EVALUATOR MANUAL TRANSMITTAL SHEET

Distribution:	**Transmittal No.** 16GLR-02
__X__ **Adult and Senior Care Program** _____ **Children's Residential Program** _____ **Child Care Program** _____ **All Programs**	**Date Issued** April 2016

Subject:

Regulation Interpretations and Procedures for General Licensing Requirements
Section 80069, Client Medical Assessments
Section 80070, Client Records
Section 80075, Health-Related Services

Reason for Change:

Revised three (3) sections of the Regulation Interpretations and Procedures for General Licensing Requirements.

Filing Instructions:

REMOVE: page 84, 85, 94-96

INSERT: page 84, 84.1, 85, 85.1, 94-96

Approved:

Original signed by Seton Bunker ***4/26/2016***

Seton Bunker, Chief Date
Policy & Process Management Bureau
Community Care Licensing Division

Contact Person: Seton Bunker Phone Number: (916) 651-3495

80068 ADMISSION AGREEMENTS (Continued) **80068**

(b)(1) **PROCEDURE**

Refer to Sections 80001 b.(1), b.(2) and c.(2) for clarification.

(b)(3) **POLICY**

The basic rate charge for clients who are Supplementary Security Income/State Supplementary Payment recipients shall not exceed the government prescribed rate.

PROCEDURE

Refer to Sections 80001 b.(1), b.(2) and c.(2) for clarification. (See Appendix for Supplementary Security Income/State Supplementary Payment Standards.)

(d) **POLICY**

Original admission agreements may be revised, or addendums may be attached, provided each are signed and dated as required by this regulation.

80069 CLIENT MEDICAL ASSESSMENTS **80069**

NOTE: This policy for medical marijuana applies to adult community care facilities only.

Health and Safety Code Section 11362.5 permits the use of medical marijuana for medical purposes and provides the following:

- Medical use of marijuana must be "recommended by a physician who has determined that the person's health would benefit" from the use of marijuana in the treatment of a specified disease and illness "or any other illness for which marijuana provides relief."
- The person for whom marijuana has been recommended may designate a "primary caregiver" defined as the individual "who has consistently assumed responsibility for the housing, health, or safety" of that person.
- Both the patient and the patient's primary caregiver are allowed to possess or cultivate marijuana for the personal medical purposes of the patient.

Note: Licensees caring for clients who have a designated primary caregiver or who cultivate marijuana for medical purposes pursuant to the Medical Marijuana Program are not in violation of licensing laws unless the facts and circumstances create conditions that can be viewed as conduct inimical to the health, safety, or welfare of clients in care.

Medical marijuana comes in various forms, including plant, tinctures and candies; it does not include Marinol, a prescription drug containing a synthetic form of tetrahydrocannabinol (THC).

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

Medical marijuana in smoking form remains subject to the smoking restrictions in other laws and regulations (Health and Safety Code, Section 11362.785(a) and 11362.79).

If a client possesses marijuana which has been recommended by a licensed physician for medicinal use and the facility complies with applicable regulations regarding the storage, administration, and documentation of such medication, then there is no violation with regard to such possession, storage and use of marijuana by the patient-client.

The determination of acceptance and retention of a client is based on the licensee's ability to ensure the health and safety of the individual client and the other clients in care. Licensees continue to have discretion in evaluating a client's suitability for acceptance and retention and to stipulate conditions in the admission agreement.

PROCEDURE

Discuss with the licensee and require a corrected client medical assessment if the current medical assessment does not indicate all of the information required in Section 80069(c).

For ARFs and SRFs, discuss with the licensee and require a corrected client medical assessment if the current medical assessment does not indicate all of the information required in Section 80069(d).

(c) **POLICY**

The Physician's Report (LIC 602), meets this regulation and is available to licensees.

Review client medical assessments to ensure each has been properly signed and dated by a physician or a medical professional, such as a nurse practitioner or physician assistant under the direct supervision of a physician.

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

(c) **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.

(c)(2) **PROCEDURE**

NOTE: This procedure for medical marijuana applies to adult community care facilities only.

The client's medical marijuana should be received and documented in the same manner as all other medications. Prior to accepting a person as a client, the licensee must obtain documentation of a medical assessment, signed by a physician, which must include a record of all medications (California Code of Regulations, Title 22, Section 80069). In addition, a client's record in a facility must contain the report of the medical assessment, a record of current medications, and instructions, if any, regarding control and custody (storage) of medications (California Code of Regulations, Title 22, Section 80070(8), (10)).

The requirements for accepting individuals who use medical marijuana are the same as with other medications. The individual who has a recommendation for medical marijuana would need:

A physician's written recommendation that includes the following:

- The client's name
- The physician's name
- The drug name

Optional information that may also be provided:

- The recommended dosage
- The recommended hours between doses and the recommended maximum 24-hour dose
- The form in which the medical marijuana will be used
- A statement about the client's ability/inability to self-administer medical marijuana

State law does not require specific dosage information for medical marijuana; therefore, it is treated like a PRN medication. However, if specific instructions are provided by the recommending physician they shall be followed.

Because of existing medical and legal issues relating to medical marijuana dosages, assistance with the self-administration of medical marijuana may be provided only to clients who are able to determine and communicate their own personal needs for the medication. An exception may be considered if specific dosage and usage instructions are provided by the recommending physician.

80070 CLIENT RECORDS 80070

(b)(10) **PROCEDURE**

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

NOTE: This procedure for medical marijuana applies to adult community care facilities only.

The client's medical marijuana should be received and documented in the same manner as all other medications. A client's record in a facility must contain the report of the medical assessment, and a record of any current centrally stored medications.

See Regulation Interpretations and Procedures for General Licensing Requirements Section 80069 for more information about medical marijuana.

(c) **PROCEDURE**

For adult facilities during the process of selling or transferring property the licensee may be asked to or may have provided information about the clients/resident's cared for at the facility to persons interested in taking control of the facility. A client/resident's confidentiality must be respected even during the sale and transfer of property. For example, the range of care needs of the clients/residents in general can be provided however identifying information about the individual client/resident would be violating the confidentiality of the client/resident. The party interested in buying or taking possession of the property would have a right to the confidential information if the party became the licensee or is associated with the facility as an employee. Any violation by sharing confidential information during the process of selling or transferring property must be cited by the licensing program analyst.

(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).

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 <u>one</u> 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 <u>has authority</u> 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 licensees/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) **PROCEDURE**

California law requires a physician's recommendation that a person's health would benefit from the use of marijuana in the treatment of a specified condition or any other illness for which it provides relief.

Because of existing medical and legal issues relating to medical marijuana dosages, assistance with the self-administration of medical marijuana may be provided only to clients who are able to determine and communicate their own personal needs for the medication. An exception may be considered if specific dosage and usage instructions are provided by the recommending physician.

See Regulation Interpretations and Procedures for General Licensing Requirements Section 80069 for more information about medical marijuana.

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

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

(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.

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

(e)(2)(C) **PROCEDURE**

The regulatory prohibition against smoking where oxygen is in use covers all smoking, including, but not limited to, the smoking of tobacco, herbs, and medical marijuana (Health and Safety Code, Section 11362.785(a) and 11362.79).

(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.

Online training for cardiopulmonary resuscitation (CPR) and first aid is permitted. Currently a hands-on practice component is not required; however, it is recommended that any online training that has a skills competency component, e.g. First Aid and CPR, include a hands-on practice component. The hands-on practice component would increase the confidence level of the participant and consequently augment staff's ability to perform their job duties. The hands-on practice component should be provided and overseen by an on-site instructor and address skills appropriate to the clients served.