

DSS Laws, Regulations and Policies 2026

4 HOUR LIVE CEU COURSE FOR RCFE AND ARF ADMINISTRATORS

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Course Objectives

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01

Review and discuss new 2026 Assembly and Senate Bills

02

Review DSS Form Changes, PIN's, Quarterly Reports, policy changes

03

Review 2025 regulation changes regarding dementia

04

Discuss new Labor and Laws and policies, including minimum wage increases

Definitions

DSS = Department of Social Services (the Department)

RCFE = Residential Care Facility for the Elderly

ARF = Adult Residential Facility

SNF = Skilled Nursing Facility

AB = Assembly Bill

SB = Senate Bill

CALA = California Assisted Living Association

Resident = anyone living in long-term care

Physician = can also include “a licensed medical professional acting within their scope of practice”

2026 Assembly and Senate Bills

What is a “Bill”?

There are two types of Bills* – Assembly Bills (“AB”) and Senate Bills (“SB”).

What is the difference? If the author is a Senator, the Bill is introduced in the Senate. If the author is an Assemblymember, the Bill is introduced in the Assembly.

Why do Bills matter to us? Once a Bill becomes law, and it affects our industry, we must abide by it...**even if it is not included in Title 22 or the Health and Safety Codes.**

*Source: <https://www.politicopro.com/California%20-%20Guide%20to%20Legislation/POL-06jun2019-CA-Legislation-Guide-r3.pdf>

Assembly and Senate Bills

California just finished the first year of a 2-year legislative session.

2,416 Bills were introduced

917 were sent to the Governor's desk

794 were signed into law

123 were vetoed

How many apply to our industry??

Senate Bill 582

Why was this Bill introduced? 2025 Los Angeles fires
2 parts to this Bill which goes into effect January 1, 2026

Part 1:

Existing law requires an RCFE to have an emergency and disaster plan that includes specified information, including evacuation procedures. Under existing law, an RCFE is *encouraged* to have the plan be reviewed by local emergency authorities.

New law will now *encourage* an RCFE to provide a copy of its emergency and disaster plan to the MHOAC (medical health operational area coordinator).

Where do you find this person?

Senate Bill 582

MHOAC =

The Medical and Health Operational Area Coordinator program is part of the State of California Disaster Medical Response Plan.

You can find more information through the California Emergency Medical Services Authority website: <http://emsa.ca.gov/Plans/>



**CALIFORNIA EMERGENCY MEDICAL
SERVICES AUTHORITY**

Senate Bill 582

Part 2 of this Bill:

If an ARF or RCFE becomes nonoperational due to its destruction, significant damage, or prolonged closure, during, and as a result of, an emergency or disaster proclaimed by the Governor, a federal emergency declaration, a federal major disaster declaration, or a federal fire management assistance declaration, then DSS can make licensing allowances, such as waiving annual licensing fees and allowing the Licensee to request inactive license status. It also requires the Department to work with local officials to streamline inspections and licensing for licensees returning to operation after an emergency or disaster.

Read more about this at: https://ct35.capitoltrack.com/25/bill/ViewDoc?doc=//sen/sb_0551-0600/sb_582_91_C_bill.pdf

and PIN 25-09-ASC: <https://www.cdss.ca.gov/Portals/9/CCLD/PINs/2025/ASC/PIN-25-09-ASC.pdf>

Senate Bill 582

Scenario: your facility burned to the ground during the Palisades fire (don't worry – you were able to evacuate everyone safely to other facilities).....now what do you do?

1. Notify DSS (LPA) and request an inactive license status and state that the Licensee intends to become operational again by being rebuilt or reopening in the same location.
2. Licensees requesting inactive status must notify DSS within 90 days of the emergency or disaster proclamation or declaration that they seek to request inactive license status. Subject to DSS approval, DSS may extend the time to submit a request for inactive license status. (Inactive license status is limited to no more than two years.)
3. Subject to DSS approval, DSS may extend inactive license status beyond the two-year limit. During the period of inactive license status, DSS may waive, in whole or in part, annual or biennial licensing fees, as applicable, on a year-by-year basis.

Senate Bill 582

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Inactive license status = non-operational = do not operate your facility during this time!!!

If DSS suspects that you ARE operating the facility, they will come out to inspect you.



SB 403

This Bill relates to the End of Life Option Act.

This Bill removes the January 1, 2031 sunset date and makes this law now permanent.

What is the “End of Life Option Act”?

The California End of Life Option Act is a law enacted in June, 2016 by the California State Legislature which allows terminally ill adult residents in the state of California to access medical aid in dying by self-administering lethal drugs, provided specific circumstances are met, such as consent, etc.

REQUEST FOR AN AID-IN-DYING DRUG TO END MY LIFE IN A HUMANE AND DIGNIFIED MANNER

I, _____,
am an adult of sound mind and a resident of the State of California.

I am suffering from _____,
which my attending physician has determined is in its terminal phase and which has been medically confirmed.

I have been fully informed of my diagnosis and prognosis, the nature of the aid-in-dying drug to be prescribed and potential associated risks, the expected result, and the feasible alternatives or additional treatment options, including comfort care, hospice care, palliative care, and pain control.

I request that my attending physician prescribe an aid-in-dying drug that will end my life in a humane and dignified manner if I choose to take it, and I authorize my attending physician to contact any pharmacist about my request.

INITIAL ONE:

- I have informed one or more members of my family of my decision and taken their opinions into consideration.
- I have decided not to inform my family of my decision.
- I have no family to inform of my decision.

AB 251

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- This Bill, **opposed** by CALA, was introduced prior to 2025 and vetoed by the Governor but unfortunately, he signed it this year.
- It affects both RCFE's and ARF's and is effective January 1, 2026.
- This new law is in regard to elder abuse lawsuits and burden of proof.

AB 251

AB 251 amends Section 15657 and adds Section 15657.02 to the Welfare and Institutions Code (WIC).

Existing law applies a clear and convincing evidence burden of proof standard to cases that involve abuse, neglect, or abandonment of an elder or dependent adult.

Effective January 1, 2026, this bill provides that the court may apply the **lower** preponderance of evidence standard in cases that involve spoliation of evidence* (see next slide).



AB 251

The Welfare and Institutions Code defines “spoliation of evidence” as:

“the **intentional** improper alteration of evidence or the intentional concealment or destruction of records, documents, or other evidence that is done by a party, with the intent of preventing the evidence from being produced, and that has materially prejudiced the other party.”

This Bill focuses on (but is not limited to) potential RCFE- or ARF-caused physical abuse, neglect or abandonment violations (lawsuits).





What does this new law mean to our industry?

- INCREASED number of potential lawsuits with INCREASED monetary settlement payouts.
- Automatic accusations of spoliation in cases against RCFE's, SNF's and adult community care facilities (this is already happening, per CALA).

Discussion:

DSS requires that we keep resident files for a minimum 3 years, and then they can be destroyed.

If you have a situation with a resident/family member, how long do you think you should keep this past the 3 year mark?



Assembly Bill 1172

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- This Bill affects ARF's (does not affect RCFE's).
- Referred to as the "Seizure Emergency Response Act".
- This Bill authorizes a licensed facility or licensee, upon receipt of a request from a client, or the authorized representative of a client, who has been diagnosed with seizures, a seizure disorder, or epilepsy and who has been prescribed intranasal emergency antiseizure medication, to allow an administrator or authorized volunteer* to administer intranasal emergency antiseizure medication to the client during a seizure emergency.
- A Seizure Action Plan* must be created and implemented prior to the medication being administered.
- Important! Administrators and authorized volunteers may not administer intranasal emergency antiseizure medication until CDSS has adopted training standards and the training has been completed (by January 1, 2028).



*See next slide for definitions

Definitions:

Authorized volunteer = an employee of a licensee who has volunteered to administer intranasal emergency antiseizure medication, has been authorized by the licensee, and has received the training that will be developed by DSS by or before January 1, 2028.

Seizure Action Plan = a written, individualized health plan developed by the client or their authorized representative in consultation with a health care provider that is designed to prepare for, and respond to, the health care needs of a client diagnosed with seizures, a seizure disorder, or epilepsy who has been prescribed intranasal emergency antiseizure medication.

Assembly Bill 1172

For more information on the training program components in the Seizure Action Plan, go to:

https://ct35.capitoltrack.com/25/bill/ViewDoc?doc=//asm/ab_1151-1200/ab_1172_92_C_bill.pdf

Or read **PIN 25-09-ASC** on the DSS website

AB 1414

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This Bill, which goes into effect January 1, 2026, allows a tenant to opt out of a bulk-billing arrangement for internet services in an apartment building. It also states that if a landlord does not allow the opt out, the tenant may deduct the charge from rent and anti-retaliation rules apply.

Does this affect RCFE's? It is undetermined at this time as it really applies to multifamily tenant/landlord housing, such as an apartment building. CALA is working with their legal counsel to determine the bill's affect on RCFE's.

Discussion: do any Licensees currently charge their residents for internet services?

Assembly and Senate Bills that will NOT become law in 2026

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Assembly Bill 508

Senate Bill 433

Senate Bill 434

Senate Bill 435



Why discuss these since they did not become law?

Answer: Ideas don't die in Legislature, Bills do (which means that even though they got vetoed this year, it doesn't mean they won't come back in the future!!)

Bills that did
not become
law in 2026 –
AB 508

Staff ratio bill = defeated!



This would have required direct care
staff ratios to be posted by Licensees
on the facility's website every day.
EVERY DAY.

Bills that did not become law in 2026 – AB 508

This Bill would have.....

- required every RCFE to calculate a direct care ratio and maintain records of its direct care ratios for a minimum of 12 months.
- required RCFE's to disclose its direct care ratios to residents or the resident's representatives upon admission and any time there was a rate increase.
- required these disclosures to be provided in writing and signed by the resident, the resident's representative, or the Licensee or an employee of the Licensee to confirm receipt.
- required copies of the signed disclosure to be provided to the resident or the resident's representatives.
- required each RCFE to make its direct care ratios available to the public by specified means, including, among others, by posting the daily direct care ratio on the facility's internet website.

Bills that did not become law in 2026 – AB 508

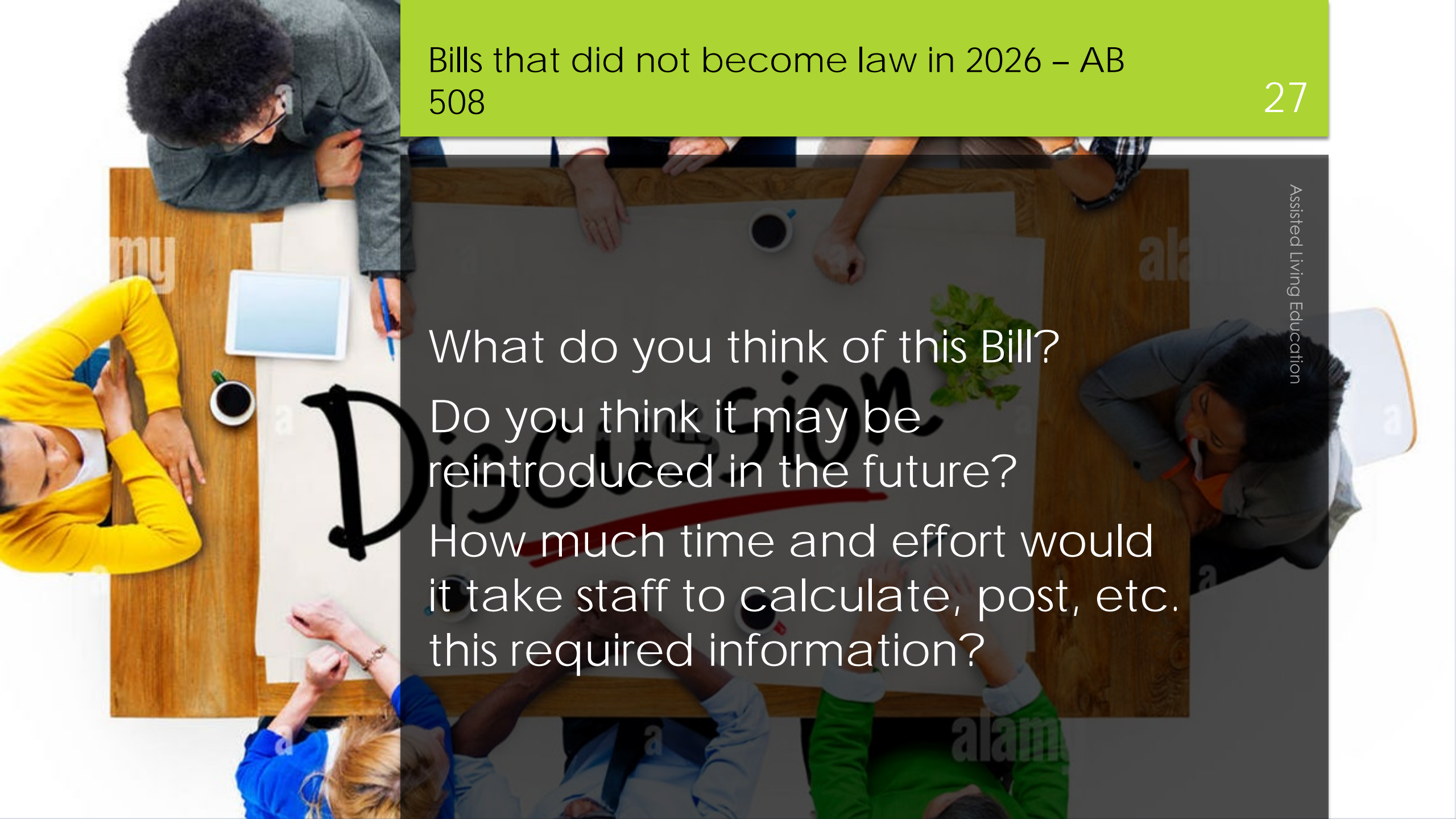
This Bill would have.....(cont'd)

- required the RCFE's internet website and any literature or internet website used to advertise the RCFE and the level of care provided by that facility to include a statement that direct care ratios are calculated on a daily basis, that direct care ratios are available to the public upon request for any given day within the prior 12 months, and that direct care ratios are required to be disclosed to residents or their representative at the points of time described above.
- required each RCFE to post the daily direct care ratio in locations visible to all residents, including, but not limited to, the lunchroom or lobby of the facility.

What do you think of this Bill?

Do you think it may be reintroduced in the future?

How much time and effort would it take staff to calculate, post, etc. this required information?



Bills that did not become law in 2026 – SB 433

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This Bill would have prohibited an RCFE that is contracted to receive Medi-Cal reimbursement for services provided to a resident enrolled in Medi-Cal from charging that resident a room and board rate exceeding the difference between their income, as defined, and the personal and incidental needs allowance set by the department for recipients of SSI/SSP in nonmedical out-of-home care.

This Bill would have essentially created rent control in licensed facilities.

Bills that did not become law in 2026 – SB 434

Current law requires that a Licensee of an RCFE provide a resident with a 30-day notice of eviction, except where DSS has approved the RCFE to provide a 3-day notice.

This Bill would have extended the length of notice that a licensee is required to provide to a resident to 30, 60, or 90 days, depending on the length of the resident's residency in the RCFE, among other factors relating to nonpayment of the rate for basic services within 10 days of the due date.

The Bill would have additionally required a Licensee of an RCFE to include in a notice of eviction documentation of the Licensee's reasonable efforts to create a safe discharge plan, and would require the plan to include a list of the resident's post-eviction needs, goals, and preferences, and a list of discharge locations that meet specified criteria, such as being financially practicable for the resident.

Bills that did not become law in 2026 – SB 435

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This Bill would have required an RCFE licensed for 16 or more residents to have an alternative source of power to protect residents' health and safety for no fewer than 72 hours during any type of power outage.

The Bill would have imposed specific compliance requirements based on whether the facility uses a generator as its alternative source of power, or batteries or a combination of batteries in tandem with a renewable electrical generation facility.

Be aware that this Bill/its contents may be reintroduced in the future!



2026 Employment Law Changes

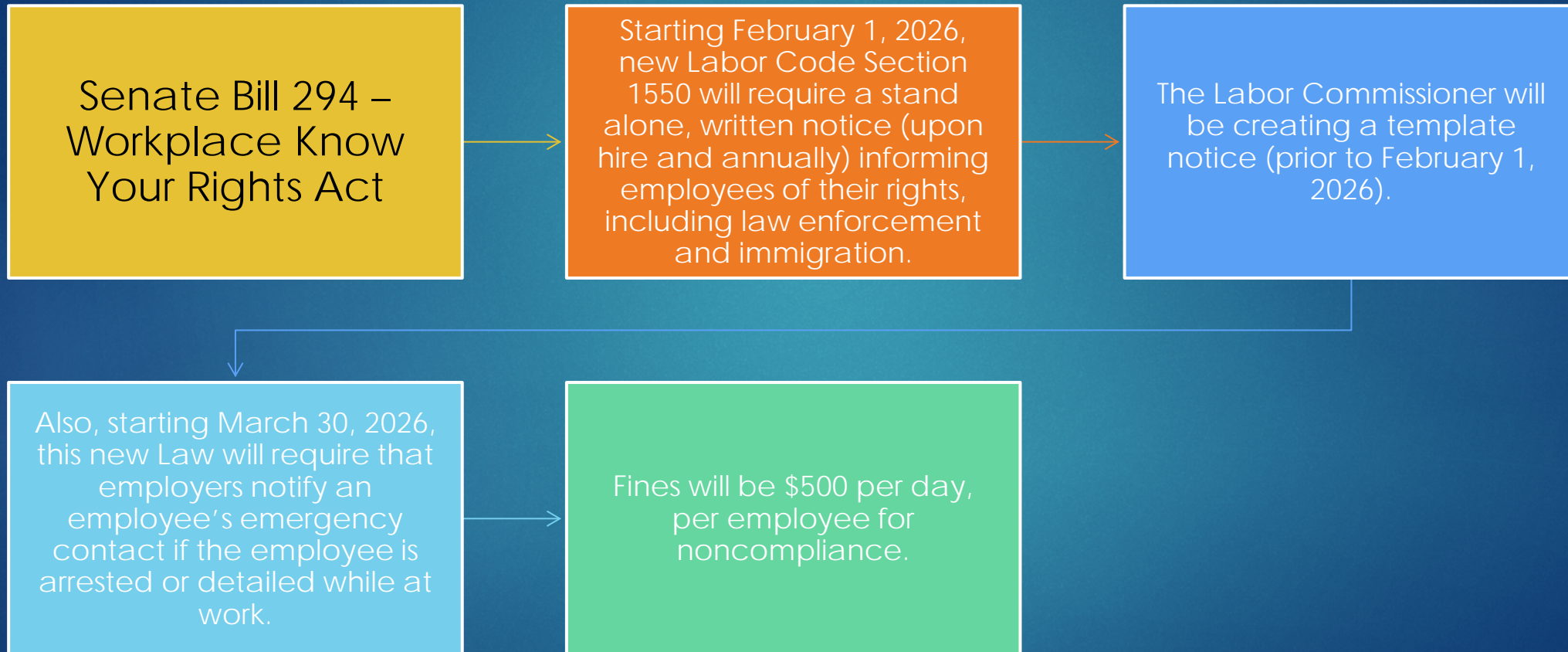
31

Assisted Living Education

Beginning January 1, 2026, California's minimum wage increases to \$16.90 per hour for all employers, regardless of size.

Beginning January 1, 2026, the minimum wage for a full-time exempt employee will be \$70,304 per year (\$5,858.67 per month).

2026 Employment Law Changes



Senate Bill 294

These employee rights include (but are not limited to):

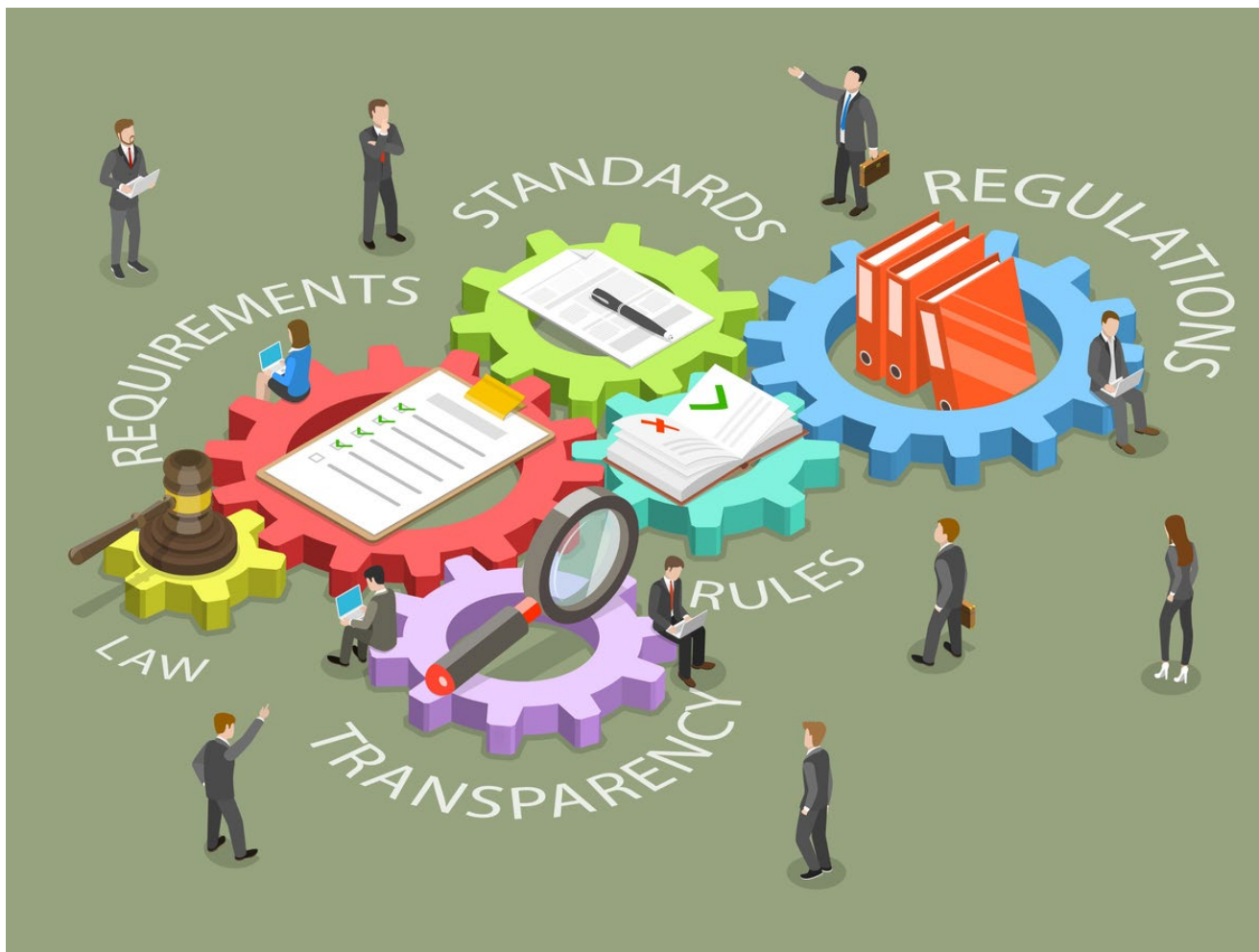
- The right workers' compensation benefits, including disability pay and medical care for work-related injuries or illness.
- The right to notice of inspection by immigration.
- Protection against unfair immigration-related practices against a person exercising protected rights.
- The right to organize a union or engage in concerted activity in the workplace.
- Constitutional rights when interacting with law enforcement at the workplace, including an employee's right under the Fourth Amendment to the United States Constitution to be free from unreasonable searches and seizures and rights under the Fifth Amendment to the United States Constitution to due process and against self-incrimination.

LEGISLATION

2025 RCFE Dementia Regulation Changes - REVIEW

DSS recently issued a “FAQ 2.0” to address questions that Licensees had on the updated dementia regulations. Click below to view the document and review key portions.

[https://www.cdss.ca.gov/Portals/9/CCLD/Dementia%20Care%20Information%20Webpage/250804%20Dementia%20Care%20Regulations%20FAQ%202_0%20\(PDF-Accessible\).pdf?ver=OBShkBF1Mf-IFB84UcYeRg%3d%3d](https://www.cdss.ca.gov/Portals/9/CCLD/Dementia%20Care%20Information%20Webpage/250804%20Dementia%20Care%20Regulations%20FAQ%202_0%20(PDF-Accessible).pdf?ver=OBShkBF1Mf-IFB84UcYeRg%3d%3d)



Review of Key 2025 Dementia Regulation Changes

Key Changes to Dementia Regulations

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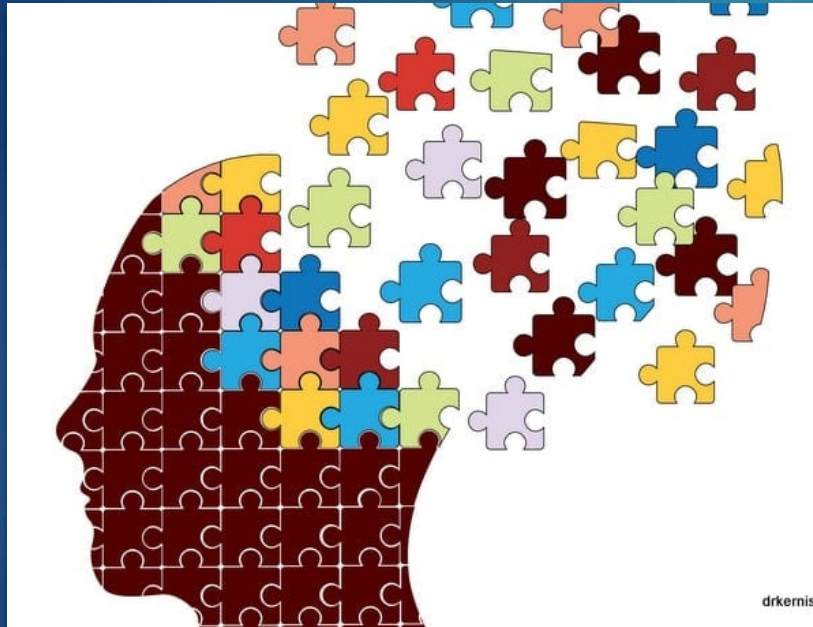
New definition:

"Behavioral expression" means behavior or behaviors displayed by a resident that may result in harm to self or others including, but not limited to, unsafe wandering as defined in subsection (u), or elopement as defined in subsection (e), expressions of frustration, disorientation, hallucinations, or lacking in hazard awareness or impulse control. Behavioral expression may be due to boredom, fear, overstimulation, perceived threat, fatigue, physical discomfort, pain, "Major Neurocognitive Disorder (major NCD)" as defined in subsection (m), or other causes including, but not limited to, medication interactions and/or illnesses such as urinary tract infections."



Key Changes to Dementia Regulations

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New definition:

“ “Dementia” means an overall term for diseases and conditions characterized by a progressive decline in memory, language, problem-solving and other thinking skills that are severe enough to interfere with a person's ability to perform activities of daily life. Dementia is a general term referring to “Major Neurocognitive Disorder (major NCD)” as defined in subsection (m).”

Key Changes to Dementia Regulations

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New definition:

"Elopement" occurs when a resident who is at risk of harm due to their cognitive condition leaves the facility unsupervised, or while in the licensee's care, leaves another safe location unsupervised."

Key Changes to Dementia Regulations

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Adds a brand new term:

“Major Neurocognitive Disorder” (major NCD) is a clinical term that describes substantially decreased cognitive or mental function due to a medical disease other than a psychiatric illness. Major NCD includes Alzheimer's disease and related disorders diagnosed by a licensed medical professional acting within their scope of practice. Related disorders considered to be major NCDs include, but are not limited to, vascular dementia, Lewy body dementia or Parkinson's disease, and frontotemporal dementia. Major NCDs cause impairment that is sufficient enough to interfere with independence in daily activities and may result in changes that include, but are not limited to, increased tendency to wander and decreased hazard awareness and ability to communicate.”



Key Changes to Dementia Regulations

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Expands upon the current definition to discuss oral instructions:

"Nonambulatory Person" means a person who is unable to leave a building unassisted under emergency conditions. It includes, but is not limited to, those persons who depend upon mechanical aids such as crutches, walkers, and wheelchairs. It also includes persons who are unable, or likely to be unable, to respond physically or mentally to a sensory signal approved by the State Fire Marshal, or an oral instruction relating to fire or other dangers and, if unassisted, to take appropriate action relating to such danger."

Key Changes to Dementia Regulations

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Adds the italicized statement regarding resident representatives (not assuming personal responsibility or liability for payment...):

“Representative” means an individual who has authority to act on behalf of the resident; including but not limited to, a conservator, guardian, person authorized as the agent in the resident's valid advance health care directive, the resident's spouse, registered domestic partner, or family member, a person designated by the resident, or other surrogate decisionmaker designated consistent with statutory and case law. *Without other legal obligation to the contrary, acting as a resident representative does not mean that the individual assumes personal responsibility or liability for payment of any charges incurred by the resident.*”

Key Changes to Dementia Regulations

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Adds this new definition:

“**Significant Change in Condition**” means a deterioration or improvement in a resident's physical, cognitive, behavioral, or functional condition that is significant enough to require an alteration of the services provided to the resident.



Key Changes to Dementia Regulations

Adds another new definition:

“**Unsafe wandering**” occurs when a resident at risk enters an area that is physically hazardous or contains items that are potential safety hazards. For example, unsafe wandering may occur when a resident enters another resident's room when doing so may lead to an altercation or contact with hazardous items.”



Key Changes to Dementia Regulations

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Addition to Section 87208 Plan of Operation:

The licensee shall have and maintain a current, written definitive plan of operation for the facility. ***The licensee shall operate the facility in accordance with the terms specified in the plan of operation and may be cited for not doing so.*** The plan and related materials shall be on file in the facility and shall be submitted to the licensing agency with the license application. Any significant changes in the plan of operation which would affect the services to residents shall be submitted to the licensing agency for approval.

Key Changes to Dementia Regulations

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Changes to Section 87219 Planned Activities:

Reworded/reorganized/added to the list of socialization activities required:

Activities may include, but are not limited to:

- Group discussion and conversation
- Reminiscence activities, such as looking at photos, letters, or greeting cards.
- Cultural and/or religious activities, such as holiday celebrations and cultural traditions.
- Other social activities such as arts, crafts, games, gardening, pet care, and other recreational activities promoting social interaction.

Key Changes to Dementia Regulations

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Changes to Section 87219 Planned Activities (cont'd):

Reworded/reorganized/added to the list of socialization activities required:

Activities may include, but are not limited to (cont'd):

- Cognitive and mental stimulation activities such as reading, writing, movies, crossword puzzles, board and card games and using the computer.
- Sensory stimulation, such as music therapy and aromatherapy, or tactile activities, such as pet therapy.
- Physical activities that maintain physical health including games, sports, exercises, and other similar activities that promote balance, strength, coordination, flexibility, and range of motion.

Outdoor area for residents:

Added "and have adequate shady areas" and removes requirement of "sufficient in size, comfortable and appropriately equipped for outdoor use" along with the addition of:

"The licensee shall provide sufficient space to accommodate both indoor and outdoor activities. Activities shall be encouraged by provision of:

- Outdoor activity areas that are easily accessible to residents, protected from traffic, and have adequate shady areas."



Key Changes to Dementia Regulations

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Deletes the requirement for daily newspapers and current magazines:

Section 87219, (j) now reads:

“The licensee shall provide sufficient equipment and supplies to meet the requirements of this section, including access to a variety of reading materials. Special equipment and supplies necessary to reasonably accommodate the individual physical and mental needs of residents shall be provided as appropriate.”

Key Changes to Dementia Regulations

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These changes affect Section 87303 Maintenance and Operation (and do not specifically relate to dementia):

Changes “non-skid” to “slip-resistant” and adds in “or flooring” and adds (A) below:

(5) Slip-resistant mats, strips, or flooring shall be used in all bathtubs and showers floors.

(A) All slip-resistant mats, strips, or flooring shall be in good repair and maintain slip-resistant properties.

Key Changes to Dementia Regulations

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These changes affect Section 87303 Maintenance and Operation (and do not specifically relate to dementia) (cont'd):

Rewords waste Reg and removes the word "solid" from waste description and reference to "movable bins":

(f) All waste shall be located, stored, and disposed of in a manner that will not transmit communicable diseases or odors, pose a risk to health and safety, or provide a breeding place or food source for insects or rodents.

(1) All containers storing waste shall be in good repair, free of leaks, and emptied in a timely manner.

(3) All outdoor containers, such as garbage receptacles or dumpsters, shall provide suitable access and a drainage to allow complete cleaning at the storage area.

Key Changes to Dementia Regulations

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Section 87307 Personal Accommodations and Services

2024 Regulations: “safety modifications shall include, but not limited to, **inaccessibility** of ranges, heaters, wood stoves, inserts, and other heating devices to residents with dementia.”

2025 Regulations: “The licensee shall **supervise**when residents are in proximity to or when there is use of the following items.

(1) Ranges, ovens, heaters, fireplaces, wood stoves, inserts, and other heating devices.

(A) Heating devices shall have protective mechanisms or other measure to prevent access to the device, or to make it inoperable when not in use, in order to reduce the risk of burns or fire.

Key Changes to Dementia Regulations

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Section 87307 Personal Accommodations and Services (cont'd)

Addition:

- (f) The licensee shall supervise residents as needed and as determined by the resident's appraisal.....when residents are in proximity to birdbaths, fountains, or similar smaller decorative water features."



Section 87309 Storage Space and Access:

- Moved the firearm regulation to a different section (87507)
- Refers to poisons as “poisonous substances” now
- Adds in a section about chemicals being poured from original containers into unlabeled containers (i.e., 409):
 - (2) Any items in subsection (a)(1) that are transferred from their original container to another container shall have a legible label that indicates:
 - (A) Name of product on the original container.
 - (B) Any product warnings indicated on the original label.

Key Changes to Dementia Regulations

Section 87455 Acceptance and Retention Limitations:

- No *major* changes other than adding statements such as “allowing residents to age in place in the least restrictive environment when appropriate....”
- It does, however, remove the regulation that states a resident cannot be admitted or retained if “The resident's primary need for care and supervision results from....an ongoing behavior, caused by a mental disorder, that would upset the general resident group...”

Key Changes to Dementia Regulations

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Section 87457 Pre-Admission Appraisal:

Now states (regarding the pre-admission appraisal) (new items highlighted in yellow):

“The appraisal shall **document**, at a minimum,:

- An evaluation of the prospective resident's functional capabilities, mental condition, and social factors as specified in Sections 87459, Functional Capabilities and 87462, Social Factors.
- **Whether the prospective resident's or other residents' safety would be at risk if the prospective resident is allowed access to any of the items specified in Section 87307, Personal Accommodations and Services and in Section 87309, Storage Space and Access.”**

Key Changes to Dementia Regulations

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Section 87458 Medical Assessment:

- Changes “physician” to “licensed medical professional acting within the scope of their practice”.
- Deletes the reference to using the LIC 602A form (Physician’s Report). Now called a “medical assessment”. Other forms can be used as long as they have all of the information included on the LIC 602A.
- Deletes the requirement for annual medical assessments for residents with a dementia diagnosis.
- Adds requirement for annual, updated medical assessments for ALL residents, regardless of diagnosis. Residents/responsible parties may refuse this request; if so, this MUST be documented in the resident’s file.
- Deletes the reference to a “secondary diagnosis” and just calls it “diagnoses”.

Key Changes to Dementia Regulations

Section 87458 Medical Assessment (cont'd):

Adds:

- (c) The medical assessment shall include, but not be limited to:
 1. A physical examination of the resident indicating the licensed medical professional's diagnosis or diagnoses and results of an examination for all of the following:
 - a. Communicable tuberculosis.
 - b. Infectious diseases.
 - c. Contagious diseases.
 - d. Other medical conditions.

Key Changes to Dementia Regulations

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Section 87563 REAPPRAISALS:

Adds more specific types of “significant changes in condition” that must be documented in the reappraisal, if appropriate, such as:

- Physical trauma, such as a heart attack or stroke
- Cognitive functions, such as thinking, remembering, reasoning, exercising judgement, and decision-making.
- Behavioral expression, as defined in Section 87101, Definitions, that may result in harm to self or others, such as unsafe wandering, elopement, hallucinations, lacking in hazard awareness, or lacking in impulse control.

Key Changes to Dementia Regulations

60

Section 87563 REAPPRAISALS:

Adds more specific types of “significant changes in condition” that must be documented in the reappraisal, if applicable, such as (cont’d):

- A mental or social trauma, such as the loss of a loved one.
- Illness or injury that results in a significant change in the health care or dietary needs of the resident.
- Whether the resident’s and other residents’ safety would be at risk if the resident is allowed to have access to any of the items specified in Section 87307, Personal Accommodations and Services and in Section 87309, Storage Space and Access.

Key Changes to Dementia Regulations

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Section 87563 REAPPRAISALS (cont'd):

Adds documentation requirements for when a resident has a behavioral expression(s) that caused or may cause harm to the resident or others:

“(c) If the licensee observes or is made aware of behavioral expression...that has caused or may cause harm to the resident or others, the licensee shall document all of the following in the resident’s reappraisal:

- (1) A description of the behavioral expression.
- (2) If known, identification of events occurring just prior to the behavioral expression including, but not limited to, interactions with other residents or staff, sudden or recent changes in the physical environment, signs of possible new physical illness or injury (such as fever, cough, urinary urgency, or limping), overstimulation (such as from noise or visitors), or physical sensations a resident may not be able to express verbally that may include, but are not limited to, fatigue, heat, cold, pain, hunger, thirst, boredom, fear, wanting to walk, or need for toileting.
- (3) Interventions to be implemented to minimize the risks to the health and safety of the resident or others associated with the resident's behavioral expression. The licensee shall use the least restrictive intervention to manage the behavioral expression based on the individual needs of the resident.”

Key Changes to Dementia Regulations

Section 87563 REAPPRAISALS (cont'd):

Reminds the licensee that any significant change of condition must be immediately brought to the attention of the appropriately licensed medical professional and if applicable, other specialized care providers, along with the resident and, if applicable, the resident's representative. This information must all be documented.



Key Changes to Dementia Regulations

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Assisted Living Education

Section 87563 REAPPRAISALS (cont'd):

Adds: Annually or when there is a significant change in condition that the licensee must have an in-person or virtual meeting or conference call with the resident, their representative (if any) and appropriate facility staff.

More details:

- When this occurs, the licensee must evaluate staffing needs to ensure that there is a sufficient number of direct care staff to support each resident's physical, social, emotional, safety and health care needs, as identified in their current appraisal.

Section 87507 ADMISSION AGREEMENTS

The dementia regulation changes now add a requirement that:

“ Admission Agreements shall specify the following:

- all policies concerning the retention or prohibition of firearms by residents of the facility.
- If the licensee permits residents to retain firearms at the facility, such firearms shall be stored in compliance with Health and Safety Code section 1569.282.”

Key Changes to Dementia Regulations

Sections 87705 CARE OF
PERSONS WITH DEMENTIA and
87706 ADVERTISING DEMENTIA
SPECIAL CARE,
PROGRAMMING, AND
ENVIRONMENTS

Section 87707 has been
deleted from Title 22



Key Changes to Dementia Regulations

Key changes/additions/deletions:

Nothing notable has been removed, just reorganized, such as deleting items from 87705 and moving them to different Sections of Title 22.

The training requirements for facilities that accept residents with dementia are the same – no changes.

Fire and earthquake drill training references have been deleted from 87705 and 87706.

Uses updated language like “behavioral expression”.

Key Changes to Dementia Regulations

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Key changes/additions/deletions (cont'd)

Deletes the regulation that states “The following shall be stored **inaccessible** to residents with dementia:

- (1) Knives, matches, firearms, tools and other items that could constitute a danger to the resident(s).
- (2) Over-the-counter medication, nutritional supplements or vitamins, alcohol, cigarettes, and toxic substances such as certain plants, gardening supplies, cleaning supplies and disinfectants”

....because the new regulations state that these items *might* be allowed based on the resident’s pre-admission and subsequent assessments (“person centered care” focus).

Key Changes to Dementia Regulations

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Regulation 87705(f) pertains to licensees that lock exterior doors or perimeter fence gates.

Adds the requirements that "all facility staff on all shifts have access to, and know how to use, equipment needed to unlock exterior doors or perimeter fence gates."

Key Changes to Dementia Regulations

What do Licensees need to do when Regulations are changed?

1. Review your Plan of Operation. Update, if necessary. Submit to DSS for review.
2. Review your Admission Agreement and Admission Policies. Update, if necessary. Submit to DSS for review.
3. Review our facility's policies and procedures. Update, if necessary.
4. Train staff on new policies and procedures.
5. Start using updated forms, if required.

LEGISLATION

2025 Laws/Bills- REVIEW

Senate Bill 1406

- Effective January 1, 2025, there are two separate parts to this Bill:
 1. This Bill adds to the Resident Rights: The resident has the right to request, refuse, or discontinue a service (which they always had but it is now being stated in writing).

DISCUSSION POINT: *What if the resident refuses services that you KNOW they need? For example, medication assistance and the resident is exhibiting signs of dementia.....*

Senate Bill 1406

2. Law requires a licensee of an RCFE that increases the rates of fees for residents or makes increases in any of its rate structures for services to provide at least 60 days' prior written notice to the residents or the residents' representatives of the amount of the increase, the reason for the increase, and a general description of the additional costs, except with respect to an increase in the rate due to a change in the level of care of the resident. This Bill extends the required written notice period to 90 days and would require the licensee to provide the reason or reasons for the increase in the written notice.

The law requires general internists and family physicians who have a patient population of which over 25% are 65 years of age or older to complete at least 20% of all mandatory continuing education hours in a course related to geriatric medicine or the care of older patients.

This Bill revises the above-described training to include "special care needs of patients with dementia".

Labor-Related AB's/SB's

74

2024 Senate Bill 525:

This Healthcare Worker minimum wage increase will result in SIGNIFICANT cost increases throughout the healthcare field!

Does this affect RCFE's and ARF's? Not directly unless they are affiliated by an acute care provider or owned, operated or controlled by a hospital but it puts indirect wage pressure on our industry!!!!

Here is the rate increase breakdown:

June 1, 2024 to May 31, 2026 = \$21.00 per hour

June 1, 2026 to May 31, 2028 = \$23.00 per hour

June 1, 2028 to....? = \$25.00 per hour



2025 Labor Law Changes - REVIEW

Effective January 1, 2025, this Bill makes it an unlawful employment practice for an employer to include a statement in various employment materials that an applicant must have a drivers license unless the employer reasonably expects the duties of the position to require driving and the employer reasonably believes that satisfying that job function using an alternative form of transportation would not be comparable in travel time or cost to the employer, as specified.





DSS Form Changes

Recent Form Changes

78

LIC 300A
AND B

LIC 602A

LIC
613C-2

LIC 9163

LIC 9214

The LIC 300A and 300B Form

Both of these forms (created in September, 2025) pertain to the removal of an employee from your facility.

LIC 300A is titled "Removal Confirmation – Exemption Needed" and LIC 300B is titled "Removal Confirmation – Denial".

California Health & Human Services Agency

California Department of Social Services

CONFIRMATION OF REMOVAL

FOR: _____

Date: _____

This is to confirm that the Department of Social Services, Care Provider Management Branch, informed you that the person identified above must be removed from your facility/organization/home. The individual must be removed because of the nature of their criminal history.

If you wish to have the individual return to your facility/organization/home, the individual must have a criminal record exemption. To request an exemption on the individual's behalf, you must submit the information outlined in the Immediate Action Required letter sent to you.

To confirm that the individual has been removed from your facility/organization/home, you must sign below and return the entire notice, **within five (5) days** of the date of this notice to the address below. Retain a copy of the signed notice for your records.

Regional Office or Home Care Services Branch: _____

Address: _____

City/State/Zip Code: _____

Failure to immediately remove the individual and return this notice within five (5) days will result in an assessment of civil penalties and/or a disciplinary action including suspension of your license. If you have any questions regarding this letter, you may contact your local regional office or home care services branch.

The LIC 602A Form (RCFE use)

The Medical Assessment Form (formerly Physician's Report) was updated in April, 2025.

You do not need to recreate reports for current residents; use this form for new residents and those needing updated medical assessments.

MEDICAL ASSESSMENT FOR RESIDENTIAL CARE FACILITIES FOR THE ELDERLY

NOTE TO LICENSED MEDICAL PROFESSIONAL: The person/patient named below is either a prospective resident or resident of a Residential Care Facility for the Elderly (RCFE) licensed by the Department of Social Services. The licensee is required to provide primarily non-medical care and supervision to meet the needs of that person/patient. The information that you provide about this person/patient is required by law to assist in determining whether the person/patient is appropriate for care in this non-medical facility [California Code of Regulations (CCR), Title 22, Section 87458, Medical Assessment]. THESE FACILITIES CANNOT PROVIDE SKILLED NURSING CARE.

This form is provided as a courtesy to prospective residents/residents and licensees.

(Please attach separate pages if needed.)

I. FACILITY INFORMATION (To be completed by the licensee/designee)

NAME OF FACILITY/FACILITY CONTACT PERSON	PHONE NUMBER	E-MAIL ADDRESS
ADDRESS	CITY	ZIP CODE

II. PROSPECTIVE RESIDENT/RESIDENT INFORMATION (To be completed by the prospective resident/resident or prospective resident's/resident's legal representative)

NAME	DATE OF BIRTH	AGE
ADDRESS	CITY	ZIP CODE

III. AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

(To be completed by prospective resident/resident or prospective resident's/resident's legal representative)

I hereby authorize release of medical information in this report to the facility named above.

I acknowledge that by providing my electronic signature for this form, I agree my electronic signature is the legal binding equivalent to my handwritten signature. I hereby confirm that my electronic signature represents my execution of authentication of this form, and my intent to be bound by it.

The LIC 602A Form

FORM UPDATES (detailed):

- ▶ Removal of reference to “physician” to allow other “licensed medical professionals acting within the scope of their practice” to complete the form.
- ▶ Updated definitions for Mild Cognitive Impairment (MCI) and Major Neurocognitive Disorder (major NCD).
- ▶ Dedicated sections to address cognitive conditions, infectious diseases, contagious diseases, and other medical conditions.
- ▶ Updated fields to collect information about a prospective resident’s or resident’s physical health status, capacity for self-care, mental health status, behavioral expressions, being safe to have access to specified items, and medication management, with dedicated comments sections.
- ▶ Updated section on ambulatory status.
- ▶ Added language to clarify the form is provided as a courtesy.

The LIC 613C-2 Form (RCFE use)

The Resident Rights
form was updated
in March, 2025.
Are you using this
new form??

PERSONAL RIGHTS OF RESIDENTS IN PRIVATELY OPERATED RESIDENTIAL CARE FACILITIES FOR THE ELDERLY

EXPLANATION: This form describes the personal rights of residents in privately operated Residential Care Facilities for the Elderly (RCFEs). It also provides the nondiscrimination notice to, and complaint information for, a resident and if applicable, their representative. A signed copy of these rights and nondiscrimination notice shall be retained in the resident's file maintained by the licensee. This form is provided as a courtesy to licensees.

California Code of Regulations, Title 22, Section 87468, Personal Rights of Residents, requires that a resident and if applicable, their representative be personally advised of the personal rights and nondiscrimination notice described on this form and given a copy of the rights and nondiscrimination notice at the time the admission agreement is signed. As a best practice, facility staff and if applicable, a resident's representative should explain these rights and nondiscrimination notice to the resident in a manner appropriate to the resident's needs.

A licensee is required to post the personal rights, nondiscrimination notice, and complaint information in a prominent area accessible to residents, representatives, and the public. The personal rights, nondiscrimination notice, and complaint information shall be posted in English and in any other language in which at least 5% of the residents can only read that other language.

To file a complaint regarding any licensed care facility, contact the Centralized Complaint and Information Bureau of the California Department of Social Services Community Care Licensing Division Hotline at:

Phone: 1-844-LET-US-NO (1-844-538-8766)

E-Mail: LetUsNo@dss.ca.gov

Mail: California Department of Social Services
Community Care Licensing Division
Centralized Complaint and Information Bureau
744 P Street
Sacramento, CA 95814

To report known or suspected elder abuse, please contact the Statewide Ombudsman toll free 24-hour CRISIS line at 1-800-231-4024, the local Police Department and Sheriff's Department, or the Bureau of Medi-Cal Fraud and Elder Abuse at 1-800-722-0432.

The local Long-Term Care Ombudsman's Office telephone number is _____.

The LIC 9163 Form

California Health & Human Services Agency California Department of Social Services

REQUEST FOR LIVE SCAN SERVICE - COMMUNITY CARE LICENSING

Applicant: If you intend to use Guardian, please start this process at the Guardian Applicant site (<https://guardian.dss.ca.gov/Applicant>). Working with your Facility/Organization, you will be able to retrieve a prepopulated Live Scan form which helps ensure accuracy and reduce possible delays.

1. ORI: A0448

2. Working Title: (Check one) Adult Resident other than Client Employee RFA Relative
 License, Certification, Applicant Volunteer Home Care Aide Registry Applicant

3. Authorized Applicant Type: _____
(Enter from list on Page 2, "DOJ Abbreviated CCLD Facility/Organization Type")

4. Contributing Agency information:

CA Dept of Social Services			03502
Agency authorized to receive criminal history information			Mail Code (five-digit code assigned by DOJ)
PO BOX 94244	Mail Station T9-15-62	N/A	
Street Address or PO Box			Contact Name (Mandatory for all school submissions)
Sacramento	CA	94244-2430	N/A
City	State	Zip Code	Contact Telephone No.

5. Applicant Information:

Name of Applicant: (Please print) _____

AKA's: _____

Sex: Male Female Nonbinary/Unspecified

DOB: _____ HT: _____ WT: _____

Eye Color: _____ Hair Color: _____

Last, First, MI. _____
CDL/CA ID No. _____

Misc No.: **BIL** - _____
Agency Billing Number (if applicable)

Misc No.: _____
Permanent Resident Card,
Out-of-State Driver's License or I.D.

Mailing Address: _____

This LiveScan form used for fingerprinting was updated in January, 2025.

It states " Applicant: If you intend to use Guardian, please start this process at the Guardian Applicant site (<https://guardian.dss.ca.gov/Applicant>). Working with your Facility/Organization, you will be able to retrieve a prepopulated Live Scan form which helps ensure accuracy and reduce possible delays."

The LIC 9214 Form

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APPLICATION FOR ADMINISTRATION CERTIFICATION
form for applying for an RCFE or ARF Administrator
Certificate or renewing the Certificate.

Updated in July, 2025.

The update includes better instruction on how to
complete this form – DSS reports that many forms
are filled out incorrectly, resulting in fines and late
fees!! Make sure you complete this correctly!





Community Care Licensing Division

Welcome to the Community Care Licensing Division

We serve the most vulnerable people of California and our mission is to promote the health, safety, and quality of life of each person in community care through the administration of an effective and collaborative regulatory enforcement system.

Adult Care



Child Care



Children's Residential



Continuing Care



Home Care Services



Senior Care



Contact Us

Community Care Licensing Division
744 P Street, MS 8-17-17
Sacramento, CA 95814
email: cclwebmaster@dss.ca.gov

CCLD Complaint Hotline
1-844-LET-US-NO (1-844-538-8766)
email: letusno@dss.ca.gov
[Information regarding filing a complaint](#)



Quick Links

- About Us
- [Inspection Process Project](#)
- [Key Indicator Tool Report](#)
- [Workload Study Report](#)
- [Assembly Bill 388 Report of Law Enforcement](#)
- [Contacts with Children's Facilities](#)
- [Administrator Certification](#)
- [Background Check Process](#)
- [CCLD Policies and Procedures](#)
- [Laws and Regulations](#)
- [Provider Information Notices \(PINs\)](#)
- [Quarterly Updates](#)
- [ASCP Centralized Applications Bureau](#)
- [Register for Online Orientation](#)
- [Health and Safety Information](#)
- [Other Links and Partner Agencies](#)
- [Most Commonly Cited Deficiencies](#)
- [Technical Support Program](#)
- [Parent's Guide to Choosing Child Care](#)



2026 and 2025 PIN's

PIN's



Sign up with DSS to receive these PIN's when they are released:



ccldpolicynotification@dss.ca.gov

Notable 2026/2025 PIN's

Notable PIN's to review and discuss:

2026 PIN's

PIN 25-09-ASC titled 2025 CHAPTERED LEGISLATION AFFECTING ADULT AND SENIOR CARE FACILITIES: SUMMARY AND IMPLEMENTATION

PIN 25-07-ASC titled AUTHORITY OF CONSERVATORS AND AGENTS UNDER POWERS OF ATTORNEY RELATED TO CLIENTS' RIGHTS

PIN 25-06-ASC titled CALLING 9-1-1 IN RESIDENTIAL CARE FACILITIES FOR THE ELDERLY (RCFE) (this will be discussed in the upcoming slides)



Children's Residential



Continuing Care



Home Care Services



Senior Care

- [Child Care Program](#)
- [Children's Residential Program](#)
- [Continuing Care Contracts Bureau](#)
- [Home Care Services Branch](#)
- [Senior Care Program](#)

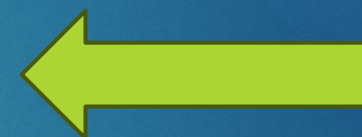
Regional Contacts

- [Adult and Senior Care Regional Offices](#)
- [Child Care Regional Offices](#)
- [Children's Residential Regional Offices](#)

CCLD Resources

- [Administrator Certification](#)
- [Assembly Bill 388 Report of Law Enforcement](#)
- [Care Provider Management Branch](#)
- [CARE Tools](#)
- [CCLD Data Hub](#)
- [CCLD Policies and Procedures](#)
- [Child Care Facility Fatality Data](#)
- [Dementia Care Information and Resources](#)
- [Disaster Response](#)
- [Email Blasts \(E-Blasts\)](#)
- [Guardian Home Page and User Portal](#)
- [Health and Safety Information](#)
- [Heat Prevention](#)
- [Inspection Process Project](#)
- [Laws and Regulations](#)
- [LiveScan Application Process & Fees](#)
- [Monkeybox \(MPX\) Resources](#)

DSS Email Blasts



ARE YOU READING THESE
EMAIL BLASTS?

DSS - Technical Support Program

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Assisted Living Education

Have you had a chance to look at this very helpful page on the DSS website? It pertains to both RCFE and ARF programs.

Click here to review key information, such as previous Webinars that address topics such as writing a plan of correction and exceptions and waivers. Great info!!!

<https://www.cdss.ca.gov/inforesources/community-care/resource-guide-for-providers>

Quarterly Updates

You can find these on the DSS website at:

<https://www.cdss.ca.gov/inforesources/community-care/self-assessment-guides-and-key-indicator-tools/quarterly-updates>

DSS has not provided Quarterly Updates since Winter, 2023.....



A person wearing a dark blue long-sleeved shirt is holding a white ceramic mug with both hands. The mug has the words "LIKE A BOSS" written on it in a black, hand-drawn, sans-serif font. The person's hands are visible, and they are wearing several rings. The background is a plain, light-colored wall.

Administrators

Administrator Certification

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DSS announced through PIN 23-19-CCLD that effective January 17, 2024, **renewals** of ARF and RCFE Administrator certificates can be done through an online portal.

The portal will allow eligible administrators to:

- Access their account online
- Submit a renewal application
- Pay application and delinquency fees
- Submit proof of completion of continuing education units (CEUs)
- Check the status of their renewal application
- Print or save a copy of their issued certificate



Administrator Certification

Here is the link to access this portal information site:

<https://www.cdss.ca.gov/inforesources/cdss-programs/community-care-licensing/administrator-certification/online-application-portal-information>

Note this important information from DSS:

“IMPORTANT: If you have already mailed your renewal application, DO NOT renew in the portal. ACB will process your application in the order received according to processing timelines. Once ACB processes the application you mailed in, it will be recorded in the portal and you will receive an email notification. If you already mailed in your application and you try to renew in the portal, the system may flag it as delinquent and apply additional fees.”

Administrators

Per the DSS website*, as of November 19, 2025, ACB is currently processing administrator applications received:

Initials - the week of September 29, 2025

Renewals - the week of October 6, 2025

DSS has offered the following considerations to provide some relief to the provider community as related to the ACB applications backlog:

- For facility license approval
- For critical need
- For facility inspections

*Source: <https://www.cdss.ca.gov/inforesources/community-care/administrator-certification/administrator-information/active-certificates>

Other Important Information

Calling 911

DSS issued PIN 25-06-ASC titled CALLING 9-1-1 IN RESIDENTIAL CARE FACILITIES FOR THE ELDERLY (RCFE).

Due to the unhappy first responders, who are called out to our facilities just to assist a resident who has fallen and do not understand our regulations, DSS has issued guidance in what instances a facility must call 911 and instances that do not warrant a 911 call.

Calling 911 – Summary of PIN 25-06-ASC

1. This PIN must be posted/kept in the facility where all residents and facility staff as well as families and representatives of residents in the facility can access it and give copies of pages 6-8 to residents, staff and family members/representatives.
2. The Regulations only reference calling 911 in one area – Title 22, Section 87645. They state “The licensee shall immediately telephone 9-1-1 if an injury or other circumstance has resulted in an imminent threat to a resident's health including, but not limited to, an apparent life-threatening medical crisis except as specified in Sections 87469(c)(2), (c)(3), or (c)(4).”
3. This PIN lists potential 911-worthy calls and also lists alternatives to calling 911 for non-imminent threats.

Calling 911 – Summary of PIN 25-06-ASC



Click on this link to review and discuss this PIN in its entirety (pages 1-5):

<https://www.cdss.ca.gov/Portals/9/CLD/PINs/2025/ASC/PIN-25-06-ASC.pdf>

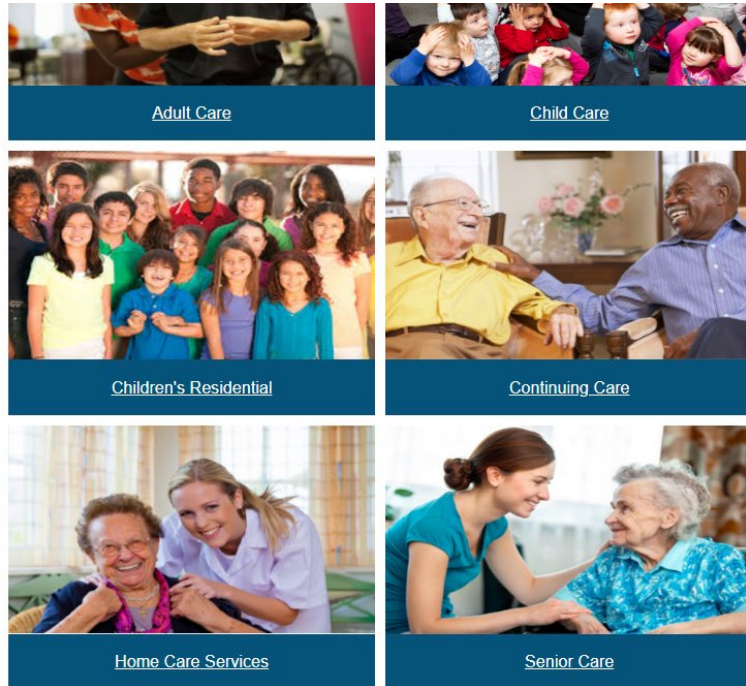
Plan of Correction

Your LPA has just visited your facility due to a complaint.

The LPA cites your facility and requires a Plan of Correction be written to address the citation.

Who writes this Plan?

Per DSS, the Plan should be written by the Licensee, NOT THE LPA.



Quick Links

CCLD Organization

- [About Us](#)
- [Adult Care Program](#)
- [ASCP Centralized Applications Bureau](#)
- [Child Care Program](#)
- [Children's Residential Program](#)
- [Continuing Care Contracts Bureau](#)
- [Home Care Services Branch](#)
- [Senior Care Program](#)

Regional Contacts

- [Adult and Senior Care Regional Offices](#)
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- [Guardian Home Page and User Portal](#)
- [Health and Safety Information](#)
- [Heat Prevention](#)
- [Inspection Process Project](#)
- [Laws and Regulations](#)

Compliance and Regulatory Enforcement (CARE) Tools

DSS has updated these inspection tools to include the new 2025 dementia regulations.



CARE Tools for Adult Care Facilities

Adult Care Pre-Licensing Tools

- [Adult Day Program \(ADP\) Pre-Licensing Tool](#)
- [Adult Residential Facility \(ARF\) Pre-Licensing Tool](#)
- [Adult Residential Facilities for Persons with Special Health Needs \(ARFPSHN\) Pre-Licensing Tool](#)
- [Community Crisis Homes \(CCH\) Pre-Licensing Tool](#)
- [Enhanced Behavioral Support Homes \(EBSH\) Pre-Licensing Tool](#)
- [Residential Care Facilities for the Chronically Ill \(RCFCI\) Pre-Licensing Tool](#)
- [Social Rehabilitation Facility \(SRF\) Pre-Licensing Tool](#)

Adult Care Standard Tools

- [Adult Day Program \(ADP\) Standard Tool](#)
- [Adult Residential Facilities \(ARF\) Standard Tool](#)
- [Adult Residential Facilities for Persons with Special Health Needs \(ARFPSHN\) Standard Tool](#)
- [Community Crisis Homes \(CCH\) Standard Tool](#)
- [Enhanced Behavioral Support Homes \(EBSH\) Standard Tool](#)
- [Residential Care Facilities for the Chronically Ill \(RCFCI\) Standard Tool](#)
- [Social Rehabilitation Facilities \(SRF\) Standard Tool](#)

CARE Tools for Senior Care Facilities

Senior Care Pre-Licensing Tool

CARE Tools –

ARF's and RCFCI's have their own specialized tools and include pre-licensing checklists and annual inspection checklists.

Care Tools



The CARE tools are in an Excel spreadsheet format.



Each tab at the bottom of the spreadsheet indicates a different subject/department (i.e., infection control).



Use these checklists to prepare your facility for your annual audit.

Changes to LVN Scope of Practice

Effective October 1, 2025, regulations impacting the LVN scope of practice have changed. How does this affect our facilities?

LVN's should know what they can and cannot do in our facilities and we are not responsible for policing them, but if you DO see that they are performing a treatment/etc. that they are not supposed to, you should report it.



LVN Scope of Practice

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To review the list of tasks LVN's can and cannot do, click on this link from the Board of Vocational Nursing and Psychiatric Technicians:

<https://www.bvnpt.ca.gov/>



Video Surveillance Cameras

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Assisted Living Education




Are surveillance cameras allowed in facilities???

- ❖ Allowed in public areas, such as the entryway or dining room, but ONLY with an approved waiver from DSS (see upcoming slides on waiver).
- ❖ DSS now allows cameras in resident rooms – with a waiver from DSS IF the facility is the one installing it; a waiver is not required if the resident/resident's family installs it.
- ❖ BUT.....audio is **not allowed**. Why??

Video Surveillance Cameras

Why is audio not allowed? California law forbids recording or audio surveillance without the permission of all parties involved (staff, residents, guests, etc.).



What about Alexa or other two-way communication systems? Ask DSS for a waiver and post a visible sign on the resident's door stating that the device is in use and they may be subject to audio surveillance.

Video Surveillance Cameras

Why are these cameras so controversial?

1. The Licensee is responsible for “the promotion and protection of clients’ or residents’ right to privacy and dignity as required by existing regulations.*” Are the cameras violating these rights – are you spying on them?
2. Some Licensees are using these cameras as a substitute for staff. This is not allowed.

*Source: DSS Evaluator Manual – *Office Functions*; page 20.11; July, 2018



Video Surveillance Cameras

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Waiver vs. Update to the Facility's Plan of Operation

Waiver – required if video surveillance exists outside of common areas (bedrooms, private room, etc.). *Note: the resident has the right to revoke his/her informed consent verbally or in writing. If revoked, the Licensee would be required to shut off the video surveillance in the applicable private areas for that resident.*

Video Surveillance Cameras

You decide you DO want a camera(s) in your facility. Now you must prepare the following and submit this to your LPA (as part of your facility's Plan of Operation):

1. Admission Agreement and Policies:
 1. Description of how video surveillance would not be utilized in any private area if the resident or resident's legally authorized representative did not sign a statement of informed consent or revoked a signed statement of informed consent.
 2. Informed consent, specific to the facility's use of video surveillance and specific to the area(s) under video surveillance, must be signed by the resident or the resident's legally authorized representative, if applicable.

Video Surveillance Cameras

Add (cont'd):

2. Personnel Policies:

1. Address training requirement for staff using the video surveillance equipment;
2. Address how staff will protect the privacy and confidentiality of residents; and
3. Clarification that the facility personnel must be sufficient in numbers to meet the residents' needs as video surveillance does not substitute for adequate staff.

Video Surveillance Cameras

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Add (cont'd):

3. Facility sketch:

1. Provide a description of the physical signs that will be posted in the areas that will be subject to video surveillance; and
2. Sketch where each camera will be located and the area captured by each camera.

Video Surveillance Cameras

Add (cont'd):

4. B7 – Facility Program Description:
 1. Video surveillance – a description of the use of the video surveillance in the facility and how residents' privacy and confidentiality will be protected as it relates to the following:
 1. Private communication;
 2. Designated private areas required by regulations;
 3. When there is an expectation of privacy;
 4. Handling of recordings (encrypted, password protection, storage system, retention schedule, destruction methods, etc.);

Video Surveillance Cameras

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Add
(cont'd):

B7 – Facility Program Description (cont'd):

- Explain how the Licensee will secure the internet (i.e., password protections) feed of resident images in the event the Licensee allows for remote viewing of residents, such as to adult children monitoring their parent in an RCFE;
- Explain that video surveillance equipment cannot have audio capability; and
- Specify steps taken to secure the system from unauthorized access.

Additional Sources

DSS website:

<https://www.cdss.ca.gov/info/resources/community-care-licensing>

California Assisted Living Association:

<http://caassistedliving.org/>

California Legislative Information :

<https://leginfo.legislature.ca.gov/>

CapitalTrack.com to research new Assembly and State Bills



Conclusion

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Assisted Living Education
thanks you for attending this
Course.

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

