REFERENCE MATERIAL

FOR

RESIDENTIAL CARE FACILITIES
FOR THE ELDERLY

WITH

CONTINUING CARE
## TABLE OF CONTENTS

### RESIDENTIAL CARE FACILITIES FOR THE ELDERLY WITH CONTINUING CARE

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Statement</td>
<td>9-0025</td>
</tr>
<tr>
<td>Continuing Care Branch</td>
<td>9-0026</td>
</tr>
<tr>
<td>Preliminary Approval for Residential Care Facility for the Elderly Applications with Continuing Care Contracts</td>
<td>9-0027</td>
</tr>
<tr>
<td>Processing Residential Care Facility for the Elderly Applications with Continuing Care Contracts</td>
<td>9-0028</td>
</tr>
<tr>
<td>Issuance/Denial of Residential Care Facility for the Elderly License with Continuing Care Contracts</td>
<td>9-0029</td>
</tr>
<tr>
<td>Facility Inspections</td>
<td>9-0030</td>
</tr>
<tr>
<td>Complaints, Non-Compliance and Adverse Actions</td>
<td>9-0031</td>
</tr>
<tr>
<td>Processing Continuing Care Retirement Communities Expansions Off of the Licensed Property</td>
<td>9-0032</td>
</tr>
</tbody>
</table>
Continuing Care (and Life Care) contracts involve a promise to provide future care in exchange for the transfer of money or property. These contracts are usually associated with Continuing Care Retirement Communities. A provider must obtain a Certificate of Authority prior to entering into continuing care contracts with residents. Before a Certificate of Authority can be issued, the facility must first be licensed as a Residential Care Facility for the Elderly. Therefore, an applicant for a Certificate of Authority (or Provisional Certificate of Authority) must also file a Residential Care Facility for the Elderly application, if not already licensed.

The purpose of this document is to set forth the procedures to be used when accepting, evaluating, and issuing/denying Preliminary Approvals. In addition, it will provide guidance for the inspection and monitoring of Continuing Care Retirement Communities once a Residential Care Facility for the Elderly license and a Certificate of Authority have been issued.

The application process for a Certificate of Authority often takes three to five years due to various presale requirements and the need for facility construction. Because of the long timeframes involved, processing of the Residential Care Facility for the Elderly application does not follow normal procedures. The Community Care Licensing Division Regional Office is required to conduct a preliminary review of the Residential Care Facility for the Elderly application to determine the applicant’s ability and intent to meet all statutory and regulatory requirements for Residential Care Facilities for the Elderly. Upon determination that the applicant has provided satisfactory evidence of ability and intent, the Regional Office must issue a Preliminary Approval. A Preliminary Approval, however, is not a guarantee that a Residential Care Facility for the Elderly license will be issued by the Regional Office.

The Continuing Care Branch is mandated by statute to monitor Continuing Care Retirement Communities. The Continuing Care Branch must evaluate Continuing Care Retirement Community applicants for marketing, economic, and financial feasibility. Some of the monitoring activities are to review: (1) a provider’s annual financial statements and reserve reports for financial health; (2) a provider’s ability to meet future contractual obligations; and (3) continuing care contracts for compliance with statutes governing Continuing Care Retirement Communities.

When the Regional Office staff is evaluating a Residential Care Facility for the Elderly application involving continuing care, close coordination is necessary with the Continuing Care Branch staff. The responsibility for reviewing and approving certain parts of the Residential Care Facility for the Elderly application, such as contract language and financial solvency, is assigned to the Continuing Care Branch. Regional Office staff is encouraged to call the Continuing Care Branch if they have any questions or problems, or if they receive additional significant information impacting the project. Questions from prospective residents, the media, and others should be directed to the Continuing Care Branch.
The Continuing Care Branch will send a green “Continuing Care Retirement Communities Status Sheet” to the Regional Office. This status sheet provides the name of the Continuing Care Branch analyst assigned to the project, his/her telephone number, and the status of the facility (i.e., application, permit to accept deposits issued, provisional or final certificate of authority issued, etc.). This status sheet shall be placed in the case file so that the facility is readily identifiable as a Continuing Care Retirement Community. If a status sheet is received and an application has not yet been received in the Regional Office, call the Continuing Care Branch analyst immediately.

A case file should be set up in the Regional Office just as for any other Residential Care Facility for the Elderly application. The application may remain pending for five years, but will not be considered an overdue application for statistical purposes.

Because Residential Care Facility for the Elderly applications involving preliminary approval are submitted during the developmental stages of a continuing care contract project, the initial application constitutes an abbreviated Residential Care Facility for the Elderly application and contains only limited information. An application which meets the criteria in this guideline should not be returned as incomplete. Additional information will be received prior to licensure in order to fully comply with all Residential Care Facilities for the Elderly licensing requirements.

An application for Preliminary Approval is considered complete when all the following have occurred:

1. A facility representative has attended part one (the all-day session) of the Residential Care Facility for the Elderly orientation.

2. The following documents have been submitted and found to be complete by the Regional Office:
   a. Application for a Residential Care Facility for the Elderly License (LIC 200).
   b. Applicant Information (LIC 215).
   c. Administrative Organization (LIC 309).
   d. Partnership Agreement/Articles of Incorporation. A copy of the partnership agreement if the applicant is a partnership. If the applicant is a limited partnership, a copy of the Certificate of Limited Partnership filed with the seal of the California Secretary of State, and a copy of the by-laws if the applicant is a corporation.
e. A general overview of the program philosophies, goals, persons accepted for care, basic and optional services and activities in the program, etc. This overview may be brief at this preliminary stage, but shall be revised/completed to meet all “Section B” requirements during the final months of the application process.

f. Proposed continuing care contract. The continuing care contract takes the place of an admission agreement. The Continuing Care Branch is responsible for review of this contract.

g. A sketch, 8 1/2 inches by 11 inches in size, of the facility physical plant and site plan. The Regional Office is responsible for submitting the sketch or blueprint and site plan to the appropriate fire inspector for determination of whether the facility conforms to fire safety standards for Residential Care Facilities for the Elderly. The request for plan review will be transmitted on a Fire Safety Inspection Request (STD 850) form. It must be stated on the form that construction is pending (if applicable), which units are to be cleared for nonambulatory/bedridden use and, most importantly, that all areas of the facility premises, which are not covered by a health facility license, must meet fire safety standards for Residential Care Facilities for the Elderly licensure. All units must be appropriately fire cleared and licensed.

The decision to issue a Preliminary Approval shall not be delayed pending approval of a sketch, blueprint or plot plan by the fire inspector.

h. Evidence of control of property. This may be in the form of a deed, ground lease, rental agreement, etc. A copy of any contract that may exist with a management company or facility operator must also be submitted. For additional information on control of property, please see Reference Material, Enforcement Actions, Section 1-0090.

i. Documentation that fingerprints have been submitted for the applicant. If the Caregiver Background Check Bureau has informed the Regional Office that the applicant has a record of criminal convictions, follow procedures required by California Code of Regulation, Title 22, Section 87355.

The decision to issue a Preliminary Approval shall not be delayed pending receipt of criminal record information from the California Department of Justice.

3. Residential Care Facilities for the Elderly application fees have been paid.

When the application has been submitted, the Regional Office will determine whether the application is complete, if the applicant has demonstrated intent and ability to comply with Residential Care Facilities for the Elderly regulations, and
whether to issue a Preliminary Approval. **Once issued, the Preliminary Approval will remain valid as long as the applicant holds a valid Permit to Accept Deposits, until withdrawal of the permit, or until issuance or denial of the Residential Care Facility for the Elderly license.**

If the decision is to **approve**: 

a. The Procedures Checklist for RCFE Applications with Continuing Care Retirement Communities (LIC 9180) is to be completed and placed in the case file. A copy is mailed to the Continuing Care Branch.

b. The Preliminary Approval for Residential Care Facility for the Elderly Applications with Continuing Care Contracts (LIC 9179) is to be completed and issued to the applicant. It is the applicant’s responsibility to submit this approval to the Continuing Care Branch. (However, a copy should be retained in the Regional Office case file.)

If the decision is to **deny** (either before or after issuance of the Preliminary Approval):

a. Advise the applicant of the reason(s) for denial and right to appeal, as specified in California Code of Regulations, Title 22, Section 87163.

b. A copy of the Procedures Checklist indicating denial and a copy of the denial letter are sent to the Continuing Care Branch.

**NOTE:** One indicator of possible denial of an initial application is an unacceptable record with other already licensed facilities. The analyst shall check for information about the performance of other facilities licensed to the applicant, prior to issuing the Preliminary Approval.

If the application is **withdrawn**: 

a. Send a copy of the Procedures Checklist indicating applicant’s withdrawal to the Continuing Care Branch.

**PROCESSING RESIDENTIAL CARE FACILITY FOR THE ELDERLY APPLICATIONS WITH CONTINUING CARE CONTRACTS**

At the time of issuance of the Preliminary Approval, the Regional Office shall inform the applicant that:

1. The Preliminary Approval is not a Residential Care Facility for the Elderly license.

2. There is no guarantee that a license will be issued.
3. Facility physical plant and site plans/blueprints must be reviewed by the licensing agency and the fire authority before groundbreaking or start of construction.

4. When construction is complete, review of the Residential Care Facility for the Elderly application will resume; the applicant must submit any remaining information required for licensure.

When the additional information is received, review of the Residential Care Facility for the Elderly application and issuance of the license follow the same procedures as for any other Residential Care Facility for the Elderly.

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Close coordination is necessary between the Regional Office and the Continuing Care Branch analyst, particularly during the last several months prior to licensure. Residential Care Facility for the Elderly licensure will be concurrent, with a few exceptions, with the issuance of a Provisional Certificate of Authority by the Continuing Care Branch. It is important to coordinate with the Continuing Care Branch to ensure that the proper entities are named on the license. Contact the Continuing Care Branch when the Residential Care Facility for the Elderly license is approved and send a copy of the Residential Care Facility for the Elderly license to the Continuing Care Branch when issued.

If, in reviewing the Residential Care Facility for the Elderly application, indications seem to be leading toward denial of the Residential Care Facility for the Elderly license, the Regional Office must call the Continuing Care Branch immediately, and send a follow-up memorandum to the Continuing Care Branch analyst.

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**Inspections of Continuing Care Retirement Community Residential Living Units**

**Introduction**

The purpose of this section is to provide guidelines to Licensing Program Analysts, who evaluate Residential Care Facilities for the Elderly and residential living units that are part of Continuing Care Retirement Communities.

**Description of a Continuing Care Retirement Community**

A Continuing Care Retirement Community facility typically includes residential living, assisted living and skilled nursing care services. The skilled nursing care unit(s)/section(s) is licensed and regulated by the California Department of Public Health, Licensing and Certification Division. The Residential Care Facility for the Elderly and
residential (independent) living units are regulated and licensed by the California Department of Social Services, Community Care Licensing Division.

The benefits and services provisions for residents in a Continuing Care Retirement Community are established by contract. A continuing care contract is a contract that includes a promise to provide care in exchange for a payment, usually an entrance fee. The promise must have a term of more than 12 months but is usually for the life of the resident.

A continuing care provider (licensee) must apply for and obtain a Certificate of Authority (or Provisional Certificate of Authority) from the Continuing Care Branch prior to entering into continuing care contracts with residents. The Continuing Care Branch reviews each application for marketing, economic, and financial feasibility to assess the licensee’s ability to meet future contractual obligations with residents. It also reviews continuing care contracts for compliance with the statutes governing Continuing Care Retirement Communities.

A Continuing Care Retirement Community is generally comprised of three primary components:

- Residential Living Units (Independent Living);
- Residential Care Facility for the Elderly (Assisted Living); and
- Skilled Nursing Facility

Coordination with the Continuing Care Branch

The oversight of Continuing Care Retirement Communities is unique in that the regulatory responsibilities are shared by two components of the California Department of Social Services, Community Care Licensing Division. The Adult and Senior Care Program field staff and Continuing Care Branch both make regulatory inspections to Continuing Care Retirement Communities. While the Adult and Senior Care Program field staff conduct physical inspections and issue citations for non-compliance with regulations, the Continuing Care Branch conducts administrative inspections to augment its financial assessments. The Continuing Care Branch considers things such as the condition of the facility and whether the provider is performing the services it has specified in its continuing care contracts, as well as ensuring the required disclosures are being made to the residents and prospective residents. The respective requirements of the Adult and Senior Care Program field operations and Continuing Care Branch are interrelated, so it is important that the two Community Care Licensing Division program components share their findings.

It is important that the Continuing Care Branch staff and Adult and Senior Care Program field staff work collaboratively whenever certain issues arise concerning a Continuing Care Retirement Community. The Continuing Care Branch staff and Adult and Senior Care Program field staff should contact each other each when any of the following occurs:
• A new Continuing Care Retirement Community applies for a Residential Care Facility for the Elderly license and Certificate of Authority.

• A Continuing Care Retirement Community makes a change in its name, its business structure or form of doing business, or the overall management of the Continuing Care Retirement Community.

• A Continuing Care Retirement Community alters its organization, including changing the type of entity it is, separation from another entity, merger, affiliation, spin-off, or sale.

• A Continuing Care Retirement Community makes the decision to discontinue offering continuing care contracts and to only enter into month-to-month admission agreements.

• A Continuing Care Retirement Community elects to alter its program and offer month-to-month admission agreements in addition to continuing care contracts.

• A Continuing Care Retirement Community moves to another location or the provider/licensee sells or transfers a Continuing Care Retirement Community.

• A Continuing Care Retirement Community expands (or reduces) the community whether by converting existing buildings, by new construction or by the acquisition of separate property(ies).

• A Continuing Care Retirement Community is involved in a serious incident, violation, or complaint.

• An inquiry is made about the program, e.g., Continuing Care Branch staff will notify Adult and Senior Care Program field staff if they receive an inquiry regarding a Residential Care Facility for the Elderly, and vice versa.

The most important thing to remember when evaluating this type of Residential Care Facility for the Elderly is that all areas of the Continuing Care Retirement Community are typically licensed as either a Residential Care Facility for the Elderly or a skilled nursing facility. When a continuing care contract is involved, the residential living units are also licensed so that care can be legally provided to the residents in those units.

Many providers refer to their independent living units as “residential” living units as defined in the applicable statutes. Residents may be housed in apartments, condominium units, cottages, villas, or houses that look like a subdivision, and may, in fact, even hold property title to their living units. However, all units must obtain the appropriate fire clearance and be licensed under the Residential Care Facility for the Elderly license. These units should be included in the sample of those inspected by Regional Office staff when conducting facility inspections, annual inspections, focused inspections, or complaint investigations. Ensure that these residents have been assessed at the proper level of care and are receiving services appropriate to their needs and functional status.
Continuing care contracts fulfill the Residential Care Facility for the Elderly admission agreement requirements in Continuing Care Retirement Communities. The Continuing Care Branch is responsible for reviewing continuing care contracts for compliance with Continuing Care Contracts statutes. However, Continuing Care Retirement Communities may accept both continuing care residents under continuing care contracts as well as month-to-month residents. For those residents not under continuing care contracts, the admission agreement is reviewed by the Regional Office just as in any other Residential Care Facility for the Elderly. All other aspects of facility inspections should be conducted as outlined in Residential Care Facilities for the Elderly regulations and the Community Care Licensing Division Evaluator Manual.

Within the California Department of Social Services, regulatory responsibility for the Residential Care Facility for the Elderly and the residential living units is shared by the Continuing Care Branch and the Adult and Senior Care Program. The Continuing Care Branch approves contracts, evaluates transactions, protects certain resident rights, ensures proper disclosures are made to residents and prospective resident consumers, evaluates the financial feasibility of existing and proposed communities and issues a Certificate of Authority (or Provisional Certificate of Authority) that authorizes the provider/licensee to enter into continuing care contracts with residents.

In general, a Continuing Care Retirement Community must first be licensed as a Residential Care Facility for the Elderly before a Certificate of Authority can be issued to the operator. The Adult and Senior Care Program inspects and investigates complaints involving the Residential Care Facility for the Elderly and the residential living units to ensure compliance with Residential Care Facility for the Elderly laws and regulations. This shared authority requires close collaboration between the Continuing Care Branch and the Adult and Senior Care Program.

**NOTE:** Continuing Care Contracts statutes can be found in Health and Safety Code Section 1770 through Section 1793.91. Residential Care Facilities for the Elderly statutes can be found in Health and Safety Code Section 1569 through Section 1569.889. California Code of Regulations, Title 22, Division 6, Chapter 8 applies to all Continuing Care Retirement Community residential living units, unless otherwise addressed in the above-referenced Health and Safety Code sections.

Residential living units are living units that typically house residents who need little or no care and supervision, but may also include assisted living or skilled nursing care. Residential living units may be apartments, condominiums or town homes, cottages or even houses in a subdivision-like setting. Generally, all such units are licensed as a Residential Care Facility for the Elderly and require appropriate fire clearance approval.

It should be noted that, at a typical Continuing Care Retirement Community, the majority of the population occupy residential living units. While residents moving into a Continuing Care Retirement Community are generally independent, healthy individuals who do not require or desire monitoring and supervision, the Residential Care Facility for the Elderly and the residential living units (that are part of the Continuing Care Retirement Community facility) must be licensed so that the licensee can furnish certain assisted living services in designated units as necessary. This structure is intended to
afford Continuing Care Retirement Community residents with increased care services as they become necessary.

**Licensing Program Analyst Protocol for the Inspection of a Continuing Care Retirement Community Residential Living Units**

1. **Using the Continuing Care Retirement Community’s Plan of Operation to Determine Appropriate Monitoring of Residential Living Unit Residents.**

   The licensee is responsible for a Plan of Operation that includes how the residential living unit resident will be monitored by facility staff. The plan should include, but not be limited to, the following elements:

   - A description of how the licensee will maintain a “general awareness” of the residential living unit residents’ mental/physical health and safety status, and of the means for observing, communicating and documenting any changes in status that may occur.

   - A description of how the licensee will monitor the residential living unit residents and their living units. This may include the use of the Continuing Care Retirement Community caregivers as well as non-caregivers, such as dining or housekeeping staff who would have frequent and continuous contact with unit residents. The Continuing Care Retirement Community Plan of Operation should identify the proposed training plan for all staff who are considered “monitors” of residential living unit resident health and safety.

   - A description of the process by which observed or otherwise known changes in resident conditions are communicated to responsible staff, such as employee supervisors, or designated staff should be included in the plan.

   - A description of the assessment process and the protocol to be followed to ensure that the residents’ needs continue to be met. The Plan of Operation should identify medical, behavioral or cognitive indicators that could determine a need for further resident assessment or possible assisted living or skilled nursing care.

   - A description of how the Continuing Care Retirement Community will ensure that the resident and/or responsible party, physician and appropriate Continuing Care Retirement Community staff are involved in the assessment and decision-making process.

   - A description of how the Continuing Care Retirement Community will implement assessment activities with assurances that the personal rights of the resident are preserved.

   - A description of the Continuing Care Retirement Community’s policies and procedures relative to resident disputes or disagreements involving the assessment or care plan process.
A description of how the Continuing Care Retirement Community will ensure overall resident health, safety and well-being, e.g., identification of injuries or incidents. It should be noted that Unusual Incident/Injury Reports must be submitted for residents of the Residential Care Facility for the Elderly and the residential (independent) living units. The method of monitoring could include a call-in service, motion detectors in the unit, a door flipper, observing presence at meals as well as other safety measures. Residents may not be allowed to opt out of this process. The method used must contain a means by which the facility staff check on those residents whose well-being has not been established by the provider’s monitoring systems.

NOTE: One characteristic of Continuing Care Retirement Communities is that the continuing care contract most often serves as the assisted living admission agreement. All continuing care contracts are reviewed by the Continuing Care Branch for content. The Licensing Program Analyst, however, should check for signatures just as they would for Residential Care Facility for the Elderly admission agreements.

Some Continuing Care Retirement Communities also enter into month-to-month admission agreements that are not continuing care contracts. The Licensing Program Analyst should identify residents who are not covered by a continuing care contract and review these admission agreements according to standard practices.

2. Interviewing the Facility Administrator about Residential Living Unit Operations

To evaluate the operations of the residential living units of the Continuing Care Retirement Community, the Licensing Program Analyst may discuss the following areas of interest with the facility administrator:

- How does the licensee develop, update, and implement policies to ensure the independence, health and safety of residents in the residential living units?
- How often are the residential living unit residents reassessed for their ability to function independently?
- Is there a policy regarding the use of private duty aid companions? How are these individuals monitored per regulatory requirements?
- What is the estimated number of residential living unit residents who use care or supervision attendants, paid or otherwise?
- Who conducts the assessments of residential living unit residents?
- Do residential living unit residents dine with Residential Care Facility for the Elderly residents?
- Are there procedures in place where residents check in or check out when they leave the community overnight? How are these procedures communicated to residents?

- What is the policy related to individual record-keeping for residential living unit residents?

- Does the licensee have a policy regarding the possession or storage of firearms? (See California Code of Regulations, Title 22, Section 87309.)

- Is there a pet policy at the facility?

- How many incident reports have been filed in the last 12 months that involved residential living unit residents?

- Describe what an average day is for a residential living unit resident.

- What types of safety alert features are present in the residential living units?

- What is the licensee’s medication policy relative to residential living unit residents?

- How is residential living unit residents’ property, including cleaning agents and medications, safeguarded from Residential Care Facility for the Elderly residents who may lack hazard awareness?

- What is the facility policy related to fingerprinting of staff?

- What is the facility policy related to the fingerprinting of private duty aids?

3. Inspecting Continuing Care Retirement Community Residential Living Units

In conducting licensing inspections of Continuing Care Retirement Communities, the Licensing Program Analyst should be familiar with those features that differentiate them from other facilities licensed as Residential Care Facilities for the Elderly.

Residents occupying residential living units are generally self-sufficient individuals who do not need care and supervision. For example, they may prepare their own meals, control their own medications, drive their own cars and go on extended vacations.

When inspecting a Continuing Care Retirement Community, the Licensing Program Analyst should recognize residents may not need assistance with activities of daily living or require care and supervision as residential living unit residents. The Licensing Program Analyst should exercise good professional judgment and personal sensitivity toward those occupants of the residential living units.
Most Continuing Care Retirement Community residents are happy to show their homes. If a resident offers, the Licensing Program Analyst’s approach should favor that of a casual tour rather than an inspection. (However, if any physical plant deficiencies are noted, they should be brought to the attention of the administrator after the visit with the resident is completed.)

Residential living unit residents may choose to prepare their own meals utilizing stoves and kitchen knives. They may provide their own toothpaste, soaps, cleaning solutions, linens and furniture. They may store and administer their own medications, disinfectants, pest or garden poisons and possess firearms. These items should not pose a danger provided the residents are competent to manage these items. As long as the licensee has properly assessed the residents’ ability to function independently in such areas, the licensee should not be cited.

In addition, when there are two related residents in a residential living unit, the provider may allow one of those residents to assist the other. For example, a wife may assist or administer medications to her husband. In these cases, the Licensing Program Analyst should ascertain that the licensee:

(a) Has identified and documented the services one resident may be providing to the other;
(b) Monitors whether the tending resident is administering proper care/services; and
(c) Regularly assesses the tending resident’s ability to provide proper care and services.

4. Interviewing the Residential Living Resident

The Licensing Program Analyst should conduct brief visits with three to five residents occupying residential living units (including at least one resident who has been identified by the facility as “in transition” from a residential living unit to an assisted living unit or, alternatively, continuing in the residential living unit with additional supports). The Licensing Program Analyst can determine which residents to interview by speaking with the administrator. The Licensing Program Analyst may also ask for a residential living unit resident’s records.

When preparing to interview residential living unit residents, the Licensing Program Analyst should be aware that residents may perceive the visit as an intrusion into their privacy. If the resident objects or discourages entry, the Licensing Program Analyst should respect his/her position and select alternate residents to visit.

The purpose of the visit is to determine whether the resident has been properly assessed in his/her ability to independently meet his/her individual health and safety needs. To this end, the Licensing Program Analyst may choose to use the following questions as a guide for interviewing residents:

- How did you happen to select a Continuing Care Retirement Community?
- Does the community generally meet your living requirements?
9-0030 FACILITY INSPECTIONS (Continued)

- Have you experienced any difficulty in obtaining the services you need (e.g., meeting nutritional needs, obtaining assistance with basic services)?
- How do you arrange for assistance in your unit when dealing with health problems?
- How often do you have contact with staff at the community (e.g., the administrator, social worker, nurse)?
- Are you familiar with the facility’s policy and procedures regarding check-in, check-out, the use of private duty aids (if there is one), etc.?
- What is a normal day like for you?
- Are you aware of other resources available to you such as the California State Long-Term Care Ombudsman?

5. Consultations/Citations

If a Licensing Program Analyst has any concerns regarding the facility’s assessment of a resident’s ability to remain in his/her residential living unit, the Licensing Program Analyst should immediately bring these concerns to the attention of the administrator or designee.

If after interviews, observation, record reviews, etc., a Licensing Program Analyst determines that the licensee has not taken appropriate steps to ensure the health and safety of a residential living unit resident and that a regulation, which has not been waived, has been violated, the Licensing Program Analyst may cite according to the appropriate regulation and process.

For example, if a Licensing Program Analyst observes a firearm sitting on the coffee table in a residential living unit resident’s living room, the following section from the California Code of Regulations, Title 22, would apply and the licensee would be cited:

87309 Storage Space

(a) Disinfectants, cleaning solutions, poisons, firearms and other items which could pose a danger if readily available to clients shall be stored where inaccessible to clients.

If the Licensing Program Analyst has any unresolved issues related to a facility inspection or complaint, these issues shall be brought to the attention of the Licensing Program Manager.

Upon completion of the facility inspection, the Licensing Program Analyst should contact the Continuing Care Branch if any contract/financial issues arose during the inspection. Information regarding serious complaints, including fiduciary concerns, should also be sent to the Continuing Care Branch analyst for their records.

NOTE: As applicable, it is important to compare the verbal response of the administrator with the written statements contained in the facility’s Plan of Operation.
If a complaint is received regarding a Continuing Care Retirement Community, the Regional Office will investigate with the same level of scrutiny as other Residential Care Facilities for the Elderly. A copy of the Complaint Investigation Report (LIC 9099) will be sent to the Continuing Care Branch by the Regional Office when completed.

Whenever a Continuing Care Retirement Community facility is considered non-compliant or an adverse action is contemplated against a Continuing Care Retirement Community, the Regional Office shall immediately notify the Continuing Care Branch as it may be necessary to condition, restrict or revoke the Certificate of Authority (or Provisional Certificate of Authority).

If you suspect a Residential Care Facility for the Elderly is entering into continuing care contracts with residents without a Certificate of Authority (or Provisional Certificate of Authority), notify the Continuing Care Branch immediately. Each violation for entering into illegal continuing care contracts is subject to a fine not to exceed $10,000 or by imprisonment in the county jail for a period not to exceed one year, or both the fine and imprisonment.

At times, a Continuing Care Retirement Community chooses to acquire property for business purposes that is separate from the initial Residential Care Facility for the Elderly licensed property.

For example, a Continuing Care Retirement Community may acquire a property across the street or next door. There is no statutory prohibition to adding these separate properties to the existing Residential Care Facility for the Elderly license. The Community Care Licensing Division policy is to allow this separate property to be added to the existing Residential Care Facility for the Elderly license. However, the property can only be added to the existing Residential Care Facility for the Elderly license if all services can still be reasonably provided at the new property. This determination is made by the Regional Office and Continuing Care Branch.

In cases where the Continuing Care Retirement Community wishes to add property(ies) to the existing Residential Care Facility for the Elderly license, the following steps are required of the Licensing Program Analyst:

- Immediately contact the Continuing Care Branch to alert them of the address(es) of the expansion property.

- Require the submission of the Application for a Residential Care Facility for the Elderly License (LIC 200), a Facility Sketch, the Emergency and Disaster Plan, evidence of control of property, Staffing and Administration Plan and Schedule, and plan for ensuring the delivery of all required services.
A fee is not required unless the additional property capacity increases the licensed capacity of the initial Residential Care Facility for the Elderly. In cases where it does, the fee is the normal increase in capacity fee.

Request the Fire Clearance. Complete the Fire Safety Inspection Request (STD 850) as a stand-alone fire clearance request (include only the capacity of the actual property). Add a comment that the property is part of the existing Residential Care Facility for the Elderly property and include that address as a cross reference.

Require that the Continuing Care Retirement Community submit a letter from the applicable local authority (city or county) that affirms that the expansion is allowed under applicable local zoning ordinances (and, if appropriate, the terms of the applicant’s existing Conditional Use Permit). The expansion will not be approved without this affirmation.

Provide the Continuing Care Branch with a copy of the plan for ensuring the delivery of required services and a copy of the local authority permission. Request Continuing Care Branch written approval for the expansion. This written approval is required and must be maintained in the facility file. If the Continuing Care Branch denies the request to add property to the initial license, the Community Care Licensing Division must inform the applicant that the request is denied and offer the applicant the alternative to seek separate licensure of the property.

Complete a pre-license inspection as usual.

Upon receipt of all required approvals and clearances, add the new property address and effective date to the comment line of the initial Residential Care Facility for the Elderly license, print and mail the new license to the licensee and send a copy to the Continuing Care Branch. If there is no room left in the comments field, send out a letter on Community Care Licensing Division letterhead that affirms that the property was added to the initial Residential Care Facility for the Elderly license on a specified date. In all cases where the Licensing Information System comments field does not have room for this information, create a Detailed Supportive Information (LIC 812) in the Field Automation System, stored immediately under the Licensee bar, which lists this same information. If applicable, update the Detailed Supportive Information (LIC 812) as new addresses are added.

Keep all documents in the original Residential Care Facility for the Elderly facility file.