Adult and Elderly Residential Licensing Program Mission:
The Adult and Elderly Residential 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.

The Update Has a New Look and New Home
As of December 2014, responsibility for the Quarterly Updates moved into the Advocacy and Technical Support Unit of Community Care Licensing’s new Quality Assurance, Advocacy and Technical Support (QAATS) Bureau. While the Updates now have a new look and a new home, they will serve the same important purpose: keeping the Adult and Elderly Residential Care community informed about licensing programs changes, requirements and services. We appreciate your support in sharing these Updates with those in your organization and others interested in Adult and Elderly Residential Care issues.

A Note from Pamela Dickfoss, Deputy Director
Since I joined the Community Care Licensing Division (CCLD) a year ago, I have been honored to work alongside my colleagues serving the most vulnerable people of California through our mission to promote the health, safety, and quality of life of each person in community care through the administration of an effective collaborative regulatory enforcement system. Some of our goals toward this end, include:

- Strengthening our workforce by promoting continuous improvement and efficiency throughout the community care licensing system
- Promoting strategies to increase voluntary compliance
- Providing technical assistance to and consulting with care providers

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Note from the Deputy Director, continued

- Working collaboratively with clients, their families, advocates, care providers, placement agencies, related programs and regulatory agencies, and others involved in community care
- Training staff in all aspects of the licensing process
- Educating the public about CCLD and community care options
- Focused collaboration with stakeholders on the evolution of community care and related policy development.

And in the last year, we have been very busy rebuilding or laying new foundation to support these goals. You’ll find more details about some of the ways we’re doing this in this update, and to highlight just a few, we have:

1. Launched a Centralized Complaint Unit, establishing a toll free hotline where anyone can call and lodge a complaint. To date, we have logged approximately 300 calls per week and the number is steadily increasing.

2. Created a Quality Assurance (QA) Unit, which is implementing processes for monitoring and addressing opportunities to improve the quality and consistency of our own performance, as well as identify and address areas of non-compliance by licensees.

3. Established an Advocacy and Technical Support Unit to enhance training and support to licensees who are looking for opportunities to improve their compliance and performance.

4. Expanded the training our field staff receives with program-specific training teams to increase the ongoing training opportunities for established LPAs and by expanding the new LPA Academy from two weeks to four weeks.

5. Instituted an online LPA exam, available 24 hours a day, seven days a week, which will allow us to fill vacancies in a timely manner with a continually refreshing pool of motivated and qualified applicants.

6. Convened an Administrator Certification Advisory Committee, consisting of internal and external stakeholders, to address the additional topics required in all Initial Certification Training Programs approved by CDSS, per SB 911 and AB 1570.

As we look forward to the work ahead, I anticipate many more opportunities to meet and network with provider, stakeholder and advocate communities for each program. We succeed when community care recipients are safe, healthy, and receiving the quality care we know most providers want to provide. Please take advantage of all the ways we are here to assist you.

Earthquake/Disaster Resources

The August 24, 2014 earthquake that registered a magnitude of 6.0 and destroyed several homes and buildings in Napa is a good reminder to all of us that we live in an earthquake prone area.

The California Department of Public Health, Emergency Preparedness Office has developed a disaster-planning website: Be Prepared California, to assist Californians in understanding and preparing for catastrophic threats to public health.

Please visit the site to review how to keep you and your RCF residents safe should a disaster occur.
New SSI/SSP and Non-Medical Rates for Out of Home Care

The revised SSI/SSP Payment standards for Non-Medical Out-of-Home Care (NMOHC), effective January 1, 2015:

- Supplemental Security Income (SSI) $733.00
- State Supplementary Payment (SSP) $412.00
- Total NMOHC Payment Standard $1,145.00

The NMOHC Payment Standards includes Room and Board, Care and Supervision and Personal and Incidental needs Allowance:

- Room and Board $492.00
- Care and Supervision (maximum) $522.00
- Personal and Incidental Needs Allowance (minimum) $131.00

Chaptered Legislation and Implementation Plans for 2015

The 2014 Residential Care Facilities reform efforts included the passage of the following legislation, which became effective January 1, 2015.

Note: The following legislative information is a summary of each bill passed that affects Residential Care Facilities for the Elderly (RCFE) and Adult Residential Facilities (ARF) and does not represent the bills in their entirety. Hyperlinks to each bill have been provided for a comprehensive examination of the chaptered legislation.

Implementation plans for these bills can be found on the homepage for Community Care Licensing (www.ccld.ca.gov) or by clicking here.

Adult Residential Facilities/Residential Care Facilities

- **AB 2386** (Mullin): Care Facilities – Carbon Monoxide Detectors
  This bill requires any residential or day care facility licensed by the California Department of Social Services (CDSS), to have at least one working carbon monoxide detector, and for the Department to account for the presence of the detectors during inspections.

Residential Care for the Elderly Facilities (RCFE) ONLY Legislation

- **AB 1572** (Eggman): Resident/Family Councils
  This bill promotes the development and protection of independent resident councils, currently referred to as resident-oriented facility councils, and family councils, in RCFEs. It also requires licensees to provide a written response within 14 calendar days to written concerns or recommendations of the resident council or family council regarding any action or inaction taken in response to concerns or recommendations.

- **AB 1899** (Brown): Suspension of license due to abandonment of facility
  This bill amends statute related to RCFE license revocation and exclusion from licensure without the right to petition for reinstatement. Any licensee who abandons...
RCFE Only Legislation, continued

a facility and residents in care, resulting in immediate and substantial threat to the abandoned residents’ health and safety, in addition to forfeiture and revocation of license, shall be excluded from licensure without the right to petition for reinstatement.

- **AB 2044** (Rodriguez): **Training and Designated Substitute/CPR**
  This bill requires the presence of an administrator, a facility manager, or a designated substitute and sufficient staffing by direct care and other staff qualified to perform functions at RCFEs. It also requires direct care staff training to include building and fire safety and appropriate response to emergencies.

- **AB 2171** (Wieckowski): **Residents’ Personal Rights**
  This bill enacts a “bill of rights” for residents of RCFEs and consists of thirty rights. Many of the concepts of these rights currently exist in regulations. This bill also requires licensees to advise residents of and provide residents with a copy of these rights. Posting of these residents rights in the facility is required. When 5 percent or more of the residents read a language other than English, the rights must be posted in the other language.

- **SB 895** (Corbett): **Inspections/CCLD Website/POC timelines**
  This bill requires licensees to remedy deficiencies cited by the Department within 10 days of the notification, unless otherwise specified in the plan of correct. Licensees are also required to display the poster containing information on the appropriate reporting agency in case of emergency or to make a complaint.

- **SB 1153** (Leno): **Ban on Admissions**
  This bill authorizes the Department to suspend new admissions for licensees that violate statute and/or regulation which presents a direct or immediate risk to the health, safety, or personal rights of residents. The Department can also suspend new admissions for licensees failing to pay fines assessed by the Department. The order of suspension of new admissions will be stayed during the appeal process.

- **SB 1382** (Block): **Increase annual licensure fees**
  This bill increases initial and annual licensing fees for licensees of Residential Care Facilities for the Elderly.

**New Centralized Complaint and Information Bureau (CCIB)**

**If You See Something, Say Something** - The [Centralized Complaint and Information Bureau (CCIB)](http://www.ccld.ca.gov) is now up and running. CCIB fields the complaint/concern calls statewide that used to go to the regional offices Officer of the Day lines. There is a [poster](http://www.ccld.ca.gov) with the hotline information available on our website. RCFEs must display the poster in their facilities, per SB 895. You can find a copy of the poster on our website at [www.ccld.ca.gov](http://www.ccld.ca.gov). The CCIB phone number is:

**1-844-LET-US-NO**

(1-844-538-8766)
Centralized Application Unit

The Adult and Senior Care Program is anticipating the launch of its Centralized Application Unit (CAU) in mid to late April, 2015. The CAU will process all new adult and senior care applications once it begins operating. CAU is staffed with 8 Staff Services Analysts, 1 Office Technician and 1 Staff Services Manager I. The CAU is being established through resources that were provided to the Community Care Licensing Division in Budget Year 2014/2015 as part of its Quality Enhancement and Program Improvement rebuilding effort. The CAU will help ensure consistent application processing, provide efficiencies for both CCLD and applicants and provide additional time for Licensing Program Analysts in the field to complete their inspection related duties. CCLD will post information on its website once operations begin so please check the website periodically for updates.

Transparency Project

CCLD is continuing to make strides in the transparency of RCF information. As of August 2014, the public now has on-line access to citation and complaint information for licensed adult and senior RCF’s at CCLD Facility Search. Once there, you can view the following information on CCLD licensed facilities:

- Number of inspections/visits by CCLD.
- Citations issued, including type (A or B) that categorizes the level of seriousness.
- Licensing status (including whether a facility is on probation).

Top 3 Most Commonly Cited Deficiencies in Residential Care Facilities for the Elderly (RCFE) in 2014

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

All staff who assist residents with personal activities of daily living shall receive at least ten hours of initial training within the first four weeks of employment and at least 4 hours annually thereafter.

Licensees who accept and retain residents with dementia shall ensure that each resident with dementia has an annual medical assessment and a reappraisal done at least annually.


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.
Technical Support Program Returns

Effective December 2014, the Community Care Licensing Division (CCLD) has established a new Technical Support Program for Community Care licensees of adult, senior, and children’s residential facilities.

One of two units in the Division’s new Quality Assurance, Advocacy and Technical Support Bureau (QAATS), the Advocacy and Technical Support Unit currently includes one manager, two Child Care Advocates and one Technical Support Analyst. (The Governor’s 2015-16 Proposed Budget would add two additional Child Care Advocates, and three additional Technical Support Analysts.)

The new Unit is already at work on multiple projects. The two Child Care Advocates continue to provide services to Child Care licensees statewide, including disseminating information about the state’s licensing role, providing the public with information about CCLD, acting as a liaison to childcare resource and referral agencies, and assisting in the coordination of complaints and concerns on the behalf of children in child care.

The Technical Support Program (TSP) analyst and manager are in the process of developing technical assistance and consultation services for adult, senior, and children’s residential care licensees or potential licensees. The TSP’s current focus is on updating CCLD’s technical support guides for residential care providers, and updating CCLD’s website as a resource for the public and providers. As the program develops, the TSP Analyst will also be available for consultation with and training for provider groups on the most common deficiencies, best practices to ensure ongoing compliance or prevent common health and safety risks, and how to work effectively with CCLD.

Starting in early 2015, the Technical Support Program manager and analyst will attend CCLD’s regular stakeholder meetings to establish relationships with the community care community they serve. The TSP invites your questions, concerns, and/or ideas for ways we can be of assistance to licensees. Please contact: TechnicalSupportProgram@dss.ca.gov

Administrator Certification Program

Renewal Application Reminder: Please be sure to submit completed applications for administrator certificate renewals no less than 30 to 90 days prior to the expiration date on the certificate. This will allow the Administrator Certification Section (ACS) staff adequate time to process your application, make corrections, or request any missing documents prior to the certificate expiration date. Remember the delinquency/late fee of $200 must be submitted along with the regular processing fee of $100 if ACS does not have a complete application packet that is postmarked on or prior to your expiration date. If you have any questions regarding this or any other certification issue please call the ACS at (916) 653-9300 or visit the ACS website at: http://ccld.ca.gov/PG471.htm.

ACS Can No Longer Accept Continuing Education Credit from Non-DSS Approved Sources: Please be aware that after January 1, 2015, ACS will no longer accept continuing education courses from the California Board of Registered Nursing (BRN) or the National Association of Long Term Care Administrator Boards (NAB). This action is consistent with ACS’s move to ensure its opportunity to review courses for currency, accuracy, and relevance to the appropriate Core of Knowledge. NAB is not a California State agency and it was determined that the BRN’s course approval process is not comparable to that of the Department of Social Services. If you are unclear about which courses or vendors are approved by ACS or have questions regarding continuation
Administrator Certification Section, continued

In general, it is better to contact ACS before taking the course(s), in order to avoid delays in processing your renewal application.

Customer Service Mailbox Added: In response to reports of customers having difficulty getting through on the ACS main line, ACS has established a group mailbox to accept questions and queries through email regarding the administrator certification process. The email address is AdminCertInfo@dss.ca.gov. ACS staff monitor this mailbox, which provides an additional means of communication and customer service.

Program Management Information

Please join CCLD in wishing a fond farewell to former Program Administrator, Mary Jolls. In March 2015, Mary joined the Board of State and Community Corrections as its Deputy Director. Mary served in the position of the Adult and Senior Care Program Administrator since 2010. During her tenure in this position she worked on major reforms and changes and strengthened relationships with the program’s internal and external stakeholders. CCLD wishes her every success in her future endeavors!

The Adult and Elderly Residential Care Program currently has the following leadership:

Statewide:
Pamela Dickfoss, Deputy Director
Paula d’Albenas, Acting Program Administrator
Evelyn Shaeffer, Assistant Program Administrator for Northern and Central California
Claire Matsushita, Assistant Program Administrator for Southern California

Regional Managers, include:
Wesley Beecham, Northern California Regional Manager (overseeing offices in Sacramento, Rohnert Park and Chico)

Kit Chan, North Los Angeles and Central Coast Regional Manager (overseeing offices in Woodland Hills and Goleta)
Robert Chirico, San Francisco Coastal Regional Manager (overseeing offices in San Jose and San Bruno)
Pam Gill, Eastbay Delta Regional Manager (overseeing offices in Oakland and Sacramento)

Robert Gomez, Orange County and Inland Regional Manager (overseeing offices in Riverside and Orange)
Kimberly Lyon, Southern California Regional Manager (overseeing offices in Riverside and San Diego)
Tina Vasquez-Garcia, Greater Los Angeles Regional Manager (overseeing offices in Monterey Park)
Stacy Ziglar, Sierra-Cascade Regional Manager (overseeing offices in Sacramento and Fresno)

Please find contact information online at: http://ccld.ca.gov/res/pdf/ASC.pdf

Also new to CCL:
Robert Bayles, Administrator Certification Section (ACS) Manager -- The Technical Assistance and Policy Branch (TAPB) is excited to welcome Robert as the new manager of the Administrator Certification Section (ACS). New to state service, Mr. Bayles comes to ACS with much experience in education and training management, including positions as Director of Education and Executive Director of Private Postsecondary Vocational Education institutions. Having
Program Management Information, continued

served 21 years in the U.S. Air Force, Mr. Bayles held positions as Professional Military Education Center Director, Logistics and Training Manager, Curriculum Development Manager, Training Manager, and Training Instructor. He has a Master's Degree in Organizational Management and Bachelor’s Degree in Occupational Education.

The Enjoyment Of Eating

The enjoyment of food and nutritional well-being, along with other environmental factors, influences health-related quality of life and the aging process. This holds true for those living in residential care facilities. Older adults may have spent years eating with their family in a ‘family setting.’ The loss of this familiarity can cause many adults and the elderly to lose interest in the overall mealtime experience.

Daily food choices can make an important difference in a person’s physical and mental health. However, many factors can affect a person’s food intake and overall nutritional well-being.

According to the American Dietetic Association (ADA), “food is not only critical to one’s physiological well-being, but also contributes to social, cultural, and psychological quality of life.” They go on to state that food habits of older adults are determined not only by life time preferences and physiologic changes but also by such factors as living arrangements, finances, transportation and disability. The positive psychological and social aspects of eating are important pleasure of life. For most of us, food is a ‘social’ event and meant to share with others.

Adults and elderly individuals that live in residential care facilities are particularly vulnerable to nutritional deficiencies due to physical and social limitations. Social issues such as depression and isolation affect the eating habits of many adults and seniors. Medical conditions influence nutrient needs and intake; for example, poorly fitting dentures or missing teeth, make eating certain foods a challenge. Cancer, diabetes, heart disease and other diseases will also greatly impact the types of foods required and consumed. Use of medications also interferes with appetite or mouth taste, making adequate consumption of nutritious foods difficult.

Identified below are some common factors that can have a negative effect on the overall well-being of adult and elderly residents during mealtime:

- **Sensory Changes** Sensory changes – taste, smell, appearance and texture, all play a part in the desire to consume food. As the natural aging process happens, taste buds dull and a person’s ability to taste many foods—from hot, cold, sweet or
The Enjoyment of Eating, continued
sour—diminishes. As seniors get older they may want to eat foods that are hotter, saltier and sweeter; leaving them at risk for making poor food choices.

- **Mealtime and Isolation** Eating in isolation is a factor that can have a negative effect on nutritional health in older adults, according to WebMD. Studies have shown that eating with others can improve appetite and increase the amount of food a person consumes.

- **Chronic Illness and Medications** Multiple medical conditions often require seniors to alter their dietary intake and use numerous prescription and over-the-counter medications for their illnesses. Use of medications can cause loss of appetite, reduced taste and smell, painful swallowing, nausea and vomiting, and can affect the absorption and use of nutrients.

It is important that all those involved in caring for adult and elderly residents alert the appropriate care providers if the above conditions are observed.

**What You Can Do to Improve the Experience of Sitting Down To a Meal**

As a licensee and care provider, there are several things you and your staff can do to provide a comfortable dining environment for the adults and seniors residing in your facilities.

- Be observant of behaviors during this time together. Note your observations and follow up with the appropriate responsible parties.
- Be aware of medication side effects that can interfere with food intake.
- Watch for signs of difficulty chewing as a result of poor oral health or other issues.
- Provide a variety of foods that are rich in flavors and nutritious.

**Food Storage and Preparation**

In addition to providing a comfortable and social eating environment for residents, food storage and preparation of nutritionally balanced meals for residents goes hand in hand.

For a review of the food service regulations for residential facilities, please visit the links in the next column.

- **California Code of Regulations, Title 22,** *Food Service, General Licensing Requirements, §§80076*
- **Adult Residential Facility, §§85076**
- **Residential Care Facilities for the Elderly §§87555**

*Additional Resources on Nutrition and Aging, continue on next page*
Additional Resources on Nutrition and Aging
Academy of Nutrition and Dietetics: Position of the Academy of Nutrition and Dietetics: Food and Nutrition of Older Adults: Promoting Health and Wellness.
http://www.eatright.org/search.aspx?search=elderly
Position of the American Dietetic Association, American Society for Nutrition, and Society for Nutrition Education: Food and Nutrition Programs for Community-Residing Older Adults.
http://www.eatright.org/About/Content.aspx?id=6442451115
Why Malnourishment Plagues Seniors in America Today
http://www.aplaceformom.com/blog/malnourishment-plagues-seniors/
California Department of Aging:
https://www.aging.ca.gov/ProgramsProviders/AAA/Nutrition/
http://www.aging.ca.gov/programs/nutrition/

Licensing Program Analyst Exam
The Licensing Program Analyst (LPA) open examination bulletin is posted online at: https://jobs.ca.gov/JOBSGEN/4PB34.PDF. The California Department of Human Resources (CalHR) is offering the examination to everyone that qualifies. Applicants for the examination will apply online, take the Training and Experience Evaluation examination, and receive their results immediately. Applicants will self-certify they meet the minimum qualifications. DSS will verify qualifications be at the time of hire. The eligible list will include the names of all successful competitors in order of final scores, regardless of test date. Upon successful completion of the examination, competitors will have 12 months of eligibility. All list appointments to this classification will be from the new list. If you have current list eligibility from the previous examination administered on January 11, 2014, you must take this new examination to maintain list eligibility.

IMPORTANT PHONE NUMBERS

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<th>Centralized Complaint Information Bureau (CCIB)</th>
<th>1-844-538-8766</th>
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<tr>
<td>Administrator Certification</td>
<td>916-653-9300</td>
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<tr>
<td>Caregiver Background Check Bureau (CBCB)</td>
<td>1-888-422-5669</td>
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<td>Long Term Care Ombudsman</td>
<td>1-800-231-4024</td>
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<tr>
<td>CCL Public Inquiry and Response</td>
<td>916-651-8848</td>
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<tr>
<td>Technical Support Manager Alison Newkirk</td>
<td>916-651-6712</td>
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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.

Pamela Dickfoss, CCLD Deputy Director
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