



# Quarterly Update

WINTER 2016

## ADULT and SENIOR CARE UPDATE

### *Adult and Elderly Residential Licensing Program Mission:*

*The Adult and Senior Care Residential Licensing Program licenses and monitors Adult Day Programs, Adult Residential Facilities, Social Rehabilitation Facilities, Residential Care Facilities for the Chronically Ill (RCFEI) and Residential Care Facilities for the Elderly (RCFE) in an effort to ensure that they provide a safe and healthy environment for all persons in care.*

### A Note from Pamela Dickfoss, Deputy Director

As 2015 draws to an end, one of the most memorable aspects of this year for me is seeing the evidence of how a “healthy” facility can directly impact the overall disposition of residents. After we relocated residents from a compromised facility, we visited the residents’ new home. There I saw the drastic change of the residents overall wellbeing. They looked groomed, content with a look of having a new lease on life.

The needs of residents can be complex and dynamic. It is critical that residents are treated with dignity and respect and afforded clean, safe, and sanitary living environment. According to the Centers for Disease Control report (2013), about 36% of residential care facilities in the United States are located in the West Coast. In California, approximately 50% of adult and senior care residential facilities serve strictly older adults. The residents are aging in place and may require more involved level of assistance and care. Residential care facilities must be mindful to provide the quality of care to their residents and ensure their health and safety.

AB 601 becomes effective January 1, 2016 requiring increased RCFE applicant disclosure of ownership information, prior record of regulatory compliance and current email address for all RCFE applicants. This will allow us to provide a comprehensive, systematic process in licensing residential care facilities that promotes quality of

care for our residents and provide direct communication to licensees. Please view the implementation plans for all legislation that becomes effective January 1, 2016 at our website: <http://cclcd.ca.gov/PG3063.htm> I appreciate the partnership that has continued to promote improvement in the licensing system. Our success can be contributed to the strong stakeholder collaboration in the adult and senior care community. On behalf of Community Care Licensing staff, we wish you a safe holiday season.

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## Management Changes

### **Tracy Barry**

Tracy promoted to Community Care Licensing Division, East Bay Delta Adult and Senior Care Regional Office in Oakland as a Licensing Program Manager I effective January 1, 2016. She promoted from Licensing Program Analyst with the same office where she worked since December 2014. Prior to that she worked as an Employment Program Representative/Trainer at the Employment Development Department (EDD) from July 2009 until December 2014. Prior to that she worked as a Tax Auditor at EDD from July 2012 to August 2013. Tracy has a Bachelor of Arts degree from Stanford University that she received in June 1982

### **Sidney Davis**

Sidney promoted in the Community Care Licensing Division, Sierra Cascade Adult and Senior Care Regional Office located in Sacramento as a Licensing Program Manager I effective December 2, 2015. He promoted from Licensing Program Analyst (LPA) with the same office where he worked since February 2015. Prior to that he worked as an Associate Governmental Program Analyst at the Department of Health Care Services from December 2013 until February 2015. Prior to that he worked as an LPA in the same office from June 2012 to December 2013. Sidney has a Master of Science degree in Management from Colorado Tech University that he received in September 2013.

## Carbon Monoxide Detectors are Required in Facilities

You can't see or smell carbon monoxide, but at high levels it can kill a person in minutes. Carbon monoxide (CO) is produced whenever any fuel such as gas, oil, kerosene, wood, or charcoal is burned. If appliances that burn fuel are maintained and used properly, the amount of CO produced is usually not hazardous. However, if appliances are not working properly or are used incorrectly, dangerous levels of CO can result. Hundreds of people die accidentally every year from CO poisoning caused by malfunctioning or improperly used fuel-burning appliances. Even more die from CO produced by idling cars. Elderly people and people with anemia or with a history of heart or respiratory disease can be especially susceptible. Be safe. Practice the DO's and DON'Ts of carbon monoxide safety:



- DO have your fuel-burning appliances -- including oil and gas furnaces, gas water heaters, gas ranges and ovens, gas dryers, gas or kerosene space heaters, fireplaces, and wood stoves - inspected by a trained professional at the beginning of every heating season. Make certain that the flues and chimneys are connected, in good condition, and not blocked.
- DO choose appliances that vent their fumes to the outside whenever possible, have them properly installed, and maintain them according to manufacturers' instructions.
- DO read and follow all of the instructions that accompany any fuel-burning device. If using an unvented gas or kerosene space heater, carefully follow the cautions that come with the device and keep doors to the rest of the house open. Crack a window to ensure enough air for ventilation and proper fuel-burning.

- DON'T idle the car in a garage -- even if the garage door to the outside is open. Fumes can build up very quickly in the garage and living area of your home.
- DON'T use a gas oven to heat your home, even for a short time.
- DON'T ever use a charcoal grill indoors -- even in a fireplace.
- DON'T sleep in any room with an unvented gas or kerosene space heater.
- DON'T use any gasoline-powered engines (mowers, weed trimmers, snow blowers, chain saws, small engines or generators) in enclosed spaces.
- DON'T ignore symptoms, particularly if more than one person is feeling them. You could lose consciousness and die if you do nothing.

**CO Poisoning Symptoms:** Know the symptoms of CO poisoning. At moderate levels, you or your residents can get severe headaches, become dizzy, mentally confused, nauseated, or faint. The threat of death is real if these levels persist over a prolonged period of time. Low levels can cause shortness of breath, mild nausea, and mild headaches, and may have longer term effects on your health. Since many of these symptoms are similar to those of the flu, food poisoning, or other illnesses, you may not think that CO poisoning could be the cause.

## Take Charge of Your Resident's Healthcare

When you play an active role in your residents' healthcare, you can improve the quality of care for your residents. Start by asking questions when you visit the doctor or nurse. It's also important to keep track of your resident's health information. Speak up and ask questions at the doctor's office. When you play an active role in healthcare, you can improve the quality of the care your residents receive. Healthcare is a team effort, and you are the most important

**Prevent CO Poisoning:** Play it safe. If you experience symptoms that you think could be from CO poisoning: CALL 911 or your local emergency number.

- GET FRESH AIR IMMEDIATELY. Open doors and windows, turn off combustion appliances and leave the house.
- DO NOT re-enter the premises until cleared by emergency personnel.
- GO TO AN EMERGENCY ROOM and tell the physician you suspect CO poisoning. If CO poisoning has occurred, it can often be diagnosed by a blood test done soon after exposure.

### **Safety Tips to Follow:**

- Install CO alarms outside each sleeping area and on every level of the home including the basement. The CO alarm can warn you if too much CO is in your home.
- Keep CO alarms clear of dust and debris.
- Ensure CO alarms are plugged all the way into a working outlet, or if battery operated, have working batteries.

For more information on how to prevent carbon monoxide poisoning visit the CAL FIRE website at [www.fire.ca.gov](http://www.fire.ca.gov)

member of the team. Your team also includes family members, doctors, nurses, pharmacists, and insurance providers. To take charge of your resident's health care:

- Keep track of important health information.
- Know your residents' health history.
- See a doctor regularly for checkups.
- Be prepared for medical appointments.
- Ask your doctor, nurse, or pharmacist questions.

## How Exercise Can Help Your Resident

Exercise and physical activity are good for just about everyone, including older adults. No matter your health and physical abilities, you can gain a lot by staying active. In fact, in most cases you have more to lose by **not** being active.



The key word in all these benefits is YOU — how fit and active you are now and how much effort you put into being active is all dependent on you. To gain the most benefit its best to engage in all four types of exercise, stay safe while you exercise, and be sure to eat a healthy diet, too!

Exercise and physical activity fall into four basic categories—endurance, strength, balance, and flexibility. Most people tend to focus on one activity or type of exercise and think they're doing enough. Each type is different, though. Doing them all will give you more benefits. Mixing it up also helps to reduce boredom and your risk of injury. Increase your ability to maintain and improve your physical strength and fitness.

Here are just a few of the benefits you can experience when you engage in exercise and physical activity:

- Increase and improve your ability to do the everyday things you want to do.
- Improve your balance.
- Can help manage and improve diseases like diabetes, heart disease, and osteoporosis.
- Reduce your feelings of depression and may improve mood and overall well-being.
- May improve your ability to shift quickly between tasks, plan an activity, and ignore irrelevant information.

Endurance or aerobic activities increase your breathing and heart rate. They keep your heart, lungs, and circulatory system healthy and improve your overall fitness. Building your endurance makes it easier to carry out many of your everyday activities.

- Brisk walking or jogging
- Yard work (mowing, raking, digging)
- Dancing

[Strength exercises](#) make your muscles stronger. Even small increases in strength can make a big difference in your ability to stay independent and carry out everyday activities, such as climbing stairs and carrying groceries. These exercises also are called "strength training" or "resistance training."

- Lifting weights
- Using a resistance band
- Using your own body weight

[Balance exercises](#) help prevent falls, a common problem in older adults. Many lower-body strength exercises also will improve your balance.

- Standing on one foot
- Heel-to-toe walk
- Tai Chi

[Flexibility exercises](#) stretch your muscles and can help your body stay limber. Being flexible gives you more freedom of movement for other exercises as well as for your everyday activities.

- Shoulder and upper arm stretch
- Calf stretch
- Yoga

## Antipsychotic Drug Use

On November 6, 2014, the Substance Abuse and Mental Health Services Administration (SAMHSA) issued a letter warning about the use of antipsychotic prescription medication of vulnerable adults diagnosed with dementia. Although, the advisory focused on residents of nursing homes, the message is also pertinent to residential care facilities. You can review the letter at <http://tools.store.samhsa.gov/SAMHSADearColleagueLetter.pdf>.

In future publications, CCL will provide additional information on antipsychotic drugs and its effect on residents, including those diagnosed with dementia.

## Disposal of Medication

Is your medicine cabinet full of expired drugs or medications you no longer use? How should you dispose of them? Many community-based drug “take-back” programs offer the best option. Otherwise, almost all medicines can be thrown in the household trash, but facilities should take the precautions described below. The Federal Drug Administration recommends the following:

### ***Drug Disposal Guidelines and Locations***

The following guidelines were developed to encourage the proper disposal of medicines and help reduce harm from accidental exposure or intentional misuse after they are no longer needed:

- Follow any specific disposal instructions on the prescription drug labeling or patient information that accompanies the medicine. Do not flush medicines down the sink or toilet unless this information specifically instructs you to do so.
- Take advantage of programs that allow the public to take unused drugs to a central location for proper disposal. Call your local law

enforcement agencies to see if they sponsor medicine take-back programs in your community. Contact your community’s household trash and recycling service to learn about medication disposal options and guidelines for your area.

Transfer unused medicines to collectors registered with the Drug Enforcement Administration (DEA). Authorized sites may be retail, hospital or clinic pharmacies, and law enforcement locations. Some offer mail-back

**REMEMBER!**  
**To properly destroy discontinued medications**

programs or collection receptacles (“drop-boxes”). Visit the [DEA’s website](#) or call 1-800-882-9539 for more information and to find an [authorized collector](#) in your community.

If no disposal instructions are given on the prescription drug labeling and no take-back program is available in your area, throw the drugs in the household trash following these steps:

1. Remove them from their original containers and mix them with an undesirable substance, such as used coffee grounds, dirt or kitty litter (this makes the drug less appealing to children and pets, and unrecognizable to people who may intentionally go through the trash seeking drugs).
2. Place the mixture in a sealable bag, empty can or other container to prevent the drug from leaking or breaking out of a garbage bag.

FDA's Ilisa Bernstein, Pharm.D., J.D., offers a few more tips:

- Scratch out all identifying information on the prescription label to make it unreadable. This will help protect your resident's identity and the privacy of their personal health information.
- Do not give any medicine to others. Doctors prescribe medicines based on the patient's specific symptoms and medical history. Something that works for one person could be dangerous for someone else.
- When in doubt about proper disposal, ask your pharmacist.

Bernstein says the same disposal methods for prescription drugs could apply to over-the-counter drugs as well.

### ***Why the Precautions?***

Some prescription drugs such as powerful narcotic pain relievers and other controlled substances carry instructions for flushing to reduce the danger of unintentional use or overdose and illegal abuse.

For example, the fentanyl patch, an adhesive patch that delivers a potent pain medicine

through the skin, comes with instructions to flush used or leftover patches. Too much fentanyl can cause severe breathing problems and lead to death in babies, children, pets and even adults, especially those who have not been prescribed the medicine. "Even after a patch is used, a lot of the medicine remains in the patch," says Jim Hunter, R.Ph., M.P.H., an FDA pharmacist. "So you wouldn't want to throw something in the trash that contains a powerful and potentially dangerous narcotic that could harm others."

### ***Environmental Concerns***

Some people are questioning the practice of flushing certain medicines because of concerns about trace levels of drug residues found in surface water, such as rivers and lakes, and in some community drinking water supplies. "The main way drug residues enter water systems is by people taking medicines and then naturally passing them through their bodies," says Raanan Bloom, Ph.D., an environmental assessment expert at FDA. "Many drugs are not completely absorbed or metabolized by the body and can enter the environment after passing through wastewater treatment plants." "While FDA and the Environmental Protection Agency take the concerns of flushing certain medicines in the environment seriously, there has been no indication of environmental effects due to flushing," Bloom says. "Nonetheless, FDA does not want to add drug residues into water systems unnecessarily," adds Hunter.

FDA reviewed drug labels to identify products with disposal directions recommending flushing down the sink or toilet. This list is continuously updated and can be found at FDA's Web page on [Disposal of Unused Medicines](#).

## Elderly Fraud Prevention Tips for the Busy Holiday Shopping Season

Although elderly fraud prevention is a year-round task, it takes on an added note of urgency during the busy holiday shopping season when individuals are more disposed to being generous, trusting, and open to helping those in need. Though such charitable practices are to be commended and certainly encouraged, basic steps can nevertheless be taken to minimize the chances of falling victim to the ever prevalent and sophisticated scams that particularly target the elderly.



Scams perpetrated against the elderly generally fall into the following areas:

- Billing of health insurance for bogus anti-aging/health products or services
- Counterfeit, discounted medications.
- Unsolicited reverse mortgage calls or high-yield investment deal offers
- Urgent, high-pressure donation drives during holidays times
- Calls announcing grand prize sweepstakes winnings and confusing instructions on how to collect them

As complex, sophisticated, and varied as these schemes targeting the elderly can get, the steps one can take to help protect against them remain largely basic and unaltered:

According to the [Federal Bureau of Investigation](#) (FBI), those seeking to perpetrate scams against the elderly take the following preconceived notions into consideration:

- Seniors have some form of “nest egg” or savings and good credit.
- Seniors are more trusting and polite.
- Seniors are less likely to report fraud.
- Seniors make poor witnesses due to their age and diminished memory.

- Never share personal, identifying information with strangers.
- If a deal or an offer sounds too good to be true, it very likely is.
- Never sign or agree to anything that is confusing.
- Walk away from complex sales pitches.

## Scabies Issues in Residential Care Facilities

Scabies outbreaks have become an increasing issue among residents and staff in long-term care facilities, and hospitals. Such outbreaks frequently are the result of delayed diagnosis and treatment of crusted (Norwegian) scabies in debilitated, immunocompromised, institutionalized, or elderly persons. Scabies often is not recognized until it



begins to appear among staff and other residents at a facility.

Scabies is a parasitic disease (infestation) of the skin caused by the human itch mite, *Sarcoptes scabiei* and transmitted person to person usually through direct contact. If a person has never had scabies before, symptoms may take as long as 4-6 weeks to appear. In a person who has had scabies in the past, symptoms usually appear sooner (1-4 days) after

exposure due to hypersensitivity. The scabies mite is most commonly spread by direct, prolonged, skin-to-skin contact with a person who has scabies.

Scabies is prevented by avoiding direct skin-to-skin contact with an infested person or with items such as clothing or bedding used by an infested person. Scabies treatment usually is recommended for members of the same household, particularly for those who have had prolonged skin-to-skin contact. All other potentially exposed persons should be treated at the same time as the infested person to prevent possible re-exposure and re-infestation. Bedding and clothing worn or used next to the skin anytime during the 3 days before treatment should be machine washed and dried using the hot water and hot dryer cycles or be dry-cleaned. Items that cannot be dry-cleaned or laundered can be disinfested by storing in a closed plastic bag for several days to a week. Scabies mites generally do not survive more than 2 to 3 days away from human skin. Adults usually can return to or work the day after treatment.

Products used to treat scabies are called *scabicides* because they kill scabies mites; some also kill mite eggs. Scabicides are available only with a doctor’s prescription. No “over-the-counter” (non-prescription) products have been tested and approved to treat scabies. Rooms used by a patient with crusted scabies should be thoroughly cleaned and vacuumed after use. Environmental disinfestation using pesticide sprays or fogs generally is unnecessary and is discouraged.

Education and training should be provided to direct care staff caregivers employed by the facility, including but not limited to volunteers, private duty staff, laundry and housekeeping personnel. General information should also be provided for residents, families, volunteers, and/or visitors. Adequate and accurate knowledge about scabies treatment and control will improve understanding, reduce anxiety, and facilitate outbreak control. Contact the local health

department for fact sheets and other pertinent educational materials.  
<https://www.cdph.ca.gov/HEALTHINFO/DISCOND/Pages/Scabies.aspx>

IMPORTANT INFO AND PHONE NUMBERS	
Centralized Complaint Information Bureau (CCIB)	1-844-538-8766
Administrator Certification	916-653-9300
Caregiver Background Check Bureau (CBCB)	1-888-422-5669
Long Term Care Ombudsman	1-800-231-4024
CCL Public Inquiry and Response	916-651-8848
Technical Support Program	916-654-1541

### Notes and Credits

The Community Care Licensing Division (CCLD) publishes the Adult and Elderly Residential Care Quarterly Update for the benefit of Licensees, Residents, Advocates, and other Stakeholders.

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