



Quarterly Update

SUMMER 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, Social Rehabilitation Facilities, Residential Care Facility for the Chronically Ill (RCFEI) and Residential Care Facilities for the Elderly (RCFE) 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

I am happy to announce that California's 2015-16 budget builds upon the CDSS licensing improvement efforts including development of a Quality Assurance and Technical Assistance Bureau, increased training and centralization of complaints initiated in Fiscal Year 2014-15. The Administration supported the request for resources to steadily increase visits to facilities, strengthen enforcement and expand technical assistance to increase compliance. These resources will provide critical assistance to licensees and licensing staff to improve the health and safety for all individuals who reside or spend a portion of their time in out of home care.

Over the next four years, CDSS will increase the frequency of inspections from the current minimal level of an inspection at least once every five years to once every three years for Child Care facilities (by January 2017), once every two years for Children's Residential facilities (by January 2018) and annual inspections for Adult and Senior Care facilities (by January 2019). The Department is equally committed to mitigating the existing backlog of open complaint investigations in the Adult and Senior Care and Children's Residential

Programs with the addition of 13 limited term positions. Additionally, we will enhance technical assistance and support to our licensees and establish a southern California training unit to effectively develop and retain staff competencies. Finally, CDSS is committed to having a quality staff that reflects the many diverse communities we serve.

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Welcome Ley Arquisola

The Adult and Senior Care Program is pleased to announce the appointment of Ley Arquisola as Program Administrator effective June 1st

Ley is a registered nurse with approximately fourteen years' experience in Licensing & Certification Division at the Department of Public Health, from beginning as a health facility evaluator in the field conducting inspections and serving as Branch Chief over six district offices statewide. For the past year Ley has been the acting Chief of Field Operations for the Licensing and Certification Program which included the development and evaluation of statewide policies and oversight of operational practices providing direction to nurse evaluators, physicians, pharmacists and

other clinical staff in conducting inspections and complaint investigations at approximately 7,000 healthcare facilities. Her understanding of community care long term care settings will foster successful leadership in this position. Ley also brings experience dealing with CDSS sister agencies related to licensing activities, as well as county and local partners consistent with CCLD protocols.

Ley's overall experience in managing a statewide enforcement program and direct experience with activities similar to those required in the CCL Adult and Senior Care program will strengthen operational oversight.

Centralized Complaint and Information Bureau (CCIB) Update

The CCIB unit is currently accepting complaints, general questions regarding the Title 22 regulations, conducting file reviews for the public and providing criminal record clearance information for licensees and staff. Individual Regional Offices will continue to receive and process Unusual Incident Reports (UIR)—these will not come to CCIB. By having CCIB take responsibility for the majority of the Officer of the Day functions, Licensing Program Analysts (LPAs) will be freed up to spend more

time in the field conducting complaint investigations, random annual and five-year visits and, most importantly, assisting licensees with maintaining compliance with the regulations. CCIB is staffed with 21 Licensing Program Analysts, two Licensing Program Managers and a Bureau Chief. All CCIB staff have training in all of CCLD's licensing categories. CCIB was launched on January 20, 2015.

POLST In Assisted Living

The bright pink Physician Order for Life Sustaining Treatment (POLST) form has gained increasing recognition and use among California's providers and consumers in recent years.

Signed by both a doctor and the patient, the POLST is a physician order that specifies the types of medical treatment a patient wishes to receive or not receive toward the end of life. ([View a copy of the 2014 POLST as a PDF.](#))

POLST is more than a form, it is also a tool that encourages conversation between providers and patients about their end-of-life treatment options and helps individuals make more informed decisions and communicate their wishes clearly. Proper completion of the POLST is based on an in-depth conversation between the patient and their physician. As a result, POLST can prevent unwanted or medically ineffective treatment, reduce patient

POLST, continued

and family suffering, and help ensure that patient wishes are followed.

California's POLST program is administered by the [Coalition for Compassionate Care of California](#) (CCCC).

POLST is designed for individuals who are seriously ill or near the end of life. Because it addresses treatment options based on the individual's current health status, it is not appropriate for healthy individuals because their needs may change significantly over time.

It is important to note that completing a POLST is purely voluntary and cannot be a requirement of a health facility or program. The CCCC advises against facilities routinely including the POLST form with admission materials because it can create confusion for the consumer. When the POLST form is provided to residents in the assisted living setting, the [RCFE POLST Cover Sheet](#) should also be provided.

Bed Sores/Pressure Ulcers

Residents who are unable to get out of bed or spend most of the day in a wheelchair are at high risk of getting a pressure ulcer. People who cannot move certain parts of their bodies are also at risk, such as a resident who has difficulty moving their leg after a stroke, according to the [Department of Pain Medicine and Palliative Care at Beth Israel Medical Center](#) in New York City.

Residents in RCFEs may be at additional risk because of the above factors and because their skin may be thin and fragile. Bedsores, also known as pressure ulcers are typically localized injuries to the skin and/or underlying tissue usually over a bony area of the body and occur, as a result of pressure, or pressure in combination with friction. Most commonly this will be the sacrum, coccyx, heels or the hips,

2014 POLST Changes

A revision to the [California POLST](#) went into effect on October 1, 2014, and all healthcare professionals should take note of key changes to the form.

Most changes to POLST in 2014 are in Sections B and C, where the order of treatment choices are reversed for consistency, now starting with most aggressive treatment to least aggressive treatment.

Goal statements were added in Section B to help patients better understand the treatment options. These goal statements also help the provider by making the POLST conversation flow more easily when the form is used as a guide.

Previous versions of POLST will still be honored, however, it is ideal to complete a 2014 version of POLST—and void older versions of the form—when a patient's POLST is updated.

but other sites such as the elbows, knees, ankles or the back of the cranium can be affected. According to the [National Institute of Health](#) (NIH), bedsores or pressure ulcers occur when muscles and soft tissue press against a surface such as a chair or bed. This pressure cuts off blood supply to that area. Lack of blood supply can cause the skin tissue in this area to die. When this happens, a pressure ulcer may form.

The NIH suggests caregivers contact a physician or nurse if early signs of a pressure sore are evident. Specialists caution that if left unattended, a Stage One pressure sore which becomes red around a bony part of the body will worsen over a short period of time to the point at which there may be nerve damage to the area.

Bedsores/Pressure Ulcers, continued

To prevent bedsores, the NIH, Pain Management and Palliative Care at Beth Israel Medical Center and [The Mayo Clinic](#) encourage the following:

- Gently check a resident's entire body (head to toe) on a daily basis – explain to the resident why you are conducting this check. Special attention should be paid to the areas where pressure ulcers often form (i.e., tailbone area, hips, shoulders).
- Treat residents' skin gently when washing (use a soft sponge or cloth to clean; and use moisturizing cream and skin protectants daily).
- Encourage residents to drink plenty of water each day.
- Encourage residents to wear loose fitting clothes to avoid friction to sensitive areas.

FREE Training Opportunity!

National Database of Nursing Quality Indicators (NDNQI) offers free training on:

- **Pressure Sores**
- **Other Wound Types and Skin Injuries**

The NIH also suggests caregivers ensure that a wheelchair fit is checked at least once a year or per need. Residents who are bedridden should be repositioned in accordance with a physician's order, or at a minimum, once every two hours.

The CCLD recognizes the potentially serious nature of wounds and pressure ulcers, existing regulations address requirements related to wound care and pressure ulcers. These regulations require additional actions from licensees beyond what is recommended by NIH. For more information, refer to [Title 22 Regulation](#) and review the following

regulations:

For Adult Care Facilities, see the following sections:

80092.9 - Wounds

80092 - Restricted Health Conditions

For RCFEs, see the following sections:

87631 - Healing Wounds

87612 - Restricted Health Conditions

87615 – Prohibited Health Conditions

87101 – Definitions, Healing Wound

The Drought and Wildfires

California is experiencing the worst water crisis in our modern history. We are in the third consecutive year of extremely dry conditions. Precipitation and snowpack are a small fraction of their normal averages, reservoirs are at very low levels and rivers have severely diminished flows. We face extreme water scarcity for an uncertain amount of time. This growing crisis made it necessary for Governor Brown to proclaim a [state of emergency](#) in January and call on all Californians to reduce their water consumption by 20 percent. California is taking immediate action to conserve all we can, including holding back water in our reservoirs for use later in the year.

What You Can Do To Help

- [Educate yourself](#) and others about how to conserve water, and why it is important to do so.
- Put your lawn on a "water diet," and do not water for at least 48 hours after it rains.
- Create a plan on how to conserve water in your facility.
- Check with your local [water agency](#). Remember, they may have additional water conservation regulations.

The Drought and Wildfires, continued ***Be Alert! It is Fire Season***

This is the time of year that we generally start hearing about wild fires in California. However, after four years of drought, with bone dry conditions throughout our state, fire season started early this year. There are a number of things you can do to prepare your home and yourself if a fire threatens your home:

- Have an evacuation plan. Practice evacuating your home or facility with your residents. Everyone in the home should be aware of what to do in case there is a need to evacuate, and if you have residents who need assistance, your staff must be well equipped and organized. For more information on preparing your home go to [Preparing Your Home For Wild Fires](#)
- Make sure that fire suppression systems, and required smoke detectors

and carbon monoxide detectors are in place and working at all times.

- Create a defensible space around your home or facility by clearing away dead branches, wood piles and vegetation from your roof, patio furniture and play equipment. Keep your rain gutters free of debris.
- Have your emergency plan in place as to where you would relocate residents if necessary. Keep all important phone numbers and addresses handy.
- Notify your Licensing Program Analyst as soon as possible if you do have to relocate.

Community Care Licensing tracks fires that may pose a danger to our facilities on a seven day a week, 24 hour basis. By notifying us if you have to relocate, we can assist you to ensure that your residents and children are safe and get the services they need.

Heat Related Illness

Ensure that the temperature in your facility is always safe and comfortable, and that water and other fluids are readily available to residents and staff. The elderly, the very young and those with chronic illnesses are at greatest risk of heat related illnesses.

Review your facility's emergency disaster plan. It should include:

- Up-to-date emergency telephone number for local first responders and local licensing office for making report of incidents.
- Contingency plans in case the facility's air-conditioning system goes out.
- An evacuation plan in case residents need to be moved to a motel or other "cooling center."

- A way for staff to easily gain access to important resident paperwork, and take with them, including:
 - Placement Agreements
 - Medical Consents
 - Authorized Representative
 - List of medications the resident is taking

Things to remember

- Report any heat-related illnesses/deaths to the local licensing office immediately.
- Monitor the television or radio for important local heat-related announcements.
- Be alert for any changes in clients/residents—physical, mental or emotional—that may indicate a heat-related illness.

For more information, see: CCLD [Tips to Prevent Heat Related Illnesses](#), or [Heat Resources Information](#) from the [The Office of Emergency Services](#).

Criminal Record Clearance and Exemption Transfers

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

Active criminal record clearances and exemptions must be transferred between state licensing facilities.

Did you know?

- A clearance or exemption can remain active as long as the individual is associated to a licensed facility. If an individual is disassociated from a facility, he/she must be associated to another facility within three years or he/she will become inactive.
- If an individual becomes inactive, he/she must be printed and cleared again before working, residing or volunteering in a licensed facility.
- Facilities should not request individuals with active clearances to be reprinted as this can cause delays.
- Facilities should submit a transfer request form to the Department before the individual has contact with clients or the facility will be in violation of the law and subject to civil penalties.

Interested in transferring a criminal record clearance?

A licensee or applicant for a license seeking a clearance transfer must provide the following documents:

- A signed Criminal Background Clearance Transfer Request, [LIC 9182](#).
- A copy of the individual's California Driver's License or a valid photo identification issued by another state government agency.
- Any other documentation required by the Department (e.g., [LIC 508 - Criminal Record Statement](#) and job description).

Interested in transferring a criminal record exemption?

A licensee or applicant for a license seeking an exemption transfer must provide the following documentation:

- A signed Criminal Background Exemption Transfer Request, [LIC 9188](#).
- A copy of the individual's California Driver's License or a valid photo identification issued by another state government agency.
- Any other documentation required by the Department (e.g., [LIC 508 - Criminal Record Statement](#) and job description).

Remember, it is the facilities' responsibility to ensure employees, adult residents and volunteers specified in law have criminal record clearances or exemptions and that licensing is notified of any changes to the criminal record clearances.

Change in Regional Office Live Scan Services

As of June 30, 2015, due to the end of CCLD's contract with the Live Scan vendor, live scan services are no longer offered in the Regional Offices. For those who need live scan services, but are unsure of where to go, please call your local regional office for more information.

Updated Forms

As a result of AB 40 (2012; Elder and dependent adult abuse: reporting), the Department's forms regarding abuse reporting – [SOC 341](#) and [SOC 341A](#) – were revised. The forms were revised in March and are available on the Department of Social Services' [Forms Page](#).

IMPORTANT PHONE NUMBERS

Centralized Complaint Information Bureau (CCIB)	1-844-538-8766
Administrator Certification	916-653-9300
Caregiver Background Check Bureau (CBCB)	1-888-422-5669
Centralized Applications Unit	916-657-2600
Long Term Care Ombudsman	1-800-231-4024
CCL Public Inquiry and Response	916-651-8848
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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