



# THE COMMUNITY CARE LICENSING DIVISION'S Quarterly Update

FALL 2015

## ADULT AND SENIOR CARE UPDATE

### *Adult and Senior Care Licensing Program Mission*

*The Adult and Senior Care Licensing Program licenses and monitors Adult Day Programs, Adult Residential Facilities, Adult Residential Facilities for Persons with Special Health Needs, Continuing Care Retirement Communities, Residential Care Facility for the Chronically Ill, Residential Care Facilities for the Elderly, and Social Rehabilitation Facilities, in an effort to ensure that they provide a safe and healthy environment for all persons in care.*

### A Note from Pamela Dickfoss, Deputy Director

#### **Welcome to the Fall Edition of the Adult and Senior Care Quarterly Update**

These past few months have demonstrated to my team and me the importance of collaborative stakeholder engagement. Recently, we issued a temporary suspension order on a facility in Northern California due to systemic violations. The licensee's poor administration and operation of the facility persisted despite the many attempts of the department and its stakeholders in assisting the facility in achieving compliance. The licensee's noncompliance posed grave health and safety issues to the residents necessitating their relocation. Mindful of transfer trauma to the residents and capacity issues in the area, the department was careful in executing the order.

The North American Nursing Diagnosis Association, defines "Transfer Trauma" or "Relocation Stress Syndrome" as a physiological or psychological disturbance following transfer from one environment to another. Transfer trauma affects individuals of all ages; however, its effects pose more

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serious concern for the elderly and those with cognitive and mental disabilities.

The department and its partners worked tirelessly in ensuring that the residents experienced minimal trauma. To name a few acts of dedication, the department staff, private, and public stakeholders sat with residents to provide them with support, called facilities for alternate placement, and provided transportation to residents. We are very

grateful to all who assisted and understand that it certainly takes a village to ensure that residents are safe in their homes.

*In other news...*

Established in July 2014, the [Community Care Licensing Division's Transparency Website](#) provides information to consumers, stakeholders, and licensees. We have now been posting licensing inspection reports for six (6) months and are receiving positive feedback of its usability and accessibility from users. This website will continue to evolve and we appreciate your ongoing feedback. Planned enhancement includes, but is not limited to, the posting of complaint inspection reports and the documentation of appeals in process.

I am also pleased to announce the amended hospice regulations for adult residential facilities (ARF) were promulgated on January 1, 2015 and for residential care facilities for the elderly (RCFE) on July 1, 2015. These regulations incorporate prohibited health conditions in RCFE and restricted and prohibited health conditions in ARF. The licensee will need to ensure that the hospice care plan identifies the condition and the care the hospice agency will provide for that

## Coming soon! Two New Regional Offices

Please note: this article was corrected after this Update's original publication

To better serve the public, Adult and Senior Care Program is realigning the program resulting in the establishment of two (2) new Regional Offices. We are consolidating three (3) Units to create the Inland Empire Adult and Senior Care Regional Office to serve Riverside and San Bernardino counties and four (4) Units to create the Sacramento Adult and Senior Care Regional Office to serve Sacramento and surrounding counties. Licensees can expect a relatively seamless transition from their perspective. Most licensees will continue to work with the Licensing Program Analysts (LPAs) and Licensing Program Managers already known and working in these areas. The

condition. In addition, under certain circumstances, the amended regulations allow licensees to contact the hospice agency in lieu of calling 9-1-1 during an emergency situation for terminally ill hospice residents.

California has experienced numerous fires recently that have affected many homes across the state. Please review your emergency plans and ensure staff are aware of the plans, including the need to notify CCL if evacuation is imminent.

Assembly Bill 601 (Statutes of 2015, Chapter 628) requires licensee or applicants to maintain an email address of record with the department and update any changes to the address within 10 days of change. CCLD's Implementation Plan is forthcoming and will be available on our website.

After lengthy discussion and dialogue with stakeholders, in August 2015, we released the "Guidelines for Use of Video Surveillance" in common and private areas. It is imperative that as licensees implement these guidelines, they must uphold the privacy, dignity, and personal rights of the residents. Please contact your local licensing office for more information.

biggest change will be the hire of new Regional Managers focused specifically on these geographic territories, and, of course, new LPAs who will be assigned caseloads in those regions.

### **Contact Information:**

#### Sacramento Regional Office

2525 Natomas Park Drive, Suite 270, MS 19-35  
Sacramento, CA 95833  
Telephone Number: (916) 263-4700

#### Inland Empire Regional Office

3737 Main Street, Suite 600, MS 29-26  
Riverside, CA  
Telephone Number: (951) 782-4207

## RCFE In Financial Distress

Residential Care Facilities for the Elderly (RCFE) licensees are reminded that [Senate Bill 897 \(Leno\) Statutes of 2011](#) added section 1569.686 to the Health and Safety Code. (For more information, see the [chaptered legislation](#).) This law requires RCFE licensees to notify the following parties in writing within two business days of events, as specified, in a facility:

- The Department (California Department of Social Services)
- The Ombudsman (State Long-Term Care Ombudsman)
- Residents and, if applicable, their legal representatives

The law specifies the events as:

- Notice of default, notice of trustee's sale, or any other indication of foreclosure that is issued on the property.
- An unlawful detainer action initiated against the licensee.
- The licensee files for bankruptcy.
- The licensee receives a written notice of default of payment of rent (Code of Civil Procedures section 1161).
- A utility company has sent a notice of intent to terminate electricity, gas, or water service on the property within not more than 15 days of the notice.

This law also requires RCFE licensees to notify any applicant for potential residence, and if applicable, his/her legal representative (of

## Fall Prevention

According to the [Centers for Disease Control and Prevention](#) (CDC), every year two million seniors are treated in emergency rooms due to fall related injuries. There are significant long-term consequences for these falls, including hip fractures and traumatic brain injuries. While the risk for falling increases as senior's age, there are some easy ways to prevent falls.

events) prior to admission to an RCFE. How this notice is provided to the applicant/applicant's legal representative is not specified in law. In order to comply with the provisions of this law, RCFE licensees who have encountered any of the above identified events are required to report the events to the Department, the State Long Term-Care Ombudsman, residents and, if applicable, residents' legal representatives. This act requires the Department to act on the notice received by the licensee by initiating a compliance plan, noncompliance conference, or other appropriate action. The Department may assess a civil penalty to a licensee who fails to provide the required notification of this law. The civil penalty cannot exceed \$100 for each day (\$2,000 in total) the licensee fails to provide the notification referenced in Health and Safety Code section 1569.686. In addition, if a resident is relocated and the notice required in Health and Safety Code section 1569.686 is not given by the licensee and the resident suffers transfer trauma or other harm to his or her health and safety, the licensee could have his/her license suspended, revoked, or a permanent revocation of the licensee's ability to operate or act as an administrator of any facility may occur. The requirements of this law do not apply to licensees of RCFE that have obtained a certificate of authority to offer continuing care contracts.

- [Assess residents](#) for their fall risk before they enter the facility, using the [Stay Independent brochure](#), and create a fall prevention plan, if needed.
- Find ways to [discuss fall prevention](#).
- Strengthen muscles. Weak legs increase the chance of falling. Doing [stability exercises](#) and [strength training](#) is important.

- Check medications. Ensure that residents' medication, or combinations of medications, do not have dizziness or drowsiness as a side effect. You can do this by having a doctor or pharmacist review all medications.
- Check vision. Ensure that residents have had their eyes checked within the last year, and are wearing the correct glasses or contact lenses. If they are wearing glasses, ensure they are clean and not scratched.
- Clear a path. Make sure that there are no potential fall hazards around the home by clearing clutter, ensuring rugs are non-slip and firmly attached to the floor, and that there is appropriate lighting.
- Check footwear. Ensure that their shoes fit appropriately, are in good condition, and are slip resistant.

Get the [facts on falls](#) by visiting the CDC website and downloading or ordering materials about fall prevention for free.

## Dealing With Dementia and Alzheimer's Disease Related Aggression

Persons with dementia or Alzheimer's Disease can exhibit aggressive behaviors, whether the behaviors are verbal or physical, suddenly, and without any apparent reason. Understanding that these behaviors are because of the Alzheimer's or dementia, and that the person is not acting this way on purpose can help caregivers better deal with these behaviors.

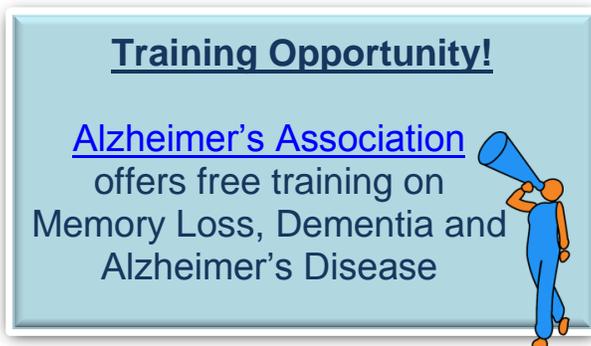
### **Some Causes of the Behavior**

Physical pain or discomfort can cause aggressive behavior, because due to a loss in cognitive function, they may be unable to determine or articulate the cause of their pain. Aggressive behavior can also be linked to internal factors like depression or psychosis. A lack of sleep can also create aggressive behaviors. Other factors may include:

- *Illness and Infections* - Does the resident have a urinary tract infection, is the resident dehydrated, or are the resident experiencing discomfort due to some other health issue? Ask the resident's medical practitioners to assess this possibility.
- *Medication* - Do the resident's prescribed or over-the-counter medications have a side effect that causes aggression, or pain or

discomfort that is leading to the aggression? Discuss the possibility with the resident's representative and/or physician.

- *Environmental Factors* – Is the resident appear overstimulated by loud noises, an active environment, or clutter? What steps can you take to reduce over-stimulation while still providing an enriched environment?
  - *Disorientation* -- Does the resident appear to feel lost? See the suggestions below for how caregivers can help



in this situation.

- *Time of Day*- Often persons with dementia have certain times of day that are particularly difficult. If a resident regularly displays behavior that is more aggressive at certain times of day, plan ahead with strategies to address it constructively.
- *Communication* - Are your instructions in the resident's native language and are they simple and easy to understand?

There are several appropriate ways to respond to a person with dementia exhibiting aggressive behaviors to help deescalate the situation:

- Stay calm, and attempt to give the person some space. Some recommendations encourage approximately five feet of space, to keep the person from feeling cornered or trapped, but which is close enough to allow the caregiver to respond should the situation escalate.
- Remember to ask the person what is wrong or what they need in a clear, calm and reassuring manner, while trying not to raise your voice, as this may escalate the situation.
- Remain an engaged listener by using non-verbal cues; nod your head to indicate listening, or maintaining eye contact (if culturally appropriate).
- Limit distractions by taking the resident to a quiet area, or by moving other residents to a safe area.
- Listen to what the person is saying, and reassure them that you want to help.
- Try a relaxing activity, like a walk, listening to music, or getting a snack.
- Shift focus by discussing a favorite topic or changing the activity.
- Allow the person to have some control; being able to “save face” is important.

Thinking ahead about problems that may occur can help avoid a problem before it starts. Caregivers are wise to look at past aggressive incidents, attempt to determine why the behaviors occurred, and create a plan to deal with future behaviors. Be creative and use common sense when creating behavior plans, but also be sure to discuss the plan and issues with the Responsible Person(s) for the resident, who may also be able to give insight or ideas for how to deal with the behaviors and what is causing them.

Sources for this article:

- [Alzheimer's Association](#)
- [Alzheimer's Foundation of America](#)
- [Parkinson's Society of Canada](#)
- [Australian Journal of Dementia Care](#)

**Note:** Effective January 1, 2016, new training requirements for dementia care become effective due to the passage of [Assembly Bill 1570 \(Chesbro\)](#) and [Senate Bill 911 \(Block\)](#). Community Care Licensing's Implementation Plans for these bills are in the final stages of development.



## Bed Bugs

Bed bug infestations have been found in Residential Care Facilities for the Elderly (RCFEs) and Adult Residential Facilities (ARFs) throughout California. Licensees are required to report bed bug infestation as a reportable event to their local licensing office.

Bed bugs are flat, oval, reddish-brown wingless insects about quarter of an inch (1/4") long. Adult bed bugs can resemble wood ticks. Young bed bugs (or nymphs) are much smaller, about one-sixteenth of an inch (1/16") and are nearly colorless, but become bright red after feeding. Bed bugs cast off their shells as they grow from one stage to the next, and deposit black spots of feces near the feed site

or where they hide. Bed bugs can live in furniture such as mattresses, couches, easy chairs, dressers, and night tables, as well as electronic devices such as alarm clocks and radios.

Bed bug bites will cause red, raised, itchy reactions on the skin. Scratching bed bug bites can lead to secondary skin infections. Some individuals report significant psychological distress, disruption of sleep, nervousness, and agitation when dealing with a bed bug infestation.

The California Department of Public Health (CDPH) suggests that when confronted with a bed bug infestation, facilities should work with

a pest control operator to take aggressive treatment actions against the infestation. Licensed pest control operators and/or companies should always provide proof of their licensure on request. Visit or call the California Department of Consumer Affairs, [Structural Pest Control Board](#) to confirm that the company is certified. To assist licensees and providers with resource information on the procedures to control active bed bug infestations, minimize the spread of infestation, and prevent future infestations, CDPH provides a "[Bed Bug Fact Sheet](#)" resource tool. Additional resource information may also be found at the website for the [Centers for Disease Control and Prevention](#).

Licensees confronting this problem are not alone. The market for consumer products to help control bed bug infestations is growing. Now available to eliminate any bed bugs, for example, are the following:

- "Thermal Dots," which register when a fabric has reached a 120 degrees Fahrenheit, which is the lethal temperature for bed bugs and their eggs.
- "Heat Boxes" or "Heat Chambers" into which clothing, bedding, pillows, etc. can be placed and heated to the bed bug lethal temperature.

### Top 3 Most Commonly Cited Deficiencies in Adult Residential Facilities (ARFs) in 2014

The facility shall be clean, safe, sanitary, and in good repair at all times.

Hot water delivered to fixtures used by clients shall attain a hot water temperature of not less than 105 degrees Fahrenheit (40.5 degrees Celsius) and not more than 120 degrees Fahrenheit (48.8 degrees Celsius).

Disinfectants, cleaning solutions, poisons, and other items that could pose a danger to clients shall be inaccessible.

Data published by the Quality Assurance Unit, September 2015. More information available at: <http://cclcd.ca.gov/PG477.htm>

Are you a community care provider looking for assistance to come into compliance with these or other issues? Please contact the Technical Support Program at [TechnicalSupportProgram@dss.ca.gov](mailto:TechnicalSupportProgram@dss.ca.gov).

### Bed Rail Recall

The United States Consumer Product Safety Commission (CPSC) recently announced that a recall for Bed Handles, Inc. Adult Portable Bed Handles due to serious entrapment and strangulation hazards has had a less than 1% response rate. When attached to an adult's bed without the use of safety retention straps, the handle can shift out of place, creating a dangerous gap between the bed handle and the side of the mattress. This poses a serious risk of entrapment, strangulation and death.

More information about the recall, including pictures of the recalled products are available at the CPSC website:

<http://www.cpsc.gov/en/Recalls/2015/Bed-Handles-Inc-Reannounces-Recall-of-Adult-Portable-Bed-Handles/>. Consumers can contact Bed Handles Inc. at 800-725-6903 from 8:30 a.m. to 4:30 p.m. CT Monday through Friday, or online at <http://bedhandles.com/recall.html>.

## IMPORTANT PHONE NUMBERS

Centralized Complaint Information Bureau (CCIB)	1-844-538-8766
Administrator Certification Section	916-653-9300
Caregiver Background Check Bureau (CBCB)	1-888-422-5669
Office of the Long Term Care Ombudsman 24-Hour Crisis Hotline	1-800-231-4024
CCL Public Inquiry and Response	916-651-8848
Home Care Services Bureau	916-657-3570
Technical Support Program	916-654-1541

## NOTES AND CREDITS

The Community Care Licensing Division (CCLD) publishes the Adult and Elderly Residential Care Quarterly Update for the benefit of Licensees, Residents, their Advocates, and other Stakeholders.

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## Labor Laws Reminder

The U.S. Department of Labor (DOL) Wage and Hour Division (WHD) has several fact sheets available online (see "Health Care" at <http://www.dol.gov/whd/industry.htm>) to help explain the applicability of federal labor and employment laws to adult and senior residential care facilities. The California Department of Social Services is not the oversight agency for these laws, and Community Care Licensing Division does not issue citations or evaluate compliance related to these laws. However, the Occupational Safety and Health Administration (OSHA) also make facility inspections and the consequence for noncompliance can be very high fines. Licensees can find information related to OSHA's inspections of care facilities online at: [https://www.osha.gov/dep/enforcement/inpatient\\_insp\\_06252015.html](https://www.osha.gov/dep/enforcement/inpatient_insp_06252015.html).