

## EVALUATOR MANUAL TRANSMITTAL SHEET

<p><b><u>Distribution:</u></b></p> <p> <input type="checkbox"/> All Child Care Evaluator Manual Holders  <input checked="" type="checkbox"/> All Residential Care Evaluator Manual Holders  <input type="checkbox"/> All Evaluator Manual Holders         </p>	<p><b><u>Transmittal No.</u></b> 10RCFE-02</p> <hr/> <p><b><u>Date Issued</u></b> July 2010</p>
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**Subject:**

RESIDENTIAL CARE FACILITIES FOR THE ELDERLY

**Reason for Change:**

Add Section 87609 Allowable Health Conditions and the Use of Home Health Agencies

**Filing Instructions:**

REMOVE – pages: ii, 102 and 103

INSERT –pages: ii, 102,102.1, 102.2 and 103

**Approved:**

*ORIGINAL DOCUMENT SIGNED BY*

*THOMAS STAHL*

*07/27/2010*

\_\_\_\_\_  
**THOMAS STAHL Chief**  
 Policy Development Bureau  
 Community Care Licensing Division

\_\_\_\_\_  
 Date

Contact Person: Seton Bunker

Phone Number: (916) 322-1192

**RESIDENTIAL CARE FACILITIES FOR THE ELDERLY**

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**87608 POSTURAL SUPPORTS (Continued)**

**87608**

(a)(4) **PROCEDURE (continued)**

Note that the facility intends to use postural supports in the Restraint or Special Conditions section of the STD 850. (See Regulation Sections 87203 and 87202.)

(a)(5) **POLICY**

Restraints include the use of prone or supine containment as a method of controlling a resident's behavior. Prone or supine containment is a restraint procedure in which a resident is contained in a prone or supine (face down or face up) position on the floor or on a bed by staff who apply their weight to the resident's legs, arms, buttocks and shoulders.

The prohibition against prone or supine containment is not intended to preclude the use of reasonable force in emergency situations in which an assaultive resident threatens death or serious injury to self or others. Any restraint should be considered an unusual incident that must be reported in writing within seven days as required by Regulation Section 87211(a)(1).

The unusual incident report must include a description of the resident's assaultive behavior, the containment method used and its duration, and staff involved. The need for the use of prone or supine containment is evidence that the resident in question is not appropriate for continued placement in a residential care facility for the elderly.

For those facilities in which behavioral restraints have been allowed in the past, the licensing agency will reevaluate the exceptions at the time of the required annual visit and/or the random sample visit or when the exception expires, whichever is earlier, and determine if the exception meets the criteria specified in this policy. When a facility is using behavioral restraints and is not complying with this policy, the licensing agency will advise the licensee that the restraints must be discontinued or the resident(s) relocated.

**87609 ALLOWABLE HEALTH CONDITIONS AND THE USE OF HOME HEALTH AGENCIES 87609**

(a) **POLICY**

A licensee of a residential care facility for the elderly shall be permitted to accept or retain persons who have a health condition(s) that requires incidental medical services. This includes accepting or retaining a resident who tests positive for the Hepatitis C virus. No written request for an exception is required for this health condition.



**87609      ALLOWABLE HEALTH CONDITIONS AND THE USE OF HOME      87609**  
**HEALTH AGENCIES (Continued)**

**(a)      PROCEDURE (Continued)**

is treated with drugs that slow or stop the virus from damaging the liver. Chronic Hepatitis C is most often treated with a drug combination, which can be taken through weekly injections and/or taken daily by mouth. Treatment for Hepatitis C usually lasts from 24 to 48 weeks.

If a resident cannot self-inject and needs an injection to treat the virus, then an appropriately skilled professional must be available to meet those needs, and the requirements for injections must be met as specified in California Code of Regulations, title 22, section 87629. California Code of Regulations, title 22, section 87303(f), Maintenance and Operation, specifies how waste shall be stored and disposed of, which includes information on solid waste and needles and syringes (which may be needed to treat the Hepatitis C virus).

**87615      PROHIBITED HEALTH CONDITIONS**

**87615**

**(a)(4)      POLICY**

Some bacteria that can cause infection have developed a resistance to certain antibiotics. Among these are methicillin-resistant staphylococcus aureus (MRSA) and vancomycin-resistant enterococci (VRE). Antibiotic resistant bacterial infections are most often contracted in hospitals and brought into facilities by patients upon hospital discharge. The elderly are at high risk because their health and immune systems are generally less robust than those of younger people.

If a resident is diagnosed with a methicillin-resistant staphylococcus aureus or vancomycin-resistant enterococci infection, the resident must be relocated elsewhere, such as to an acute care hospital or a skilled nursing facility, until the infection is cleared unless the facility applies for and receives an exception. Regulation Section 87616, Incidental Medical Related Services Exceptions, allows a licensee to submit a written exception request if he/she agrees that the resident has a prohibited health condition but believes that the intent of the law can be met through alternative means.

(a)(4)

**POLICY (continued)**

Sometimes a resident may be known to be **colonized** but not infected with an antibiotic-resistant bacterium. Colonization without infection is not prohibited in facilities, and so no exception is required to retain a resident who is colonized without infection. However, colonized residents can transmit infection to others, and, therefore, universal precautions should be practiced with any resident who is known to be colonized with an antibiotic-resistant bacterium.

An exception request for a resident with an antibiotic-resistant infection should include the following:

- A statement from the resident’s physician that the infection is not a risk to other residents.
- A plan to monitor the resident’s ongoing ability to care for his/her own condition by complying with the instructions of the appropriately skilled professional who is managing the client’s care.
- If applicable, documentation from an appropriately skilled professional stating what aspects of care will be delegated to facility staff responsible for providing the care and that the appropriately skilled professional will train those staff persons prior to delegating care.
- A statement from licensee ensuring that an appropriately skilled professional assesses the infection and evaluates the treatment at intervals set by the physician or an appropriately skilled professional designated by the physician.
- A statement from licensee ensuring that prior to providing care, staff are trained in and follow Universal Precautions and any other procedures recommended by the appropriately skilled professional for the protection of the resident who has the infection, other residents and staff.
- A statement from the licensee ensuring all aspects of care performed in the facility by the appropriately skilled professional and facility staff are documented in the resident’s file.