

80052 DEFICIENCIES IN COMPLIANCE**80052**

- (a) When a licensing evaluation is conducted and the evaluator determines that a deficiency exists the evaluator shall issue a notice of deficiency, unless the deficiency is not serious and is corrected during the visit.
- (b) Prior to completion of an evaluation or other licensing visit, the licensee, administrator, operator, or other person in charge of the facility shall meet with the evaluator to discuss any deficiencies noted, to jointly develop a plan for correcting each deficiency, and to acknowledge receipt of the notice of deficiency.
- (c) The evaluator shall provide notice of deficiency to the licensee by one of the following:
 - (1) Personal delivery to the licensee, at the completion of the visit.
 - (2) If the licensee is not at the facility site, leaving the notice with the person in charge of the facility at the completion of the visit.
 - (A) Under such circumstances, a copy of the notice shall also be mailed to the licensee.
 - (3) If the licensee or the person in charge of the facility refuses to accept the notice, a notation of the refusal shall be written on the notice and a copy left at the facility.
 - (A) Under such circumstances, a copy of the notice shall also be mailed to the licensee.
- (d) The notice of deficiency shall be in writing and shall include the following:
 - (1) Citation of the statute or regulation which has been violated.
 - (2) A description of the nature of the deficiency stating the manner in which the licensee failed to comply with a specified statute or regulation, and the particular place or area of the facility in which it occurred.
 - (3) The plan developed, as specified in (b) above, for correcting each deficiency.

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- (A) Section 1522(c) of the Health and Safety Code provides in part:

Fingerprints not submitted to the Department of Justice, as required in this section, shall result in the citation of a deficiency and the fingerprints shall then be submitted to the California Department of Social Services for processing.

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80052 DEFICIENCIES IN COMPLIANCE (Continued)**80052**

- (4) A date by which each deficiency shall be corrected.
- (A) In determining the date for correcting a deficiency, the evaluator shall consider the following factors:
1. The potential hazard presented by the deficiency.
 2. The number of clients affected.
 3. The availability of equipment or personnel necessary to correct the deficiency.
 4. The estimated time necessary for delivery, and for any installation, of necessary equipment.
- (B) The date for correcting a deficiency shall not be more than 30 calendar days following service of the notice of deficiency, unless the evaluator determines that the deficiency cannot be completely corrected in 30 calendar days.
- (C) If the date for correcting the deficiency is more than 30 calendar days following service of the notice of deficiency, the notice shall specify the corrective actions which must be taken within 30 calendar days to begin correction.
- (D) The evaluator shall require correction of the deficiency within 24 hours and shall specify on the notice the date by which the correction must be made whenever penalties are assessed pursuant to Sections 80054(c), (d) and (e).
- (5) The amount of penalty being assessed and the date the penalty begins.
- (6) The address and telephone number of the licensing office responsible for reviewing notices of deficiencies for the area in which the facility is located.

NOTE: Authority cited: Section 1530 and 1548, Health and Safety Code. Reference: Section 1534 and 1548, Health and Safety Code.

80053 FOLLOW-UP VISITS TO DETERMINE COMPLIANCE 80053

- (a) A follow-up visit shall be conducted to determine compliance with the plan of correction specified in the notice of deficiency.
- (1) At a minimum, a follow-up visit shall be conducted within ten working days following the dates of corrections specified in the notice of deficiency, unless the licensee has demonstrated that the deficiency was corrected as required.
 - (2) No penalty shall be assessed unless a follow-up visit is conducted as specified in (a) and (a)(1) above.
- (b) If a follow-up visit indicates that a deficiency was not corrected on or before the date specified in the notice of deficiency, the evaluator shall issue a notice of penalty.
- (c) A notice of penalty shall be in writing and shall include:
- (1) The amount of penalty assessed, and the date the payment is due.
 - (2) The name and address of the agency responsible for collection of the penalty.
- (d) When an immediate penalty has been assessed pursuant to Sections 80054(c), (d), (e) and (f) and correction is made when the evaluator is present, a follow-up visit is not required.

NOTE: Authority cited: Section 1530 and 1548, Health and Safety Code. Reference: Sections 1533, 1534 and 1548, Health and Safety Code.

80054 PENALTIES 80054

- (a) A penalty of \$50 per day, per cited violation, shall be assessed for serious deficiencies that are not corrected by the date specified in the notice of deficiency, up to a maximum of \$150 per day.
- (b) Notwithstanding Section 80054(a) above, an immediate penalty of \$100 per cited violation per day for a maximum of five (5) days shall be assessed if any individual required to be fingerprinted under Health and Safety Code Section 1522(b) has not obtained a California clearance or a criminal record exemption, requested a transfer of a criminal record clearance or requested and be approved for a transfer of an exemption as specified in Section 80019(e) prior to working, residing or volunteering in the facility.
- (1) Subsequent violations within a twelve (12) month period will result in a civil penalty of one hundred dollars (\$100) per violation per day for a maximum of thirty (30) days.
 - (2) The Department may assess civil penalties for continued violations as permitted by Health and Safety Code Section 1548.

80054 PENALTIES (Continued)**80054**

- (3) Progressive civil penalties specified in Sections 80054(d) and (e) below shall not apply.
- (c) Notwithstanding Section 80054(a) above, an immediate penalty of \$150 per day shall be assessed for any of the following:
- (1) Sickness, injury or death of a client has occurred as a result of the deficiency.
- (d) When a facility is cited for a deficiency and violates the same regulation subsection within a 12-month period, the facility shall be cited and an immediate penalty assessment of \$150 per cited violation shall be assessed for one day only. Thereafter a penalty of \$50 per day, per cited violation, shall be assessed until the deficiency is corrected.
- (e) When a facility, that was cited for a deficiency subject to the immediate penalty assessment in Section 80054(d) above, violates the same regulation subsection within a 12-month period of the last violation, the facility shall be cited and an immediate penalty of \$150 per cited violation shall be assessed for one day only. Thereafter, a penalty of \$150 per day, per cited violation, shall be assessed until the deficiency is corrected.
- (1) For purposes of Sections 80054(d) and (e) above, a regulation subsection is the regulation denoted by a lower-case letter after the main regulation number.

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An example of the same regulation subsections are Sections 87218(a)(2) and 87218(a)(5). Sections 87218(a) and 87218(b) are not the same regulation subsection.

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- (f) If any deficiency is not corrected by the date specified in the notice of deficiency, a penalty shall be assessed for each day following that date until compliance has been demonstrated.
- (1) Immediate penalty assessment as specified in (c), (d) and (e) above, shall begin on the day the deficiency is cited.
- (g) If a licensee or his/her representative reports to the licensing agency that a deficiency has been corrected, the penalty shall cease as of the day the licensing agency receives notification that the correction was made.

80054 PENALTIES (Continued) 80054

- (1) If the deficiency has not been corrected, civil penalties shall continue to accrue from the date of the original citation.
- (2) If it can be verified that the correction was made prior to the date of notification, the penalty shall cease as of that earlier date.
- (h) If necessary, a site visit shall be made immediately or within five working days to confirm deficiency has been corrected.
- (i) If an immediate civil penalty is assessed, and the deficiency is corrected on the same day, the penalty shall still be assessed for that day.
- (j) Unless otherwise ordered by the Department all penalties are due and payable upon receipt of notice for payment, and shall be paid only by check or money order made payable to the agency indicated in the notice.
- (k) The licensing agency shall have the authority to file a claim in a court of competent jurisdiction or to take other appropriate action for failure to pay penalties as specified in (j) above.

NOTE: Authority cited: Sections 1530 and 1548, Health and Safety Code. Reference: Section 1522, 1534 and 1548, Health and Safety Code.

80055 ADMINISTRATIVE REVIEW 80055

- (a) A licensee or his/her representative shall have the right to request a review of a notice of deficiency and/or notice of penalty within 10 working days of receipt of such notice(s).
 - (1) If the deficiency has not been corrected, civil penalties shall continue to accrue during the review process.
- (b) The review shall be conducted by a higher level staff person than the evaluator who issued the notice(s).
- (c) If the reviewer determines that a notice of deficiency or notice of penalty was not issued or assessed in accordance with applicable statutes and regulations of the Department, or that other circumstances existed, he/she shall have the authority to amend or dismiss the notice.
- (d) The reviewer shall have the authority to extend the date specified for correction of a deficiency if warranted by the facts or circumstances presented to support a request for extension.

NOTE: Authority cited: Section 1530, Health and Safety Code. Reference: Section 1534, Health and Safety Code.

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80055.1 DENIAL OR REVOCATION OF LICENSE FOR FAILURE TO PAY CIVIL PENALTIES 80055.1

- (a) The licensee shall be responsible for paying civil penalties.
- (1) Unless otherwise provided, the transfer, surrender, forfeiture or revocation of a license shall not affect the licensee's responsibility for paying any civil penalties accrued while the license was in effect.
- (b) The Department shall have the authority to deny or revoke any license for failure to pay civil penalty assessments.
- (1) The Department shall have the authority to approve payment arrangements acceptable to the Department.
- (2) The Department shall have the authority to approve the form of payment.
- (3) The licensee's failure to pay civil penalty assessments pursuant to a payment plan approved by the Department may result in the denial or revocation of any license, and/or any other appropriate action.
- (c) Any denial or revocation of the license for failure to pay civil penalties may be appealed as provided by Health and Safety Code Section 1551.

NOTE: Authority cited: Sections 1530 and 1548, Health and Safety Code. Reference: Sections 1522, 1534, 1548 and 1551, Health and Safety Code.

80056 EXEMPTION FROM CIVIL PENALTIES 80056

- (a) Civil penalties shall not be assessed against any governmental entity, including a state, or city, holding a community care facility license.

NOTE: Authority cited: Section 1530, Health and Safety Code. Reference: Section 1534, Health and Safety Code.

80058 UNLICENSED FACILITY PENALTIES**80058**

- (a) A penalty of \$200 per day shall be assessed for the operation of an unlicensed facility under either of the following conditions:
- (1) The operator has not submitted a completed application for licensure within 15 calendar days of issuance of the Notice of Operation in Violation of Law pursuant to Section 80006, and continues to operate.
 - (A) For purposes of this section, an application shall be deemed completed if it includes the information required in Section 80018.
 - (B) The completed application shall be deemed to be submitted when received by the licensing agency.
 - (2) Unlicensed operation continues after denial of the initial application.
 - (A) Notwithstanding any appeal action, facility operation must cease within 10 calendar days of the mailing of the notice of denial or upon receipt of the denial notice by the operator, whichever occurs first.
- (b) The \$200 per day penalty shall be assessed for the continued operation of an unlicensed facility as follows:
- (1) On the 16th calendar day after the operator has been issued the Notice of Operation in Violation of Law, and has not submitted a completed application as required.
 - (A) The \$200 per day penalty shall continue until the operator ceases operation, or submits a completed application pursuant to Sections 80058(a)(1)(A) and (B).
 - (2) Within 10 calendar days of the mailing of the notice of denial or upon receipt of the denial notice by the operator, whichever occurs first.

80058**UNLICENSED FACILITY PENALTIES (Continued)****80058**

- (A) The \$200 per day penalty shall continue until the operator ceases operation.
- (c) If the unlicensed operator or his/her representative reports to the licensing agency that unlicensed operation, as defined in Section 1503.5 of the Health and Safety Code, has ceased, the penalty shall cease as of the day the licensing agency receives the notification.
- (1) A site visit shall be made immediately or within five working days to verify that the unlicensed facility operation has ceased.
- (2) Notwithstanding (c) above, if the unlicensed facility operation has not ceased, penalties shall continue to accrue without interruption from the date of initial penalty assessment.
- (d) All penalties shall be due and payable upon receipt of the Notice for Payment from the licensing agency, and shall be paid by check or money order made payable to the agency indicated in the notice.
- (e) The licensing agency shall have the authority to file a claim in a court of competent jurisdiction or to take other appropriate action for failure to pay penalties as specified in (d) above.

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- (f) Payment of civil penalties or application for licensure in response to a citation under this section do not permit the operation of a community care facility without a license.
- (1) Section 1508 of the Health and Safety Code provides in part:

No person, firm, partnership, association, or corporation within the state and no state or local public agency shall operate, establish, manage, conduct, or maintain a community care facility in this state, without a current valid license therefor as provided in this chapter.

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NOTE: Authority cited: Section 1530, Health and Safety Code. Reference: Sections 1503.5, 1508, 1520, 1533, 1538, 1540, 1540.1, 1541, 1547, and 1549, Health and Safety Code.

80059 UNLICENSED FACILITY ADMINISTRATIVE APPEAL**80059**

- (a) An unlicensed facility operator or his/her representative shall have the right to appeal the penalty assessment within 10 working days after service of the penalty assessment.
 - (1) If the unlicensed facility operation has not ceased, the \$200 per day penalty shall continue to accrue during the appeal process.
- (b) The appeal review shall be conducted by a higher level staff person than the evaluator who issued the penalty.
- (c) If the reviewer of the appeal determines that the penalty assessment was not issued in accordance with applicable statutes and regulations of the Department, he/she shall have the authority to amend or dismiss the penalty assessment.

NOTE: Authority Cited: Section 1530, Health and Safety Code. Reference: Sections 1503.5, 1508, 1547, and 1548, Health and Safety Code.

Article 6. CONTINUING REQUIREMENTS**80061 REPORTING REQUIREMENTS****80061**

- (a) Each licensee or applicant shall furnish to the licensing agency reports as required by the Department, including, but not limited to, those specified in this section.
- (b) Upon the occurrence, during the operation of the facility, of any of the events specified in (1) below, a report shall be made to the licensing agency within the agency's next working day during its normal business hours. In addition, a written report containing the information specified in (2) below shall be submitted to the licensing agency within seven days following the occurrence of such event.
- (1) Events reported shall include the following:
- (A) Death of any client from any cause.
 - (B) In a residential facility, death of any client as a result or injury, abuse, or other than natural causes, regardless of where the death occurred. This includes a death that occurred outside the facility such as at a day program, workshop, job, hospital, en route to or from a hospital, or visiting away from the facility.
 - 1. The licensee shall obtain a certified copy of the client's death certificate as soon as it is available, maintain it in the client's file, and shall send a copy to the Department as soon as it is obtained.
 - 2. For Regional Center clients, the licensee shall also send a copy of the death certificate to the Regional Center.
 - (C) In an adult CCF, the use of an Automated External Defibrillator.
 - (D) Any injury to any client which requires medical treatment.
 - (E) Any unusual incident or client absence which threatens the physical or emotional health or safety of any client.
 - (F) Any suspected physical or psychological abuse of any client.
 - (G) Epidemic outbreaks.
 - (H) Poisonings.
 - (I) Catastrophes.
 - (J) Fires or explosions which occur in or on the premises.

80061 REPORTING REQUIREMENTS (Continued)**80061**

- (2) Information provided shall include the following:
- (A) Client's name, age, sex, and date of admission.
 - (B) Date and nature of event.
 - (C) Attending physician's name, findings, and treatment, if any.
 - (D) Disposition of the case.
- (c) The items below shall be reported to the licensing agency within 10 working days following the occurrence.
- (1) The organizational changes specified in Section 80034(a)(2).
 - (2) Any change in the licensee's or applicant's mailing address.
 - (3) Any change of the chief executive officer of a corporation or association.
 - (A) Such notification shall include the new chief executive officer's name and address.
 - (B) Fingerprints shall be submitted as specified in Section 80019(d).
 - (4) Any changes in the plan of operation which affect the services to clients.
- (d) Repealed by Manual Letter No. CCL-98-05, effective 10/1/98.
- (e) The items specified in (b)(1)(A) through (H) above shall also be reported to the client's authorized representative, if any.
- (f) The items specified in (b)(1)(E) through (G) above shall also be reported to the local health officer when appropriate pursuant to Title 17, California Administrative Code, Sections 2500, 2502 and 2503.

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- (1) Title 17, California Administrative Code, Section 2500 requires:

It shall be the duty of every physician, practitioner, dentist, coroner, every superintendent or manager of a dispensary, hospital, clinic, or any other person knowing of or in attendance on a case or suspected case of any of the following diseases or conditions, to notify the local health authority immediately. A standard type report form has been adopted and is available for this purpose.

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80061 REPORTING REQUIREMENTS (Continued)

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Amebiasis	Meningitis, Viral
Anthrax	Meningococcal Infections
Botulism	Mumps
Brucellosis (Undulant Fever)	Paratyphoid Fever, A, B and C (See Salmonella infections)
Chancroid	Pertussis (Whooping Cough)
Cholera	Plague
Coccidioidomycosis	Poliomyelitis, Paralytic
Conjunctivitis, Acute	Psittacosis
Infectious of the Newborn	Q Fever
(Gonorrheal Ophthalmia,	Rabies, Human or Animal
Ophthalmia Neonatorum,)	Relapsing Fever
and Babies' Sore Eyes in	Rheumatic Fever, Acute
first 21 days of life)	Rocky Mountain Spotted Fever
Dengue	Salmonella, Infectious (exclusive of Typhoid Fever)
Diarrhea of the Newborn	Scarlet Fever
Diphtheria	Shigella Infections
Disorders Characterized by	Smallpox (Variola)
Lapses of Consciousness	Streptococcal Infections, hemolytic (including Scarlet Fever, and Streptococcal Sore Throat)
Dysentery, Bacillary (See	Syphilis
Shigella infections)	Tetanus
Encephalitis, viral	Trachoma
Food poisoning (other	Trichinosis
than Botulism)	Tuberculosis
German Measles (Rubella)	Tularemia
Gonococcal Infections	Typhoid fever, cases and carriers
Granuloma Inguinale	Typhus Fever
Hepatitis, Infectious (A)	Viral Exanthem in Pregnant Women
Hepatitis, Serum (B)	Yellow Fever
Hepatitis, unspecified	
Hepatitis, Non-A, Non-B	
Leprosy (Hansen's Disease)	
Leptospirosis (including	
Weil's Disease)	
Lymphogranuloma Venereum	
(Lymphogranuloma Inguinale)	
Malaria	
Measles (Rubeola)	

For outbreak reporting and reporting of occurrence of unusual and rare diseases see Sections 2502 and 2503.

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- (2) Title 17, California Administrative Code, Section 2502 requires:

Any person having knowledge of any outbreak or undue prevalence of infectious or parasitic disease or infestation whether or not listed in Section 2500, shall promptly report the facts to the local health officer, who shall investigate the circumstances and if he finds that an epidemic or undue prevalence does in fact exist, he shall report the outbreak to the Director of the State Department of Health Services. The following are examples of diseases, outbreaks of which are to be so reported:

Epidemic Gastroenteritis (other than food poisoning)	Influenza, Epidemic
Epidemic Keratoconjunctivitis	Pneumonia, Infectious
Fevers of unknown etiology	Ringworm
Infectious Mononucleosis	Staphylococcus Infections

- (3) Title 17, California Administrative Code, Section 2503 requires:

Any person having knowledge of a case of an unusual disease not listed in Section 2500 shall promptly convey the facts to the local health officer. Examples are: glanders, herpangina, histoplasmosis, toxoplasmosis, echinococcosis, listeriosis, cat scratch fever, and rickettsialpox.

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- (g) The item specified in (b)(1)(H) shall also be reported immediately to the local fire authority. In areas not having organized fire services a report shall be made to the State Fire Marshal within 24 hours.
- (h) Licensees shall send copies of all substantiated complaints to board members of the licensed facility, parents, legal guardians, conservators, client rights advocates or placement agencies, as designated in each client's placement agreement in accordance with Health and Safety Code Section 1538.5.

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(1) Health and Safety Code Section 1538.5 reads in part:

"(a)(1) Not less than 30 days prior to the anniversary of the effective date of the license of any residential community care facility license, except licensed foster family homes, the department may transmit a copy to the board members of the licensed facility, parents, legal guardians, conservators, client's rights advocate, or placement agency, as designated in each resident's placement agreement, of all inspection reports given to the facility by the state department during the past year as a result of a substantiated complaint regarding a violation of this chapter relating to resident abuse and neglect, food, sanitation, incidental medical care, and residential supervision. During that one -year period the copy of the notices transmitted and the proof of the transmittal shall be open for public inspection.

"(b) The facility operator, at the expense of the facility, shall transmit a copy of all substantiated complaints, by certified mail, to those persons described pursuant to paragraph (1) of subdivision (a) in the following cases:

"(1) In the case of any substantiated complaint relating to resident physical or sexual abuse, the facility shall have three days, from the date the facility receives the licensing report from the state department to comply.

"(2) In any case in which a facility has received three or more substantiated complaints relating to the same violation during the past 12 months, the facility shall have five days from the date the facility receives the licensing report to comply.

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80061 REPORTING REQUIREMENTS (Continued)**80061**

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"(c) Each residential facility shall retain a copy of the notices transmitted pursuant to subdivision (b) and proof of their transmittal by certified mail for a period of one year after their transmittal.

"(d) If any residential facility to which this section applies fails to comply with the provisions of this section, as determined by the state department, the state department shall initiate civil penalty action against the facility in accordance with the provisions of Article 3 (commencing with Section 1530) and the related rules and regulations.

"(e) The department shall notify the residential community care facility of its obligation when it is required to comply with this section."

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NOTE: Authority cited: Sections 1530 and 1538.5, Health and Safety Code. Reference: Sections 1501, 1507, 1531, 1538.5, and 1797.196, Health and Safety Code.

80062 FINANCES**80062**

- (a) The licensee shall meet the following financial requirements:
- (1) Development and maintenance of a financial plan which ensures resources necessary meet operating costs for care and supervision of clients.
 - (2) Maintenance of financial records.
 - (3) Submission of financial reports as required upon the written request of the department or licensing agency.
 - (A) Such request shall explain the necessity for disclosure.
 - (B) The licensing agency shall have the authority to reject any financial report, and to request and examine additional information including interim financial statements. The reason(s) for rejection of the report shall be in writing.

NOTE: Authority cited: Section 1530, Health and Safety Code. Reference: Sections 1501, 1520 and 1531, Health and Safety Code.

80063	ACCOUNTABILITY	80063
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- (a) The licensee, whether an individual or other entity, is accountable for the general supervision of the licensed facility, and for the establishment of policies concerning its operation.
- (1) If the licensee is a corporation or an association, the governing body shall be active and functioning in order to ensure such accountability.

NOTE: Authority cited: Section 1530, Health and Safety Code. Reference: Sections 1501 and 1531, Health and Safety Code.

80064	ADMINISTRATOR-QUALIFICATIONS AND DUTIES	80064
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- (a) The administrator shall have the following qualifications:
- (1) Attainment of at least 18 years of age.
- (2) Knowledge of the requirements for providing the type of care and supervision needed by clients, including ability to communicate with such clients.
- (3) Knowledge of and ability to comply with applicable law and regulation.
- (4) Ability to maintain or supervise the maintenance of financial and other records.
- (5) Ability to direct the work of others, when applicable.
- (6) Ability to establish the facility's policy, program and budget.
- (7) Ability to recruit, employ, train, and evaluate qualified staff, and to terminate employment of staff, if applicable to the facility.
- (b) Each licensee shall make provision for continuing operation and carrying out of the administrator's responsibilities during any absence of the administrator.
- (c) The licensee, if an individual, or any member of the governing board of the licensed corporation or association, shall be permitted to be the administrator provided that he/she meets the qualifications specified in this section, and in applicable regulations in Chapters 2 through 7.

NOTE: Authority cited: Section 1530, Health and Safety Code. Reference: Sections 1501 and 1531, Health and Safety Code.

80065 PERSONNEL REQUIREMENTS**80065**

- (a) Facility personnel shall be competent to provide the services necessary to meet individual client needs and shall, at all times, be employed in numbers necessary to meet such needs.

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- (1) Section 1522(b)(2) of the Health and Safety Code provides:

Any person, other than a client, residing in the facility.

- (2) Section 1522(c)(3) of the Health and Safety Code provides in part:

Except for persons specified in paragraph (2) of subdivision (b), the licensee shall endeavor to ascertain the previous employment history of persons required to be fingerprinted under this subdivision.

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- (b) The licensing agency shall have the authority to require any licensee to provide additional staff whenever the licensing agency determines and documents that additional staff are required for the provision of services necessary to meet client needs. The licensee shall be informed in writing of the reasons for the licensing agency's determination. The following factors shall be taken into consideration in determining the need for additional staff.
- (1) Needs of the particular clients.
- (2) Extent of the services provided by the facility.
- (3) Physical arrangements of the particular facility.
- (4) Existence of a state of emergency or disaster.
- (c) The licensee shall be permitted to utilize volunteers provided that such volunteers are supervised, and are not included in the facility staff plan.
- (d) The following facility personnel staff shall be at least 18 years of age:
- (1) Persons who supervise employees and/or volunteers.
- (2) Persons, including volunteers, who provide any element of care and supervision to clients.

80065 PERSONNEL REQUIREMENTS (Continued)**80065**

- (e) The licensee shall provide for direct supervision of clients during participation in or presence at potentially dangerous activities or areas in the facility.
- (1) An adult other than a client shall be present at all times while clients are using a pool or other body of water from which rescue requires the rescuer's ability to swim.
 - (2) Adults who supervise while clients are using a pool or other body of water from which rescue requires the rescuer's ability to swim, shall have a valid water safety certificate.
- (f) All personnel shall be given on-the-job training or shall have related experience which provides knowledge of and skill in the following areas, as appropriate to the job assigned and as evidenced by safe and effective job performance.
- (1) Principles of nutrition, food preparation and storage and menu planning.
 - (2) Housekeeping and sanitation principles.
 - (3) Provision of client care and supervision, including communication.
 - (4) Assistance with prescribed medications which are self-administered.
 - (5) Recognition of early signs of illness and the need for professional assistance.
 - (6) Availability of community services and resources.
 - (7) For adult CCFs, Universal Precautions as defined in Section 80001(u)(1).
 - (A) Training in Universal Precautions may be provided in the facility or staff may attend training provided by a local health facility, county health department, or other local training resources.
- (g) All personnel, including the licensee, administrator and volunteers, shall be in good health, and shall be physically, mentally, and occupationally capable of performing assigned tasks.
- (1) Except as specified in (3) below, good physical health shall be verified by a health screening, including a test for tuberculosis, performed by or under the supervision of a physician not more than one year prior to or seven days after employment or licensure.

80065 PERSONNEL REQUIREMENTS (Continued)**80065**

- (2) A health screening report signed by the person performing such screening shall be made on each person specified above, and shall indicate the following:
 - (A) The person's physical qualifications to perform the duties to be assigned.
 - (B) The presence of any health condition that would create a hazard to the person, clients or other staff members.
- (3) The good physical health of each volunteer who works in the facility shall be verified by:
 - (A) A statement signed by each volunteer affirming that he/she is in good health.
 - (B) A test for tuberculosis performed not more than one year prior to or seven days after initial presence in the facility.
- (h) Personnel with evidence of physical illness that poses a threat to the health and safety of clients shall be relieved of their duties.
- (i) Prior to employment or initial presence in the facility, all employees and volunteers subject to a criminal record review shall:
 - (1) Obtain a California clearance or a criminal record exemption as required by law or Department regulations or
 - (2) Request a transfer of a criminal record clearance as specified in Section 80019(f) or
 - (3) Request and be approved for a transfer of a criminal record exemption, as specified in Section 80019.1(r), unless, upon request for the transfer, the Department permits the individual to be employed, reside or be present at the facility.
- (j) Clients shall not be used as substitutes for required staff but shall be permitted, as a voluntary part of their program of activities, to participate in household duties and other tasks suited to the client's needs and abilities.
 - (1) Such duties and tasks shall be specified in the client's needs and services plan as specified in Chapters 4, 5 and 6.

80065 PERSONNEL REQUIREMENTS (Continued)**80065**

- (k) When regular staff members are absent, there shall be coverage by personnel capable of performing assigned tasks as evidenced by on-the-job performance.
- (l) Personnel shall provide for the care and safety of persons without physical or verbal abuse, exploitation or prejudice.
- (m) All personnel shall be instructed to report observations or evidence of violations of any of the personal rights specified in Section 80072 and/or any of the personal rights provisions of Chapters 3 through 7.

NOTE: Authority cited: Section 1530, Health and Safety Code. Reference: Sections 1501, 1522, 1531 and 1562, Health and Safety Code; and Section 42001, Vehicle Code.

80066 PERSONNEL RECORDS**80066**

- (a) The licensee shall ensure that personnel records are maintained on the licensee, administrator and each employee. Each personnel record shall contain the following information:
 - (1) Employee's full name.
 - (2) Driver's license number if the employee is to transport clients.
 - (3) Date of employment.
 - (4) A statement signed by the employee that he/she is at least 18 years of age.
 - (5) Home address and phone number.
 - (6) Documentation of the educational background, training and/or experience specified in licensing regulations for the type of facility in which the employee works.
 - (7) Past experience, including types of employment and former employers.
 - (8) Duties of the employee.
 - (9) Termination date if no longer employed by the facility.
 - (10) A health screening as specified in Section 80065(g).
 - (11) Tuberculosis test documents as specified in Section 80065(g).
 - (12) For employees that are required to be fingerprinted pursuant to Section 80019:
 - (A) A signed statement regarding their criminal record history as required by Section 80019(d).

80066 PERSONNEL RECORDS (Continued)**80066**

- (B) Documentation of either a criminal record clearance or exemption as required by Section 80019(e).
1. For Certified Administrators, a copy of their current and valid Administrator Certification meets this requirement.
- (b) Personnel records shall be maintained for all volunteers and shall contain the following:
- (1) A health statement as specified in Section 80065(g)(3).
- (2) Tuberculosis test documents as specified in Section 80065(g).
- (3) For volunteers that are required to be fingerprinted pursuant to Section 80019:
- (A) A signed statement regarding their criminal record history as required by Section 80019(d).
- (B) Documentation of either a criminal record clearance or exemption as required by Section 80019(e).
- (c) All personnel records shall be available to the licensing agency to inspect, audit, and copy upon demand during normal business hours. Records may be removed if necessary for copying. removal of records shall be subject to the following requirements:
- (1) Licensing representatives shall not remove any current emergency and health-related information for current personnel unless the same information is otherwise readily available in another document or format.
- (2) Prior to removing any records, a licensing representative shall prepare a list of the records to be removed, sign and date the list upon removal of the records, and leave a copy of the list with the administrator or designee.
- (3) Licensing representatives shall return the records undamaged and in good order within three business days following the date the records were removed.
- (d) All personnel records shall be retained for at least three years following termination of employment.
- (e) All personnel records shall be maintained at the facility site.
- (1) The licensee shall be permitted to retain such records in a central administrative location provided that they are readily available to the licensing agency at the facility site as specified in Section 80066(c).
- (f) In all cases, personnel records shall document the hours actually worked.

NOTE: Authority cited: Section 1530, Health and Safety Code. Reference: Sections 1501 and 1531, Health and Safety Code.

80068**ADMISSION AGREEMENTS****80068**

- (a) The licensee shall complete an individual written admission agreement with each client and the client's authorized representative, if any.
- (1) Prior to admitting a developmentally disabled adult recommended by a Regional Center, the licensee of an ARF shall obtain from the Regional Center written certification which states that there was no objection to the placement by any persons specified in Welfare and Institutions Code Section 4803.
- (2) The licensee shall maintain a copy of the certification in the client's file.

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- (A) Welfare and Institutions Code, Section 4803, is paraphrased in pertinent part:

If a Regional Center recommends that a person be admitted to a community care facility as a developmentally disabled resident, the Regional Center responsible for making such recommendations shall certify in writing that neither the person recommended for admission to a community care facility, nor the parent of a minor or conservator of an adult, nor the person or agency responsible for protecting the rights of developmentally disabled persons (including Area Boards or clients' rights advocates assigned to the Regional Centers) has made an objection to the admission to the person making the recommendation. The Regional Center shall transmit the certificate or copy to the community care facility.

A community care facility shall not admit any adult as a developmentally disabled patient on recommendation of a Regional Center unless a copy of the certificate has been transmitted pursuant to this section.

Any person who, knowing that objection to a community care facility admission has been made, certifies that no objection has been made, shall be guilty of a misdemeanor.

Objections to proposed placements shall be resolved by a fair hearing procedure pursuant to Welfare and Institutions Code Section 4700.

HANDBOOK ENDS HERE

- (b) The licensee shall complete and maintain in the client's file a Telecommunications Device Notification form (LIC 9158, 5/97) for each client whose pre-admission appraisal or medical assessment indicates he/she is deaf, hearing-impaired, or otherwise disabled.

80068 **ADMISSION AGREEMENTS** (Continued)**80068**

(c) Admission agreements must specify the following:

- (1) Basic services.
- (2) Available optional services.
- (3) Payment provisions, including the following:
 - (A) Basic rate.
 - (B) Optional services rates.
 - (C) Payor.
 - (D) Due date.
 - (E) Frequency of payment.
- (4) Modification conditions, including requirement for provision of at least 30 calendar days prior written notice to the client or his/her authorized representative of any basic rate change.
 - (A) It shall be acceptable for agreements involving clients whose care is funded at government-prescribed rates to specify that the effective date of a government rate change shall be considered the effective date for basic service rate modifications and that no prior notice is necessary.
- (5) Refund conditions.
- (6) Right of the licensing agency to perform the duties authorized in Section 80044(b) and (c).
- (7) Conditions under which the agreement may be terminated.
 - (A) The client's refusal to cooperate with the licensee's implementation of his/her Restricted Health Condition Care Plan as specified in Section 80092.2, if any, and his/her Needs and Services Plan, as specified in Section 80068.2 or 80068.3, must be one of the conditions.

80068 **ADMISSION AGREEMENTS (Continued)****80068**

- (8) The facility's policy concerning family visits and other communication with clients, pursuant to Health and Safety Code Section 1512.

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- (A) Section 1512 of the Health and Safety Code provides that:

This policy shall be designed to encourage regular family involvement with the client and shall provide ample opportunities for family participation in activities at the facility.

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- (9) If the client in an ARF has a restricted health condition, as specified in Section 80092, the admission agreement must contain a statement that he/she agrees to comply with the Restricted Health Condition Care Plan developed for him/her as specified in Section 80092.2.
- (10) Repealed by Manual Letter No. CCL-98-05, effective 10/1/98.
- (d) Such agreements shall be dated and signed, acknowledging the contents of the document, by the client and the client's authorized representative and the licensee or the licensee's designated representative, no later than seven calendar days following admission.
- (e) Modifications to the original agreement shall be made whenever circumstances covered in the agreement change, and shall be dated and signed by the persons specified in (c) above.
- (f) The licensee shall retain in the client's file the original of the initial admission agreement and all subsequent modifications.
- (1) The licensee shall provide a copy of the current admission agreement to the client and the client's authorized representative, if any.
- (g) The licensee shall comply with all terms and conditions set forth in the admission agreement.
- (h) The admission agreement shall be automatically terminated by the death of the client. No liability or debt shall accrue after the date of death.

80068 **ADMISSION AGREEMENTS (Continued)****80068**

HANDBOOK BEGINS HERE

- (1) This does not preclude contractual arrangements such as life care contracts or payments ordered by a court of competent jurisdiction.

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NOTE: Authority cited: Section 1530, Health and Safety Code. Reference: Sections 1501, 1507, 1512, 1524.7, and 1531, Health and Safety Code; and Section 4803, Welfare and Institutions Code.

80068.2 **NEEDS AND SERVICES PLAN****80068.2**

- (a) The licensee shall complete a Needs and Services Plan for each client as required in Sections 81068.2, 82068.2, 82568.2, or 85068.2.
- (b) If the client has an existing needs appraisal or individual program plan (IPP) completed by a placement agency, or a consultant for the placement agency, the Department may consider the plan to meet the requirements of this section provided that:
- (1) The needs appraisal or IPP is not more than one year old.
- (2) The licensee and the placement agency agree that the client's physical, mental and emotional status has not significantly changed since the assessment.
- (c) The written Needs and Services Plan specified in Section 80068.2(a), shall be maintained in the client's file.

NOTE: Authority cited: Section 1530, Health and Safety Code. Reference: Sections 1501, 1507, and 1531, Health and Safety Code.

80068.3 MODIFICATIONS TO NEEDS AND SERVICES PLAN**80068.3**

- (a) The licensee shall ensure that each client's written Needs and Services Plan is updated as often as necessary to assure its accuracy, but at least annually. These modifications shall be maintained in the client's file.
- (b) If the licensee determines that the client's needs cannot be met, the licensee shall inform the client, and his/her authorized representative, if any, and the placement agency, if any, and request that the client relocate to a facility that can provide the needed services.
 - (1) If the client refuses to relocate, the licensee may evict the client in accordance with Section 80068.5.

NOTE: Authority cited: Section 1530, Health and Safety Code. Reference: Sections 1501, 1507, and 1531, Health and Safety Code.

80068.5 EVICTION PROCEDURES**80068.5**

- (a) Except for children's residential facilities, the licensee may, upon 30 days written notice to the client, evict the client only for one or more of the following reasons:
 - (1) Nonpayment of the rate for basic services within ten days of the due date.
 - (2) Failure of the client to comply with state or local law after receiving written notice of the alleged violation.
 - (3) Failure of the client to comply with general facility policies that are documented in the facility admission agreement, and are for the purpose of making it possible for clients to live together.
 - (4) Inability to meet the client's needs.
 - (A) A Needs and Services Plan modification must have been performed, as specified in Section 80068.3(a), which determined that the client's needs cannot be met by the facility and the client has been given the opportunity to relocate as specified in Section 80068.3(b).
 - (5) The client refuses to comply with his/her Restricted Health Condition Care Plan, if any, as specified in Section 80092.2.

80068.5 EVICTION PROCEDURES
(Continued)**80068.5**

- (6) Change of use of the facility.
- (b) The licensee shall obtain prior written approval from the Department to evict the client upon three (3) days written notice to quit and upon a finding of good cause.
 - (1) Good cause exists if the client engages in behavior that threatens the mental and/or physical health or safety of himself/herself or others in the facility.
 - (2) Failure of the Department to reply to the request for approval within two working days shall be considered approval.
- (c) The notice to quit shall state the reasons for the eviction, with specific facts supporting the reason for the eviction including the date, place, witnesses, if any, and circumstances.
- (d) When serving the client with either a 30-day or a 3-day notice to quit, the licensee shall, on the same day, overnight mail or fax a copy of the notice to the client's authorized representative, if any or responsible person if there is no authorized representative.
- (e) The licensee shall mail or fax to the Department a copy of the 30-day written notice in accordance with (a) above within five days of giving the notice to the client.
- (f) Upon request of a client or his/her authorized representative or responsible person, the Department will investigate the reasons for the eviction pursuant to the provisions of Sections 1538 and 1569.35 of the Health and Safety Code.
- (g) Nothing in this section precludes the licensee or client from invoking any other available remedy.

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- (1) Such remedies include voluntary relocation, relocation by the client's authorized representative, hospitalization for mental or physical conditions, and arrest.

HANDBOOK ENDS HERE

NOTE: Authority cited: Section 1530, Health and Safety Code. Reference: Sections 1501, 1502, 1531, and 1770, et seq., Health and Safety Code.

80069 CLIENT MEDICAL ASSESSMENTS**80069**

- (a) Except for licensees of ARFs, prior to or within 30 calendar days following the acceptance of a client, the licensee shall obtain a written medical assessment of the client, as specified in Section 80069(c), which enables the licensee to determine his/her ability to provide necessary health related services to the client. The assessment shall be used in developing the Needs and Services Plan.
 - (1) The assessment shall be performed by a licensed physician or designee, who is also a licensed professional, and the assessment shall not be more than one year old when obtained.
- (b) In ARFs, prior to accepting a client into care, the licensee shall obtain and keep on file documentation of the client's medical assessment.
 - (1) Such assessment shall be performed by a licensed physician, or designee, who is also a licensed professional, and the assessment shall not be more than one year old when obtained.
- (c) The medical assessment shall include the following:
 - (1) The results of an examination for communicable tuberculosis and other contagious/infectious diseases.
 - (2) Identification of the client's special problems and needs.
 - (3) Identification of any prescribed medications being taken by the client.
 - (4) A determination of the client's ambulatory status, as defined by Section 80001(n)(2).
 - (5) Identification of physical restrictions, including any medically necessary diet restrictions, to determine the client's capacity to participate in the licensee's program.
- (d) In addition to Section 80069(c), the medical assessment for clients in ARFs shall include the following:
 - (1) A physical examination of the person, indicating the physician's primary diagnosis and secondary diagnosis, if any.
 - (2) Identification of other medical conditions, including those described in Section 80092 which are restricted and Section 80091, which would preclude care of the person by the licensee.
 - (3) Documentation of prior medical services and history.
 - (4) Current medical status including, but not limited to, height, weight, and blood pressure.
 - (5) Identification of the client's needs as a result of any medical information contained in the report.

80069 CLIENT MEDICAL ASSESSMENTS
(Continued)**80069**

- (e) The licensing agency shall have the authority to require the licensee to obtain a current written medical assessment, if such an assessment is necessary to verify the appropriateness of a client's placement.

NOTE: Authority cited: Section 1530, Health and Safety Code. Reference: Sections 1501, 1502, 1507, 1530, and 1531, Health and Safety Code.

80069.2 FUNCTIONAL CAPABILITIES ASSESSMENT**80069.2**

- (a) In order to determine whether the facility's program meets a client's services needs, the licensee of an ARF shall assess the client's need for personal assistance and care by determining his/her functional capabilities. The assessment shall be in writing, shall be used in developing the Needs and Service Plan, and shall include, but not be limited to the following activities:

(1) Bathing:

- (A) Does not bathe or shower self.
- (B) Performs some bathing or showering tasks.
- (C) Bathes or showers self independently.

(2) Dressing:

- (A) Does not dress self.
- (B) Puts on some clothing by self.
- (C) Dresses self completely.

80069.2 FUNCTIONAL CAPABILITIES ASSESSMENT
(Continued)**80069.2**

- (3) Grooming:
 - (A) Does not tend to own personal hygiene.
 - (B) Tends to some personal hygiene tasks.
 - (C) Tends to own personal hygiene.
- (4) Toileting:
 - (A) Not toilet trained.
 - (B) Does not toilet by self.
 - (C) Goes to toilet by self.
- (5) Transferring:
 - (A) Unable to move in and out of a bed or chair.
 - (B) Needs assistance to transfer.
 - (C) Is able to move in and out of a bed or chair.
- (6) Repositioning:
 - (A) Unable to reposition.
 - (B) Repositions from side to side.
 - (C) Repositions from front to back and back to front.
- (7) Wheelchair:
 - (A) Unable to sit without support.
 - (B) Sits without support.

80069.2 FUNCTIONAL CAPABILITIES ASSESSMENT
(Continued)**80069.2**

| (C) Needs assistance moving wheelchair.

| (D) Moves wheelchair independently.

| (E) Does not use wheelchair.

| (8) Continence:

| (A) No bowel and/or bladder control.

| (B) Some bowel and/or bladder control.

| (C) Use of assistive devices, such as a catheter.

| (D) Complete bowel and/or bladder control.

| (9) Eating:

| (A) Does not feed self.

| (B) Feeds self with assistance from another person.

| (C) Feeds self completely.

| (b) Assessment of the client's need for assistance shall include consideration of his/her physical condition affecting participation in his/her own care, including:

| (1) Vision:

| (A) Severe/ profound impairment.

| (B) Mild/moderate impairment.

| (C) No vision impairment.

80069.2 FUNCTIONAL CAPABILITIES ASSESSMENT
(Continued)**80069.2**

(2) Hearing:

(A) Severe/ profound loss.

(B) Mild/moderate loss.

(C) No hearing loss.

(3) Communication:

(A) Does not express nonverbally.

(B) Does not express verbally.

(C) Expresses by sounds or movements.

(D) Expresses self well, both verbally and nonverbally.

(4) Walking:

(A) Does not walk.

(B) Walks with support.

(C) Walks well alone.

(5) Medical history and conditions.

(6) Need for prescribed and non-prescribed medications.

(c) Assessment of the client's need for assistance and care shall include consideration of the following:

(1) Mental and emotional conditions.

(A) Repealed by Manual Letter No. CCL-98-05, effective 10/1/98.

80069.2	FUNCTIONAL CAPABILITIES ASSESSMENT	80069.2
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(Continued)

- (2) Socialization and cognitive status.
- (3) Propensity for behaviors that result in harm to self or others and that require supervision.
- (4) Ability to manage his/her own finances and cash resources.

NOTE: Authority cited: Section 1530, Health and Safety Code. Reference: Sections 1250, 1501, 1502, 1507, 1530, 1531, 1557.5, Health and Safety Code.

80069.3	MENTAL HEALTH ASSESSMENT	80069.3
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| Renumbered to Group Homes, Section 85069.3 by CCL-98-09, effective 10/1/98.

80070**CLIENT RECORDS****80070**

- (a) The licensee shall ensure that a separate, complete, and current record is maintained in the facility for each client.
- (b) Each record must contain information including, but not limited to, the following:
 - (1) Name of client.
 - (2) Birthdate.
 - (3) Sex.
 - (4) Date of admission.
 - (5) Names, addresses, and telephone numbers of the authorized representative.
 - (6) A signed copy of the admission agreement specified in Section 80068.
 - (7) Name, address and telephone number of physician and dentist, and other medical and mental health providers, if any.
 - (8) Medical assessment, including ambulatory status, as specified in Section 80069.
 - (9) Record of any illness or injury requiring treatment by a physician or dentist and for which the facility provided assistance to the client in meeting his/her necessary medical and dental needs.
 - (10) Record of current medications, including the name of the prescribing physician, and instructions, if any, regarding control and custody of medications.
 - (11) Restricted Health Condition Care Plan, if required for the client by Section 80092.2.
 - (12) Functional assessment as specified in Section 80069.2.
 - (13) Date of termination of services.
 - (14) An account of the client's cash resources, personal property, and valuables entrusted as specified in Section 80026.
- (c) All information and records obtained from or regarding clients shall be confidential.
 - (1) The licensee shall be responsible for safeguarding the confidentiality of record contents.
 - (2) Except as specified in (d) below, or as otherwise authorized by law, the licensee and all employees shall not reveal or make available confidential information.

80070 CLIENT RECORDS (Continued)**80070**

- (d) All client records shall be available to the licensing agency to inspect, audit, and copy upon demand during normal business hours. Records may be removed if necessary for copying. Removal of records shall be subject to the following requirements:
- (1) Licensing representatives shall not remove the following current records for current clients unless the same information is otherwise readily available in another document or format:
 - (A) Name, address, and telephone number of the authorized representative(s) as specified in Section 80070(b)(5).
 - (B) Name, address, and telephone number of a client's physician and dentist, and any other medical and mental health providers, as specified in Section 80070(b)(7).
 - (C) Medical assessment, including ambulatory status, as specified in Section 80070(b)(8).
 - (D) Record of any current illness or injury as specified in Section 80070(b)(9).
 - (E) Record of current medications as specified in Section 80070(b)(10).
 - (F) Restricted Health Condition Care Plan as specified in Section 80070(b)(11).
 - (G) Functional assessment as specified in Section 80070(b)(12).
 - (H) Any other records containing current emergency or health-related information for current clients.
 - (2) Prior to removing any records, a licensing representative shall prepare a list of the records to be removed, sign and date the list upon removal of the records, and leave a copy of the list with the administrator or designee.
 - (3) Licensing representatives shall return the records undamaged and in good order within three business days following the date the records were removed.
- (e) A client's records shall be open to inspection by the client's authorized representative(s), if any.
- (f) The information specified in (b)(1)-(b)(15) above must be updated as necessary to ensure the accuracy of the client's record.
- (g) Original client records or photographic reproductions shall be retained for at least three years following termination of service to the client.

NOTE: Authority cited: Section 1530, Health and Safety Code. Reference: Sections 1501, 1507, and 1531, Health and Safety Code.

80071 REGISTER OF CLIENTS**80071**

(a) In all licensed facilities, the following shall apply:

- (1) The licensee shall maintain in the facility a register of all clients. The register shall be immediately available to, and copied for, licensing staff upon request; and must contain current information on the following:
 - (A) Client's name and ambulatory status as specified in Section 80070(b)(1) and (8).
 - (B) Name, address and telephone number of client's attending physician.
 - (C) Authorized representative information as specified in Section 80070(b)(5).
 - (D) Client's restricted health condition(s) specified in Section 80092(b).
 1. The licensee may keep a separate client register with this information.
- (2) The licensee shall keep the register in a central location at the facility.
 - (A) Registers are confidential, as specified in Section 80070(c).

NOTE: Authority cited: Section 1530, Health and Safety Code. Reference: Sections 1507 and 1557.5, Health and Safety Code.

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80072 PERSONAL RIGHTS**80072**

- (a) Except for children's residential facilities, each client shall have personal rights which include, but are not limited to, the following:
- (1) To be accorded dignity in his/her personal relationships with staff and other persons.
 - (2) To be accorded safe, healthful and comfortable accommodations, furnishings and equipment to meet his/her needs.
 - (3) To be free from corporal or unusual punishment, infliction of pain, humiliation, intimidation, ridicule, coercion, threat, mental abuse, or other actions of a punitive nature, including but not limited to: interference with the daily living functions, including eating, sleeping, or toileting; or withholding of shelter, clothing, medication or aids to physical functioning.
 - (4) To be informed, and to have his/her authorized representative, if any, informed, by the licensee of the provisions of law regarding complaints including, but not limited to, the address and telephone number of the complaint receiving unit of the licensing agency, and of information regarding confidentiality.

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- (A) Provisions regarding inspection requests are found in Health and Safety Code Section 1538:
1. Any person may request an inspection of any community care facility in accordance with the provisions of this chapter by transmitting to the state department notice of an alleged violation of applicable requirements prescribed by statutes or regulations of this state....
 2. The substance of the complaint shall be provided to the licensee no earlier than at the time of the inspection....

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3. Upon receipt of a complaint, other than a complaint alleging denial of a statutory right of access to a community care facility, the state department shall make a preliminary review and, unless the state department determines that the complaint is willfully intended to harass a licensee or is without any reasonable basis, it shall make an onsite inspection within 10 days after receiving the complaint. In either event, the complainant shall be promptly informed of the state department's proposed course of action.

HANDBOOK ENDS HERE

- (5) To be free to attend religious services or activities of his/her choice and to have visits from the spiritual advisor of his/her choice.
 - (A) Attendance at religious services, in or outside of the facility, shall be on a completely voluntary basis.
- (6) To leave or depart the facility at any time.
 - (A) The licensee shall not be prohibited by this provision from setting curfews or other house rules for the protection of clients.
 - (B) This provision shall not apply to minors and other clients for whom a guardian, conservator, or other legal authority has been appointed.
- (7) Not to be locked in any room, building, or facility premises by day or night.
 - (A) The licensee shall not be prohibited by this provision from locking exterior doors and windows or from establishing house rules for the protection of clients provided the clients are able to exit the facility.
 - (B) The licensee shall be permitted to utilize means other than those specified in (A) above for securing exterior doors and windows only with the prior approval of the licensing agency.

80072 PERSONAL RIGHTS (Continued)

80072

- (8) Not to be placed in any restraining device. Postural supports may be used under the following conditions.
- (A) Postural supports shall be limited to appliances or devices including braces, spring release trays, or soft ties, used to achieve proper body position and balance, to improve a client's mobility and independent functioning, or to position rather than restrict movement including, but not limited to, preventing a client from falling out of bed, a chair, etc.
1. Physician-prescribed orthopedic devices such as braces or casts used for support of a weakened body part or correction of body parts are considered postural supports.
- (B) A written order from the client's physician indicating the need for the postural support shall be maintained in the client's record. The licensing agency shall be authorized to require additional documentation if needed to verify the order.
- (C) Postural supports shall be fastened or tied in a manner that permits quick release by the client.
- (D) Prior to the use of postural supports that cause the client to become non-ambulatory, the licensee shall ensure that a fire clearance, as required by Section 80020, has been secured.
- (E) Under no circumstances shall postural supports include tying of, or depriving or limiting the use of, a client's hands or feet.
1. A bed rail that extends from the head half the length of the bed and used only for assistance with mobility shall be allowed. Bed rails that extend the entire length of the bed are prohibited except for clients who are currently receiving hospice care and have a hospice care plan that specifies the need for full bed rails.

80072 PERSONAL RIGHTS (Continued)

80072

- (F) Protective devices including, but not limited to, helmets, elbow guards, and mittens which do not prohibit a client's mobility but rather protect the client from self-injurious behavior are not to be considered restraining devices for the purpose of this regulation. Protective devices may be used if they are approved in advance by the licensing agency as specified below.
1. All requests to use protective devices shall be in writing and include a written order of a physician indicating the need for such devices. The licensing agency shall be authorized to require additional documentation including, but not limited to, the Individual Program Plan (IPP) as specified in Welfare and Institutions Code Section 4646, and the written consent of the authorized representative, in order to evaluate the request.
 2. The licensing agency shall have the authority to grant conditional and/or limited approvals to use protective devices.
- (9) To receive or reject medical care, or health-related services, except for minors and other clients for whom a guardian, conservator, or other legal authority has been appointed.
- (10) To be informed of the facility's policy concerning family visits and other communication with clients, as specified in Health and Safety Code Section 1512.
- (b) At admission, a client and the client's authorized representative shall be personally advised of and given a list of the rights specified in Sections 80072(a) (1) through (10) and in the applicable Personal Rights sections of Chapters 2 through 7.
- (c) The information specified in (b) above including the visiting policy as stated in the admissions agreement shall be prominently posted in areas accessible to clients and their visitors.

80072	PERSONAL RIGHTS (Continued)	80072
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- (d) The licensee shall ensure that each client is accorded the personal rights as specified in this section and the applicable sections of Chapters 2 through 7.

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- (A) Section 1512 of the Health and Safety Code provides that:

The policy shall be designed to encourage regular family involvement with the client and shall provide ample opportunities for family participation in activities at the facility.

HANDBOOK ENDS HERE

NOTE: Authority cited: Section 1530, Health and Safety Code. Reference: Sections 1501 and 1531, Health and Safety Code.

80073	TELEPHONES	80073
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- (a) All facilities shall have telephone service on the premises.

NOTE: Authority cited: Section 1530, Health and Safety Code. Reference: Sections 1501, 1528, 1531 and 1539, Health and Safety Code.

80074	TRANSPORTATION	80074
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- (a) Only drivers licensed for the type of vehicle operated shall be permitted to transport clients.
- (b) The manufacturer's rated seating capacity of the vehicles shall not be exceeded.
- (c) Motor vehicles used to transport clients shall be maintained in a safe operating condition.

NOTE: Authority cited: Section 1530, Health and Safety Code. Reference: Sections 1501, 1528 and 1531, Health and Safety Code.

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This section does not apply to child care centers. For regulations governing health-related services in child care centers, see Chapter 2, Section 81075.

HANDBOOK ENDS HERE

- (a) The licensee shall ensure that each client receives necessary first aid and other needed medical or dental services, including arrangement for and/or provision of transportation to the nearest available services.
- (b) Clients shall be assisted as needed with self-administration of prescription and nonprescription medications.
 - (1) In adult CCFs, facility staff who receive training may assist clients with metered-dose inhalers, and dry powder inhalers if the following requirements are met:
 - (A) In ARFs, facility staff must receive training from a licensed professional.
 - 1. The licensee shall obtain written documentation from the licensed professional outlining the procedures and the names of facility staff who have been trained in those procedures.
 - 2. The licensee ensures that the licensed professional reviews staff performance as the licensed professional deems necessary, but at least once a year.
 - (B) All staff training shall be documented in the facility personnel files.
 - (2) Facility staff, except those authorized by law, shall not administer injections but staff designated by the licensee shall be authorized to assist clients with self-administration of injections as needed.

80075 HEALTH-RELATED SERVICES (Continued)**80075**

- (3) Assistance with self-administration does not include forcing a client to take medications, hiding or camouflaging medications in other substances without the client's knowledge and consent, or otherwise infringing upon a client's right to refuse to take a medication.
- (4) If the client's physician has stated in writing that the client is able to determine and communicate his/her need for a prescription or nonprescription PRN medication, facility staff shall be permitted to assist the client with self-administration of their PRN medication.
- (5) If the client's physician has stated in writing that the client is unable to determine his/her own need for nonprescription PRN medication, but can communicate his/her symptoms clearly, facility staff designated by the licensee shall be permitted to assist the client with self-administration, providing all of the following requirements are met:
 - (A) There is a written direction from a physician, on a prescription blank, specifying the name of the client, the name of the medication, all of the information specified in Section 80075(e), instructions regarding a time or circumstance (if any) when it should be discontinued, and an indication of when the physician should be contacted for a medication reevaluation.
 - (B) Once ordered by the physician the medication is given according to the physician's directions.
 - (C) A record of each dose is maintained in the client's record. The record shall include the date and time the PRN medication was taken, the dosage taken, and the client's response.
- (6) If the client is unable to determine his/her own need for a prescription or nonprescription PRN medication, and is unable to communicate his/her symptoms clearly, facility staff designated by the licensee, shall be permitted to assist the client with self-administration, provided all of the following requirements are met:
 - (A) Facility staff shall contact the client's physician prior to each dose, describe the client's symptoms, and receive direction to assist the client in self-administration of that dose of medication.
 - (B) The date and time of each contact with the physician, and the physician's directions, shall be documented and maintained in the client's facility record.
 - (C) The date and time the PRN medication was taken, the dosage taken, and the client's response, shall be documented and maintained in the client's facility record.

80075 HEALTH-RELATED SERVICES (Continued)**80075**

(7) For every prescription and nonprescription PRN medication for which the licensee provides assistance, there shall be a signed, dated written order from a physician on a prescription blank, maintained in the client's file, and a label on the medication. Both the physician's order and the label shall contain at least all of the following information.

(A) The specific symptoms which indicate the need for the use of the medication.

(B) The exact dosage.

(C) The minimum number of hours between doses.

(D) The maximum number of doses allowed in each 24-hour period.

(c) The isolation room or area specified in Section 80087(d) shall be used where separation from others is required.

(d) There shall be privacy for first aid treatment of minor injuries and for examination or treatment by a physician if required.

(e) In adult CCFs, when a client requires oxygen the licensee is responsible for the following:

(1) Monitoring the client's ongoing ability to operate and care for the equipment in accordance with the physician's instructions, or if the client is unable to do so:

(A) Ensuring that an adequate number of facility staff persons are designated to operate and care for the equipment and that those staff persons receive training.

1. The licensee shall comply with all of the requirements for training in Sections 80075(b)(1)(A) through (C).

(2) Ensuring that the following conditions are met if oxygen equipment is in use:

(A) The licensee makes a written report to the local fire jurisdiction that oxygen is in use at the facility.

(B) "No Smoking - Oxygen in Use" signs shall be posted in appropriate areas.

(C) Smoking is prohibited where oxygen is in use.

(D) All electrical equipment is checked for defects that may cause sparks.

(E) Oxygen tanks that are not portable are secured either in a stand or to the wall.

80075 HEALTH-RELATED SERVICES (Continued)**80075**

- (F) Plastic tubing from the nasal canula (mask) to the oxygen source is long enough to allow the client movement within his/her room but does not constitute a hazard to the client or others.
 - (G) Clients use oxygen from a portable source when they are outside of their rooms or when walking in a day care setting.
 - (H) Equipment is operable.
 - (I) Facility staff have knowledge and ability to operate and care for the oxygen equipment.
 - (J) Equipment is removed from the facility when no longer in use by the client.
- | (f) Staff responsible for providing direct care and supervision shall receive training in first aid from persons qualified by agencies including but not limited to the American Red Cross.
- | (g) If the facility has no medical unit on the grounds, first aid supplies shall be maintained and be readily available in a central location in the facility.
- (1) The supplies shall include at least the following:
 - (A) A current edition of a first aid manual approved by the American Red Cross, the American Medical Association or a state or federal health agency.
 - (B) Sterile first aid dressings.
 - (C) Bandages or roller bandages.
 - (D) Adhesive tape.
 - (E) Scissors.
 - (F) Tweezers.
 - (G) Thermometers.
 - (H) Antiseptic solution.
- | (h) There shall be at least one person capable of and responsible for communicating with emergency personnel in the facility at all times. The following information shall be readily available:

80075 HEALTH-RELATED SERVICES (Continued)**80075**

- (1) The name, address and telephone number of each client's physician and dentist, and other medical and mental health providers, if any.
- (2) The name, address and telephone number of each emergency agency, including but not limited to the fire department, crisis center or paramedical unit. There shall be at least one medical resource available to be called at all times.
- (3) The name and telephone number of an ambulance service.

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- (4) It is recommended that the licensee obtain consent forms to permit the authorization of medical care.

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- (i) When a client requires prosthetic devices, or vision or hearing aids, the staff shall be familiar with the use of these devices and aids and shall assist the client with their utilization as needed.
- (j) Medications shall be centrally stored under the following circumstances:
 - (1) Preservation of the medication requires refrigeration.
 - (2) Any medication determined by the physician to be hazardous if kept in the personal possession of the client for whom it was prescribed.
 - (3) Because of physical arrangements and the condition or the habits of persons in the facility, the medications are determined by either the administrator or by the licensing agency to be a safety hazard.
- (k) The following requirements shall apply to medications which are centrally stored:
 - (1) Medication shall be kept in a safe and locked place that is not accessible to persons other than employees responsible for the supervision of the centrally stored medication.
 - (2) Each container shall identify the items specified in (7)(A) through (G) below.
 - (3) All medications shall be labeled and maintained in compliance with label instructions and state and federal laws.
 - (4) No person other than the dispensing pharmacist shall alter a prescription label.

80075 HEALTH-RELATED SERVICES (Continued)**80075**

- (5) Each client's medication shall be stored in its originally received container.
- (6) No medications shall be transferred between containers.
- (7) The licensee shall ensure the maintenance, for each client, of a record of centrally stored prescription medications which is retained for at least one year and includes the following:
 - (A) The name of the client for whom prescribed.
 - (B) The name of the prescribing physician.
 - (C) The drug name, strength and quantity.
 - (D) The date filled.
 - (E) The prescription number and the name of the issuing pharmacy.
 - (F) Expiration date.
 - (G) Number of refills.
 - (H) Instructions, if any, regarding control and custody of the medication.

(I) Prescription medications which are not taken with the client upon termination of services, or which are not to be retained shall be destroyed by the facility administrator, or a designated substitute, and one other adult who is not a client.

- (1) Both shall sign a record, to be retained for at least one year, which lists the following:
 - (A) Name of the client.
 - (B) The prescription number and the name of the pharmacy.
 - (C) The drug name, strength and quantity destroyed.
 - (D) The date of destruction.

NOTE: Authority cited: Section 1530, Health and Safety Code. Reference: Sections 1501, 1502, 1507, 1530 and 1531, Health and Safety Code.

80075.1 AUTOMATED EXTERNAL DEFIBRILLATORS (AEDS)**80075.1**

- (a) In an adult community care facility, a licensee is permitted to maintain and operate an AED at the facility if all of the following requirements are met:
- (1) The licensee shall notify the licensing agency in writing that an AED is in the facility and will be used in accordance with all applicable federal and other state requirements.
 - (2) The AED shall be used in accordance with all applicable federal and other state requirements.
 - (3) The licensee shall maintain at the facility the following:
 - (A) A copy of the required physician's prescription for the AED.
 - (B) A training manual from an American Heart Association- or American Red Cross-recognized AED training class.
 - (C) A log of checks of operation of the AED containing the dates checked and the name of person checking.
 - (D) A copy of a valid AED operator's certificate for any employee(s) authorized by the licensee to operate the AED. The certificate shall indicate that the AED training course completed complies with the standards of the American Heart Association or the American Red Cross. If it does not, then other evidence indicating that the AED training course completed complies with the standards of the American Heart Association or the American Red Cross shall be available at the facility.
 - (E) A log of quarterly proficiency demonstrations for each holder of an AED operator's certificate who is authorized by the licensee to operate the AED. The log shall contain the dates of the demonstrations and the manner of demonstration.

80075.1 AUTOMATED EXTERNAL DEFIBRILLATORS (AEDS)
(Continued)**80075.1**

- (4) A supply kit shall be maintained at the facility and be readily available for use with the AED. The kit shall contain at least the following:
 - (A) A back-up battery set.
 - (B) An extra set of pads.
 - (C) A safety razor for shaving chest hair when necessary to apply the pads.
 - (D) A cardiovascular pulmonary resuscitation barrier (a face shield or mask) for protection from transmission of infectious disease.
 - (E) Two pairs of unused medical examination gloves (latex or non-latex).
- (5) Use of an AED shall be reported as specified in Section 80061.

NOTE: Authority cited: Section 1530, Health and Safety Code. Reference: Sections 1501, 1502, 1507, 1530, 1531, and 1797.196, Health and Safety Code.

80076 FOOD SERVICE

80076

(a) In facilities providing meals to clients, the following shall apply:

- (1) All food shall be safe and of the quality and in the quantity necessary to meet the needs of the clients. Each meal shall meet at least 1/3 of the servings recommended in the USDA Basic Food Group Plan - Daily Food Guide for the age group served. All food shall be selected, stored, prepared and served in a safe and healthful manner.

HANDBOOK BEGINS HERE
(A) USDA BASIC FOOD GROUP PLAN DAILY FOOD GUIDE

FOODS TO INCLUDE DAILY	SERVING SIZE	RECOMMENDED NUMBER OF SERVINGS FOR EACH AGE GROUP					
		PRE- SCHOOL CHILD	SCHOOL- AGE CHILD	TEEN- AGER	ADULT	PREG- NANT NURSING	OLDER ADULT
MILK & MILK PRODUCTS							
milk	8 oz.						
yogurt	8 oz.						
cheese	2 oz.	2	2-3	3-4	2	3 or more	2
cottage	1&1/2 C			or more			
ice cream	2 C						
tofu	8 oz.						
MEAT & ALTERNATES							
beef, pork, lamb, fowl, fish small serv.	3 oz. 1&1/2 oz.						
Alternates for meat	eq. to 2-3 oz.	2 sm	1-2	2-3 or more	2	2 or more	2
beans, peas and lentils	1-1&1/2 C						
peanut butter	4-6 Tbsp.						
eggs	2-3						
cheese	2-3 oz.						
cottage	1/2-3/4 C						
canned fish	1/2-3/4 C						
nuts	2/3-1 C						
tofu	6-9 oz.						
wheat germ	1/2-3/4 C						
sunflower, pumpkin, & sesame seeds	1/2-3/4 C						
DEEP GREEN AND/OR YELLOW VEGETABLES							
small serving	1/2 C 1/4-1/3 C	1 sm	1	1 or more	1	1 or more	1

HANDBOOK CONTINUES

HANDBOOK CONTINUES

(A) USDA BASIC FOOD GROUP PLAN DAILY FOOD GUIDE

FOODS TO INCLUDE DAILY	SERVING SIZE	RECOMMENDED NUMBER OF SERVINGS FOR EACH AGE GROUP					
		PRE- SCHOOL CHILD	SCHOOL- AGE CHILD	TEEN- AGER	ADULT	PREG- NANT NURSING	OLDER ADULT
OTHER VEGETABLES, JUICES AND FRUITS small serving	1/2 C 1/4-1/3 C	2 sm	2	2 or more	2	2 or more	2
HIGH VITAMIN C FRUITS AND/OR JUICES, sm serv.	1/2 C 1/4-1/3 C	1 sm	1	1 or more	1	1 or more	1
BREADS & CEREALS							
(whole gr. or enriched) bread	1 slice						
dry cereal	3/4 C						
cooked cereal, rice, noodles	1/2 C						
crackers	4	4 sm	3-4	4 or more	4	4 or more	3-4
tortilla small serv = 1/2 of the serv sizes for breads & cereals	1 med						
OTHER FOODS: inc. fats, sweets, desserts, etc.							AS APPROPRIATE TO ENERGY NEEDS
FLUIDS: inc. water							AS APPROPRIATE TO NEEDS
MISCELLANEOUS: iodized salt, fiber, vitamin supplement, etc.							AS APPROPRIATE TO NEEDS

*Count cheese as one serving of milk or meat, not both. Adapted from the OREGON DIET MANUAL, fifth edition, 1975, State of Oregon Department Human Resources.

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80076 FOOD SERVICE (Continued)**80076**

- (2) Where all food is provided by the facility, arrangements shall be made so that each client has available at least three meals per day.
 - (A) Not more than 15 hours shall elapse between the third meal of one day and first meal of the following day.
- (3) Where meal service within a facility is elective, arrangements shall be made to ensure availability of a daily food intake meeting the requirement of (a) (1) above for all clients who, in their admission agreement, elect meal service.
- (4) Between meal nourishment or snacks shall be available for all clients unless limited by dietary restrictions prescribed by a physician.
- (5) Menus shall be written at least one week in advance and copies of the menus as served shall be dated and kept on file for at least 30 days. Menus shall be made available for review by the clients or their authorized representatives and the licensing agency upon request.
- (6) Modified diets prescribed by a client's physician as a medical necessity shall be provided.
 - (A) The licensee shall obtain and follow instructions from the physician or dietitian on the preparation of the modified diet.
- (7) Commercial foods shall be approved by appropriate federal, state and local authorities. All foods shall be selected, transported, stored, prepared and served so as to be free from contamination and spoilage and shall be fit for human consumption. Food in damaged containers shall not be accepted, used or retained.
- (8) Where indicated, food shall be cut, chopped or ground to meet individual needs.
- (9) Powdered milk shall not be used as a beverage but shall be allowed in cooking and baking. Raw milk, as defined in Division 15 of the California Food and Agricultural Code shall not be used. Milk shall be pasteurized.
- (10) Except upon written approval by the licensing agency, meat, poultry and meat food products shall be inspected by state or federal authorities. Written evidence of such inspection shall be available for all products not obtained from commercial markets.
- (11) All home canned foods shall be processed in accordance with standards of the University of California Agricultural Extension Service. Home canned foods from outside sources shall not be used.

80076 FOOD SERVICE (Continued)**80076**

- (12) If food is prepared off the facility premises, the following shall apply:
- (A) The preparation source shall meet all applicable requirements for commercial food services.
 - (B) The facility shall have the equipment and staff necessary to receive and serve the food and for cleanup.
 - (C) The facility shall maintain the equipment necessary for in-house preparation, or have an alternate source for food preparation, and service of food in emergencies.
- (13) All persons engaged in food preparation and service shall observe personal hygiene and food services sanitation practices which protect the food from contamination.
- (14) All foods or beverages capable of supporting rapid and progressive growth of microorganisms which can cause food infections or food intoxications shall be stored in covered containers at 45 degrees F (7.2 degrees C) or less.
- (15) Pesticides and other similar toxic substances shall not be stored in food storerooms, kitchen areas, food preparation areas, or areas where kitchen equipment or utensils are stored.
- (16) Soaps, detergents, cleaning compounds or similar substances shall be stored in areas separate from food supplies.
- (17) All kitchen, food preparation, and storage areas shall be kept clean, free of litter and rubbish, and measures shall be taken to keep all such areas free of rodents, and other vermin.
- (18) All food shall be protected against contamination. Contaminated food shall be discarded immediately.
- (19) All equipment, fixed or mobile, dishes, and utensils shall be kept clean and maintained in safe condition.
- (20) All dishes and utensils used for eating and drinking and in the preparation of food and drink, shall be cleaned and sanitized after each usage.
- (A) Dishwashing machines shall reach a temperature of 165 degrees F (74 degrees C) during the washing and/or drying cycle to ensure that dishes and utensils are cleaned and sanitized.

80076 FOOD SERVICE (Continued) 80076

- (B) Facilities not using dishwashing machines shall clean and sanitize dishes and utensils by an alternative comparable method.
- (21) Equipment necessary for the storage, preparation and service of food shall be provided, and shall be well-maintained.
- (22) Tableware and tables, dishes, and utensils shall be provided in the quantity necessary to serve the clients.
- (23) Adaptive devices shall be provided for self-help in eating as needed by clients.
- (b) The licensing agency shall have the authority to require the facility to provide written information, including menus, regarding the food purchased and used over a given period when it is necessary to determine if the licensee is in compliance with the food service requirements in the regulations in this Division.
- (1) The licensing agency shall specify in writing the written information required from the licensee.

NOTE: Authority cited: Section 1530, Health and Safety Code. Reference: Sections 1501, 1528, 1530, 1530.5 and 1531, Health and Safety Code.

80077 PERSONAL SERVICES (RESERVED) 80077**80077.2 CARE FOR CLIENTS WHO RELY UPON OTHERS TO PERFORM ALL ACTIVITIES OF DAILY LIVING 80077.2**

- (a) A licensee of an adult CCF may accept or retain a client who relies upon others to perform all activities of daily living for them.
- (b) Prior to accepting a client into care, the licensee shall complete the following:
- (1) An approved plan of operation demonstrating the licensee's ability to care for these clients as specified in Section 80022(e).
- (2) A Needs and Services Plan, as required by the facility-specific regulations, that includes all of the following:
- (A) A plan to monitor the client's skin condition, including:

80077.2 CARE FOR CLIENTS WHO RELY UPON OTHERS TO PERFORM ALL ACTIVITIES OF DAILY LIVING (Continued) 80077.2

1. Specific guidelines for turning the client (time, method, acceptable positions).
 2. Skin breakdown.
 3. Objective symptoms, observable by a lay person, indicating when a licensed professional must be contacted.
- (B) A method for feeding the client and providing him/her with hydration.
- (C) A method for determining the client's needs.
- (D) A method for communicating with the client.
- (E) A list of emergency contacts and a list of readily observable conditions that indicate when emergency intervention is necessary.
- (F) A list of persons to contact in the event of non-emergency client distress or discomfort and a list of readily observable conditions that indicate when the licensee is to contact those persons.
- (G) A description of the client-specific training that facility staff will receive.
1. The training must be provided by the client's health care provider (physician or nurse), the client's physical or mental health therapist, social worker, and placement worker, within their individual scopes of practice.
 2. The training must include the client's needs and objective symptoms that indicate when the licensee is to obtain health care or other type of assistance.
 3. Repealed by Manual Letter No. CCL-07-01, effective 1/12/07.
- (H) In an ARF, an agreement, signed by the placement agency, or authorized representative, to review the client's care at least once a month. A copy of the agreement shall be maintained in the client's file.

80077.2 CARE FOR CLIENTS WHO RELY UPON OTHERS TO PERFORM ALL ACTIVITIES OF DAILY LIVING (Continued) 80077.2

- (I) The licensee's agreement to document significant occurrences that result in changes in the client's physical, mental, and/or functional capabilities. This documentation must be retained in the client's record in the facility and be readily available for review by the client's health care providers and the Department.
- (c) The Department may require any additional information it considers necessary to ensure the safety of clients.
- (d) Repealed by Manual Letter No. CCL-02-10, effective 9/8/02.

NOTE: Authority cited: Section 1530, Health and Safety Code. Reference: Sections 1501, 1507, and 1530, Health and Safety Code.

80077.3 CARE FOR CLIENTS WHO LACK HAZARD AWARENESS OR IMPULSE CONTROL 80077.3

- (a) If a client requires protective supervision because of running/wandering away, supervision may be enhanced by fencing yards, using self-closing latches and gates, and installing operational bells, buzzers, or other auditory devices on exterior doors to alert staff when the door is opened. The fencing and devices must not substitute for appropriate staffing.
 - (1) The licensee may use wrist bands and other client egress-alert devices with the prior written approval of the client or authorized representative, if the client is legally incapable of giving consent, provided that the devices do not violate Section 80072.
 - (2) The licensee of an ARF, GH, SFH, FFH, or CFH may use a delayed-egress device if the client lacks hazard awareness or impulse control and only as specified in Health and Safety Code Section 1531.1.

**80077.3 CARE FOR CLIENTS WHO LACK HAZARD AWARENESS
OR IMPULSE CONTROL (Continued)****80077.3**

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Health and Safety Code Section 1531.1 is paraphrased in pertinent part:

- (a) A residential facility licensed as an adult residential facility, group home, small family home, foster family home, or a family home certified by a foster family agency may install and utilize delayed egress devices of the time delay type.
- (b) As used in this section, "delayed egress device" means a device that precludes the use of exits for a predetermined period of time. These devices shall not delay any resident's departure from the facility for longer than 30 seconds.
- (c) Within 30 seconds of delay, facility staff may attempt to redirect a resident who attempts to leave the facility.
- (d) Any person accepted by a residential facility ... utilizing delayed egress devices shall meet all of the following conditions:
 - (1) The person shall have a developmental disability as defined in Section 4512 of the Welfare and Institutions Code.
 - (2) The person shall be receiving services and case management from a Regional Center under the Lanterman Developmental Disabilities Services Act (Division 4.5 (commencing with Section 4500) of the Welfare and Institutions Code).
 - (3) An interdisciplinary team, through the Individual Program Plan (IPP) process pursuant to Section 4646.5 of the Welfare and Institutions Code, shall have determined that the person lacks hazard awareness or impulse control and requires the level of supervision afforded by a facility equipped with delayed egress devices, and that but for this placement, the person would be at risk of admission to, or would have no option but to remain in, a more restrictive state hospital or state developmental center placement.

HANDBOOK CONTINUES

**80077.3 CARE FOR CLIENTS WHO LACK HAZARD AWARENESS
OR IMPULSE CONTROL (Continued)****80077.3**

HANDBOOK CONTINUES

- (e) The facility shall be subject to all fire and building codes, regulations, and standards applicable to residential care facilities for the elderly utilizing delayed egress devices, and shall receive approval by the county or city fire department, the local fire prevention district, or the State Fire Marshal for the installed delayed egress device.
- (f) The facility shall provide staff training regarding the use and operation of the egress control devices utilized by the facility, protection of residents' personal rights, lack of hazard awareness and impulse control behavior, and emergency evacuation procedures.
- (g) The facility shall develop a plan of operation approved by the State Department of Social Services that includes a description of how the facility is to be equipped with egress control devices that are consistent with regulations adopted by the State Fire Marshal pursuant to Section 13143 of the Health and Safety Code.
- (h) The plan shall include, but shall not be limited to, all of the following:
 - (1) A description of how the facility will provide training for staff regarding the use and operation of the egress control devices utilized by the facility.
 - (2) A description of how the facility will ensure the protection of the residents' personal rights consistent with Sections 4502, 4503, and 4504 of the Welfare and Institutions Code.
 - (3) A description of how the facility will manage the person's lack of hazard awareness and impulse control behavior.
 - (4) A description of the facility's emergency evacuation procedures.
- (i) Delayed egress devices shall not substitute for adequate staff. The capacity of the facility shall not exceed six residents.
- (j) Emergency fire and earthquake drills shall be conducted at least once every three months on each shift, and shall include all facility staff providing resident care and supervision.

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**80077.3 CARE FOR CLIENTS WHO LACK HAZARD AWARENESS
OR IMPULSE CONTROL (Continued)****80077.3**

- (3) The following initial and continuing requirements must be met for the licensee to utilize delayed egress devices on exterior doors or perimeter fence gates:
- (A) The licensee shall notify the Department immediately after determining the date that the device will be installed.
 - (B) The licensee shall ensure that the fire clearance includes approval of delayed egress devices.
 - (C) Following the disaster and mass casualty plan specified in Section 80023, fire and earthquake drills shall be conducted at least once every three months on each shift and shall include, at a minimum, all facility staff who provide or supervise client care and supervision.
 - (D) Without violating Section 80072(a)(6), facility staff shall attempt to redirect a client who lacks hazard awareness or impulse control and who attempts to leave the facility.
 - (E) Clients who continue to indicate a desire to leave the facility following an egress delay shall be permitted to do so.
 - (F) Without violating Section 80072(a)(6), facility staff shall ensure the continued safety of clients when they leave the facility.
 - (G) The licensee shall report to the Department, to the client's responsible representative, if any, and to any family member who has requested notification, each incident in which a client leaves the facility unassisted. The report shall be made by telephone no later than the next working day and in writing within seven calendar days.

NOTE: Authority cited: Section 1530, Health and Safety Code. Reference: Sections 1501, 1507, 1530, 1531, and 1531.1, Health and Safety Code.

80077.4 CARE FOR CLIENTS WITH INCONTINENCE**80077.4**

- (a) A licensee of an adult CCF may accept or retain a client who has bowel and/or bladder incontinence.
- (b) If a licensee accepts or retains a client who has bowel and/or bladder incontinence, the licensee is responsible for all of the following:
- (1) Ensuring that incontinent care products appropriate to the needs of the client are used whenever they are needed.
 - (2) Ensuring that clients who can benefit from scheduled toileting are assisted or reminded to go to the bathroom at regular intervals rather than being diapered.
 - (3) Assisting the client with self-care.
 - (4) Ensuring that clients with incontinence are kept clean and dry, and that the facility remains free of odors.
 - (5) Ensuring that, where prescribed, bowel and/or bladder programs are designed by a licensed professional or designee. The person designing the program must have training and experience in care of persons with bowel and/or bladder dysfunction and development of retraining programs for establishing normal patterns of continence.
 - (A) The licensee shall ensure that clients are assisted with a structured bowel and/or bladder retraining program if one has been designed for the client.
 - (B) The licensee shall ensure that facility staff responsible for implementing the program receive training from the licensed professional or designee who designed the program.
 - (C) The licensee obtains from the licensed professional or designee written instructions to facility staff outlining the procedures and shall document the names of facility staff who received the training.
 - (D) The licensee shall ensure that the licensed professional or designee evaluates the effectiveness of the program and staff as the licensed professional or designee deems appropriate, but at least annually.
 - (6) Ensuring that the condition of the skin exposed to urine and stool is evaluated regularly to ensure that skin breakdown is not occurring.
 - (7) Ensuring privacy when care is provided.
 - (8) Providing needed incontinence supplies when the client or a third party is unable to do so.

80077.4	CARE FOR CLIENTS WITH INCONTINENCE	80077.4
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(Continued)

- (9) Ensuring that fluids are not withheld to control incontinence.
- (10) Ensuring that a client with incontinence is not catheterized to control incontinence for the convenience of the licensee or facility staff.

NOTE: Authority cited: Section 1530, Health and Safety Code. Reference: Sections 1501, 1502, 1507, and 1530, Health and Safety Code.

80077.5	CARE FOR CLIENTS WITH CONTRACTURES	80077.5
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- (a) A licensee of an adult CCF may accept or retain a client who has contractures.
 - (1) Repealed by Manual Letter No. CCL-98-05, effective 10/1/98.
 - (2) Repealed by Manual Letter No. CCL-98-05, effective 10/1/98.
- (b) If a licensee accepts or retains a client who has contractures, the licensee is responsible for all of the following:
 - (1) Monitoring the client's ongoing ability to care for his/her contractures in accordance with the physician's instructions.
 - (2) Ensuring that care is provided by a licensed professional or trained facility staff when the client is unable to provide self-care.
 - (A) The licensee shall ensure that facility staff responsible for assisting with range of motion exercises or other exercise(s) prescribed by the physician or therapist receive supervision and training from a licensed professional.
 - (B) The licensee obtains from the licensed professional written documentation outlining the procedures for the exercises and the names of facility staff who received the training.
 - (C) The licensee shall ensure that the licensed professional reviews staff performance as the licensed professional deems necessary, but at least once a year.
- (c) In addition to Section 80077.5(b), in an ARF, the licensee shall ensure that there is a plan of care for the contractures that is developed by a licensed professional.

NOTE: Authority cited: Section 1530, Health and Safety Code. Reference: Sections 1501, 1502, 1507, and 1530, Health and Safety Code.

80078 RESPONSIBILITY FOR PROVIDING CARE AND SUPERVISION**80078**

- (a) The licensee shall provide care and supervision as necessary to meet the client's needs.
- (b) In any instance where the Department does not suspend the facility license and the licensing agency requires that a client/resident be relocated, as specified in Section 80094, the licensee shall prepare a written relocation plan. The plan shall contain all necessary steps to be taken to reduce stress to the client/resident which may result in transfer trauma.
- (1) The written relocation plan shall include, but not be limited to the following:
- (A) A specific date for beginning and a specific date for completion of the process of safely relocating the client/resident. The time frame for relocation may provide for immediate relocation but shall not exceed 30 days or 30 days after the date of the written conclusion of the client's appeal of the relocation order, if appealed.
 - (B) A specific date when the client/resident and the client's/resident's authorized representative, if any, shall be notified of the need for relocation.
 - (C) A specific date when consultation with the client's/resident's physician shall occur to obtain a current medical assessment of the client's/resident's health needs, to determine the appropriate facility type for relocation and to ensure that the client's/resident's health care needs continue to be met at all times during the relocation process.
 - (D) The method by which the licensee shall participate in the identification of an acceptable relocation site with the client/resident and the authorized representative, if any. The licensee shall advise the client/resident and/or the authorized representative that if the client/resident is to be moved to another nonmedical community care facility, a determination must be made that the client's/resident's needs can be legally met in the new facility before the move is made. If the client's/resident's needs cannot be legally met in the new facility, the client/resident must be moved to a facility licensed to provide the necessary care.
 - (E) A list of contacts made or to be made by the licensee with community resources, including but not limited to, social workers, family members, Long Term Care Ombudsman, clergy and others as appropriate to ensure that services are provided to the client/resident before, during and after the move. The need for the move shall be discussed with the client/resident and the client/resident assured that support systems will remain in place.
 - (F) Measures to be taken until relocation to protect the client/resident and/or meet the client's/resident's health and safety needs.