Approved:**

***ORIGINAL DOCUMENT SIGNED BY***  
*Thomas Stahl, Chief*

*December 23, 2011*

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

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Date

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**POLICY** (continued)

the services. The resident pays the fixed monthly fee regardless of whether or not each and every service is used. The facility must meet all of the resident's basic services needs for the fixed monthly fee. The licensee may (but does not have to) reduce the fixed fee because of services not used by the resident but may not **increase** the fee.

2. A fee for each and every service to be provided. The resident selects and pays for only those services that he or she needs and wants, and does **not** pay for services that he or she does **not** need or want (e.g., daily breakfast). The list of services is part of the admission agreement. Basic services (as identified in regulations) must be delineated as basic services, and any optional services (such as cosmetology and barbering) must be delineated as optional services.
3. A combination of (1) and (2) above. The licensee provides the resident with two separate lists of services. One list includes those services that will be provided for a fixed fee. The other list includes additional services with an individual fee for each service, such as additional baths above what the licensee offers for the fixed fee. Whether included in the fixed fee list or additional services list, basic services must be delineated as basic services, and any optional services must be delineated as optional services.

(c)

**POLICY**

The resident may choose which services he or she wants. (Optional services and their fees may also be posted elsewhere in the facility, accessible to residents.) The monthly payment is a total of the fixed fee and the fees for the additional services selected by the resident.

In all cases the admission agreement must clearly indicate what the charges are and the services provided for the charges. No fee may be charged that is not clearly stated in the admission agreement. The agreement would need to be revised if the resident's needs (as documented by a reappraisal) and/or use of services increased (or decreased). Any increase in charges because of increased needs may be implemented immediately, as long as the agreement includes a notice that charges will increase if/when the resident's need for services increases, and as long as at least 30 days have passed since the signing of the admission agreement.

Other increases in charges, such as cost-of-living increases, cannot be implemented immediately, but require a 30-day notice.

Even in those cases in which the resident is unable to pay for the increased service, the licensee is responsible for meeting the resident's needs and remains responsible until the resident is relocated.



**87508      REGISTER OF RESIDENTS ( Continued)**

**87508**

However, if separate sheets are used, they must be stored in a single folder or binder to ensure that information on all residents is centrally located. All information must be legible.

**PROCEDURE**

When inspecting facility records, review the register to ensure that this requirement is being met. A review of 10 percent or a minimum of 10 percent of the residents' record files should be checked to verify the validity of the register. (If the review reveals any substantial problems, more records should be sampled.) If the capacity of the facility is fewer than ten residents, review 100 percent of the register against the residents' files.

**ARTICLE 10. FOOD SERVICES**

**87555      GENERAL FOOD SERVICE REQUIREMENTS**

**87555**

(a)

**PROCEDURE**

In evaluating the quality and quantity of food, use the USDA Basic Food Group Plan – Daily Food Guide.

If it is questionable whether a facility meets this requirement, document on the Facility Evaluation Report (LIC 809) what food is available and discuss with the licensing supervisor the need for consultation from a nutritionist. If there are documented sanitation problems, discuss with the licensing supervisor the need for consultation from a local sanitarian. See Regulation section 87303.

(b)(2)

**POLICY**

If a resident is away from the facility during regularly scheduled meal times (e.g., to attend a program or class, etc.), the licensee must provide the resident with a “brown bag” meal that meets the requirements of Regulation section 87555(a), OR enough money to buy a meal that meets the requirements of Regulation section 87555(a). These arrangements must be clearly documented in the admission agreement. The admission agreement should indicate:

1.      The day(s) of the week and times when the resident will or will not be dining at the facility.
2.      Estimated average cost of facility meals.
3.      That either a “brown bag” meal or money will be provided.





**PROCEDURE**

Review facility menus and document the need for a consultation on the Facility Evaluation Report (LIC 809) or the Complaint Investigation Report (LIC 9099) as appropriate.

Examples include but are not limited to: milk and other dairy products; meat; fish; poultry; eggs; fresh fruits and vegetables; bread and other baked products; all prepared items; and leftovers such as thawed frozen foods and opened canned foods. Perishables must be stored in covered containers at 40 degrees F or less.

If it is suspected that the temperature of a refrigerator exceeds 40 degrees F (e.g., items in the refrigerator are not cold to the touch, cheese or butter is softened, etc.), use a holding thermometer to check the temperature.

(b)(27)

**PROCEDURE**

Check the following:

1. Cleanliness of refrigerators. Frost accumulation is one sign that a refrigerator has been inadequately cleaned.
2. Cleanliness of floors and walls.
3. Cleanliness of cabinets and counters.
4. Cleanliness of large and small appliances.
5. Dry storage area. Check for cracks and crevices that would allow entry of rodents, and check for damaged screens or windows that would allow entry of insects. Look under items stored on the floor and behind food on shelves for evidence of infestation. Check for rodent and insect infestation by opening all of the containers and storage bins. Food should not be stored directly on the floor.
6. Look for contamination by bugs, worms or weevils; and for rat and mice droppings, gnawings and tracks.
7. Although sanitation inspections are not routinely requested for every facility, if there is a serious question regarding such matters as proper food preparation and storage, sanitizing of dishes, insect control or general sanitation, discuss with the licensing supervisor the need for such an inspection. Refer to Regulation and Regulation Interpretations Section 87303.

(b)(31)(B)

**POLICY**

Low-energy dishwashers not reaching 165 degrees F are acceptable if they automatically dispense a sanitizing agent.



2. Persons in postural supports must be observed at least every 30 minutes, or more often as needed, by a staff person responsible for the resident's care or by a person in a higher level of supervision. Observations must be recorded (e.g., by use of a card file, list, log, etc.). This documentation must be kept on file at the facility.

At change of duty (shift change, etc.), incoming responsible staff must acknowledge in writing (on a card file, list, log, or in the resident's file) that the resident is in a postural support. This is necessary to ensure that incoming responsible staff are aware of the resident's situation. A notation must be made in the resident's record whenever a postural support is applied to and/or removed from the resident.

(a)(4) **POLICY**

No form of postural support is permitted without an appropriate fire clearance from the State Fire Marshal. Persons who use postural supports are considered nonambulatory for the purpose of securing an appropriate fire clearance. On the Fire Safety Inspection Request (STD 850), the facility's intent to use postural supports should be noted in the Restraint or Special Conditions section.

(a)(4) **PROCEDURE**

Note that the facility intends to use postural supports in the Restraint or Special Conditions section of the STD 850. (See Regulation sections 87203 and 87202.)

(a)(5) **POLICY**

Restraints include the use of prone or supine containment as a method of controlling a resident's behavior. Prone or supine containment is a restraint procedure in which a resident is contained in a prone or supine (face down or face up) position on the floor or on a bed by staff who apply their weight to the resident's legs, arms, buttocks and shoulders.

The prohibition against prone or supine containment is not intended to preclude the use of reasonable force in emergency situations in which an assaultive resident threatens death or serious injury to self or others. Any restraint should be considered an unusual incident that must be reported in writing within seven days as required by Regulation section 87211(a)(1).

The unusual incident report must include a description of the resident's assaultive behavior, the containment method used and its duration, and staff involved. The need for the use of prone or supine containment is evidence that the resident in question is not appropriate for continued placement in a residential care facility for the elderly.

For those facilities in which behavioral restraints have been allowed in the past, the licensing agency will reevaluate the exceptions at the time of the required annual visit and/or the random sample visit or when the exception expires, whichever is earlier, and determine if the exception meets the criteria specified in this policy.

**87608      POSTURAL SUPPORTS (Continued)**

**87608**

When a facility is using behavioral restraints and is not complying with this policy, the licensing agency will advise the licensee that the restraints must be discontinued or the resident(s) relocated.

**87609      ALLOWABLE HEALTH CONDITIONS AND THE USE OF HOME  
HEALTH AGENCIES**

**87609**

(a) **POLICY**

A licensee of a residential care facility for the elderly shall be permitted to accept or retain persons who have a health condition(s) that requires incidental medical services. This includes accepting or retaining a resident who tests positive for the Hepatitis C virus. No written request for an exception is required for this health condition.

Hepatitis C is an infection caused by a virus that attacks the liver and leads to inflammation. Chronic Hepatitis C can cause cirrhosis, liver failure, and liver cancer. Most people infected with the Hepatitis C virus have no symptoms. Early symptoms can be a mild fever, headache, muscle aches, fatigue, loss of appetite, nausea, vomiting and diarrhea. Later symptoms may include dark coffee-colored urine, clay-colored stools, abdominal pain and yellowing of the skin and/or whites of the eyes.

Facility personnel shall at all times be sufficient in numbers, and competent to provide the services necessary to meet the resident's needs and the needs of other residents in the facility. The licensee must ensure that prior to providing care for a resident who has the Hepatitis C virus, direct care staff are trained to meet health and safety requirements and any other procedures recommended by the appropriately skilled professional for the protection of the resident who has the virus, and other residents and staff. As required, all staff who assist residents with personal activities of daily living shall receive training on universal precautions as specified in California Code of Regulations, title 22, section 87411(c)(3)(B). The universal precaution basic infection control guidelines are described in California Code of Regulations, title 22, section 87101(u)(1), under definitions. The licensee must also meet the requirements in California Code of Regulations, title 22, section 87611(b) – (f), General Requirements for Allowable Health Conditions.

(a) **PPOCEDURE**

Direct care staff must receive training to safely meet the needs of a resident diagnosed with the Hepatitis C virus and to maintain a safe environment for everyone in the facility. Direct care staff must use universal precautions, including regular hand washing after coming into contact with another person's body fluids (mucous, saliva, urine, etc.) and including the use of gloves when handling blood or body fluids that contain blood. The Hepatitis C virus is transmitted by blood, shared needles, accidental needle sticks, and sexual contact (in rare cases). If a resident has the Hepatitis C virus, household equipment such as toothbrushes and razors must not be shared.

**87609      ALLOWABLE HEALTH CONDITIONS AND THE USE OF HOME      87609**  
**HEALTH AGENCIES (Continued)**

(a) **PPOCEDURE (Continued)**

Also, items that could become contaminated with blood must not be shared, including cuticle scissors or tools used for a pedicure or manicure. Cuts, open sores, or other breaks in the skin must be covered to prevent the risk of blood exposure to others. Care must be given if the resident has canker or cold sores and right after that individual flosses. In addition, a bleeding hemorrhoid would be a risk to others if a resident has a Hepatitis C virus. The Hepatitis C virus is not spread by food or water or casual contact, such as shaking hands or sharing a work space or bathroom facility.

Hepatitis C is not treated unless it becomes chronic. A physician will determine what course of medical intervention is necessary, if treatment is needed. Chronic Hepatitis C is treated with drugs that slow or stop the virus from damaging the liver. Chronic Hepatitis C is most often treated with a drug combination, which can be taken through weekly injections and/or taken daily by mouth. Treatment for Hepatitis C usually lasts from 24 to 48 weeks.

If a resident cannot self-inject and needs an injection to treat the virus, then an appropriately skilled professional must be available to meet those needs, and the requirements for injections must be met as specified in California Code of Regulations, title 22, section 87629. California Code of Regulations, title 22, section 87303(f), Maintenance and Operation, specifies how waste shall be stored and disposed of, which includes information on solid waste and needles and syringes (which may be needed to treat the Hepatitis C virus).

**87615      PROHIBITED HEALTH CONDITIONS      87615**

(a)(4) **POLICY**

Some bacteria that can cause infection have developed a resistance to certain antibiotics. Among these are methicillin-resistant staphylococcus aureus (MRSA) and vancomycin-resistant enterococci (VRE). Antibiotic resistant bacterial infections are most often contracted in hospitals and brought into facilities by patients upon hospital discharge. The elderly are at high risk because their health and immune systems are generally less robust than those of younger people.

If a resident is diagnosed with a methicillin-resistant staphylococcus aureus or vancomycin-resistant enterococci infection, the resident must be relocated elsewhere, such as to an acute care hospital or a skilled nursing facility, until the infection is cleared unless the facility applies for and receives an exception. Regulation section 87616, Incidental Medical Related Services Exceptions, allows a licensee to submit a written exception request if he/she agrees that the resident has a prohibited health condition but believes that the intent of the law can be met through alternative means.