

Top DSS Citations – Stay in Compliance

1

2 CEU Hours for
RCFE and ARF
Administrators



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Course Objectives

01

**Review the top 10+
DSS citations that
RCFE's and ARF's
received**

02

**Discuss regulations
that pertain to each
deficiency;**

03

**Learn how to
prepare your facility
for your annual
inspection**

Definitions

DSS = Department of Social Services

RCFE = Residential Care Facility for the Elderly

ARF = Adult Residential Facility

LPA = Licensing Program Analyst

SNF = Skilled Nursing Facility

AB = Assembly Bill

SB = Senate Bill

Resident = anyone living in long-term care

Sources

Many sources were consulted to prepare this course.

At the end of the course, these sources are listed.





Citation
#1:

Cleanliness

Cleanliness

12% of total deficiencies for ARF's, 5% for RCFE's

Regulation Section 87303(a) for RCFE and 80087(a) for ARF states:

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

Cleanliness

- Unclean facilities with odors, clutter
- Urine or other odors
- Non-working locks, house and outside gates
- Maintenance issues
- Trash cans without lids
- Water leaks
- Bugs!
- Clean floors





Citation #2: Residents with Dementia

Residents with Dementia

This next citation pertains generally to RCFE's only, but some ARF's now have residents with dementia as they age in place.

"Licensees who accept and retain residents with dementia shall ensure that each resident with dementia has an annual medical assessment and a reappraisal done at least annually."
87705(c)(5)

Residents with Dementia

1. Determine the residents with dementia – as stated on their Physician Report
2. Is MCI considered dementia? No.
3. Complete an annual physician report (LIC 602A) or more often, upon change of condition.
4. Complete an annual reappraisal (LIC 603A), or more often, upon change of condition
5. Are these residents living in a non-ambulatory cleared room?



Citation #3: Hot water temperature

Hot Water Temperatures

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6% of total citations for ARF's and 3% for RCFE's



Hot water must be between 105 and 120 degrees F.



This is something that should be checked regularly – do you have a thermometer??



Citations
#4, 5 and
6:
Dangerous
Items
Accessible
to
Residents

Dangerous Items

ARF: "Disinfectants, cleaning solutions, poisons and other items that could pose a danger to clients shall be inaccessible."

RCFE: "The following items shall be made inaccessible to residents with dementia: Over-the-counter medication, nutritional supplements or vitamins, alcohol, cigarettes, and toxic substances such as certain plants, gardening supplies, cleaning supplies and disinfectants."

Dangerous Items

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RCFE:

When you have a resident with a dementia diagnosis (as per their Physician Report), then you must be aware at all times that they do not have in their room/apartment (so frequent inspections!):

1. **Over-the-counter medications:** ONE Advil could be an A citation. You need to educate the families, etc. that they are **not** allowed to bring these into the facility. Also train your caregivers to be on the look-out for these.

Dangerous Items

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RCFE:

2. **Nutritional supplements or vitamins:** *Ensure* or similar products cannot be in the resident rooms, along with any type of vitamin, herbal substances, etc.
3. **Alcohol:** It is rare but sometimes physicians will give a written order for alcohol for their Alzheimer's patient; otherwise, no alcohol should be given to a resident with a dementia diagnosis.
4. **Cigarettes:** Same as above (order). If this occurs, this resident **MUST** be supervised at all times while smoking – they should never have cigarettes in their possession (centrally stored and PRN).

Dangerous Items

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RCFE and ARF:

5. Toxic substances such as certain plants, gardening supplies, cleaning supplies and disinfectants: The residents are not allowed to have Formula 409, etc. in their room; any chemicals in the facility, such as cleaning supplies, MUST be locked up and inaccessible to residents – this includes your garage, storage shed in the backyard, etc. Paint, gasoline, etc. cannot be stored in the garage if the resident has access to the garage door. Your garage is considered part of your RCFE if the garage door is not locked at all times.

Dangerous Items

RCFE:

6. The following shall be stored inaccessible to residents with dementia: knives, matches, firearms, tools and other items that could constitute a danger to the resident(s).

This pertains to their room/apartment, also. Educate the families on what NOT to bring into the facility and that if any of these are found, they will be confiscated along with any medications.



Citation #7: First Aid Certification

Lack of First Aid Training

ARF: Care staff must have (current) first aid training/certification.

RCFE: Care staff must have (current) first aid training/certification; at least one staff member who has CPR training and first aid training is on duty and on the premises at all times.





Citation #8:

Medications

Medications

ARF: Medications shall be given according to physician's directions. (80075(b)(5)(B))

RCFE:

1. Centrally stored medications shall be kept in a safe locked place that is not accessible to persons other than employees responsible for the supervision of the medication. (87465(h)(2))
2. The licensee shall assist residents with the self-administration of medications as needed. (87465(a)(5))

Medications

RCFE:

3. Once ordered by the physician the medication is given according to the physician's directions. (87465(c)(2))

Centrally stored location – MUST be locked at all times. If it is a med cart, it must be also locked or supervised at all times. Meds in the refrigerator? Is it locked or inaccessible to residents at all times? If not, use a locked box; cannot commingle food with medications!

Citation #9:

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Inadequate Staff

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Inadequate Staff

ARF: The licensee shall provide care and supervision as necessary to meet the client's needs. (80078(a))

RCFE: Facility personnel shall at all times be sufficient in numbers, and competent to provide the services necessary to meet resident needs. (87411(a))

Inadequate Staff

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Q: What are the required staffing ratios?

A: There are no set ratios, per DSS. The amount of staff necessary is based upon resident need. Are all of your ARF residents out at Adult Day? Do you have six residents with dementia with wandering tendencies?

Inadequate Staff

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RCFE's:

DSS does state in the Regulations.....

1. If you have a resident with dementia that tends to be up (wandering) at night, you **MUST** have an awake person(s) at night to supervise them; and
2. Between 10:00 p.m. – 6:00 a.m. – regulations pertaining how much staff must be at the facility, based upon capacity.



Citation #10: Staff Training

Staff Training

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RCFE: Staff members of residential care facilities for the elderly **who assist residents with personal activities of daily living** to receive appropriate training. (H&S Code 1569.625)

- Initial training
- Annual training
- Medication training

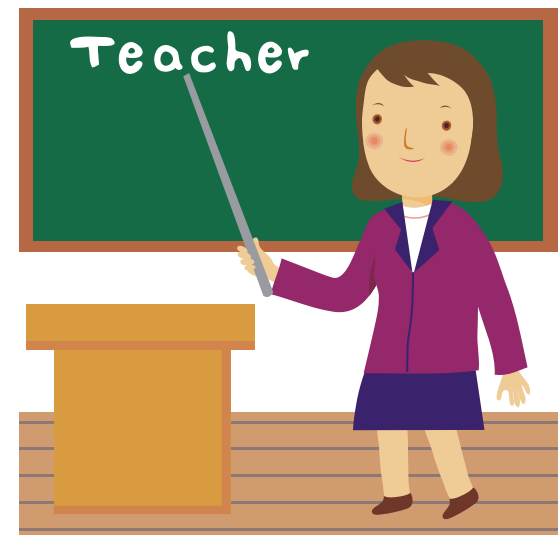
Staff Training

- Training conducted by a person qualified to do so per Title 22, Section 87411 (4) (A-C)
- Training may include use of books, tapes, CD's and similar materials.
- Document all training.

Staff Training (cont'd)

Qualified trainer =

1. Both a 4-year college degree, graduate degree or professional degree and 2 years of experience in an area relevant to caring for the needs of the elderly; or
2. License to work as a health care provider in California; or
3. At least 2 years experience in California as an administrator of an RCFE within the last 8 years and in good compliance.



Staff Training (cont'd)

All RCFE Caregivers (regardless of facility size):



All *NEW* caregivers must receive at least 40 hours of initial training and 20 hours of ongoing training.



This training is separated into 2 phases: training before working independently with residents and training within the first 4 weeks of employment.

Staff Training (cont'd)

The training coursework may utilize various methods of instruction, including, but not limited to, lectures, instructional videos, and interactive online courses.



Staff Training (cont'd)

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First, caregivers receive 20 hours of training before working independently with residents.



These 20 hours are comprised of:



The current 10 hour training requirements (see next 2 slides) plus 10 hours of additional topics (see following slides).

Staff Training (cont'd)

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DSS Required Training:

Title 22, Section 87411

Initial 10 hour training for personal care staff to include:

1. 2 hours of the aging process, physical limitations and special needs of the elderly;
2. 3 hours of importance and techniques of personal care services (grooming, bathing);
3. Resident Rights;
4. 2 hours of medication policies and procedures;
5. Psychosocial needs of the elderly, such as independence, companionship; and
6. Recognizing signs and symptoms of dementia.

Staff Training (cont'd)

The additional 10 topic hours include:

- 6 hours of dementia care training – regardless if the facility advertises or promotes dementia care; and
- 4 hours of training on postural supports, restricted conditions and hospice care – regardless if the facility has a hospice waiver.



Also included in the initial training must be cultural competency and sensitivity in issues relating to the LGBTQ+ community (per Assembly Bill 1570).

Staff Training (cont'd)

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Dementia care topics need to include, but are not limited to:

- The use and misuse of drugs such as antipsychotics
- The non-pharmacologic, person-centered approach to dementia care
- Hydration
- Assisting with ADL's
- Skin care
- Communication
- Therapeutic activities
- Environment
- Recognizing symptoms that may cause or aggravate dementia behaviors
- Recognizing the effects of medications commonly used to treat the symptoms of dementia; and
- Security and supervision of the residents.

Staff Training (cont'd)

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4 hours of postural supports, restricted conditions and hospice care training should include, but not be limited to:

- What is a postural support and what is a restraint?
- Define restricted health conditions and prohibited health conditions and procedures to follow if a resident has skin breakdown

Staff Training (cont'd)

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Assisted Living Education

4 hours of postural supports, restricted conditions and hospice care training should include, but not be limited to (cont'd):

- Hospice - repositioning the resident, incontinence care, ADL's, proper hydration and nutrition and infection control.

Staff Training (cont'd)

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- Caregivers must also receive an additional 20 hours of training within the first 4 weeks of employment.
- Of these additional 20 hours, at least 8 must be dementia care training.
- What should the rest be in?

Staff Training (cont'd)

Annual caregiver
training:

20 hours =

- 8 hours must be in dementia care training
- 4 hours must be in postural supports, restricted health conditions and hospice care



Staff Training (cont'd)

Exceptions for CNAs and Nurses:

The preceding training is not required in full, but they will need to receive:

- 8 hours of training on resident characteristics, resident records, and facility practices and procedures prior to providing direct care to residents; and
- a CNA shall also receive the 12 hours of dementia care training and the annual training.

Staff Training (cont'd)

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Training requirements for employees assisting residents with self-administration of medication:

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Facility Size	<u>Total</u> # Hours of initial training	Hands-on shadowing before working with residents	Other training or instruction	Time requirements
1-15	10 hours	6 hours	4 hours	Completed within first 2 weeks of employment
16+	24 hours	16 hours	8 hours	Completed within first 4 weeks of employment

Staff Training (cont'd)

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Training must include (per H&S 1569.69):

- 1) The role, responsibilities and limitations of staff who assist residents with the self-administration of medication, including tasks limited to licensed medical professionals;
- 2) An explanation of the terminology specific to medication assistance;
- 3) An explanation of the different types of medication orders: prescription, over-the-counter, controlled and other medications.

Staff Training (cont'd)

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Training must include (per H&S 1569.69)
(cont'd):

- 4) An explanation of the basic rules and precautions of medication assistance.
- 5) Information on medication forms and routes for medication taken by residents.
- 6) A description of procedures for providing assistance with the self-administration of medications in and out of the facility, and information on the medication documentation system used in the facility.

Staff Training (cont'd)

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Training must include (per H&S 1569.69)
(cont'd):

- 7) An explanation of guidelines for the proper storage, security and documentation of centrally stored medications.
- 8) A description of the processes used for medication ordering, refills and the receipt of medications from the pharmacy.

Staff Training (cont'd)

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Training must include (per H&S 1569.69)
(cont'd):

- 9) An explanation of medication side effects, adverse reactions and errors.
- 10) Each employee must pass an exam testing the employee's comprehension of, and competency in, the subjects 1-9 above. Also they must complete 8 hours of in-service training on medication-related issues in each succeeding 12 month period.

Staff Training (cont'd)

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Medication training:

- ✓ 16+ facility = 24 hours of initial training within the first 4 weeks of employment and pass a test of the required subjects
- ✓ 1-15 facility = 10 hours of initial training within the first 2 weeks of employment and pass a test of the required subjects
- ✓ Annual training will be 8 hours for all employees

Staff Training (cont'd)



16+ facility = 16 hours of hands-on shadowing training and 8 hours of other training or instruction.



1-15 facility = 6 hours of hands-on shadowing training and 4 hours of other training.

Staff Training (cont'd)

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What is “hands-on shadowing”?

This does not mean you just follow them around during their normal job routine.

This means that you assign them tasks and see if they accomplish them properly. If not, then you must retrain them and have them demonstrate the task again until it is done right.

Staff Training (cont'd)

Note:

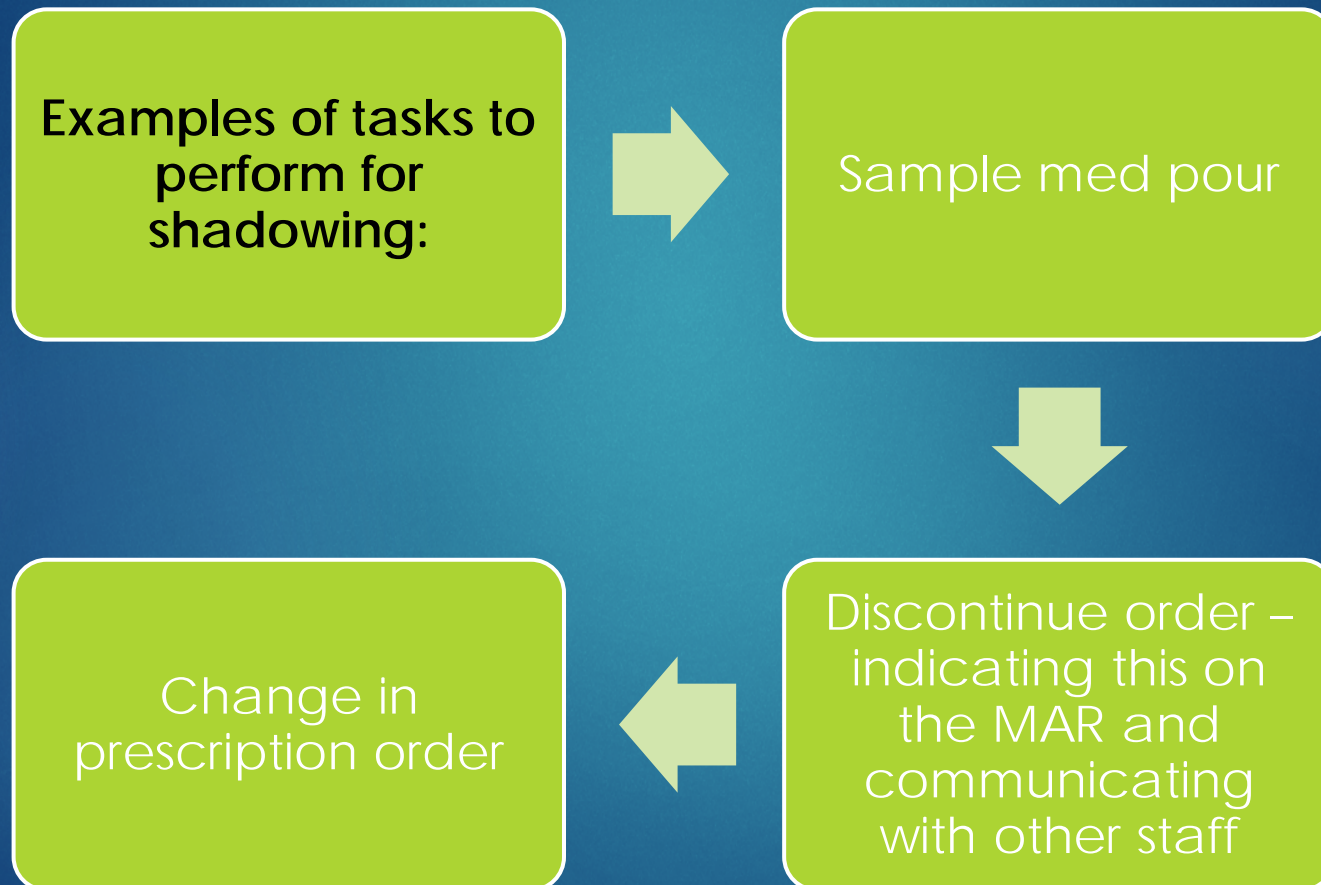
Per the Health and Safety Codes, all of the hands-on shadowing training must be developed by, or in consultation with, a licensed nurse, pharmacist or physician.



Staff Training (cont'd)

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Employee Infection Control Training

Infection Control Training

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- Staff training should be added to the initial training program (as stated in Title 22, Section 87411) and be conducted by the facility's Infection Control Lead.
- Training must be done before staff works independently with residents.
- Training will be documented.

Infection Control Training

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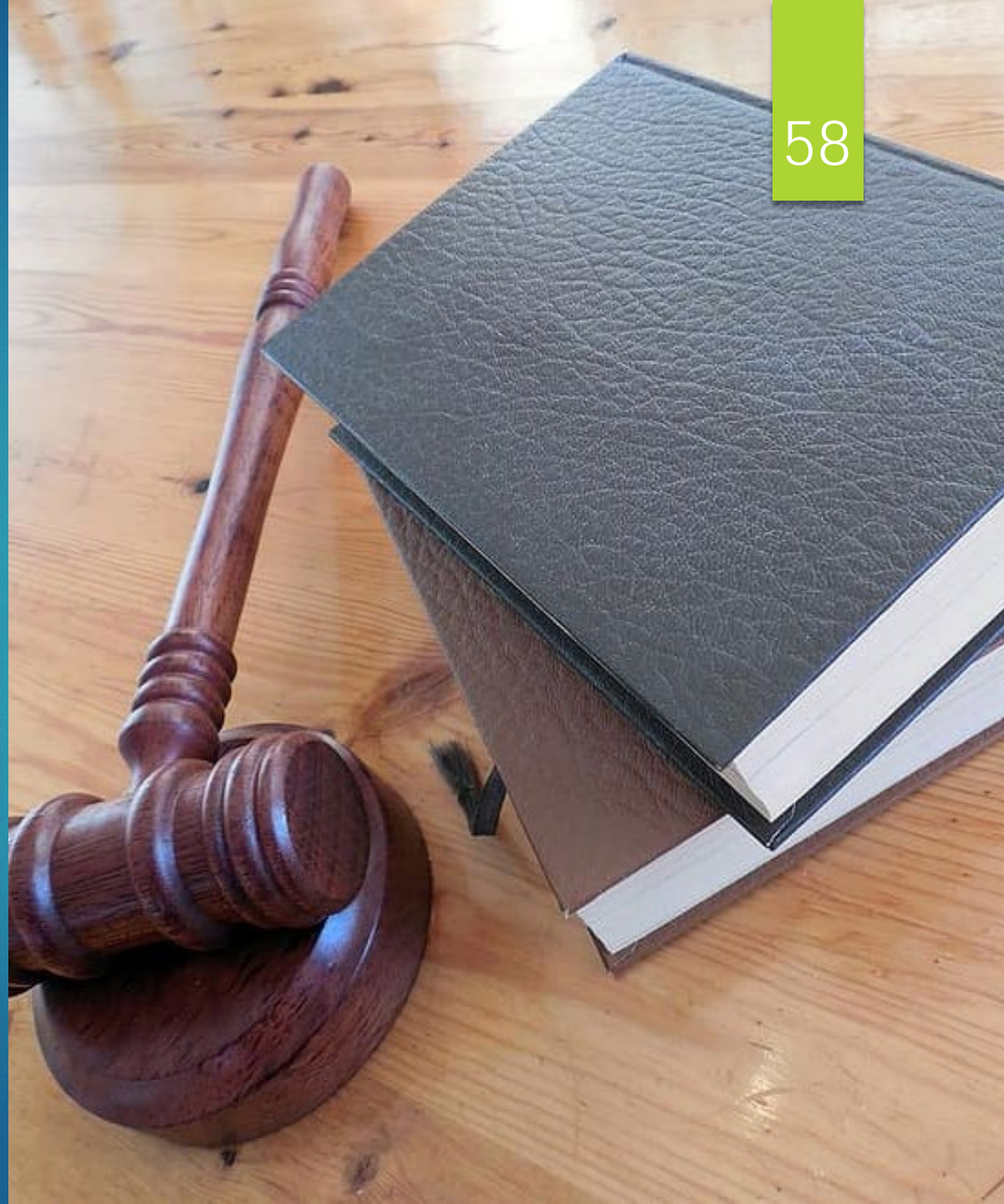
Training should include:

- Proper handwashing steps
- Hand hygiene
- Environmental cleaning and disinfection methods, including enhanced environmental cleaning
- Blood and infectious material protocols
- Steps for discarding items that cannot be decontaminated
- Medication policies and procedures for injectable medications (if applicable to staff)
- Proper gloving techniques and requirements
- Proper respiratory policies and procedures (i.e., masks, coughing)
- Disinfecting medical equipment, such as blood pressure cuffs (if applicable to staff)
- Policies and procedures if one or more residents in the facility are diagnosed with a contagious disease, such as enhanced cleaning and disinfection
- The correct use of PPE's and requirements for use
- The facility's quarantine, isolation and resident separation policies and procedures

OTHER CITABLE ISSUES

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Other Citable Issues

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- Lack of a current Resident Roster (LIC 9020 and 9020A)
- Lack of a current Employee Roster (LIC 500)
- Not having an Infection Control Plan
- Are all of your posters in a prominent location in your facility?
 - Resident Rights
 - Ombudsman
 - DSS Complaint Poster
 - Theft and Loss Policy

Buying a Facility

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Operating the facility when the sale closes but the new owner is not yet the Licensee

- The current Licensee remains the responsible operator until the new License is granted by DSS –
 - They CANNOT walk away!
- What can you do? Sale and Leaseback options

DSS Citations



DSS Citations

1. Available on the DSS website for anyone to review.
2. Must be posted in a public place in the facility for a minimum of one year.
3. May be used against a Licensee when applying for a new facility license (will be reviewed).
4. Will most likely come with a monetary fine (\$150 per day).

DSS Citations (cont'd)

Possible citations:

- ✓ Type A – Serious Violation – these are direct and immediate threats to the health, safety or rights
- ✓ Type B – Non-Serious Violation – potential threat
- ✓ Type C – Technical Violations

DSS Visits and Citations (cont'd)

Examples of Citations:

- A – employee with criminal record working in facility without an exception; fire clearance violation; not enough food for the day's meal
- B – refrigerator is not cold enough; not enough perishables and non-perishables on site
- C – screen door has a tear in it; did not keep copies of menus for at least 30 days

DSS Visits and Citations (cont'd)

Citations (cont'd):

- ✓ Type A – Serious Violation – the plan of correction is usually within 24 hours
- ✓ Type B – Non-Serious Violation – the plan of correction is usually within 30 days
- ✓ Type C – Technical Violations – no formal plan of correction is required

Avoiding Citations

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KNOW and understand the Regulations and Codes that pertain to your type of facility.



Conduct internal compliance audits

Use the CARE Tools to check for compliance



External compliance audits

Hire a company to conduct an audit

Sources

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DSS website

California Assisted Living Association

California Department of Labor

CalChamber.com

Conclusion



Assisted Living Education
thanks you for attending this
Course.

We look forward to seeing you
again at another of our Courses!