

Monitoring your Compliance

5 HOURS OF CEU'S FOR RCFE AND ARF ADMINISTRATORS

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Definitions

“DSS” = Department of Social Services

“QA” = Quality Assurance

“CCLD” = Community Care Licensing Division

“H&S” = Health and Safety Codes

“RCFE” = Residential Care Facility for the Elderly

“ARF” = Adult Residential Facility

“LPA” = Licensing Program Analyst

“AB” = Assembly Bill

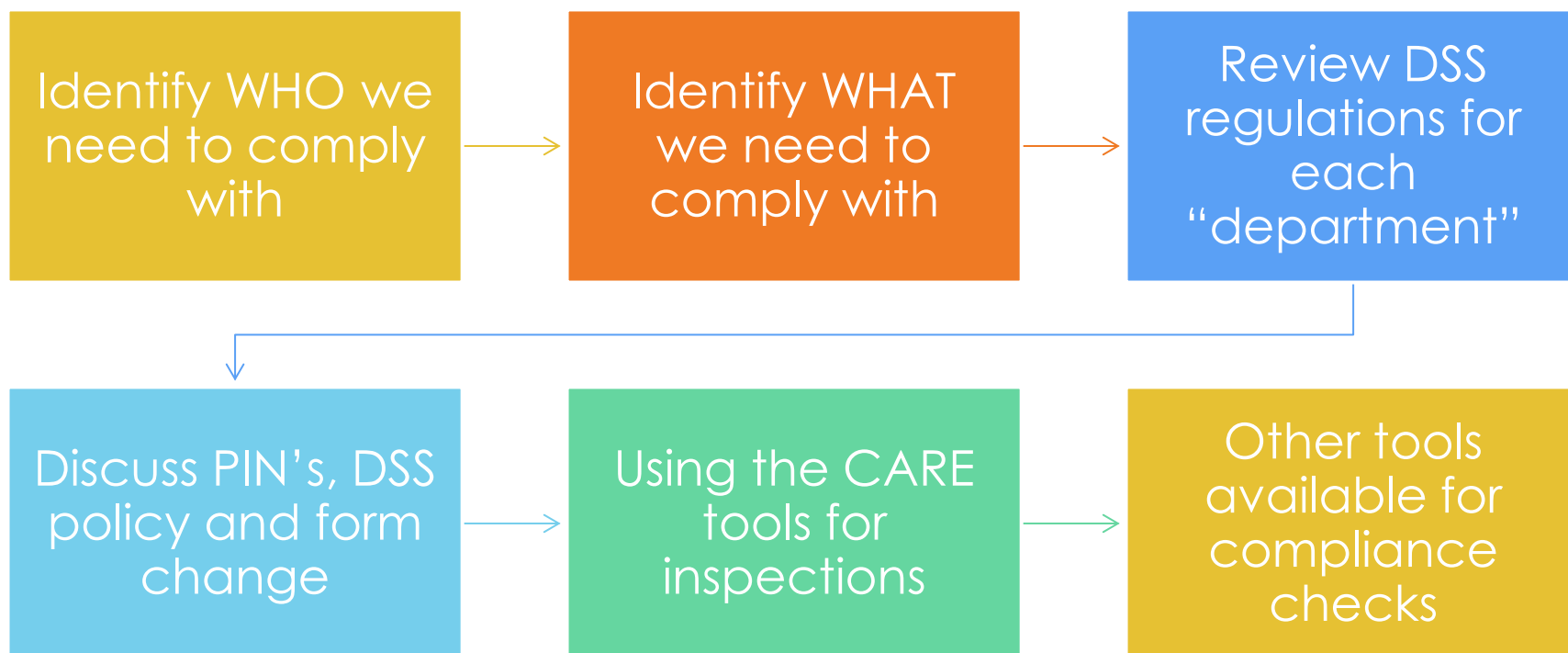
“SB” = Senate Bill

“Meds” = Medications

OSHA = Occupational Safety and Health
Administration

EEOC = Equal Employment Opportunity
Commission

Course Objectives



Why is compliance so important?

Non-compliance =

1. Citations and fines from DSS (which are public documents!)
2. Non-compliance status from DSS – more oversight from LPA
3. Employee injuries – fines and citations from OSHA, Department of Labor issues, lawsuits
4. Resident injuries – fines and citations from DSS, lawsuits from residents and families
5. Lack of training – lawsuits from employees, families, etc.
6. Lose facility license, lose Administrator Certificate

WHY????



Purpose of a QA Program:

- satisfy government agency regulations
- keep you in compliance
- benchmark to provide quality service to our residents, families and staff

Who are we governed by? Our “Bosses”

- **Department of Social Services**
- **Department of Justice**
- **Department of Labor**
- **U.S. Citizenship and Immigration Services**
- **OSHA**
- **IRS**
- **Department of Transportation**



BOSS
#1

Department of Social Services

Department of Social Services

Community Care Licensing Division

- ▶ Title 22
- ▶ Health & Safety Codes



LPA Inspections

LPA's are required to conduct annual inspections of RCFE's and ARF's.

They will be using the Compliance and Regulatory Enforcement (CARE) Tools for inspections.

Feedback is that these are taking 2+ days for small facilities and much longer for larger facilities!

What is a “CARE” tool??

- Compliance and Regulatory Enforcement (CARE) Tools
- Used by the LPA's to audit facilities
- The CARE Tools focus on DSS's priority areas: Prevention, Compliance and Enforcement.
- There are two sets for every type of facility: Pre-licensing and “Standard” (used for annual inspections)
- Download these and use them to audit your facility.....before the LPA does!
- Link: <https://www.cdss.ca.gov/inforesources/cdss-programs/community-care-licensing/inspection-process-project/care-tools>

DSS Compliance

12

Assisted Living Education

Food service

Administration

Training

Medications

Restricted and
prohibited
conditions

Activities

Physical plant

Health services
(care)

Dementia

Food Service

RCFE: Title 22,
Section 87555

ARF: Title 22,
Sections 80076
and 85076



General Food Requirements

- ✗ Between meal snacks available
- ✗ 1-16 residents in RCFE's
 - ✗ Only need to keep a sample menu in their file
- ✗ 16+ residents for RCFE's and all ARF's
 - ✗ menus written at least 1 week in advance
 - ✗ menus of meals served dated and kept on file for a minimum of 30 days
- ✗ Powdered milk as a beverage – not allowed in an RCFE



General Food Requirements (cont'd)

- ✖ Modified diets prescribed by a physician provided

What type of diets are you *required* to provide?

What are you providing?

15



General Food Requirements (cont'd)

16

✕ Home canned foods:

- ✕ RCFE's – no

- ✕ ARF's – yes, if they meet the requirements

✕ RCFE Personnel

- ✕ 16-49 residents – one person designated with primary responsibility

- ✕ 50+ residents – one full-time, qualified employee

- ✕ If this person is not a nutritionist, dietician or home economist, you must have regular consultation by one.

General Food Requirements (cont'd)

- ✖ Freezer – 0 degrees
- ✖ Refrigerator:
 - ✖ RCFE - 40 degrees
 - ✖ ARF – 45 degrees
- ✖ Pesticides and toxic substances are not stored where kitchen equipment or utensils are stored



General Food Requirements (cont'd)

18



- ▶ Non-perishable foods – minimum 7 day supply
 - ▶ Perishables – minimum 2 day supply
- ▶ Dishwashing
 - ▶ RCFE - hot water min. 170 degrees
 - ▶ ARF – 165 degrees

General Food Requirements (cont'd)

Staff wearing gloves, hairnets, appropriate wear when preparing and serving meals

Staff free of illness or cuts

Tables are set properly

Tables cleaned after each meal

Hand-washing policies in place

Dining room clean

Staff schedules are posted

General Food Requirements (cont'd)

- EVERYTHING IS DATED in the refrigerator and freezer!!!!
- Trash receptacles have lids and the lids are on
- Food is not being stored on the ground – how many inches must it be off the floor??
- No unwanted guests in the kitchen (bugs)
- Temperature logs are being maintained
- Toxic materials are labeled and are not stored near food items
- First aid kit available

Administration Requirements

21



- Admission Agreements and evictions
- Employee Files
- Resident Files
- Human Resources
- Manuals/policies and procedures
- Mandatory postings
- Training
- House Rules
- Admission process
- Medications

Evictions

22

Evictions are tricky, even WHEN you have good cause! *What is “good cause”?*

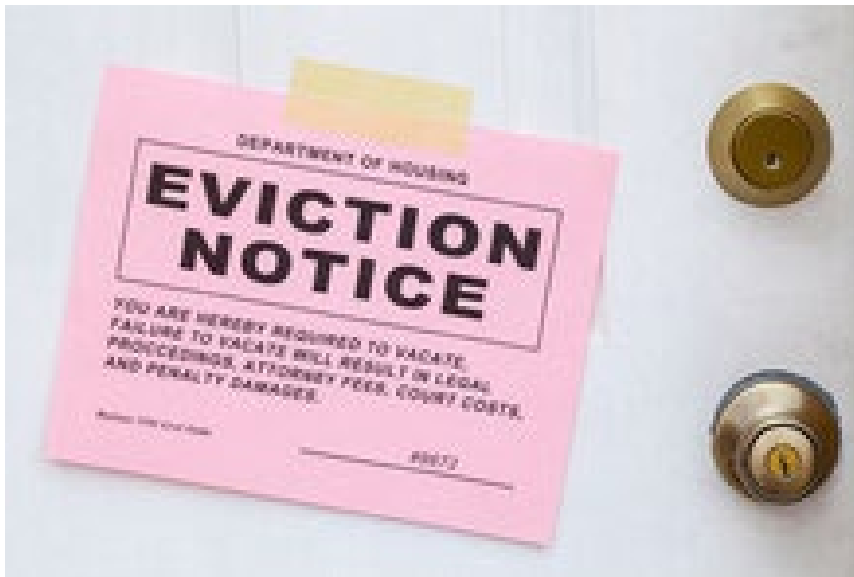
1. Nonpayment of the rate for basic services within 10 days of the due date;
2. Failure of the resident to comply with state or local law;
3. Failure to comply with your House Rules;
4. The resident is not appropriate for your facility; or
5. You change the use of your facility (60 day notice).

Evictions

23

Evictions:

- You must mail a copy to the resident and/or responsible party.
- You must mail a copy to your LPA within 5 days of serving the resident.
- Comply with Senate Bill 781 regarding notification (discussed in upcoming slides).



Before the Eviction

Title 22 regulations state that:

Prior to a licensee issuing an eviction notice, the licensee must comply with the following sections pertaining to reappraisals:

1. California Code of Regulations, title 22, section 87463(b), requires that the licensee bring any significant changes in the resident's physical, medical, mental and social condition to the attention of the resident's physician and his/her family or responsible person.

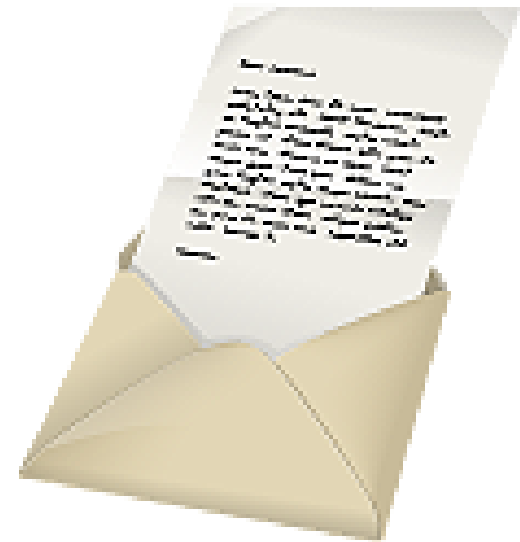
Before the Eviction

2. California Code of Regulations, title 22, section 87463(c), requires the licensee to arrange a meeting with the resident, the resident's representative, if any, appropriate facility staff, and a representative of the resident's home health agency, if any, when there is a significant change in the resident's condition.

The Eviction Letter

Do you have these on your eviction letter?

1. The reasons relied upon for the eviction, with specific facts to permit determination of the date, place, witnesses and circumstances concerning those reasons. *[Why?]*



The Eviction Letter (cont'd)

2. The effective date of the eviction (the expiration of either the 30-day or 3-day notice).

*Recommendation:
document the date the
notice is served and the
end of the notice period.*

The Eviction Letter (cont'd)

3. Information about resources available to assist the resident in identifying alternative housing and care options, including public and private referral services and case management organizations.

Ideas: your competitors, referral agencies like A Place for Mom, the Ombudsman, Senior Care Solutions (a So. Cal. Senior Case Management Co.), etc.

The Eviction Letter (cont'd)

4. Information about the resident's right to file a complaint with DSS regarding the eviction, with the name, address and telephone of the nearest office of DSS and the State Ombudsman.



The Eviction Letter (cont'd)

5. A statement that informs the resident that you cannot evict a resident who remains in the facility after the effective date of the eviction unless you file an unlawful detainer action in superior court and receive a written judgment signed by a judge.

The Eviction Letter (cont'd)

31



6. A statement that if you pursue an unlawful detainer action, the resident must be served with a summons and complaint.

The Eviction Letter (cont'd)

And finally....

7. A statement that the resident has the right to contest the eviction in writing and through a hearing.

The Eviction Letter (cont'd)

33

This is only applicable to regular evictions as specified in Title 22, Section 87224, not:

health condition relocations;

transfers of residents upon
forfeiture of license; or

change of use in the facility.

Employee Files

- ▶ Are your employee files in a locked or secured area?
- ▶ Are they on-site?
- ▶ Are they organized?

Employee Files (cont'd)

Health Screenings (LIC 503) and TB Tests:

“Health screening, including chest x-ray or an intradermal test, performed by a physician not more than six (6) months prior to or seven (7) days after employment or licensure.”

Do you have a separate medical file for each employee?

Is it in a separate, locked area?

Employee Files (cont'd)

36

Employee Applications:

- **Every** employee must complete a job application and kept on file for a minimum of 4 years even if the person is not hired.
- The LIC 501 is NOT a job application, but it is required by DSS – completed and signed by the employee.

Employee Files (cont'd)

37

Statement
Acknowledging
Requirement to
Report
Suspected Abuse
(SOC 341A):

- Completed and signed by the employee



Employee Files (cont'd)

E-Verify:

- ▶ Employers must post a notice informing employees of their use of E-Verify.
- ▶ E-Verify must be used for new hires only. It cannot be used to verify the employment eligibility of current employees.
- ▶ E-Verify must be used for all new hires regardless of national origin or citizenship status. It may not be used selectively.
- ▶ E-Verify must be used only after hire and after completion of the Form I-9. Employers may not pre-screen applicants through E-Verify.

Employee Files (cont'd)

39

Criminal Record Clearances:

- ❑ Completed and signed LIC 508 – NOT required by DSS anymore but facilities can STILL request these from the employee.
- ❑ Prior to the employee's first day, receive a criminal record clearance OR exemption approval.
- ❑ Transferring clearances and exemptions – LIC 9182 or 9188.

Employees - General

40

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Age requirements:

Per Title 22, “all persons who supervise employees or who supervise or care for residents shall be at least eighteen (18) years of age.” Did you verify this?

Employees - General

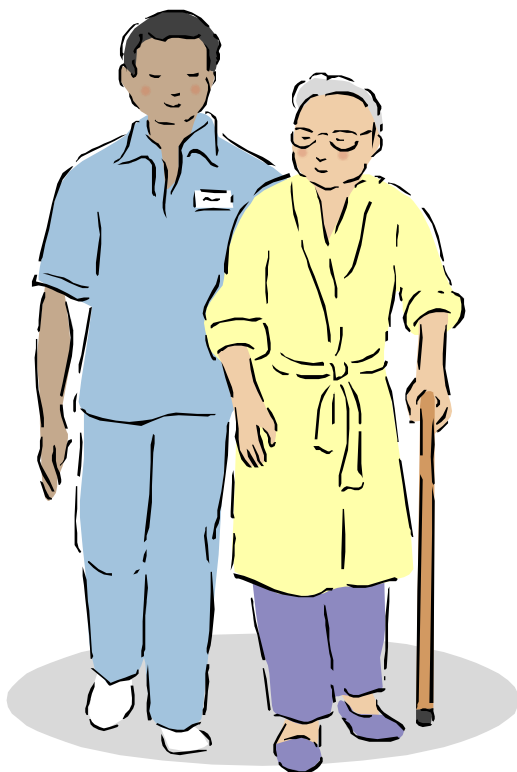
Licenses, certificates:

- * Did you verify them?

Do your staff members have
CURRENT first aid cards?
CPR?



Employees - General



Adequate staffing:

- ▶ Day Shift
- ▶ Night Supervision

What is considered “adequate”?
Depends on the needs of your residents. Are they elopement risks?
Are they 2 or 3 person assists?

Employees - General

43

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- ✓ Do you have an updated LIC 500 available?
- ✓ Do you have an LIC 308 on file for when you (Administrator) are not there? Did you designate an “MOD”?
- ✓ Did they complete and sign their W-4?
- ✓ Did they complete a State Withholding form (if desired)?
- ✓ Did they sign their job description?

Employee Training Documentation

44

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Training documentation in employee's file
AND separate file:

1. Bloodborne pathogens
2. DSS Training
3. DOJ Elder Abuse Training



Staff Training

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

46



- 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)

47

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 (up from 10 and 4).

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)

49

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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)

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 new topics (see following slides).

Staff Training (cont'd)

51

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 10 new 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)

54

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)

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)

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)

- 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)

58

Annual caregiver training:



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graph TD; A[Annual caregiver training:] --> B[20 hours =]; B --> C[8 hours must be in dementia care training]; C --> D[4 hours must be in postural supports, restricted health conditions and hospice care]
```

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)

59

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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)

60

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

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)

61

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)

62

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)

63

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)

64

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.

New 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 (who assist with medication management)

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.

66



Staff Training (cont'd)

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)

68

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)

69

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Examples of tasks to perform for shadowing:

Sample med pour

Discontinue order – indicating this on the MAR and communicating with other staff

Change in prescription order

Staff Training - ARF

70

Administrators:

Within 6 months of becoming an administrator, the individual shall receive training on HIV and TB required by Health and Safety Code Section 1562.5. Thereafter, the administrator shall receive updated training every two years.

- 4 hours = The training shall consist of three hours on HIV and one hour on tuberculosis.



Staff Training - ARF

71

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Employees: General training on needs of the clients (regulations are very vague as to hours, etc.), including infection control and use of PPE's

Employees providing night supervision from 10:00 p.m. to 7:00 a.m. must have training on:

- The facility's planned emergency procedures.

- First aid, as specified in Section 80075

Facilities with a Hospice Care Waiver must train employees on:

- The training shall include, but not be limited to, the needs of hospice patients, such as hydration, infection control, and turning and incontinence care to prevent skin breakdown.

- The hospice agency will provide training to all staff providing care to terminally ill clients that have obtained hospice services. This training shall be specific to the current and ongoing needs of the individual client receiving hospice care. The training must be completed before hospice care for a client begins in the facility.


Staff Training - ARF

72



Employee infection control: training

1. The facility must have an Infection Control Training Plan.
 1. Initial training requirements for new facility staff shall be addressed in the plan, with training to be provided by the Infection Control Lead within 10 calendar days of employment.
 2. Ongoing training requirements for all facility staff shall be addressed by the plan, with training to be provided by the Infection Control Lead.



Employee Files (cont'd)

Terminated/former employees:

Q: How long do have to keep their files?

A: Per DSS, 3 years

A: Per the Labor Department, 4 years



Resident Files

74

- ▶ Are these on-site?
- ▶ Are they in a place not accessible by other residents?
- ▶ Are they organized?

Resident Files

75

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Necessary forms:

- ✖ Identification and Emergency Information (LIC 601)
- ✖ Physician's Report (LIC 602A) (Medical Assessment)
- ✖ Preplacement Appraisal (LIC 603)
- ✖ Admission Agreement
- ✖ Personal Rights (LIC 613C-2)
- ✖ Record of Client's Cash (LIC 405) (if facility is handling cash)
- ✖ Personal Property and Valuables (LIC 621)
- ✖ Appraisal Needs and Services Plan (LIC 625)
- ✖ Telecommunications Device Notification (LIC 9158)
- ✖ Publication titled "Advanced Health Care Directives" (PUB 325)
- ✖ ARF only:
 - ✖ Functional Capability Assessment (LIC 9172)
 - ✖ Consent for Medical Treatment (LIC 627C)
 - ✖ Certification from Regional Center for DD clients

LIC 601 – Identification and Emergency Info

- ▶ Make sure it is signed by the resident or responsible party
- ▶ How often should these be updated?



LIC 602A – Physician's Report (Medical Assessment)

77

Areas to focus on:

Signed by the resident or responsible party
and the physician/medical professional

Special diet

Verify that it is not contradictory (i.e.,
primary diagnosis is AD but can do own
meds)

LIC 603 – Preplacement Appraisal

78

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Updated in June, 2022 – are you using the latest form? It is now 3 pages.

Who completes this?

Does it contradict the Physician's Report/medical assessment?

Is it signed by all parties, including the Licensee?

Admission Agreement

79

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- 12 point font, white paper and one-sided copy
- Posted in a prominent place or notice that it is available for review
- Includes the House Rules
- Responsible person for payment
- Is it signed by the resident/responsible party?
- Refund policy, including death
- Preadmission Fee
- Includes all fees for services
- Theft and Loss policy
- Third party services – policies and payment of
- Rate changes

Administration - Assembly Bill 2370

80

Summary:

Effective January 1, 2009, Section 1569.658 was added to the Health & Safety Codes relating to rate increases in RCFE's.



Assembly Bill 2370

This law requires a licensee of an RCFE to:

1. on or before January 31st of each year, prepare a document disclosing your average monthly rate increases – actual amount and percentage – including rates for living units and service fees, for each of the previous three years.....example: effective January 31 of 2025, you must post 2024, 2023 and 2022 rates; and

Assembly Bill 2370

82

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2. provide written notice of the rate increase history to each resident or resident's representative upon signing an admission agreement and place a confirmation receipt of disclosure signed by the resident or resident's representative in the resident's file; and
3. provide a copy of the most recent rate increase information to any prospective resident or his/her representative.

Assembly Bill 2370

This law requires LPA's to:

- investigate complaint allegations related to this rate increase disclosure requirement;
- verify written copies of disclosures during a resident record review process [be prepared for them to ask to review at least one post-1/31/09 resident file to review]; and
- if there is a violation, it will be cited per the Health & Safety Code 1569.658.

LIC 613 and 613C-2 - Personal Rights



- LIC 613 for ARF's, 613C-2 for RCFE's
- Is it signed by the resident/responsible party?
- Is it the latest form? Is it completed correctly?
- Are these posted in your facility?

LIC 621 - Personal Property and Valuables

85

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2 pages – resident can waive page 1; must sign page 2

LIC 405 – Record of Client's Cash

Did the resident AND Administrator sign it each time?

Are the receipts attached? Do you have a surety bond?

LIC 625 – Appraisal Needs & Services Plan

86

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Completed correctly

Signed by resident/responsible party

Dated

Updated upon change of condition

Do you have a copy of their insurance card(s)?

Telecommunications Device Notification (LIC 9158)

87

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Completed, **if necessary**.

Advanced Directives, POLSTs, Conservatorships, DNR's

Completed, up to date.

Staff is aware of these.

Is your POLST form printed on pink paper?

Advanced Health Care Directives (PUB 325)

Do you have proof that you are giving this to incoming residents?

Exceptions

Do you have any exceptions?

Functional Capability Assessment (LIC 9172)

Completed for every ARF resident

Signed by the resident and dated

Consent for Medical Treatment (LIC 627C)

Completed for every ARF resident

Signed by the resident and dated

Resident Roster LIC 9020

90

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LIC 9020 is for ARF's

LIC 9020A is for RCFE's

Is yours current? If you are not using the State's form, does yours contain ALL of their required information, such as language read?

Make sure this is updated regularly as it asks the ambulatory status of the residents (i.e., bedridden)



Human Resources

Human Resources – Required Postings

1. Completed OSHA 300 Log posted during required time frame (February-April for the preceding year) (for employers with more than 10 employees)
2. Labor Laws in English and Spanish
3. Worker's Comp in English and Spanish
4. Sexual Harassment in English and Spanish

Human Resources (cont'd)

93

Assisted Living Education

Health files are separate from regular employee files

I-9's are filed in a separate file/binder

Files are locked or inaccessible to staff

Training records correct and complete

Expired documents are updated when due (i.e., work permits)

Minors are being fingerprinted upon turning 18

Staff wearing appropriate, clean uniforms

Manuals/Policies and Procedures

Do you have a clear, concise employee handbook?

Do you have House Rules?

Do you have written medication policies and procedures?

P&P's (cont'd)

95



Are you conducting fire/disaster drills?



Do you have a current IIPP in place?



Do you have a current Hazard Communication Book in place? What about an Exposure Control Program?



Do you have a Disaster Plan in place?



Where are your SDS sheets?

P&P's (cont'd)



Do you have a current Plan of Operation?



What about a Dementia Plan of Operation?



Do you have a policy on Hospice and outside caregivers?

Mandatory Postings

OSHA 300 Log (if required)

DSS reports from the last 12 months

Facility license

Admissions Agreement (or statement that it is available for review)

Theft and Loss policy

Resident Rights

Ombudsman and DSS complaint posters in a place where the residents can see them (i.e., PUB 475)

LIC 610E

Resident and Family Councils

Training

Training documentation in
employee's file AND separate file:

Bloodborne pathogens

DSS Training

DOJ Elder Abuse Training

House Rules

Do your House Rules discuss.....:

- Visitors and visiting hours
- Pets
- Smoking
- Meal times
- Parking
- Room/apartment alterations
- Dress code
- Tipping policy (no tipping)
- Being a nice neighbor
- Grievances
- Transportation

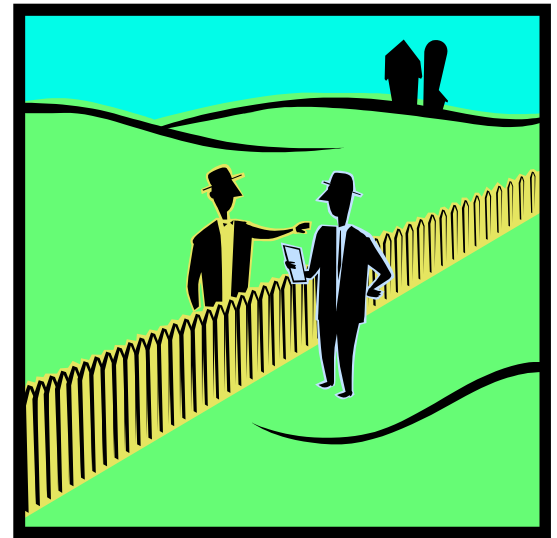


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Good Neighbor Policy

- ▶ Have you met your neighbors?
- ▶ Have you invited them over?
- ▶ Do you control your resident and guest parking?
- ▶ What is your complaint policy?
- ▶ Do you participate in community service?

100



Admission Process



Does the Administrator interview all prospective residents?



Does the resident complete all paperwork prior to moving in?



Do you photograph the resident?



Medications

- ▶ What is your policy on residents moving in with medications?
- ▶ Are your residents aware of the policy on OTC's, vitamins, etc. if they are on your medication service?

Medication Audits

103

- ❑ Medications are centrally stored in a locked area.
- ❑ Refrigerators are maintained between 36-46 degrees.
- ❑ Drugs separated from non-drug items.
- ❑ Each residents' drugs are kept separate from other residents.
- ❑ Every drug, OTC, etc. has a label!
- ❑ Labels are not written on except by the dispensing pharmacist.



Medication Audits (cont'd)

Each resident has a current list of medications centrally stored (LIC 622). Meds are being logged in and out properly.

PRN orders from the physician are on file

Narcotics are counted at each shift change and signed off

Medications are being disposed of properly

No white-out is being used

Medication Audits (cont'd)

First aid kit is fully stocked, centrally located

Equipment/supplies necessary to prepare med doses available

No crushing of meds without physician order, approval from pharmacist and resident approval

No hiding of meds without an exception and a physician order, approval from the pharmacist and approval from the resident's conservator

Med training complete and documented

Meds are not pre-poured more than 24 hours in advance

Medication Audits (cont'd)

Resident refusals are documented and the physician notified

Upon change of condition, re-assessment is done

Medications are reordered before they run out

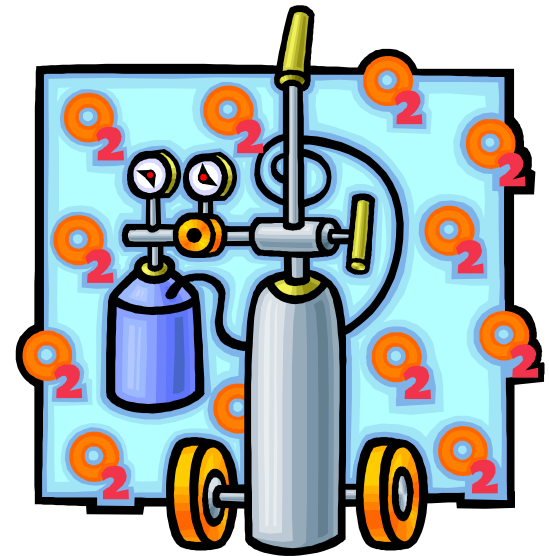
Medication errors are being documented and processed correctly

Coumadin dose changes are verified by the physician, not the lab

Medication Audits (cont'd)

- ▶ Residents on oxygen have signs on their doors, fire department is notified
- ▶ Residents on oxygen do not have unsecured tanks in their room
- ▶ Residents on oxygen do not smoke!
- ▶ Tubing is within mandated limits

107



Allowable Conditions

108

Assisted Living Education

Do any of your residents:

- ❖ need O2?
- ❖ have a catheter?
- ❖ have a(n) colostomy/ileostomy?
- ❖ have a contracture?
- ❖ have diabetes?
- ❖ need enemas, suppositories and/or have fecal impaction?
- ❖ have incontinence of bowel and/or bladder?
- ❖ need injections?
- ❖ need an Intermittent Positive Pressure Breathing Machine?
- ❖ have a Stage 1 or 2 dermal ulcer?
- ❖ need wound care?

Prohibited Conditions

109

Assisted Living Education

These are ONLY allowed in an RCFE IF 1. the resident is on hospice; or 2. the Licensee has received an exception from DSS:

- 👎 Stage 3 or 4 dermal ulcers
- 👎 Gastrostomy care
- 👎 Naso-gastric tube
- 👎 An IV
- 👎 Staph infection or other serious infection
- 👎 Tracheotomy
- 👎 Need skilled nursing

Conditions

If your resident has a prohibited health condition, and you are sure you can care for it, have you filed for an exception?

110



Administration - General

Advertising – do you include your license number on all advertising pieces, including:

- Newspaper or magazine
- Flyer, brochure or tri-fold
- Announcement of intent to commence business
- Telephone directory yellow pages
- Professional or service directory
- Radio or television commercial

Activities - RCFE

112



Per Section 87219 (RCFE), program includes:

- ▶ Socialization
- ▶ ADL's
- ▶ Leisure time
- ▶ Physical activities
- ▶ Education
- ▶ Free time

Activity Program - RCFE

113

Assisted Living Education

<i># of Resident s</i>	<i>Requirement</i>
7+	Notice of planned activities posted and kept for a minimum of 6 months
16-49	1 staff member in charge of activities with 6+ mos. experience
50+	1 full-time staff member in charge with 1+ year experience; plan is written, planned in advance.

Title 22, Section 85079:

Provided for the clients:

1. Activities that require group interaction.
2. Physical activities including but not limited to games, sports and exercise.
3. Each client who is capable shall be given the opportunity to participate in the planning, preparation, conduct, clean-up and critique of the activities.



Activity Programs – ARF's (cont'd)

Title 22, Section 85079 (cont'd):

- (c) The licensee shall ensure that clients are given the opportunity to attend and participate in community activities including but not limited to the following:
 - 1) worship services and activities of the client's choice.
 - 2) community Service activities.
 - 3) community events, including but not limited to concerts, tours, dances, plays, and celebrations of special events.
 - 4) self-help organizations.
 - 5) senior citizen groups, sports leagues and service clubs.

Activity Programs – ARF's (cont'd)

Title 22, Section 85079 (cont'd):

- In facilities with a licensed capacity of seven or more clients, notices of planned activities shall be posted in a central facility location readily accessible to clients, relatives, and representatives of placement and referral agencies.

Copies of such notices shall be retained in facility files for at least six months.

In facilities with a licensed capacity of 50 or more clients, a current, written program of activities shall be planned in advance and made available to all clients.

Activities shall be encouraged through provision of the space, equipment and supplies specified in Sections 85087.2, 85087.3, and 85088(g).

Activity Programs

For both RCFE's and ARF's, there must be adequate indoor and outdoor activity areas.

Outdoor areas must include a shaded, comfortable area.



Activity Program (cont'd)

118

Assisted Living Education

Volunteers:

Do not leave them
unsupervised

They must attest that they are in
good health

Do they need to be
fingerprinted?



Transportation:

- 🚌 Is your vehicle registered?
- 🚌 Do you have appropriate insurance?
- 🚌 Do you have a current driving record ("Pull Notice") on your driver(s)?
- 🚌 Is the drivers' license valid and current?
Does he/she have the appropriate license to drive your vehicle?
- 🚌 If you have a bus, do you meet the DOT regulations?
- 🚌 If you advertise on your vehicle, do you include your license number?

Physical Plant

EXTERIOR

and

INTERIOR

Assisted Living Education



Physical Plant - Exterior

121

Assisted Living Education



- Curb appeal
- Walkways free of clutter and have proper lighting
- Bodies of water are fenced/gated

Physical Plant - Interior

122

Title 22, Section 87303:

- ❖ Floor surfaces in bath, laundry and kitchen are clean, sanitary and odorless
- ❖ Temperature is between 68-85 degrees F (heat/cool)
- ❖ Window screens are clean and in good repair
- ❖ Rooms are lit properly
- ❖ Water between 105-120 degrees F
- ❖ Grab bars in tubs/showers and near toilets
- ❖ Non-skid surfaces in tubs/showers

Physical Plant - Waste



Syringes and needles are disposed of in accordance with the Title 8, Section 5193 concerning blood borne pathogens:

- ▶ Shearing or breaking of contaminated needles is prohibited.
- ▶ Contaminated needles shall not be bent or recapped.
- ▶ Waste containers shall not be opened or emptied manually.
- ▶ Use SHARPS containers!

Physical Plant - Laundry

Facilities that have machines and do their own laundry:

Have adequate supplies available and equipment in good repair.

Space used to sort soiled linen shall be separate from the clean linen storage and handling area.

Make at least one machine available for use by the residents who want to do their own laundry.

Physical Plant – Call Systems

125

For facilities with 16+ that have separate floors or buildings:

1. Mandatory signal system;
2. Operates from each resident's room/apt.;
3. Transmits a visual or auditory signal to a centrally staffed location or produces an auditory signal loud enough for staff to hear; and
4. Identifies the special resident living unit.

Physical Plant - Interior

126

Assisted Living Education



- Bedrooms

- Bathrooms

- Storage

- Telephones

Physical Plant – Bedrooms

127

- Not more than two people in each bedroom.
- Provision of:
 - pillows, blankets, bedspreads, top bed sheets, bottom bed sheets, pillowcases, bath towels, hand towels and wash cloths
 - mattress pads (rubber sheeting, if necessary)
 - lighting for reading
 - a chair
 - soap and toilet paper
 - drawer space
 - basic laundry service (washing, drying and ironing)

Physical Plant - Bathrooms

1-6 people = min. 1 toilet
and 1 washbasin

1-10 people = min. 1
bathtub or shower

Remember the night
lights!



Disaster Planning

129

Assisted Living Education



Disaster Plan per
Assembly Bill 749,
Title 22 and the
Health & Safety
Codes

Disaster Planning (cont'd)

130

Regulations state:

“Each facility shall have a disaster and mass casualty plan of action.

The plan shall be in writing and shall be readily available.”



Disaster Planning (cont'd)

You will also need a current LIC 610E (“Emergency Disaster Plan for Residential Care Facilities for the Elderly”) or 610D (“Emergency Disaster Plan for...Adult Residential Facilities) and a facility sketch in your Plan. This must be posted near a telephone.

The LIC 610E/610D can be found on the DSS website under “Forms”.

Disaster Planning (cont'd)

The LIC 610E form changed in 2019. It is now 9 pages.

Are you using the new form?

How do you complete it?

State of California – Health and Human Services Agency

California Department of Social Services

EMERGENCY AND DISASTER PLAN FOR RESIDENTIAL CARE FACILITIES FOR THE ELDERLY

EXPLANATION: A licensee is required to have an emergency and disaster plan that includes all of the elements on this form pursuant to Health and Safety Code [section 1569.695](#) and California Code of Regulations, Title 22, [Section 87212](#), Emergency Disaster Plan. The plan must be in writing and made available upon request to residents onsite, any responsible party for a resident, local long-term care ombudsman, and local emergency responders. ***All resident and employee information on this form must be kept confidential.***

A licensee must provide training on the plan to all staff upon hire and annually thereafter. The training must include staff responsibilities during an emergency or disaster. Drills must be conducted by a licensee at least quarterly for each shift. The type of emergency covered in the drills must vary from quarter to quarter as specified in Health and Safety Code [section 1569.695\(c\)](#). ***An actual evacuation of residents is not required during a drill.*** While a licensee may provide an opportunity for residents to participate in a drill, they may not require resident participation. Documentation of drills must include the date, the type of emergency covered by the drill, and the names of facility staff participating in the drill.

The plan shall be reviewed annually, updated as necessary, and maintained on file at the facility. A licensee or administrator shall sign and date the plan to show that it has been reviewed and updated as necessary. *A licensee is encouraged, but not required, to have the plan reviewed by local emergency authorities.*

Note: An applicant seeking a license for a new facility must submit an emergency and disaster plan with their initial license application.

This form is provided as a courtesy to applicants and licensees.

Name of Facility and License Number		Administrator of Facility	
Street Address	City	State	Zip Code
Telephone Number	Alternate Telephone Number	Cell Phone Number	

EMERGENCY NAMES AND TELEPHONE NUMBERS (IN ADDITION TO 9-1-1)

Emergency Contact Name	Telephone Number
Ambulance/Paramedics	
Fire Department	
Poison Control	
Police/Sheriff	
Office of Emergency Services	
Red Cross	
Transportation Provider(s)	
Community Care Licensing (CCL) Adult and Senior Care Regional Office	
Local Long-Term Care Ombudsman	
Adult Protective Services	
County Mental Health	

Note: Emergency numbers must be posted at the facility.

ASSIGNMENTS DURING AN EMERGENCY OR DISASTER

Assignment	Facility Staff Member(s) Responsible	
	Name	Title
Accessing emergency supplies		
Utility shut-off and if applicable, operation of backup generator		
Provide transportation		
Direct evacuation, assembly of residents to predetermined evacuation site, and person count		
Supervision of residents during evacuation and/or relocation		
Contact local emergency response agencies, CCL, residents' representatives, hospice providers, local Long-Term Care Ombudsman, transportation providers, and others as necessary		

The LIC 610E Form

RESIDENT INFORMATION
(TO BE READILY AVAILABLE TO FACILITY STAFF DURING AN EMERGENCY)

Information	Location
Roster of residents with date of birth for each resident	
Appraisal of resident needs and services for each resident	
Medication list for residents with centrally stored medications	
Contact information for the responsible party and physician for each resident	

Note: This information must be located in the facility to ensure all information and records obtained from or regarding residents is kept confidential as required by California Code of Regulations, Title 22, [Section 87506](#), Resident Records.

UTILITY SHUT-OFF

Utility	Shut-Off Location	Instructions for Shut-Off
Electricity		
Gas		
Sewer		
Water		
Other		

FACILITY EXIT DOORS

Exit Door	Location

RESIDENT ASSEMBLY POINTS

Assembly Point	Location

Note: A licensee must show the location of all resident assembly points on the facility sketch.

The LIC 610E Form

TEMPORARY SHELTER LOCATIONS

Name	Address	Telephone Number

Note: A licensee must list at least two appropriate shelter locations that can house facility residents during an evacuation and are equipped to provide safe temporary accommodations. One of the locations must be outside the immediate area where the facility is located.

SHELTERING IN PLACE PROCEDURES

If the facility plans to shelter-in-place, indicate the planned sheltering-in-place procedures. In case one or more utilities, including water, sewer, gas, or electricity, is not available, specify the plan and supplies available to provide alternative resources during an outage.

Specify plan for the facility to be self-reliant for a period of not less than 72 hours immediately following any emergency or disaster, including, but not limited to, a short-term or long-term power failure.

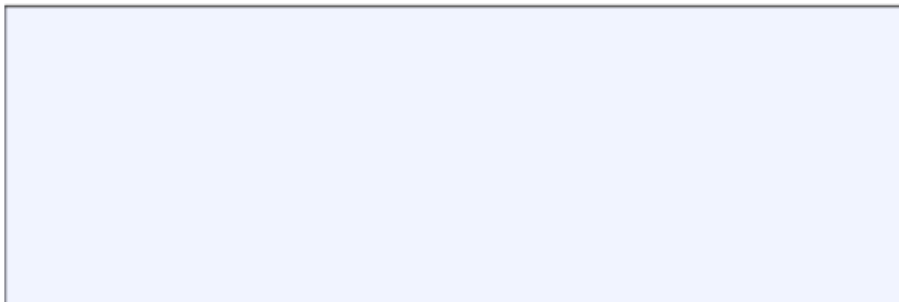
The LIC 610E Form

EVACUATION PROCEDURES

Indicate the planned evacuation procedures.

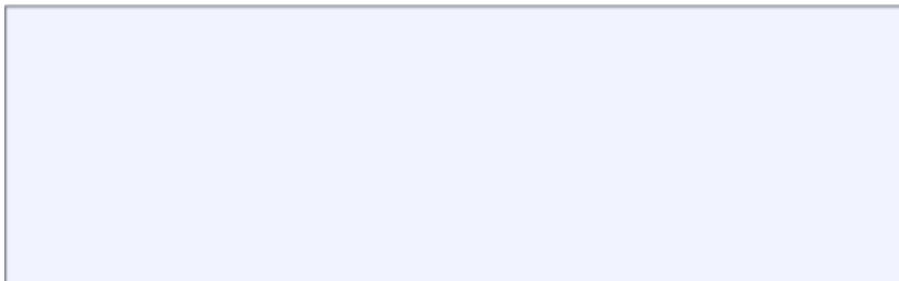


Identify transportation needs.



Note: If transportation plan includes use of vehicle owned or operated by the facility, the keys to the vehicle shall be available to staff on all shifts.

Procedures to ensure communication with emergency response personnel and access to information needed to check emergency routes to be used for evacuation and relocation during an emergency or disaster.



The LIC 610E Form

EMERGENCY AND DISASTER PROCEDURES

List procedures that address:

- A. Provisions for emergency power (could include identifying suppliers of, and obtaining, back-up generators).**

- B. Responding to individual residents' needs if emergency call buttons are inoperable.**

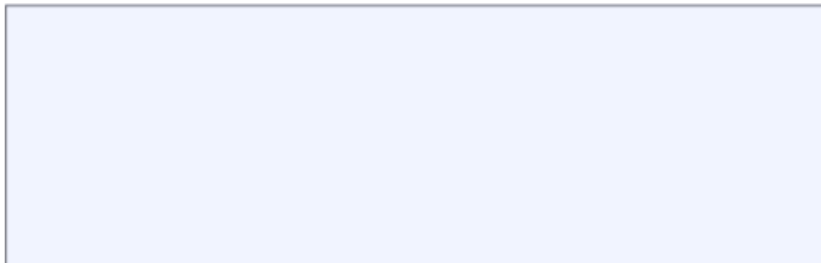
- C. Operating assistive medical devices that need electric power for operation, including, but not limited to, oxygen equipment and wheelchairs.**

The LIC 610E Form

- D. Communicating with residents, families, hospice providers, and others as appropriate (may include landline telephones, cellular telephones, or walkie-talkies), establish backup communication, and inform residents and their responsible parties of the process for communicating during an emergency or disaster.**



- E. Assisting residents with self-administration of medication, and administering medication to residents.**

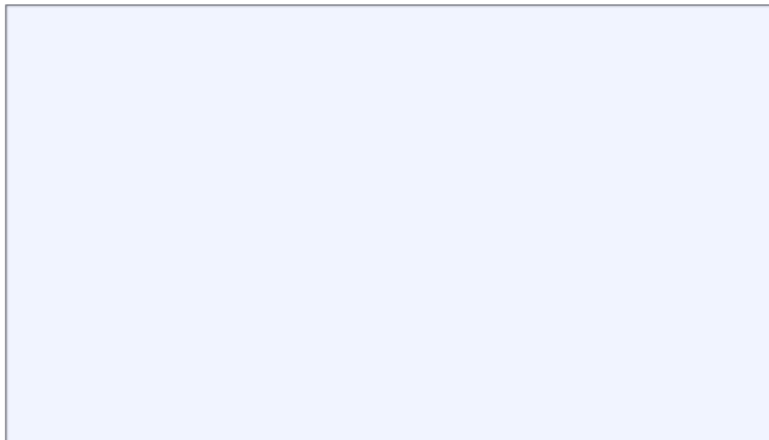


- F. Storage and preservation of medications, including storing medications that require refrigeration.**

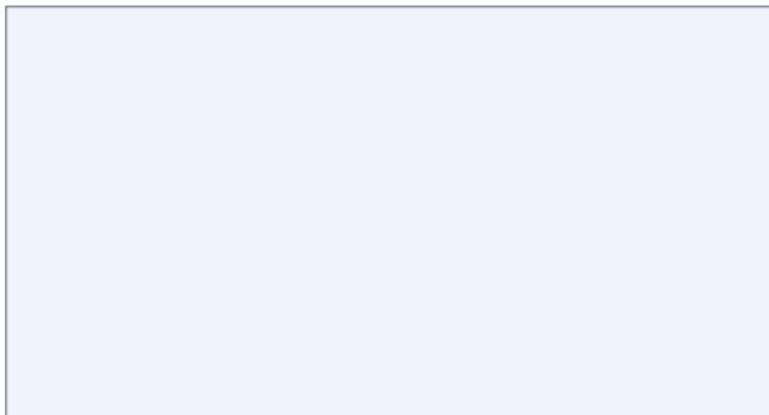


The LIC 610E Form

G. Identifying residents with special needs, such as hospice services, and plan for meeting those needs.



H. Confirming the location of each resident during an emergency or disaster.



The LIC 610E Form

As licensee or administrator of this facility, I assume responsibility for and have reviewed this plan for providing emergency services, and as necessary, have updated it to reflect any changes in the facility that affect this plan, as indicated below. I shall instruct all residents, age and abilities permitting, any staff and/or household members as needed on their duties and responsibilities under this plan.

The LIC 610E Form

Disaster Planning (cont'd)

The Facility Sketch can be drawn on the LIC 999 Form ("Facility Sketch (Floor Plan)"), if desired, or on a blank paper.

The sketch must include an interior drawing (identifying exits, room types, etc.) and an exterior drawing (identifying fencing, a pool, etc.).

Disaster Planning (cont'd)

142

Assisted Living Education

Your facility also needs to maintain a current Resident Roster at all times.

You can use the State's form to maintain this – LIC 9020 or 9020A.



Disaster Planning (cont'd)

DSS regulations state that your Disaster Plan must include the following:

1. Staff assignments and training
 - a. Emergency drills
 - b. Types of disasters
2. Evacuations
3. Transportation options



Disaster Planning (cont'd)

DSS regulations state that your Disaster Plan must include the following (cont'd):

4. Relocation sites
 - a. Supervising the residents
5. Emergency Agency contacts
6. Relocation plans
7. Evacuating in place ("shelter in place")



Assembly and Senate Bills

145

Every year, hundreds of Assembly and Senate Bills are passed and become law – and sometimes they affect us!

When a Bill becomes law, even if you do not see it in Title 22 or the Health & Safety Codes, you **MUST** abide by it.



A background image of a pair of scales of justice, rendered in a dark blue, semi-transparent style. The scales are centered and slightly out of focus, with the pans hanging from a central beam. The overall color scheme is a gradient of blue, with a bright green vertical bar on the right side.

BOSS #2

DEPARTMENT OF JUSTICE

Department of Justice

Requirements to comply with:

Elder Abuse training and reporting

Completion of the SOC 341A for all employees

Fingerprinting

Department of Justice

148

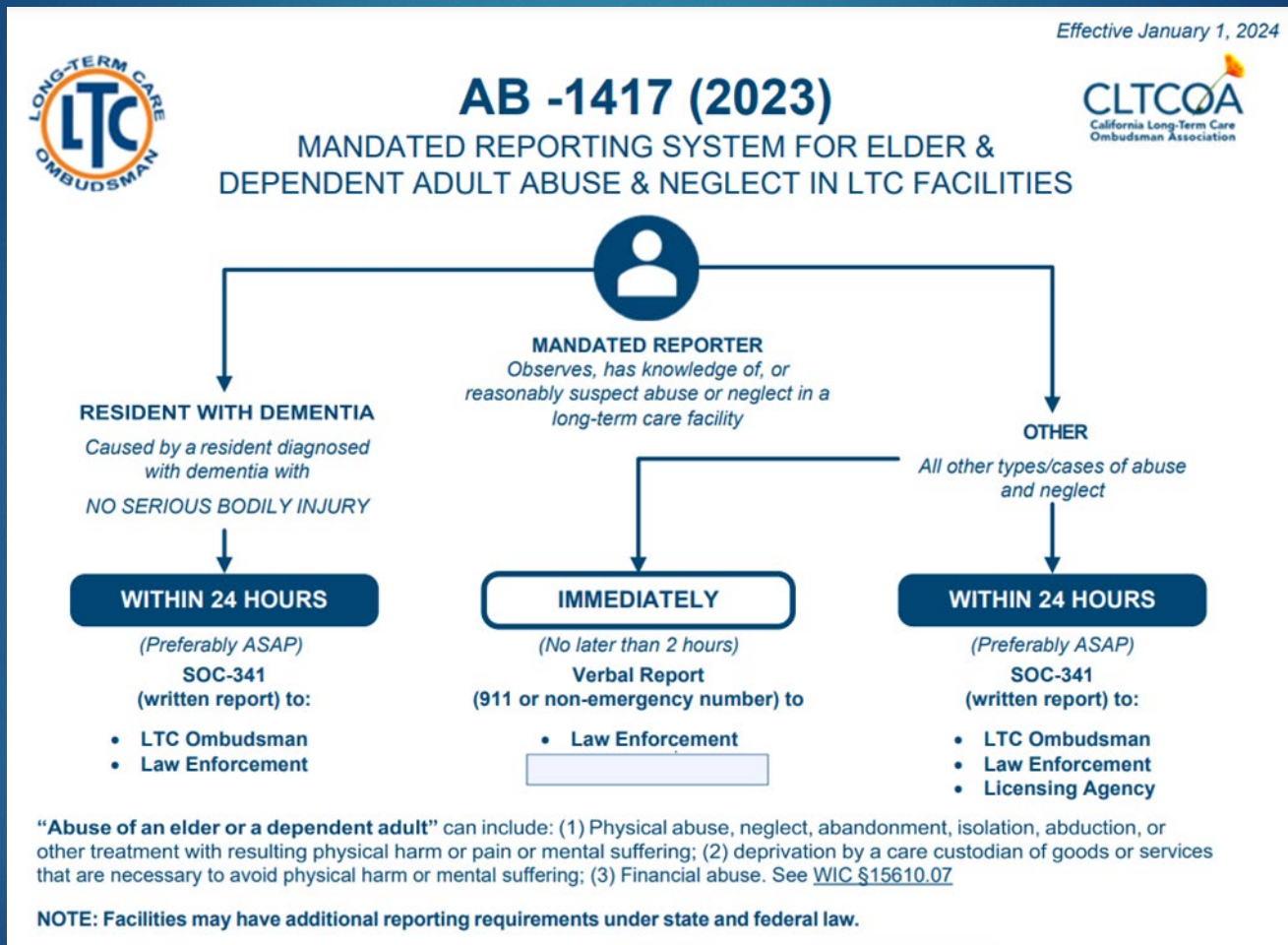
Elder Abuse training and reporting:

- All employees must watch the “Mandated Reporting – It’s the Right Thing to Do” video within 60 days of hire (is this documented???)
- All employees must complete the SOC 341A form upon hire and the signed form must be in the employee’s file.

Elder Abuse (cont'd)

149

Reporting abuse:



Elder Abuse (cont'd)

150

Assisted Living Education

ELDER AND DEPENDENT ADULT ABUSE – MANDATED REPORTING

If the abuse that occurred in a long-term facility was allegedly caused by another resident of the facility with dementia diagnosed by a licensed physician and there was no serious bodily injury, the reporter would be required to submit a written report within 24 hours to the long-term care Ombudsperson and the local law enforcement agency.

In all other instances, immediately or as soon as practically possible, but no longer than 2 hours, the reporter would be required to submit a verbal report to the local law enforcement agency, and to submit a written report within 24 hours to the aforementioned recipients. The time limit for reporting would begin when the mandated reporter observes, obtains knowledge of, or suspects the abuse or neglect.

Fingerprinting:

- All employees (and possibly others) must have a fingerprint clearance OR an exemption approval prior to working at the facility.
- Who needs this?
 - All staff 18 years and older, persons residing in the facility and some volunteers (if they spend 20+ hours a week in the facility)

Department of Justice

Fingerprinting:



Employees **MUST** be associated with your facility prior to working at the facility.

Transfer clearances or exemptions (LIC 9182 or LIC 9182) and keep proof that this was submitted to your LPA.

How is the process going with your LPA? Good? Delays? Are you getting a confirmation?



BOSS #3

DEPARTMENT OF LABOR

Department of Labor

154

Assisted Living Education

A Cabinet department of the United States government responsible for occupational safety, wage and hour standards, unemployment insurance benefits, re-employment services and some economic statistics.

- California also has a Department of Labor called the **Department of Industrial Relations**.

U.S. Department of Labor

155

Assisted Living Education

In addition to this agency, we are also regulated by these other labor-related agencies:

- Department of Industrial Relations – Division of Workers' Compensation
- California Employment Development Department
- Internal Revenue Service
- Equal Employment Opportunity Commission
- Division of Labor Standards Enforcement
- U.S. Citizenship and Immigration Services (formerly the Immigration and Naturalization Service)

Workers' Compensation

California employers are required by law to have workers' compensation insurance, even if they have only one employee. And, if your employees get hurt or sick because of work, you are required to pay for workers' compensation benefits. Workers' comp insurance provides six basic benefits: medical care, temporary disability benefits, permanent disability benefits, supplemental job displacement benefits or vocational rehabilitation and death benefits.

California Employment Development Department

157

Assisted Living Education

Employer requirements:

- Reporting wages paid to your employees and State Personal Income Tax (PIT) withheld from their wages.
- Paying Unemployment Insurance (UI) and Employment Training Tax (ETT) on your employee's wages, as well as withholding and remitting State Disability Insurance (SDI) and Personal Income Tax (PIT) due on wages paid to your workers.

Disability Insurance

158

Assisted Living Education

The State Disability Insurance (SDI) is a state-mandated wage replacement benefit funded through employee payroll deductions.

Employers do not pay for SDI.

As an employer, you are required to post and maintain the EDD form DE 1857A and the EDD pamphlet DE 2515.

You can download these from the EDD website at www.edd.ca.gov/employer.htm.

California Employment Development Department

159

Assisted Living Education

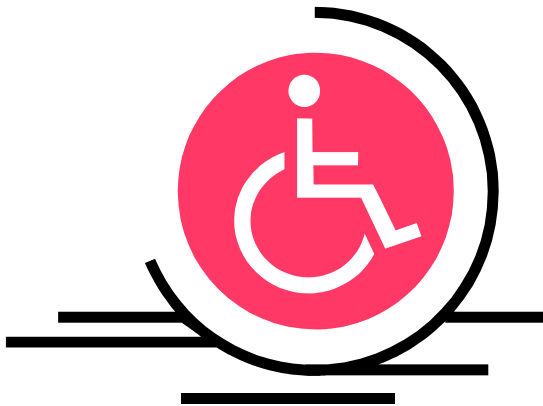
Employer requirements (cont'd):

- You must also report all new employees to the New Employee Registry within 20 days of their start-to-work date.
- If you use the services of independent contractors, you may also have to report them.

U.S. Equal Employment Opportunity Commission

160

The EEOC enforces the following laws:



- ▶ Discrimination
- ▶ Equal pay
- ▶ Americans with Disabilities Act

Sexual Harassment Training

Per the California Department of Fair Employment and Housing:

California law requires all employers of 5 or more employees to provide 1 hour of sexual harassment and abusive conduct prevention training to nonsupervisory employees and 2 hours of sexual harassment and abusive conduct prevention training to supervisors and managers once every two years.

The law requires the training to include practical examples of harassment based on gender identity, gender expression, and sexual orientation.

Sexual Harassment Training

162

Assisted Living Education

In California, all employers are **required to post** the Department of Fair Employment and Housing's poster "Discrimination and Harassment in Employment are Prohibited by Law" (DFEH-162).

This can be downloaded from their website:

www.dfeh.ca.gov/DFEH/Publications/publications.aspx

Sick Time Requirements

163

California employers must provide sick time for their employees.

40 hours (5 days) minimum

24 hours (3 days) of PSL time by the 120th day of employment;

An additional 16 hours of PSL by the 200th calendar day of employment;

= a total of 40 hours



Sick Time Requirements (cont'd)

1. Employers may limit the use of Sick Time to 40 hours (or 5 days) for each calendar year, year of employment, or 12-month period.
2. For employers who utilize an accrual model instead of offering a lump sum, employees must accrue at least one hour of Paid Sick Leave for every 30 hours worked.
3. Employees are entitled to Paid Sick days if they work in California for the same employer for 30 or more days within a year from the start of their employment.

Sick Time Requirements (cont'd)

- An employee who is exempt from overtime requirements as an administrative, executive, or professional employee under a wage order of the Industrial Welfare Commission is deemed to work 40 hours per workweek for the purposes of this section, unless the employee's normal workweek is less than 40 hours, in which case the employee shall accrue paid sick days based upon that normal workweek.

Sick Time Requirements (cont'd)

- An employer is not required to provide additional paid sick days if the employer has a paid leave policy or paid time off policy, the employer makes available an amount of leave that may be used for the same purposes and under the same conditions as specified in this section, and the policy:
 - a) Provides no less than 24 hours or three days of paid sick leave, or equivalent paid leave or paid time off, for employee use for each year of employment or calendar year or 12-month basis.

Sick Time Requirements (cont'd)

- The rate of pay shall be the employee's hourly wage. If the employee in the 90 days of employment before taking accrued sick leave had different hourly pay rates, was paid by commission or piece rate, or was a nonexempt salaried employee, then the rate of pay shall be calculated by dividing the employee's total wages, not including overtime premium pay, by the employee's total hours worked in the full pay periods of the prior 90 days of employment.

Sick Time Requirements (cont'd)

- An employer shall provide payment for sick leave taken by an employee no later than the payday for the next regular payroll period after the sick leave was taken.

Sick Time Requirements (cont'd)

What is “sick time” used for?

Upon the oral or written request of an employee, an employer shall provide paid sick days for the following purposes:

1. Diagnosis, care, or treatment of an existing health condition of, or preventive care for, an employee or an employee's family member; or

Sick Time Requirements (cont'd)

What is “sick time” used for? (cont'd)

2. For an employee who is a victim of domestic violence, sexual assault, or stalking.

Note: An employer shall not require as a condition of using paid sick days that the employee search for or find a replacement worker to cover the days during which the employee uses paid sick days.

Sick Time Requirements (cont'd)

Also note:

An employer shall not deny an employee the right to use accrued sick days, discharge, threaten to discharge, demote, suspend, or in any manner discriminate against an employee for using accrued sick days, attempting to exercise the right to use accrued sick days, filing a complaint with the department or alleging a violation of this article, cooperating in an investigation or prosecution of an alleged violation of this article, or opposing any policy or practice or act that is prohibited by this article.

Sick Time Requirements (cont'd)

- ❖ As an employer, you will be required to display, in a prominent place in your facility, a poster created by the Labor Commissioner that will outline these new policies.
- ❖ Note: Willfully violating the posting requirements of this section is subject to a civil penalty of not more than one hundred dollars (\$100) per each offense.



Wages and Hours

173

Miscellaneous regulations:

Call-in Pay: when an employee is called in to work on a day other than his/her normal work schedule, that employee gets at least 2 hours pay.

Garnishments: you are required to follow the court's enforcements. You cannot terminate an employee because their wages have been subject to garnishment.

Expense reimbursements: you are required to reimburse employees for all job-related performance expenses, such as mileage and travel expenses.

Wages and Hours (cont'd)

174

Over-time:

Non-exempt employees in California must be paid overtime if they work **more than 8 hours in a day or more than 40 hours in a week** and for over 12 hours in a day must be paid twice the standard rate.

In addition, if an employee works 7 consecutive days, they must be paid 1.5 times the usual rate for the first 8 hours, and double-time for any hours over 8.

Wages and Hours (cont'd)

175

Meals:

- ▶ If an employee works more than **5** hours, an unpaid 30 minute meal period is required. The exception to this policy is if the employee works less than 6 hours, and both the employer and the employee agree to waive the meal period.
- ▶ If an employee works more than **10** hours, a second 30 minute meal period is mandated. Again, however, if the employee works less than 12 hours, and both the employer and the employee agree, the second meal period may be waived as well.

Wages and Hours (cont'd)

176

24 hour (live-in) employees:

- sleep time and meal time are not considered work time if the sleep time max. is 8 hours during 24-hour shift;
- you must furnish adequate sleeping facilities;
- you may deduct up to 3 one-hour meal periods per day if you give them uninterrupted, service-free time. [Note: You cannot group these 3 hours together.]

Your challenge will be to determine how many hours the employee *actually worked* and pay them accordingly, including over-time and double-time.

Wages and Hours (cont'd)

177

Assisted Living Education

Paydays for Non-Exempt Employees:

Work performed between:	Payment must be made by:
1 st and 15 th days of the month	26 th day of the same month
16 th and last day of the month	10 th day of the next month

Wages and Hours (cont'd)

178

Final paychecks:



- ▶ You may never withhold a final paycheck.
- ▶ The time requirement for a final paycheck depends on several factors.

Wages and Hours (cont'd)

179

Assisted Living Education

Final paycheck timing:

Notice/type	Timing
If you terminate or layoff	immediately
Voluntary quit – more than 72 hours notice	on their last day of work
Voluntary quit – less than 72 hours notice	no later than 72 hours after notice is given

Wages and Hours (cont'd)

Severance pay:

Severance pay is not required by law.

Be cautious about paying severance as it may set a precedence for future terminations (discriminatory claims).

Worker's Compensation



Worker's Compensation (cont'd)

182

Post All Legally Required Forms, Posters and Notices

All current employees must easily see the Workers' Compensation poster that contains information about your insurance representative, medical emergency telephone numbers and the claims administration contact information.

In addition, all new employees must be handed the Workers' Compensation pamphlet.

This notice describes the rights and obligations of employers and employees and includes forms for pre-designating a health care provider.

Worker's Compensation (cont'd)

183

Assisted Living Education

- ❑ You must report a death or serious injury requiring more than 24 hours of hospitalization or loss or serious disfigurement of a body part to Cal/OSHA **within 8 hours**.
- ❑ You must provide claim forms within one working day of receiving notice of the injury to the employee.
- ❑ You also need to send your report (Form 5020) and the Doctor's First Report to your insurance company's claims department.



BOSS #4

U.S.
CITIZENSHIP
AND
IMMIGRATION
SERVICES

U.S. Citizenship and Immigration Services

185

Assisted Living Education

- Formerly the Immigration and Naturalization Service (“Immigration”)
- You must meet the regulations by:
 - ❖ Completing I-9’s properly (see next slides)
 - ❖ Keeping the I-9’s in a separate file **in the facility** (not in the individual employee files). Use a binder or file folder.
 - ❖ You do not mail these to Immigration!

I-9's

186

The I-9 is used to verify the identity and employment authorization of individuals hired for employment in the United States.

As of Jan. 31, 2020, employers should begin using the I-9, version 10/21/2019 (note: you do not have to redo I-9's that you did prior to 1/31/20 with the new form).

I-9's



VERY IMPORTANT:



Employers CANNOT specify which document(s) the employee may present to establish employment authorization.



The employer must allow the employee to choose the documents to be presented from the Lists of Acceptable Documents, found on the last page of the I-9.

I-9's

INSTRUCTIONS:

- ❖ If you know the employee is not legal to work in the U.S., and you do hire them; you will set yourself up for a fine and punishment.
- ❖ Complete and retain an I-9 for each individual you hire for employment.
 - ❖ The I-9 has three sections. Employees complete Section 1. Employers complete Section 2 and, when applicable, Section 3. Employers may be fined if the form is not properly completed.
- ❖ Keep the I-9 either for 3 years after the date of hire or for 1 year after employment is terminated, whichever is later.

Please read instructions carefully before completing this form. The instructions must be available during completion of this form. **ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work eligible individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification. To be completed and signed by employee at the time employment begins.

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City		State	Zip Code
			Social Security #
I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.		I attest, under penalty of perjury, that I am (check one of the following): <input type="checkbox"/> A citizen or national of the United States <input type="checkbox"/> A Lawful Permanent Resident (Alien # A _____) <input type="checkbox"/> An alien authorized to work until ____/____/____ (Alien # or Admission #)	
Employee's Signature		Date (month/day/year)	

Preparer and/or Translator Certification. (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

Section 2. Employer Review and Verification. To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number and expiration date, if any, of the document(s).

Document title:	Document #:	Expiration Date (if any):
Document #:	Expiration Date (if any):	

CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) ____/____/____ and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name	Address (Street Name and Number, City, State, Zip Code)	Date (month/day/year)

Section 3. Updating and Reverification. To be completed and signed by employer.

A. New Name (if applicable)	B. Date of birth (month/day/year) (if applicable)	
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.		
Document Title:	Document #:	Expiration Date (if any): ____/____/____
I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.		
Signature of Employer or Authorized Representative		Date (month/day/year)

LISTS OF ACCEPTABLE DOCUMENTS

LIST A

Documents that Establish Both Identity and Employment Eligibility

1. U.S. Passport (unexpired or expired)
2. Certificate of U.S. Citizenship (*INS Form N-560 or N-561*)
3. Certificate of Naturalization (*INS Form N-550 or N-570*)
4. Unexpired foreign passport, with entry stamp or attached *INS Form I-94* indicating unexpired employment authorization
5. Permanent Resident Card or Alien Registration Receipt Card with photograph (*INS Form I-151 or I-551*)
6. Unexpired Reentry Permit (*INS Form I-327*)
7. Unexpired Employment Authorization Card (*INS Form I-688A*)
8. Unexpired Reentry Permit (*INS Form I-327*)
9. Unexpired Refugee Travel Document (*INS Form I-571*)
10. Unexpired Employment Authorization Card (*INS Form I-688A*)

Documents that Establish Only Identity

1. Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address
2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address
3. School ID card with a photograph
4. Voter's registration card
5. U.S. Military card or draft record
6. Military dependent's ID card
7. U.S. Coast Guard Merchant Mariner Card
8. Native American tribal document
9. Driver's license issued by a Canadian government authority
10. School record or report card
11. Clinic, doctor or hospital record
12. Day-care or nursery school record

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers.

189

Assisted Living Education

Here is the link to find the instructions on how to complete the I-9 properly:

<https://www.uscis.gov/i-9-central/completing-form-i-9>



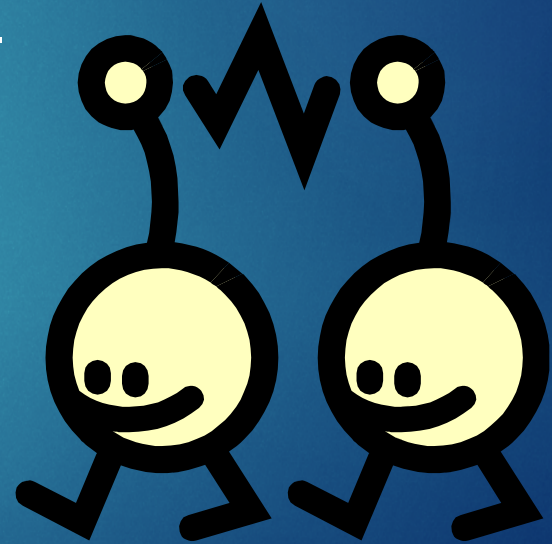
BOSS #5

OCCUPATIONAL SAFETY AND HEALTH
ADMINISTRATION (“OSHA”)

OSHA

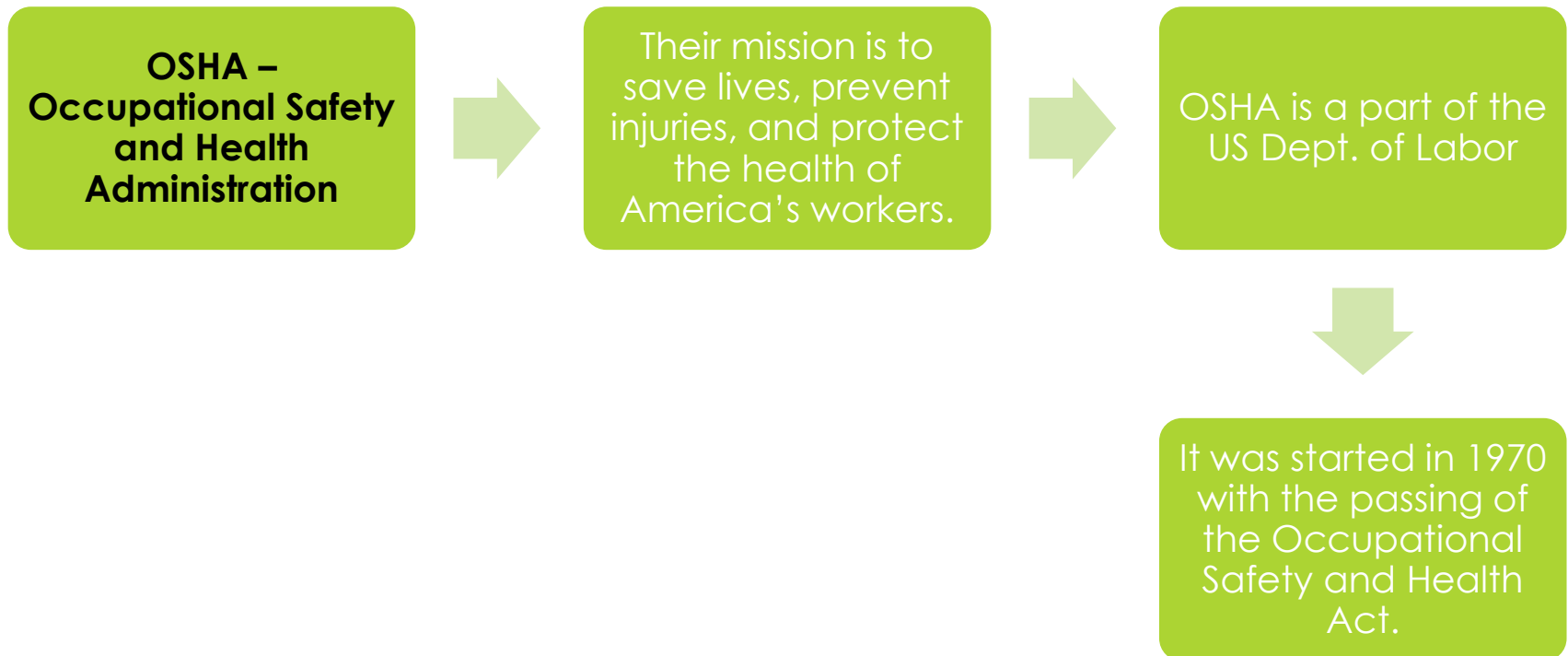
191

You will notice that OSHA requirements and DSS/DHS requirements are very similar....



Who is OSHA?

192



OSHA

193



Their website
is:

[OSHA.GOV](https://www.osha.gov)

What is Cal/OSHA?

194



Cal/OSHA is California's Division
of Occupational Safety and
Health



You can find information on
Cal/OSHA on the Department
of Industrial Relations website.



Link:
<http://www.dir.ca.gov/dosh/>

What is Cal-OSHA?

The Cal/OSHA Enforcement Unit conducts inspections of California workplaces based on:

- worker complaints
- accident reports
- high hazard industries (i.e., health care)

OSHA Agenda

Compliance requirements:

- Injury and Illness Prevention Plan
- Exposure Control Plan
- Bloodborne pathogen training
- Hepatitis B Offer/Declination
- Disaster Training
- Personal Protective Equipment (PPE's)
- Infection Control Plan
- Hazard Communication Plan
- Reporting injuries and illnesses (OSHA 300 Log)
- Ergonomics and Safety training

OSHA Requirements

197

Assisted Living Education

1. Reporting Requirements
2. Creating a Safe Workplace
3. Personal Protective Equipment
4. Hazard Communication
5. Injury and Illness Prevention Plan

OSHA Note:

Small businesses with 10 or fewer employees throughout the year are exempt from most of the requirements of the OSHA recordkeeping rules (300 Logs, etc.) but are not exempt from other requirements, such as the IPPP.

However, as required by § 1904.39, all employers covered by the OSH Act must report to OSHA any workplace incident that results in a fatality or the hospitalization of three or more employees.

General requirements that pertain to all facilities:

- ✓ Report to OSHA within 8 hours accidents that result in fatalities.
- ✓ Report to OSHA within 8 hours accidents that result in the hospitalization of three or more employees.
- ✓ Keep records of work-related accidents, injuries, illnesses and their causes and post annual summaries for the required period of time.

OSHA Reporting Requirements

200

Assisted Living Education

For 10+ employers:

The OSHA recordkeeping system has five steps:

1. Obtain a report on every injury or job-related illness requiring medical treatment (other than basic first aid).
2. Record each injury or job-related illness on OSHA Form 300 (*Log of Work-Related Injuries and Illnesses*) using the instructions provided.
3. Prepare a supplementary record of occupational injuries and illnesses for recordable cases on OSHA Form 301 (*Injury and Illness Incident Report*).

OSHA Reporting Requirements

201

4. Every year, prepare an annual summary using OSHA Form 300A (*Summary of Work-Related Injuries and Illnesses*). **Post it no later than February 1, and keep it posted until May 1.** A good place to post it is next to the OSHA Workplace Poster.
5. Retain these records for at least five years. Periodically review these records to look for any patterns or repeat situations. These records can help you to identify high-risk areas that require your immediate attention.
6. Also, if requested, copies of the records must be provided to current and former employees, or their representatives.

Creating a Safe Workplace

202

An Ergonomics Program includes:

- ▶ lifting procedures
- ▶ resident transfer techniques
- ▶ reducing slips and falls
- ▶ resident fall procedures
- ▶ kitchen safety



Bloodborne Pathogens

OSHA requires us to train our employees on bloodborne pathogens. This training includes:

1. Bloodborne diseases (bloodborne pathogens)
 2. Proper hand washing techniques
 3. Gloving procedures
 4. Use of protective barriers
 5. Universal precautions
 6. Proper disposal of Sharp items
1. Must keep a Sharps Injury Log

Bloodborne Pathogens – Hep B

204

All employees in the Health Care Industry who perform procedures that involve inherent at-risk potential for bloodborne pathogens must be offered the Hepatitis B vaccine within 10 days of hire. If the employee declines, they must sign a declination form – keep this in their employee file.



Bloodborne Pathogens – Hep B

This is what
the form
should look
like:

HEPATITIS B

ACCEPTANCE OR DECLINATION STATEMENT

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B Virus (HBV) infection. I have been given the opportunity to be vaccinated with the Hepatitis B vaccine, at no charge to myself.

☐ I decline the Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

☐ I accept the Hepatitis B vaccination at this time.

Employee Signature

Date

Printed Name

PPE's

Both DSS and OSHA regulations require us, as employers, to provide PPE's to our employees.

What does "PPE" stand for?

What are some of the PPE's that we have to provide?

PPE's

207

PPE = Personal protective equipment

These provide a barrier between the user and the infectious material or chemical.

They include: gloves, masks and gowns





PPE's

208

You must train your staff:

- When to use a PPE
- Proper hand washing techniques
- Universal precautions

Is this documented?????

PPE's

“PPE” requirements:

- ❖ perform a hazard assessment of the workplace to determine which PPE's may be needed
- ❖ provide these PPE's to the employees at no cost to the employees
- ❖ train the employees on their use
 - * when, why, how to use, replace
- ❖ replace worn or damaged PPE's

Exposure Control Plan

210

Oh, no....my employee got stuck by a needle!!

Now what?

You turn to your OSHA-required written **Exposure Control Plan**.



This must be reviewed with all new employees and annually, thereafter.

Make sure your employees know where your Plan is kept.

Exposure Control Plan

212

Plan components:

1. A statement saying that you're committed to providing a safe and healthful work environment for your entire staff.
2. Exposure determination: This process involves identifying all the job classifications, tasks, or procedures in which your employees may have occupational exposure to blood or a bloodborne pathogen.
3. Implementation of various methods for exposure control, like:
 1. Universal precautions
 2. PPE's
 3. Housekeeping practices

Exposure Control Plan

213

Plan components (cont'd):

- Hepatitis B vaccination information
- Post-exposure evaluation and follow-up
- Information and training
- Recordkeeping

Exposure Control Plan

214

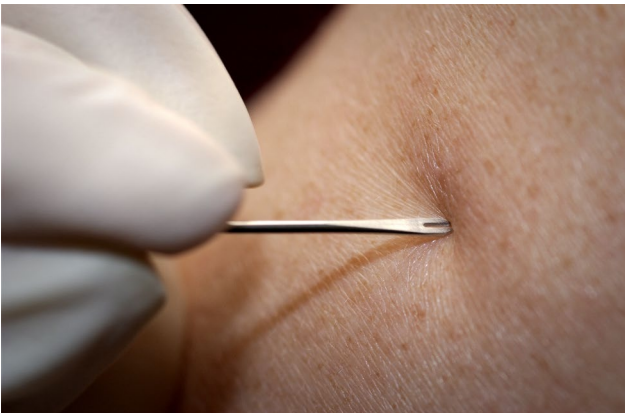


Your Plan must be updated annually, per OSHA.

You must document that you have reviewed it with staff, asked for their input and updated it, if needed.

Exposure Control Plan

215



OK - let's go back to when your employee got stuck by the needle. Now what?

➔ OSHA *requires* employers make immediate confidential medical evaluation and follow-up available for workers who have an exposure incident, such as a needlestick.

Hazard Communication

216

This must be included in your IIPP.

Requirements are policies for:

- ▶ training your employees on the proper use, labeling and storage of hazardous substances
- ▶ notifying your employees of new hazardous materials entering the facility



SDS – Safety Data Sheets (formerly “MSDS”)

217

- Chemical manufacturers and importers are required to evaluate the hazards of the chemicals they produce or import; they prepare labels and SDS's to convey the hazard information to their customers.
- All employers with hazardous chemicals in their workplaces must have labels and SDSs for their exposed workers and train them to handle the chemicals appropriately.

Note: medications regulated by the FDA and OTC items (i.e., cleaning supplies) are exempt from needing an SDS.

Other OSHA Requirements

218

Assisted Living Education

1. Eyewash station with sign posted identifying location
2. Chemical spill kit
3. Sharps disposal container (if injections are given at your facility)
4. Emergency telephone list
5. Federal and State Employee's Rights posters posted and completed
6. Fire extinguishers; inspected annually
7. Ongoing training documentation, including quarterly safety meetings and an annual update of the written programs
8. Inventory of onsite hazardous chemicals

BOSS #6

INTERNAL
REVENUE
SERVICE
("IRS")



Department of the Treasury
Internal Revenue Service

Internal Revenue Service

220

Assisted Living Education

Keep all records of employment taxes for at least four years after filing the 4th quarter for the year. These should be available for IRS review. Records should include:

- ⊙ Your Employer Identification Number
- ⊙ Amounts and dates of all wage, annuity and pension payments
- ⊙ Name, address, SS# and occupation of employees
- ⊙ Dates of employment
- ⊙ Copies of all tax-withholding documents
- ⊙ Dates and amounts of tax payments you made
- ⊙ Copies of returns filed

Also, complete I-9s for all employees and verify SS#'s!



BOSS #7

DEPARTMENT OF TRANSPORTATION

Department of Transportation

222

If your facility has a vehicle that seats more than 15 passengers, including the driver, than this is considered a “private carrier transport” and must comply with additional regulations from:

The Department of Transportation
The Public Utilities Commission
Department of Motor Vehicles



Department of Transportation

223

You will need to apply for a Z permit; follow the directions on the DOT's website:

<https://www.cpuc.ca.gov/General.aspx?id=3764>

Employers will need to have DMV Pull Notices for all drivers, set up a drug testing policy and procedure and Controlled Substance and Alcohol Testing Program.

Preparing for a DSS Audit



PREPARING FOR AN AUDIT

225

Tools to use to prepare for a.....



1. DSS annual inspection
2. OSHA audit
3. Department of Labor visit

DSS Inspections

Because the new inspection process is computerized, there is not a lot of flexibility with the LPA anymore.

Continue to appeal citations if you are right.

The inspection is more like a SNF survey because so many managers in the DSS offices are from the Dept. of Health.

DSS has hired many more LPA's to meet the requirement of annual inspections

The LPA's are also coming out on weekends and evenings to do inspections so be prepared!!

DSS Inspections – CARE Tools

227

**The Inspection Tool
is divided into
categories and
then domains.**

Resident
Records/Incident
Reports

Operational
Requirements

Staffing

Personnel
Records/Staff
Training

Resident
Rights/Information

Planned Activities

Food Service

Food Service

Infection Control

DSS Inspections

How to find the
CARE Tools:

Go to the DSS website; scroll down and on the righthand side under “CCLD Resources” you will see the “CARE Tools” link.

Compliance and Regulatory Enforcement (CARE) Tools

As part of the [Inspection Process Project \(IPP\)](#), the Community Care Licensing Division (CCLD) has developed the **CARE Tools** for use in the Adult and Senior Care Program, Children's Residential Program, and Child Care Program. The CARE Tools will be used by Licensing Program Analysts (LPAs) when conducting inspections in licensed facilities.

The CARE Tools focus CCLD's efforts in the three IPP priority areas: Prevention, Compliance and Enforcement. See below for links to program specific tools.

Note: The CARE Tools are designed to facilitate a focused, efficient, and thorough inspection within the time allotted. The Tools do not contain all applicable statutes, regulations, or licensing standards with which a licensee is required to comply. Use of the Tools does not limit the inspection authority of CDSS or its ability to issue citations or take disciplinary action for any deficiency.

CARE Tools for Adult Care Facilities

Adult Care Pre-Licensing Tools

+

Adult Care Standard Tools

+

CARE Tools for Senior Care Facilities

Senior Care Pre-Licensing Tool

+

Senior Care Standard Tool

+

For more information or to provide feedback contact inspectionprocess@dss.ca.gov.

Quick Links

[Senior Care Licensing](#)

[Adult Care Licensing](#)

[Children's Residential Licensing](#)

[Child Care Licensing](#)

DSS

Inspections – CARE Tools

Each type of facility has a Pre-Licensing Tool (used to ready your facility before licensure) and a “Standard Tools” option.

The “Standard Tools” option is used for the annual inspection.

Children’s Residential Program, and Child Care Program. The CARE Tools will be used by Licensing Program Analysts (LPAs) when conducting inspections in licensed facilities.

The CARE Tools focus CCLD’s efforts in the three IPP priority areas: Prevention, Compliance and Enforcement. See below for links to program specific tools.

Note: The CARE Tools are designed to facilitate a focused, efficient, and thorough inspection within the time allotted. The Tools do not contain all applicable statutes, regulations, or licensing standards with which a licensee is required to comply. Use of the Tools does not limit the inspection authority of CDSS or its ability to issue citations or take disciplinary action for any deficiency.

CARE Tools for Adult Care Facilities

Adult Care Pre-Licensing Tools

+

Adult Care Standard Tools

+

CARE Tools for Senior Care Facilities

Senior Care Pre-Licensing Tool

+

Senior Care Standard Tool

–

- [Residential Care Facility for the Elderly \(RCFE\) Standard Tool](#)

CARE Tools for Child Care Facilities

Child Care Pre-Licensing Tools

+

DSS Inspections – CARE Tools

230

Assisted Living Education

Exercise:

Click on the Senior Care Standard Tool (link: <https://www.cdss.ca.gov/inforesources/cdss-programs/community-care-licensing/inspection-process-project/care-tools>)

This takes you to an Excel spreadsheet with multiple tabs (as shown on slide 227).

Use this to self-audit your facility!

Resident Records/Incident Reports:

- Signed Admission Agreement and Preplacement Appraisal
- Reappraisals (how often?)
- Medical Assessment(how often?)
- Current Resident Roster
- Is the Admission Agreement current with the correct refund policies upon death?

LPA Inspections - Highlights

232

Operational Requirements:

- Current Plan of Operation
 - Current Dementia Plan of Operation
- Correct fire clearance for non-ambulatory and bedridden residents
- Licensing reports posted for at least 12 months
- Absentee Notification Plan
- Review of Unusual Incident Reports
- Liability insurance
- Theft and Loss Policy posted, staff is trained
- LIC 621 forms completed or waived (inventory)

LPA Inspections - Highlights

233

Staffing:

- At least one staff member on duty and on the premises at all times with CPR training
- Is there enough staff to meet the needs of the residents?
- Do you have enough night staff?
- Staff had their TB test and health screening within 7 days after employment
- When the Administrator is not in the building, is the designated substitute qualified?

LPA Inspections - Highlights

234

Personnel Resources/Staff Training:

- Employee files are organized and complete
- Fingerprints are cleared or transferred
- Staff is trained by a qualified trainer
- Training is complete
 - 40 hours for caregivers:
 - 20 prior to working independently with residents
 - 20 more within first 30 days
 - 20 hours annually

Resident Rights/Information:

- Resident Rights given to the residents to sign
- Resident Rights are posted in the facility
 - Is it posted in required language?
- DSS Complaint poster posted in the facility – minimum size 20"x26"
- Does the facility have a resident council? Family council?

LPA Inspections - Highlights

236

Planned Activities:

- Are your activities meeting the needs of the residents? Are they attending/participating in the activities?
- Copies of activity schedules kept for at least 6 months
- For larger facilities, is there a designated “Activity Director”?

Infection Control:

- Do you have a current and realistic Emergency Infection Control Plan? Does your staff know where it is located?
- Has your staff been trained on how to interact with emergency personnel, including providing them with resident medical records?
- PPE's available at all times
- Documented staff hand-washing training

LPA Inspections - Highlights

238

Food Service:

- Meals prepared with cultural and religious backgrounds of the residents
- Modified diets provided, if necessary
- Freezer at 0, refrigerator at 40
- Food covered and dated
- Adequate supply of nonperishables and perishables
- “Food Service Director”, if required?

Domains:

If the Licensee is found to be non-compliant in any Regulation on these checklists, the LPA's computer will automatically be directed to go to another related checklist for further examination = a “domain”

OSHA is at my door!

240



OSHA Inspections

241

Assisted Living Education

Because OSHA fines start at around \$15,000 per violation*, you should be prepared for their visit, even though they may never visit your facility.

The following is a checklist should OSHA arrive for an inspection:

- Do not panic. Remain rational.
- Make sure he/she is a real compliance officer by verifying credentials.

*Source:

<https://www.osha.gov/news/newsreleases/trade/01122023#:~:text=17%2C%202023.,violation%20to%20%24156%2C259%20per%20violation.>

OSHA Inspections

242

Checklist (cont'd):

- Ask how you were picked and the scope of the inspection.
- Answer questions forthrightly, but do not volunteer too much information.
- Take notes for yourself.
- Have your written policies and documents ready and available.
- Be patient. If you rush the compliance officer, he/she might look harder.

OSHA Inspections

243

Checklist (cont'd):

- Accompany the compliance officer during the entire walk-thru.
- Take a photo when the compliance officer does.
- Correct the easy infractions immediately.
- Take advantage of the compliance officer's experience. Ask "How can that be fixed?"
- Do not take anything personally.
- Remain professional.

OSHA Inspections

244

STATE OF CALIFORNIA
DEPARTMENT OF INDUSTRIAL RELATIONS
DIVISION OF OCCUPATIONAL SAFETY AND HEALTH

www.dir.ca.gov/DOSH

DOCUMENT REQUEST

EMPLOYER: _____ DATE: _____ Postmark by: _____
EMPLOYER CONTACT: _____ Cal/OSHA Inspector: _____

As discussed during the inspection on _____, it has been determined that copies of the following documents are required for review. Please provide the Cal/OSHA inspector with the required copies by the "postmark" date noted above. If the copies are not provided by that date, it will be interpreted as an admission that the documents do not exist, and possible citations and monetary penalties could result.

Federal ER ID No/ _____

<input type="checkbox"/> Licenses & Permits: <input type="checkbox"/> Business License <input type="checkbox"/> State ER Tax ID No. <input type="checkbox"/> CSLB <input type="checkbox"/> Garment Reg. <input type="checkbox"/> Farm Labor Contractor	Rec'd _____
<input type="checkbox"/> Facility Layout (floor plan, evacuation routes, etc)	Rec'd _____
<input type="checkbox"/> OSHA Log 300 (from _____ to _____) § CCR 14301	Rec'd _____
<input type="checkbox"/> OSHA 5020 (Employer's First Report of Injury)	Rec'd _____
<input type="checkbox"/> DWC Form 1 (Worker's Compensation Claim)	Rec'd _____
<input type="checkbox"/> Worker's Compensation Insurance Carrier	Rec'd _____
<input type="checkbox"/> Injury and Illness Prevention Program (written safety program) § CCR 3203	Rec'd _____
<input type="checkbox"/> Safety Inspection Records	Rec'd _____
<input type="checkbox"/> Employee Training Records	Rec'd _____
<input type="checkbox"/> Safety Committee Meeting Minutes	Rec'd _____
<input type="checkbox"/> Heat Illness Prevention Program § CCR 3395	Rec'd _____
<input type="checkbox"/> First Aid Kit approval § CCR 3400	Rec'd _____
<input type="checkbox"/> Emergency Action Plan § CCR 3220	Rec'd _____
<input type="checkbox"/> Fire Prevention Plan § CCR 3221	Rec'd _____
<input type="checkbox"/> Hazard Communication Program § CCR 5194	Rec'd _____
<input type="checkbox"/> Material Safety Data Sheets, for	Rec'd _____
<input type="checkbox"/> Respiratory Protection Program § CCR 5144	Rec'd _____
<input type="checkbox"/> Hearing Conservation Program (Noise) § CCR 5097	Rec'd _____
<input type="checkbox"/> Exposure Control Plan / Bloodborne Pathogens § CCR 5193	Rec'd _____
<input type="checkbox"/> Workplace Exposure Records/Monitoring Results	Rec'd _____

You may receive a report from the officer called a "Document Request".

- Notify the OSHA office after you have made the corrections or if you are having problems making them.
- A good faith effort to correct citations in a timely manner will make a favorable impression on the inspector and may help to decrease a fine.
- **Do not let deadlines pass for corrections, contests of violations, etc.**
- Do not be reluctant to call the local office for assistance or interpretation.

OSHA Inspections

245

Assisted Living Education

Be prepared to answer the following questions that may be asked during an OSHA inspection:

1. Is this facility part of a larger firm?
2. Where is the main office located?
3. Do the employees belong to a union?
4. How many people are employed at this location?
5. How large is the facility in approximate square feet?
6. What is the Federal Tax I.D. number?

OSHA Inspections

246

Be prepared to answer the following questions that may be asked during an OSHA inspection (cont'd):

Assisted Living Education

7. What type of fire protection systems do you have?
8. What kind of safety program is in place?
9. Describe your safety record.
10. If you have a safety committee, how often does it meet?
11. Are accidents investigated? If so, by whom?
12. What type of first aid facility do you have?
13. Explain the safety training program provided to employees.

Department of Labor is at my door!!!!



To prepare for a labor investigation....

gather your payroll records and call a labor attorney

A DOL audit can happen anyone, but typically, audits are preceded by employee complaints – for example, not being paid fairly or missing a paycheck.

The more employee complaints, the more conspicuous – and audit-prone – you become in the eyes of the DOL, even if the complaints are unfounded.

What the DOL auditor will ask to review depends on the nature of the complaint that triggered the audit.

The best way to stay prepared is to keep your employee records and information accurate, organized and up-to-date.

Department of Labor

249

Note: If you receive notice of an audit, you can reach out to the auditor in advance to try to find out the focus of the investigation, the date range for the records you'll have to pull and who they will talk to within your company.



But..... auditors may not provide any details beyond the information provided in the notice, so you need to be organized.

Department of Labor

250

Items they may review:

- I-9's
- Payroll records for the last 3 years
- Records on which wage calculations are based for the last two years (i.e., time cards)
- Basic Fair Labor Standards Act (FLSA) requirements, such as:
 - Employee's full name and social security number
 - Address, including ZIP code
 - Birth date, if younger than 19
 - Sex and occupation
 - Time and day of week when employee's workweek begins
 - Hours worked each day
 - Total hours worked each workweek

Department of Labor

251

Items they may review (cont'd):

Basic Fair Labor Standards Act (FLSA) requirements (cont'd):

- Basis on which employee's wages are paid (e.g., "\$25 per hour", "\$1,000 a week", "piecework")
- Regular hourly pay rate (if applicable)
- Total daily or weekly straight-time earnings
- Total overtime earnings for the workweek
- All additions to or deductions from the employee's wages
- Total wages paid each pay period
- Date of payment and the pay period covered by the payment

Department of Labor

252

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Confirm that all required labor law posters, such as those for the Fair Labor Standards Act (FLSA) and Family and Medical Leave Act (FMLA), are displayed prominently in the workplace. Failure to display these notices can result in fines, even if other aspects of compliance are in order.

Prepare employees for the audit by:

- Informing them about the purpose of the audit.
- Encouraging them to answer questions truthfully.
- Helping them to understand, though, the implications of their responses because miscommunication or misunderstandings during interviews can trigger further investigation or raise red flags.



Policy



Creating Your Own
Personalized QA
Program

Creating Your Program

255

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1. Utilize the policies, regulations, etc. that were presented in this course.
2. Utilize the CARE Tools located on the DSS website.
3. Prepare a checklist for each “department”.
4. Have your employees help you or have employees from different departments check other departments.
5. Make sure to correct any deficiencies you find – document this.
6. If desired, you can keep these and show them to your LPA to prove that you are focused on keeping your facility in compliance.

Sources

256

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Conclusion

257

Assisted Living Education
thanks you for attending its
course: *Monitoring your
Compliance*

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

