

EVALUATOR MANUAL TRANSMITTAL SHEET

<p><u>Distribution:</u></p> <p><input checked="" type="checkbox"/> Adult and Senior Care Program <input type="checkbox"/> Children's Residential Program <input type="checkbox"/> Child Care Program <input type="checkbox"/> All Programs</p>	<p style="text-align: center;"><u>Transmittal No.</u></p> <p style="text-align: center;">16RCFCI-01</p> <hr/> <p style="text-align: center;"><u>Date Issued</u></p> <p style="text-align: center;">April 2016</p>
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Subject:

Regulation Interpretations and Procedures for Residential Care Facilities for the Chronically Ill
 Section 87822, Plan of Operation
 Section 87870, Resident Records
 Section 87894, Resident Medical Assessments
 Section 87896, Resident Individual Services Plan/Team
 Section 87897, Oxygen Administration
 Section 87913, Smoking
 Section 87914, Medications
 Section 87915, Storage of Medications
 Section 87916, Self-Administered Medications
 Section 87918, Medication Procedures
 Section 87919, Medication Documentation

Reason for Change:

Revised seven (7) sections and added four (4) new sections to the Regulations Interpretations and Procedures for Residential Care Facilities for the Chronically Ill.

Filing Instructions:

REMOVE: pages i, 3.4, 17, 18, 22, 25, 27, 28

INSERT: pages i, 3.4, 17, 17.1, 17.2, 18, 18.1, 21.1, 22, 25, 25.1, 27, 28

Approved:

Original signed by Seton Bunker

4/26/2016

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EVALUATOR MANUAL
RESIDENTIAL CARE FACILITIES FOR THE CHRONICALLY ILL
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87819.1 CRIMINAL RECORD EXEMPTION (Continued)**87819.1**

C. The Licensing Agency always reserves the right to make a visit to a facility to determine if an individual has been removed from the facility. If at any time the Licensing Program Analyst has reason to believe that the individual is still working or residing in the facility, the analyst must consult with the Local Unit Manager to determine if and when an on-site visit is necessary to investigate the situation. If it is determined that the individual is still working or residing in the facility during the visit, then the Licensing Program Analyst will:

1. Inform the licensee or designee that the individual must be removed from the facility that day, and failure to comply with the order to remove the individual is grounds for administrative action against the license.
2. Issue a citation for violation of Section 87819.1(a) for failure to remove the individual.
3. Consult with the Local Unit Manager to initiate the appropriate administrative action (revocation and/or temporary suspension order).

87822 PLAN OF OPERATION**87822****(b)(17)****PROCEDURE**

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

87870 RESIDENT RECORDS (Continued)**87870****PROCEDURE**

Do not require a Durable Power of Attorney; however, when reviewing clients records, if there is a Durable Power of Attorney on file, check to ensure that appropriate signatures are affixed.

- (c) During the process of selling or transferring property the licensee may be asked to or may have provided information about the clients/residents 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)(8)(11)**PROCEDURE**

The resident's medical marijuana should be received and documented in the same manner as all other medications. Prior to accepting a person as a resident, the licensee must obtain documentation of a medical assessment, signed by a physician, which must include a record of all medications and an indication whether the medication should be centrally stored. In addition, a resident'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 Residential Care Facilities for the Chronically Ill Section 87894 for more information on medical marijuana.

87872 PERSONAL RIGHTS**87872****(a)(9)****POLICY**

Refer to information on crushing medication in Evaluator Manual Section 87918(f), Medication Procedures.

(b)**POLICY**

Refer to information specifying what authorization is required in order to crush medications, in Evaluator Manual Section 87918(f), Medication Procedures.

87893 GENERAL REQUIREMENTS FOR ALLOWABLE CONDITIONS**87893****(h)****POLICY**

Refer to information on crushing medication in Evaluator Manual Section 87918(f), Medication Procedures.

87894 RESIDENT MEDICAL ASSESSMENTS**87894**

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

87894 RESIDENT MEDICAL ASSESSMENTS (Continued)**87894**

- 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 residents 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).

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 resident 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-resident.

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

(b)(3)**PROCEDURE**

The resident’s medical marijuana should be received and documented in the same manner as all other medications. Prior to accepting a person as a resident, the licensee must obtain documentation of a medical assessment, signed by a physician, which must include a record of all medications. In addition, a resident’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 87870(b)(8), (11)).

87894 RESIDENT MEDICAL ASSESSMENTS (Continued)**87894**

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 resident'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 person'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 residents 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.

(b)(4)

POLICY

If a facility has a resident who is unable to fill his/her own syringe due to blindness, tremors, or arthritis, etc., verification of the condition should be included on the medical assessment. (See Evaluator Manual Section 87903 on diabetes, Section 87904 on injections, and Section 87915(a)(4) on being granted an exception for an registered nurse to pre-fill syringes.)

PROCEDURE

Check the residential care facilities for the chronically ill's file to make sure that a physician has provided written verification that states:

1. The resident cannot fill his/her own syringe due to blindness, tremors, arthritis, etc.;
2. The resident's need for insulin is stable (if resident is diabetic); and
3. The resident is cognitively and physically competent to inject his/her own medication.

87896 RESIDENT INDIVIDUAL SERVICES PLAN/TEAM**87896**

(a) & (a)(1)

PROCEDURE

Check to see that the Individual Services Plan coincides with the written facility plan when the licensee of a facility is requesting an exception be granted to pre-fill insulin syringes for a diabetic resident. An residential care facilities for the chronically ill has the added protection of having a Registered Nurse Case Manager, so find out his/her role when an exception is requested to pre-fill insulin syringes for a diabetic resident. (Refer to Evaluator Manual Section 87894(b)(4) above)

(a) and (c)(4)

POLICY

The resident's participation in the Medical Marijuana Program must be documented in the resident's Individual Services Plan.

See Regulation Interpretations and Procedures for Residential Care Facilities for the Chronically Ill Section 87894 for more information about medical marijuana.

87897 OXYGEN ADMINISTRATION**87897**

(b)(3)(C)

POLICY

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).

87903 DIABETES**87903**

(a)(2)

POLICY

If a licensee is requesting an exception to be allowed to pre-fill insulin syringes for a diabetic resident, see Evaluator Manual Section 87915(a)(4).

See Evaluator Manual Section 87904(a)(2) pertaining to drawing-up medication into a syringe for immediate injection, pre-filling syringes, and who may administer injections.

See Evaluator Manual Section 87865(g)(3) on suggested training to care for a diabetic resident.

(b)(1)

POLICY

See Evaluator Manual Section 87903(a)(2) above.

(b)(2)

POLICY**Storage of Insulin and Insulin Syringes**

1. Insulin stored at room temperature should be used within one (1) month; otherwise, it should be refrigerated.
2. Once an insulin vial has been opened, it can only be stored in the refrigerator for three months.
3. Unopened insulin stored in the refrigerator is effective through the expiration date.

87903 **DIABETES** (Continued)**87903**

(b)(2)

POLICY (Continued)

4. Insulin should be kept out of direct sunlight and away from heat and cold.
5. If a facility has only one diabetic resident, who has his/her insulin syringes pre-drawn, the vial of insulin, together with the individual pre-filled insulin syringes, may be stored in the resident's room or be centrally **stored** in a separate locked box in a refrigerator or stored in a separate container in a locked drawer, cabinet, etc.
6. If there is more than one diabetic resident in a facility who has his/her insulin syringes pre-drawn, special care should be taken to ensure that medications do not get mixed up. Nurses and pharmacists, with whom the Department has consulted, have suggested that the following procedures represent best practice, but in an residential care facilities for the chronically ill the Registered Nurse Case Manager may have an equally safe alternative:

87913 SMOKING**87913**

There is no statutory or regulatory provision guaranteeing residents the right to smoke in facility. There is State law (Labor Code 6404.5) which guarantees employees the right to a smoke-free working environment. Therefore, licensees cannot be cited on the basis of violating the personal rights of residents in imposing restrictions on their smoking. Licensees are required to comply with the mandates of Labor Code 6404.5 by providing their employees a smoke-free environment, or be subject to penalties by the State.

Labor Code 6404.5 applies to most places of employment (including care facilities) with a total of more than five employees. It also applies to facilities with five or fewer employees but allows smoking under certain conditions in certain locations.

(a)(1) POLICY

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

87914 MEDICATIONS**87914**

See Regulation Interpretation and Procedures for Residential Care Facilities for the Chronically Ill Section 87916 for information on medical marijuana.

87915 STORAGE OF MEDICATIONS**87915****(a) PROCEDURE**

Prior to accepting a person as a resident, the licensee must obtain documentation of a medical assessment, signed by a physician, which must include a record of all medications and an indication whether the medication should be centrally stored. In addition, a resident's record in a facility must contain the report of the medical assessment, and a record of any current centrally stored medications.

Licensed Community Care Facilities shall ensure that no dangers or safety hazards are present related to any medical marijuana maintained or stored at the facility. If centrally stored, medical marijuana shall be stored with the same requirements as other medications. Information specified in the resident's records relating to the storage of medical marijuana shall contain as much information as is provided by the recommending physician.

See Regulation Interpretations and Procedures for Residential Care Facilities for the Chronically Ill Section 87894 for more information on medical marijuana.

(a)(1)**POLICY**

See Evaluator Manual Section 87903(b)(2) for the locked storage of insulin syringes.

(a)(1)(A)**POLICY**

A diabetic resident may have his/her own key for locked storage of his/her pre-filled insulin syringes in his/her own room, but staff responsible for centrally stored medications should also have the key. (See Evaluator Manual Section 87903(b)(2) for clarification.)

87915 STORAGE OF MEDICATIONS (Continued)**87915**

(a)(1)(B)

POLICY

See Evaluator Manual Section 87903(b)(2) for information on refrigerating insulin or pre-filled insulin syringes.

(a)(2)

POLICY

See Evaluator Manual Section 87903(b)(2) for the labeling requirements for individual pre-filled insulin syringes.

(a)(3)

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:

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 facility staff following the physician's instructions to make the change. This contact may have been by telephone or in person, and should be documented in writing.

87915 STORAGE OF MEDICATIONS (Continued)**87915****PROCEDURE (Continued)**

5. Has stated in his/her plan that only a registered nurse will pre-fill **insulin** syringes for no more than seven days in advance for a diabetic resident who cannot fill up his/her own syringes, and the resident's need for insulin is stable, and the resident is cognitively and physically competent to self-inject.

Restate the licensee's plan back to him/her as conditions of the exception and the licensee then has to comply with everything he/she told the Community Care Licensing Division he/she would do. The licensee should make sure the plan meets the health and safety requirements, is good for the resident, and is logical.

(a)(5)(A) - (K)

POLICY

See Evaluator Manual Section 87903(b)(2) for the labeling requirements when a facility is granted an exception to pre-fill insulin syringes for a diabetic resident.

87916 SELF-ADMINISTERED MEDICATIONS**87916**(a) **POLICY**

California law requires a physician's recommendation that the 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. Therefore, medical marijuana is treated as a PRN medication. Assistance in self-administration of medical marijuana must be given per physician's directions and in accordance with applicable regulations.

See Regulation Interpretations and Procedures for Residential Care Facilities for the Chronically Ill Section 87894 for more information on medical marijuana.

87918 MEDICATIONS PROCEDURES**87918**

The licensee's responsibilities regarding a resident, who is participating in the Medical Marijuana Program, should be consistent with the licensee's role regarding the use of other medications.

See Regulation Interpretations and Procedures for Residential Care Facilities for the Chronically Ill Section 87894 for more information on medical marijuana.

(a) **POLICY**

If a facility was granted an exception from Regulation Section 87915(a)(4) and is allowed to pre-fill insulin syringes for a diabetic resident, syringes may be pre-filled seven days in advance. (See Evaluator Manual Section 87903(b)(2).)

(e) **POLICY**

Refer to information on crushing medication in Evaluator Manual Section 87918(f), Medication Procedures.

87918 MEDICATIONS PROCEDURES (Continued)**87918**

(f)

POLICY

No exception is necessary in order to crush a resident's medication to enhance swallowing or taste.

Conditions under which a resident's medication may be crushed:

1. To enhance swallowing or taste, but never to disguise or "slip" it to a resident without his/her knowledge.

87918 MEDICATION PROCEDURES (Continued)**87918****PROCEDURE**

Review the resident's file for the following written documentation: (See Evaluator Manual Section 87918(f) above for the specific information required for each item below.)

1. A physician's order that allows medication to be crushed and specifies what medication can be crushed;
2. The 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
3. A consent form that gives authorization for medication(s) to be crushed.

87919 MEDICATION DOCUMENTATION**87919****(a) POLICY**

If a facility is granted an exception to allow a registered nurse to pre-fill insulin syringes for a diabetic resident, additional record keeping may be required as a condition of the exception.

PROCEDURE

The resident's medical marijuana should be received and documented in the same manner as all other medications. Prior to accepting a person as a resident, the licensee must obtain documentation of a medical assessment, signed by a physician, which must include a record of all medications and an indication whether the medication should be centrally stored. In addition, a resident'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 Residential Care Facilities for the Chronically Ill, Section 87894 for more information on medical marijuana.

(b) PROCEDURE

See the exception to determine if there are any additional requirements.

87923 FIRST AID REQUIREMENTS**87923****(a) POLICY**

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

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. They shall not provide training to other employees unless they are also certified as Standard First Aid instructors. Licensed medical professionals include; physicians, registered nurses and licensed vocational nurses, and psychiatric technicians. They do not include Home Health Aides or Certified Nursing Assistants.

87923 FIRST AID REQUIREMENTS (Continued)**87923**

Facility employees shall not provide training to other employees unless they are also certified as Standard First Aid Instructors.

Staff such as cooks, gardeners, and janitors are 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 residents.

(a) **POLICY (Continued)**

Online training for 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) 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.

(a) **PROCEDURE**

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

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