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ADULT AND SENIOR CARE UPDATE JANUARY 2014



Welcome to the **January Edition** of the *Adult and Senior Care Update*. Our goal is to provide you with timely and relevant information about issues that affect adult and senior care licensed facilities. Please review this *Update* and share it with members of your organization, as well as with others interested in adult and senior care issues.

DEPRESSION-RELATED ISSUES FOR RESIDENTS IN RESIDENTIAL CARE FACILITIES FOR THE ELDERLY and ADULT RESIDENTIAL FACILITIES

The Community Care Licensing Division (CCLD) wishes a Happy New Year to all residents and licensees of Residential Care Facilities for the Elderly and Adult Residential Facilities. As the holiday season and the cold winter months can be a difficult time for older adults, especially those who may be experiencing financial limitations, a loss of independence, loneliness, separation from loved ones, and/or failing physical abilities, CCLD reminds licensees to watch for signs of increased depression in older adults. The following resources contain information regarding depression in older adults. Licensees are the first line of defense in caring for our residents. It is important that caregivers recognize the signs of depression and be familiar with strategies to assist residents in combating depression. As with any medical condition, please communicate with a resident's physician and responsible party, when applicable, to discuss a resident's specific situation.

Resources

- Geriatric Mental Health Foundation
http://www.gmhfonline.org/gmhf/consumer/factsheets/depression_holidays.html
- Hebrew Senior Life
<http://www.hebrewseniorlife.org/hsl-resources-avoid-holiday-blues>

MEDICATIONS – FEATURE ARTICLE

The California Department of Social Services Community Care Licensing Division recognizes that appropriate medication management is, and will continue to be, a core issue for providers and residents in 2014. Accordingly, this issue of the *Update* is dedicated to medication management in the Residential Care Facility for the Elderly. According to data from a Center for Disease Control 2007-2008 survey, nine out of ten adults aged 60 years and older used one or more prescription drugs within a month's time. It is evident that medication management is an important component of care in residential care facilities.

Knowledge of medications and managing medications is critical to caring for residents with various health conditions or disease progressions. The below identified requirements are particularly important in working with residents who have dementia related disorders, as often times, residents in the latter phase of the disease process are unable to verbally communicate distress or a need for medications.

Licensees are encouraged to continually work with residents and their physicians and responsible parties, when applicable, to ensure that medication usage is appropriate to meeting the residents' documented needs and to ensure that adverse side-effects are brought to the attention of the physicians. Licensees are also reminded that both prescription and non-prescription medications should never be used without a physician's order. In addition, medications are never to be used outside of the parameters of the physician's orders.

Licensees are required to contact a resident's physician whenever staff observes resident behaviors or issues of concern in order to have the resident evaluated by his or her physician. The physician shall provide appropriate interventions to address these concerns. Licensees should work with the physician to ensure that medication is only prescribed when other interventions are not effective. These interventions should be documented in the resident record as well as the administration of any medications.

Lastly, as a best practice, some licensees have complemented the Centrally Stored Medication Log by using a Medication Administration Record or Log. This allows providers to ensure that medications are administered according to the physician's order; medication counts are taken before and after administration of the medications; and staff responsible for the administration of medication is identified. The Medication Administration Record or Log is used by providers to reduce medication errors and provide increased accountability by staff who are assisting residents with the self-administration of medications.

As a reminder to providers, the following codes and regulations, in part, are required to meet the overall medication needs of residents in care.

Assembly Bill 2609 (Evans) Statutes of 2006 added Section 1569.69 to the Health and Safety Code

- This law requires direct care staff in Residential Care Facilities for the Elderly, excluding licensed medical professionals, to meet specified medication training requirements prior to assisting residents with the self-administration of medications.

Additional information such as chaptered legislation is available at: <http://www.cclid.ca.gov/res/pdf/06apx20.pdf>. This law prompted numerous questions which are memorialized in the Department of Social Services Information Release on this law: see <http://www.cclid.ca.gov/res/pdf/200710.pdf>.

Note: Regulations associated with this law are currently under development. In accordance with the rulemaking process, these proposed regulations are estimated to be available for public comment in 2014-2015.

Regulations Relative to Medication in Residential Care Facility for the Elderly

California Code of Regulations, Title 22, Division 6, Chapter 8 (see resources for links to this information).

- Section 87222 (i) – Requirements for Emergency Adult Protective Services Placements
- Section 87406 (a)(1)(B) – Administrator Certification Requirements
- Section 87411 (c)(d) – Personnel Requirements - General
- Section 87455 (b) – Acceptance and Retention Limits
- Section 87458 (b)(3)– Medical Assessment
- Section 87459 (a)(7)(G) – Functional Capabilities
- Section 87464 (f)(3) – Basic Services
- Section 87633 (a)(i)(k) – Hospice (check cite)
- Section 87465 (a) – Incidental Medical and Dental Care
- Section 87506 (b)(d) – Resident Records
- Section 87705 (c) – Care of Persons with Dementia
- Section 87707 (a) – Training Requirements if Advertising Dementia Special Care, Programming and/or Environments

This feature article should convey to licensees that the California Department of Social Services Community Care Licensing Division is dedicated and committed to ensuring that licensees comply with the existing laws and regulations. In addition, resources to support compliance are provided below:

Law, Regulation and Policy References:

- *Health and Safety Code, section 1569.69:*
http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?lawCode=HSC§ionNum=1569.69.
- *California Code of Regulations, Title 22, Division 6, Chapter 8:*
<http://www.dss.cahwnet.gov/ord/entres/getinfo/pdf/rcfeman1.pdf>
- *Department of Social Service's Community Care Licensing Division Regulation Interpretations and Procedures for Residential Care Facility for the Elderly*
<http://cclcd.ca.gov/res/pdf/RCFE.pdf>

Other Resources and Information include, but are not limited to:

- *California Advocates for Nursing Home Reform (CANHR)*
<http://www.canhr.org/stop-drugging/>
- *California Partnership to Improve Dementia Care*
http://www.aging.ca.gov/Programs/LTCOP/Improving_Dementia_Care/

Note: This informational resource may be specific to skilled nursing facilities, but has been determined to be an appropriate resource for Residential Care Facilities for the Elderly providers as the types of medications are similar to those that are prescribed to Residential Care Facilities for the Elderly residents.

- *2012 Beers Criteria - Journal of the American Geriatrics Society*
<http://onlinelibrary.wiley.com/doi/10.1111/j.1532-5415.2012.03921.x/full#leftBorder>

Note: The Beers Criteria are professional guidelines intended to avoid the inappropriate use of medications in older adults.

- *The John Hopkins School of Nursing offers information related to working with individuals with dementia related disorders, (fee associated) at:*
<https://www.coursera.org/course/dementiacare>
- *Center for Disease Control data on Prescription Drug Use*
<http://www.cdc.gov/nchs/data/databriefs/db42.htm>

CARE AND SUPERVISION IN COMMUNITY CARE FACILITIES AND RESIDENTIAL CARE FACILITIES FOR THE ELDERLY

Protecting the health and safety of residents and clients in Community Care Licensed Facilities and Residential Care Facilities for the Elderly is a required and critical component of a licensee's responsibilities. This is accomplished, in part, by the licensee ensuring that appropriate supervision is always provided to residents and clients. Incidents have occurred where a resident or client, who requires supervision, leaves the facility without supervision. In many cases, the resident or client is located unharmed and is safely returned to the facility. However, in some tragic cases, the resident or client suffers harm or death because of inadequate supervision.

When CCLD receives information about these incidents, the Licensing Program Analyst will conduct an investigation. This investigation will include an evaluation of whether the resident or client required supervision. The resident or client records, which include the required initial and ongoing assessments developed and maintained by the licensee, will be used to aid in this evaluation. These assessments should document the level of needed supervision, if any, that is necessary for a resident or client's ongoing care and safety. These assessments ensure that the licensee is continually aware of the appropriate level of supervision that may be required for each resident or client and undertakes the necessary measures to provide the appropriate level of supervision.

It is important that the resident or client records include a complete physician's assessment that identifies the medical diagnosis and the care and supervision needs along with the functional capabilities of the resident or client. This is in addition to the pre-admission and ongoing appraisals of needs and services of the resident or client. The licensee must develop and maintain an updated plan of care based upon these assessments, which should include the licensee's own observations and experiences with the resident or client. Resident assessments must be updated upon any changed medical condition or behavioral observations by facility staff or others who have knowledge of any changed condition(s) of the resident or client.

Not all residents or clients require supervision. It remains essential to health and safety that licensees confirm that, even in these cases, the absence of the need for supervision is documented within the resident's or client's written plan of care or records, and that ongoing observation and updated care plans are completed if conditions change.

By providing continual observation and assessments of the care and supervision needs of the residents and clients, licensees can ensure that needed supervision is always provided and thereby avoid any potential harm.

Assembly Bill 620 Buchanan - Health and Care Facilities: Missing Patients and Participants

Assembly Bill 620 (Buchanan, 2013), effective January 1, 2014, requires community care facilities providing adult residential care or offering adult day programs and

residential care facilities for the elderly to develop and comply with an absentee notification plan for each client or resident for the purpose of addressing issues that arise when a client or resident is missing from the facility. The absentee notification plan requires the administrator of the facility, or his or her designee, to inform the client's or resident's authorized representative, if any, when that client or resident is missing from the facility. The absentee notification plan shall also include the circumstances in which local law enforcement must be notified. For more information on this bill, see:

http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201320140AB620

RESIDENTIAL CARE FACILITIES FOR THE ELDERLY MANAGEMENT COMPANIES

The Adult and Senior Care Program has noted an increase in the number of applicants and licensees who chose to enter into an agreement with a management company that assumes the responsibilities for the day to day facility operation, as defined in the terms of the management agreement. The Adult and Senior Care Program would like to provide a brief overview of the requirements for entering into such an agreement.

"Health and Safety Code Section 1569.10 provides that no person, firm, partnership, association, or corporation within the state and no state or local public agency may operate, establish, manage, conduct, or maintain a residential facility for the elderly in this state without a current valid license or current valid special permit therefor, as provided in this chapter."

Therefore, a management company that enters into an agreement to operate a facility must be added to the license of the applicant owner or licensee owner (in this context, owner means the controller of the property). If the owner is not yet licensed either, then a complete application package including the licensing fee; applicant documents for both the owner applicant and the management company applicant; and a copy of the executed management agreement must be submitted to CCLD. Operations cannot begin until the license is issued unless certain exceptions apply that would be reviewed by CCLD on a case by case basis. The management agreement must specify the division of responsibility for operating the facility. The management company must meet all of the requirements for licensure.

In many cases, the owner is already licensed and is simply adding or changing a management company on the license. In this instance, the owner and management company must submit a copy of the executed management agreement; a new LIC 200 application for licensure; and an application fee based on the capacity of the facility in question. Additionally, the usual applicant documents are required on behalf of the management company except that financial documents may not be required if the management agreement does not identify the management company as having any financial responsibilities. Physical plant application materials are not typically required as the owner has already provided those materials to CCLD as a condition of its licensure.

A new plan of operation is required if the management company will not be fully implementing the plan of operation that the owner licensee is using currently. If the management company will implement fully the owner's current plan of operation, then a statement to that effect, signed by both the owner and the management company, must be submitted to CCLD.

As a reminder, the management company must meet all of the requirements for licensure. In these cases, the management company can begin operating as soon as the completed application package and required licensing fee have been submitted to CCLD, but not before the effective date of the executed management agreement. If the owner and management company prefer to set a date after the date of submission of the application package to CCLD and/or after the date of the executed management agreement, a cover letter indicating the effective date must be included with the application package.

Once a management company is added to the license, it must operate in substantial compliance just as the owner licensee must. Should an agreement be entered with a new management company, the same requirements and responsibilities pertaining to the previous co-licensee management company continue to apply.

If you have any questions or would like technical assistance regarding this matter, please contact your Licensing Program Analyst or the Officer of the Day for assistance.

NEW SUPPLEMENTAL SECURITY INCOME/STATE SUPPLEMENTARY PAYMENT (SSI/SSP) STANDARDS FOR 2014

Please take note of the revised SSI/SSP Payment standards for Non-Medical Out-of-Home Care (NMOHC), effective January 1, 2014.

Supplemental Security Income	\$ 721.00
State Supplementary Payment	<u>\$ 412.00</u>
Total NMOHC Payment Standard	\$1133.00*

The NMOHC Payment Standard includes the following components:

Room and Board	\$ 487.00
Care and Supervision (maximum)	<u>\$ 516.00</u>
Amount Payable for Basic Services	\$1003.00
Personal and Incidental Needs Allowance (minimum)	<u>\$ 130.00</u>
(Must be provided to the recipient)	\$1133.00

*Amounts are double for SSI/SSP couples.

The updated chart is posted www.CCLD.ca.gov

PROMOTIONS AND NEW MANAGERS

Zakiya Ali was promoted to a Licensing Program Manager I on November 18, 2013 in the East Bay Delta Adult and Senior Care Regional Office in Oakland. Previously, she was a Licensing Program Analyst with the Child Care Branch in San Jose and prior to that, she worked for the Adult and Senior Care Program as a Licensing Program Analyst in the San Bruno Office. Zakiya has an undergraduate degree in psychology and statistics from the California State University, East Bay.

Victor Bautista is the new Licensing Program Manager I in the Orange County and Inland Adult and Senior Care Regional Office effective October 1, 2013 after transferring from the CCLD Child Care Office in Monterey Park. He started his career with the CCLD as a Licensing Program Analyst in April 2005 and promoted to a Licensing Program Manager I in May 2012.

SUMMARY

If you have questions about this *Update* or suggestions for future topics, please contact Lori Starnes, Chief, Technical Assistance and Policy Branch at (916) 651-3456. Please visit our website at www.CCLD.ca.gov for copies of past *Updates*, office locations, provider letters, regulations, or to learn more about licensing services.

Sincerely,

Original signed by Kathi Mowers-Moore for

DAVID F. DODDS
Interim Deputy Director
Community Care Licensing Division