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ADULT AND SENIOR CARE UPDATE

SUMMER 2013

This is the summer 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. We hope you will take time to review the *Update* and share it with members of your organization, as well as with others interested in adult and senior care issues.

RETIREMENT OF COMMUNITY CARE LICENSING DEPUTY DIRECTOR JEFFREY HIRATSUKA

Jeffrey Hiratsuka, Deputy Director for Community Care Licensing, has retired after serving the citizens of California for over 40 years, including the last 12 years with the Community Care Licensing Division. Jeff was appointed as the Deputy Director in May 2009 and successfully guided the program through some of the worst economic and budget times ever experienced in the state. As of August 1, 2013, former Deputy Director Dave Dodds will fill in as the Interim Deputy Director. The Community Care Licensing Division wishes Jeff well in his retirement and welcomes Dave.

The Department of Social Services also is announcing the examination for Deputy Director of the Community Care Licensing Division. Interested persons may find qualifications and application instructions at the link below:

http://jobs.spb.ca.gov/ceabulletins/exemptpdfs/09182013_1.pdf

92 MILLION OLDER AMERICANS EXPECTED BY 2060

Over one in eight Americans is age 65 or older, according to the latest statistics from the U.S. Census Bureau. The number of “older Americans” is approximately 41.4 million – an 18 percent increase from 2000. The population 65 and over also is expected to more than double to 92 million in 2060, according to a new report from the U.S. Department of Health and Human Services entitled, “A Profile of Older Americans: 2012.” The report also states that the population of those 85 years and older is projected to nearly triple from 5.7 million in 2011 to 14.1 million in 2040.

The report also provides the latest national demographic information on issues ranging from health care and health insurance coverage to disability and activity limitations for older Americans. More information is at:

http://www.aoa.gov/AoARoot/Aging_Statistics/Profile/2012/docs/2012profile.pdf

IN THE KNOW

Stay Connected - Share Your E-Mail Address!

This summer, the Adult and Senior Care Regional Offices will begin contacting licensees, primarily by telephone, to ask that licensee's provide their e-mail addresses if they have an e-mail account. The Community Care Licensing Division (CCLD) will then establish an e-mail recipient list using these addresses to send out e-mail news such as Information Releases, Implementation Plans for new laws, quarterly newsletters, and other important information. Using e-mail will allow the CCLD to provide this information in a less costly and timelier way to licensees who provide an e-mail address and who report any change to their email address to their Licensing Program Analyst (LPA). During these calls, your LPA may also speak to you about your license as the Adult and Senior Care Regional Offices are also reviewing licenses this summer and will be making technical changes as needed. In cases where such changes are made, you will receive a new license showing the changes. Examples of these technical changes include how words in the licensee name are abbreviated (corporation, for example) and the description of non-ambulatory and bedridden capacity found in the comments section of the license. Stay connected and be in the know!

Licensees Facing Financial Distress and Notification Requirements

Residential Care for the Elderly (RCFE) facilities licensees are reminded that Senate Bill 897 (Leno) Statutes of 2011 added section 1569.686 to the Health and Safety Code. More information, Chaptered Legislation, is at:
<http://www.cclcd.ca.gov/res/pdf/13APX-1.pdf>

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 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 them to the Department, the State Long Term-Care Ombudsman, residents and, if applicable, their 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 RCFEs that have obtained a certificate of authority to offer continuing care contracts.

Tips for Licensees to Prevent Heat-Related Illnesses

- Make sure that the temperature in your facility is safe and comfortable.
- Review your facility's emergency disaster plan. It should include:
 - Up-to-date emergency telephone numbers.
 - Contingency plans in case the facility's air-conditioning system goes out.
 - An evacuation plan in case residents/clients need to be moved to a motel or other "cooling center." For information on local cooling centers click on: [Summer Heat Resources](#)
- Monitor the television or radio for important local heat-related announcements.
- Report any heat-related illnesses/deaths to the local licensing office immediately. The elderly, the very young and those with chronic illnesses are at greatest risk.
- Be alert for any changes in clients/residents—physical, mental or emotional—that may indicate a heat-related illness.
- Consider establishing a hydration station in the facility, where water and other fluids are always available to clients/residents and staff.

- Contact your local licensing office for help with evacuations or other assistance.

A list of licensing offices is at: <http://www.cclid.ca.gov/contact.htm>

General Tips

- Never leave infants, children or the frail elderly unattended in a parked car.
- Drink plenty of fluids. Do not wait until you are thirsty.
- Dress in lightweight/loose-fitting clothing. Use a hat and sunscreen.
- Drink fruit juice or a sports beverage to replace salts and minerals lost during heavy sweating. (If a client/resident is on a low-sodium diet, check with his/her physician first.)
- During the hottest parts of the day, keep physical activities to a minimum and stay indoors in air-conditioning and out of the sun.
- Use fans as needed.
- Open windows to allow fresh air to circulate when appropriate.
- Use cool compresses, misting, showers and baths.
- Avoid hot foods and heavy meals—they add heat to the body.
- Eat frozen treats, such as popsicles, between meals.

Heat Stroke and Heat Exhaustion

Heat stroke— occurs when the body cannot control its temperature—may result in disability or death if emergency treatment is not given.

Heat exhaustion— occurs when the body loses a large amount of water and salt contained in sweat.

Warning signs of *heat stroke* vary, but may include:

- An extremely high body temperature (above 103 degrees Fahrenheit, orally)
- Unconsciousness
- Dizziness, nausea and confusion
- Red, hot and dry skin (no sweating)
- Rapid, strong pulse
- Throbbing headache

Warning signs of *heat exhaustion* vary, but may include:

- Heavy sweating
- Muscle cramps
- Weakness
- Headache
- Nausea or vomiting
- Paleness, tiredness, dizziness

What to Do

If you see any of these signs for heat stroke or heat exhaustion, you may be dealing with a life-threatening emergency and should do the following:

- Have someone call 911 while you begin cooling the victim.
- Get the victim to a shady area.
- Cool the victim rapidly with a cool bath or shower, or by sponging with cool water, until body temperature drops to 101-102 degrees Fahrenheit, orally.
- If emergency medical personnel are delayed, call the hospital emergency room for further instructions.
- Do not give the victim alcohol to drink.
- Again, get medical assistance as soon as possible.

If a victim's muscles twitch uncontrollably as a result of heat stroke, keep the victim from injuring him/herself, but do not place any object in the mouth and do not give fluids. If there is vomiting, make sure the airway remains open by turning the victim on his/her side.

This information was provided by documents prepared by:

- California Department of Public Health
<http://www.cdph.ca.gov/Pages/DEFAULT.aspx>
- Centers for Disease Control and Prevention
<http://www.cdc.gov/extremeheat/>
- Governor's Office of Emergency Services
www.oes.ca.gov

West Nile Virus – Information and Resources

West Nile virus (WNV) is a potentially serious disease that is most often spread through the bite of an infected mosquito. Mosquitoes become infected when they feed on infected birds.

Older individuals and those whose immune system has been compromised are more likely to be susceptible to the virus, according to the Department of Public Health. Common symptoms of WNV include fever, headache, body aches, and sometimes skin rashes or swollen lymph nodes. These symptoms may last a few days, but there are reports of prolonged fatigue and muscle weakness. Less than one percent of people who are infected will develop a serious neurologic illness such as encephalitis or meningitis. Medical attention should be sought immediately if residents or staff exhibit any of these symptoms.

Information specific to WNV and older adults is available at:

<http://www.cdph.ca.gov/HealthInfo/discond/Documents/WNVforSeniors2012.pdf>

General information on WNV is available at:

<http://www.cdph.ca.gov/HealthInfo/discond/Pages/WestNileVirus.aspx>

http://www.cdc.gov/ncidod/dvbid/westnile/wnv_factSheet.htm

To report a dead bird, contact the California WNV and Dead Bird Hotline at: 1-877-WNV-BIRD, or at www.westnile.ca.gov.

Cardiopulmonary Resuscitation (CPR)

Question: Are RCFE licensees and employees required to administer CPR?

Response: H&SC section 1569 et. seq. and California Code of Regulations (CCR) Title 22, Division 6, Chapter 8 regulations are silent on CPR - meaning that there is no statutory or regulatory requirement for an RCFE licensee or RCFE employee to administer CPR.

However, RCFE licensees are required to meet the requirements of section 87469 Advance Health Care Directives, Requests to Forego Resuscitative Measures and Do Not Resuscitate Forms.

<http://www.dss.cahwnet.gov/ord/entres/getinfo/pdf/rcfeman3.pdf>

Regulations require licensees to provide specified information to assist residents in making informed decisions in advance of a life-threatening incident. There is nothing in law or regulation that precludes licensees from providing additional information on CPR, such as the benefits and risks of the procedure, to assist residents in this aspect of care planning.

H&SC section 1569 et. seq. and the CCR, Title 22, Division 6, Chapter 8 do not prohibit licensees from developing policies relative to training staff in CPR or administering CPR (this includes employees who are skilled medical professionals as well as direct care staff). If a licensee develops a policy in this area, it must be part of the facility's overall plan of operation and the policy must be conveyed to prospective and existing residents in care. Note: The issue of CPR in an independent living facility has received recent media attention. In reviewing the numerous articles on this issue, there does seem to be a public expectation that care facilities should be providing CPR if an individual has requested this life sustaining measure. This issue is currently under debate at the legislature.

Current legislation on CPR, Assembly Bill 633 (Salas) is at:

[http://www.leginfo.ca.gov/cgi-](http://www.leginfo.ca.gov/cgi-bin/postquery?bill_number=ab_633&sess=CUR&house=B&author=salas)

[bin/postquery?bill_number=ab_633&sess=CUR&house=B&author=salas](http://www.leginfo.ca.gov/cgi-bin/postquery?bill_number=ab_633&sess=CUR&house=B&author=salas)

Communicable Diseases and Clostridium Difficile

According to the federal Centers for Disease Control and Prevention (CDC), Clostridium difficile or C.difficile is a bacterium that causes inflammation of the colon, known as colitis. Symptoms of C. difficile infection include watery diarrhea (at least three bowel

movements per day for two or more days); fever; loss of appetite; nausea; and abdominal pain/tenderness. Individuals who have taken antibiotics for long periods of time, particularly if they have spent a lot of time in the hospital; the elderly; and those with chronic health problems are at greater risk of acquiring this disease. When an individual takes antibiotics, good germs that protect against infection are destroyed for several months. During this time, persons can get sick from *C. difficile*.

Colonized vs. Infected

What are the differences between *C. difficile* colonization and *C. difficile* infection?

C. difficile colonization:

- Individual exhibits NO clinical symptoms
- Individual tests positive for *C. difficile* organism and/or its toxin
- More common than *C. difficile* infection

C. difficile infection:

- Individual exhibits clinical symptoms
- Individual tests positive for the *C. difficile* organism and/or its toxin

Colonization without infection is not prohibited in RCFEs. Thus, an exception is not required if a resident is colonized with *C. difficile*. However, the resident, the licensee and direct care staff should do the following: 1) follow any instructions from the resident's physician or other appropriately skilled professional; and 2) practice universal precautions and any other precautions determined to be necessary by an appropriately skilled professional.

An exception is required to care for a resident who has a *C. difficile* infection. Regulation Section 87616, Exceptions for Health Conditions, allows a licensee to submit a written request to care for a resident with a prohibited health condition. An individual with a *C. difficile* infection may initially be treated in a hospital or skilled nursing facility. The licensing agency may receive a request to retain a resident with *C. difficile* infection when:

- A resident has been or is being treated for *C. difficile* infection and still has diarrhea.
- The resident's physician or other appropriately skilled professional has determined that the resident does not need to be in a hospital or skilled nursing facility.
- The licensee wishes to continue caring for the resident in the RCFE.

Cases of *C. difficile* infection can be very complicated, and each situation and exception request must be evaluated individually.

The Evaluator Manual Regulation Interpretations and Procedures is currently being updated to provide licensees with more information and guidance relative to *C. difficile*.

PROMOTIONS AND NEW MANAGERS

Stacy Zigler is the new Licensing Program Manager for the Sacramento Unit of the East Bay Delta Adult and Senior Care Region effective May 23, 2013. Before coming to the Department she was the Standards Compliance Coordinator for New Folsom State Prison where she was responsible for the treatment centers license and multiple medical units within the prison. Stacy joined the Community Care Licensing Division in August of 2012 as a Licensing Program Analyst. Welcome Stacy!

Victoria Cowan will be the temporary Regional Manager of the East Bay Delta Adult and Senior Care Region. She has many years of experience in the Community Care Licensing Division. Welcome back to the Adult and Senior Care Program, Victoria!

Teresa A. Owensby is the new manager of the Children's Residential Policy Unit. Before coming to the Technical Assistance and Policy Branch, Teresa was a Senior Legal Analyst in the Department's Legal Division working with the Community Care Licensing Division, Children and Family Services Division, and other branches of the Department. Prior to her employment with the State of California, she worked for a private sector law firm with experience in high-profile litigation and expertise in legislative analysis as well as the development and implementation of regulations. Welcome Teresa!

SUMMARY

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

Sincerely,

DAVID F. DODDS
Interim Deputy Director
Community Care Licensing Division