

DSS' 2021 Inspection Guidelines

Infection Control

1. Mitigation Plan, LIC808, in place.
2. One central entry point has been designated for universal entry screening.
3. Routine symptom screening (+/- temperature and symptom check) has been initiated at entry for all staff, residents, and visitors.
4. For staff and residents, monitoring increased e.g., to twice a day, when there has been a case of COVID-19 in the community in the last 14 days.
5. Facility documents daily temperature and COVID-19 symptom checks, and any change in condition for staff and residents in order to track spread and why facility took certain steps to prevent and mitigate spread in the facility.
6. Facility increases monitoring e.g., to every 4 hours, for residents in isolation or quarantine to monitor for deterioration in condition or need for medical attention.
7. A sign-in policy has been enacted with all visitors to ensure compliance with central entry point for symptom screening and to record contact information (for reporting requirements to public health officer and contact tracing).
8. Signs have been posted at facility entrance with updates to visitor policy to notify of policies and procedures necessary to protect residents from infection during pandemic, in accordance with personal rights requirements.
9. Signs are posted throughout facility to promote handwashing, cough/sneeze etiquette, and physical distancing.
10. Each staff and visitor shall wear a face covering, unless an individual's exemption applies, while in the facility.
11. Each resident wears a face covering, unless an individual's exemption applies, when they leave the facility and as much as practicably possible while in the facility e.g., moving between bedroom and a common area; in common areas where 6 feet physical distancing is not possible; during visits, etc.).
12. Facility has a designated visitation area.
13. Handwashing and/or hand sanitizer use on entry is requested for all staff, residents, and visitors. Individuals should wash their hands for at least 20 seconds and should dry their hands thoroughly. The use of automatic air dryers should be discouraged to reduce the risk of virus contamination and spread.
14. Remind all individuals to use cough etiquette and to wash their hands and/or use hand sanitizer if they cough, sneeze, touch their face, or come in contact with bodily fluids.
15. Residents have been notified about facility infection control policies.
16. Signs are posted throughout facility to encourage residents to report acute respiratory illness to staff.
17. Facility has procedures for when to test staff, and residents to monitor the spread of the virus and mitigate outbreaks.
18. Facility test staff during hiring process and residents before admission for COVID-19.
19. Facilities with COVID-19 cases retest all staff and residents in accordance with Community Care Licensing guidance, until no new cases are identified in two sequential rounds of testing.
20. Facility has specific procedures for testing, isolation, and quarantine of residents in accordance with Community Care Licensing Division and public health guidance.
21. Procedures have been developed to screen, isolate, test, and accept back residents following discharge from hospital.
22. If possible, a facility is able to designate a dedicated COVID-19 positive unit/wing. If this is not possible, residents with active COVID-19 should be isolated, if this cannot take place in either the resident's individual room, or other designated facility isolation room, residents with active COVID-19 may be cohorted together.

23. Facility is able to designate a single-person room with a closed door to isolate symptomatic and/or asymptomatic exposed residents. If this is not possible, the facility should have a plan to isolate individuals who test positive, and for "persons under investigation" for infection until they are cleared to be released from isolation within time limits.
24. Residents with symptoms of COVID-19 and awaiting test results are isolated.
25. Signs are posted outside of isolation rooms to indicate appropriate contact and respiratory droplet precautions.
26. Appropriate PPE is located outside of isolation room instead of inside isolation room to prevent contamination with the virus.
27. Trash bins with a lid should be located inside of the isolation room for disposable PPE such as gowns and gloves, that will be removed prior to exiting the room. Trash bins and handwashing stations should also be located outside of the isolation room for disposable PPE that is removed immediately upon leaving the room, such as face masks or N95 respirators. Face masks should be placed in a separate sealed bag prior to their disposal. If using reusable PPE such as, goggles or face shields, a separate bin should be designated for reusable PPE.
28. Facility is able to serve all meals and deliver medications to residents in isolation.
29. Plan has been developed to ensure appropriate cleaning of isolation rooms.
30. Staff should wear PPE (gloves, N95 respirator, gown, eye protection) when working with individuals who have tested positive or are under investigation for infection after potential exposure.
31. Licensee has provided all staff who are working with COVID-19 positive residents with fit testing for N95 respirators.
32. Staff who test positive for COVID-19 but are asymptomatic may be allowed to return to work but are ONLY allowed to work in a designated COVID-19 unit.
33. When possible, staff should be cohorted, and staff interactions should be limited to staff assigned to the same cohort. If possible separate break rooms should be designated for each cohort.
34. Facility has a staffing plan to limit transmission, including when possible, dedicated, consistent staffing teams assigned in the COVID-19 unit or wing, if applicable. If possible, staff working with COVID-19 residents should not cross into areas of the facility without COVID-19, and, if possible, should have a separate break room assigned. Staff that must cross out of the designated COVID-19 area must be fully trained on appropriate PPE and donning and doffing between areas.
35. Facility has designated staff person(s) to coordinate preparedness planning and integrate local Department of Public Health, California Department of Public Health and Center for Disease Control guidance.
36. Facility has designated staff person(s) to be the designated infection control lead who will provide education to staff, residents and visitors on infection prevention including proper donning and doffing of Personal Protective Equipment (PPE). Lead will also monitor staff on a regular basis to ensure they are adhering to infection prevention and control guidelines.
37. Facility infection control lead person(s) maintains a list of all residents and staff who are suspected or confirmed to have COVID-19.
38. Facility has conducted staff training on infection prevention, symptoms, transmission, and PPE use by an individual trained in infection control.
39. Facility has provided staff with information on sick leave policies and leave available for COVID-19.
40. Sick leave policies have been created that are non-punitive, flexible, and consistent with public health policies that allow ill personnel to stay home.
41. Staff have been notified to avoid work if they have acute respiratory illness, or other symptoms of possible COVID-19 infection and to contact their medical provider to consider testing for infection.
42. Staff have been notified when they may return to work after illness.
43. Facility provides ongoing updates about infection control to residents and staff. Facility has notified residents that CDSS PINs and CDSS PIN summaries for residents are available in an easily accessible location.

44. Facility has developed policies for screening residents after they return from an outing.
45. Internal group activities have been modified to foster physical distancing practices i.e., set up games that can be played by phone or PA system, or from hallways, set up an outdoor space for physically distanced games, 6 feet of space between residents in common areas, etc.).
46. Beds have been moved at least 6 feet apart or 3 feet apart with head-to-toe orientation.
47. Licensees allow and assist residents with alternative communication methods such as phone calls, video calls, and online communications to stay in contact with family, medical providers etc.
48. All residents have at least a 30-day supply of medications and incontinence supplies.
49. Residents not on isolation precautions or quarantine may eat in the same dining room (including at the same table) as long as physical distancing, appropriate hand hygiene, and face coverings are used (except when eating or drinking). Residents who are under isolation precautions or quarantine should have meals served in their rooms.
50. Facility has a specific plan to ensure proper cleaning and disinfection of environmental surfaces and laundry.
51. High traffic common areas, and high touch surfaces are cleaned and disinfected at least once a day.
52. Handwashing stations or alcohol-based hand sanitizer are available in every resident room. Hand sanitizer does not need to be in the room with a resident who lacks hazard awareness and impulse control.
53. Sinks are well stocked with liquid soap for handwashing and paper towels for hand drying.
54. Facility has an adequate 30-day supply of PPE (e.g., facemasks, respirators, gowns, gloves, and eye protection such as face shield or goggles) and a list including items on hand or indicating where such items will be acquired (such as CCL Regional Office) and when.
55. PPE is stored in a location that is readily accessible to staff.
56. Facility has a contingency plan to address PPE supply shortages, including extended use and reuse in accordance with CDC guidelines.
57. Facilities should check supplies often, at least daily, to make sure that all resident rooms and common areas have tissues and hand sanitizer, and all sinks have liquid soap, and paper towels. Hand sanitizer should not be placed in the rooms of residents who lack hazard awareness and impulse control.
58. Facility has a contingency plan for backup staffing including plans to expedite hiring, utilize temporary staffing agencies and other resources and has developed an alternate staffing plan to account for shortages.
59. Facility has plans for when to notify resident's Primary Care Provider (PCP), and authorized representative.
60. All emergency contact information for all residents have been updated.
61. Facility will call 911 for residents with severe respiratory symptoms or illness, such as severe shortness of breath with decreased oxygen saturation of less than 92% for at least 2 readings.
62. Plan has been developed to notify Department of Public Health if any residents or staff develop symptoms or have exposure to infections.

General Compliance to Regulations and Health and Safety Codes

1. 87411(f): Health screenings.
2. 87468.1: Personal Rights
3. 1569.618(b)(3): Designated substitute when administrator is temporarily absent
4. 87465(f)(1): Emergency care requirements
5. 87466: Observation of the Resident: Observe for changes in residents' physical, mental, emotional, and social functioning, document significant changes, and notify physician and resident representative
6. 1569.32: Allow a CCLD representative to enter facility
7. 1569.311: one or more carbon monoxide detectors
8. 87113: post facility license in a prominent location

9. 87303: Maintenance and Operation (the entire section)
 - a. Including hot water temperatures (105 to 120)
 - b. Grab bars shall be maintained for each toilet, bathtub and shower used by residents.
 - c. Non-skid mats or strips shall be used in all bathtubs and showers.
 - d. Toilet, handwashing, and bathing facilities shall be maintained in operating condition.
 - e. Disposal of solid waste
 - f. Laundry equipment and supplies
 - g. Emergency lighting shall be maintained which can include flashlights, or other battery powered lighting.
 - h. Signal systems
10. 87305: Building permits for construction.
11. 87204 Capacity limitations.
12. 87307: Personal accommodations (whole section)
13. 87308 and 87309: Storage space, securing disinfectants, cleaning solutions, poisons, firearms, and other items which could pose a danger if readily available to clients shall be stored where inaccessible to clients. Medicines shall be stored separately from these items.
14. 87311: Telephone service on the premises.
15. 87208: Plan of operation with
 - a. Copy of the admission agreement,
 - b. Staffing plan, qualifications, and duties
 - c. Plan for training staff
16. 87706: Advertising dementia and amendments to the Plan of Operation
17. 1569.33: Advertising dementia and review training logs, marketing materials, facility philosophy including,
18. 1569.627: Program goals, client assessment, physical environment, changes in condition, including when and under what circumstances are changes made to a participant's care plan, and review a facility's success indicators.
19. 1569.72: Bedridden: Amend the plan of operation with
 - a. Section 87606(f) compliance
20. 87202: Fire clearance for nonambulatory and bedridden
21. 87205: Governing body accountability
22. 1569.38: Post substantiated deficiency for one year, advise admissions of deficiencies
23. 1569.37: Absentee notification plan
24. 87211: Reporting Requirements including any suspected physical abuse that results in serious bodily injury reported to the local ombudsman, the corresponding licensing agency, and the local law enforcement agency within two (2) hours.
25. 87211: Reporting Requirements upon the hiring of a new administrator.
26. 1569.605: Liability insurance
27. 87216: Bonding
28. 87217: Safeguarding resident cash resources, personal property, and valuables upon a resident's death.
29. 1569.153: Theft and loss policies (whole section) including
 - a. Establishing an inventory of resident belongings.
 - b. Post theft and investigative procedures
 - c. Training of staff within 90 days of hire
 - d. Documentation of lost and stolen resident property with a value of twenty-five dollars (\$25) or more within 72 hours of the discovery of the loss or theft
 - e. Review of theft and loss policies at least twice per year
 - f. Provide to resident and representative copy of 1569.152 – 1569.154
30. 1569.618: Staff on duty with CPR and first aid training and other duties
31. 87411(a): Employ "sufficient numbers of staff"

- a. If licensed for 16 or more, sufficient support staff
- 32. 87413: Personnel Operations: (whole section)
- 33. 87415: Night Supervision and staffing
- 34. 87411: Personnel Requirements: Health Screenings
- 35. 1569.618: Designated substitute or facility manager, with qualifications and training
- 36. 87412(f)(g): Personnel Records available to DSS during reasonable hours and kept at the facility
- 37. 87412: Personnel Records: required items including
 - a. Fingerprint clearance
 - b. LIC508
 - c. Administrator qualifications
- 38. 1569.17: Fingerprint clearances and requirements (most of the section)
- 39. 87355: Fingerprint clearances, transfers
- 40. 87405: Administrator qualifications and duties
- 41. 87412: Personnel Records for volunteers
- 42. 87412: Personnel Records containing fingerprint clearances
- 43. 87412: Personnel Records: demonstrate staff coverage
- 44. 87406: Administrator Certification:
 - a. Proof administrator is certified
 - b. Training requirements met including the number of required hours
- 45. 87412: Personnel Records: Administrator is currently certified
- 46. 87411(d): Personnel Requirements: On the job training as appropriate for job assigned and proper training documentation
- 47. 87613: General Requirements for Restricted Health Conditions: including staff training “sufficient to meet [resident] needs.”
- 48. 1569.625: New staff training requirements of 40 hours upon hire, specific training topics, then 20 hours annually. Topics to include
 - a. Dementia (12 hours at hire; 8 hours per year) including
 - i. Use and misuse of antipsychotics and nonpharmacological approaches to behaviors
 - b. Postural supports, restricted health conditions and hospice care (combined 4 hours)
 - c. Physical limitations and needs
 - d. Personal care services
 - e. Resident rights
 - f. Medication procedures
 - g. Building and fire safety
 - h. LGBT issues
- 49. 1569.625: Training required if facility employs a CNA, LVN or RN
- 50. 87411(c)(1): Proof of first aid training for care staff
- 51. 87411(c)(6): Staff training documentation
- 52. 1569.626: Dementia training of staff: 12 hours of dementia training upon hire then eight hours per year
- 53. 1569.696: Staff training to include four hours of postural supports, restricted health conditions and hospice care
- 54. 1569.69: (whole section) Medication training for staff who assist resident with self-administered medications and timelines
 - a. 24 hours of training if licensed for 16 or more residents
 - b. 10 hours of training if licensed for less than 16 residents
 - c. Examination to test knowledge
 - d. Trainer qualifications
- 55. 1569.69: Medication training to include specific topics, repeating the training if certain conditions are met
- 56. 87506: Resident Records (most of the section and may use LIC601 for documentation, including

- a. Name, address, phone number of physician and dentist
 - b. Medical assessment
 - c. Allowable health condition(s) documentation
 - d. Record of illnesses, injuries, medical or dental care (? Reappraisals)
 - e. Admission agreement and preadmission appraisal (including functional capabilities, mental condition, and social factors)
 - f. Cash resources documentation (if applicable)
 - g. Reappraisals
57. 87456: Suitability of Admission
- a. Interview
 - b. Evaluate medical assessment
 - c. Preadmission appraisal
 - d. Admission agreement
58. 87457: Preadmission Appraisal: assess functional capabilities, mental condition and evaluate social factors.
59. 87458: Medical Assessment: may use LIC602, and made within the last year to include
- a. Physical exam with TB results
 - b. Ambulatory status
60. 87463: Reappraisals: Update preadmission appraisal upon a significant change in the resident
- a. Notify physician and representative
61. 87463(c): Reappraisals: Reference to 87467 (and 1569.80)
- a. Conduct a meeting prior to or two weeks after admission involving the resident's preferences for services and needed services
 - b. Meetings conducted at least annually or upon a significant change
 - c. Create a "written record of the care the resident will receive"
62. 87467: Resident Participation in Decision Making [same provisions as 87463(c)].
- a. Review the written record upon a significant change and, if necessary, revise at least once per year
63. 1569.885(c): Admission Agreement to include grievance procedures and reasonable facility rules and contain a procedure for resident to suggest change in facility rules.
64. 1569.886(d): Admission Agreement to include licensee to honor resident rights regarding evictions as contained in 1569.682.
65. 87507: Admission Agreements: Attach a copy of resident rights including right to report suspected or known elder abuse.
66. 87464: Basic Services: Include basic services in the admission agreement, a facility is not required to accept residents if needs cannot be met, no additional charges if client is SSI, and basic services include an activity program.
67. 87507: Admission Agreements: each resident receives an agreement, format agreement correctly (1569.882), attach LIC9158, and resident and facility sign the agreement with licensee keeping the original on file.
68. 87507: Admission Agreements: Explain single fee charges, use of third-party services, refund policies including those in 1569.682.
69. 87507: Admission Agreements: post the agreement.
70. 87508: Register of Residents: (whole section) and include resident room locator, languages read and date of birth (1569.695). Register can be audited by DSS during normal business hours. Keep register confidential.
71. 87468: Personal Rights of Residents: advise resident of his/her rights, and have rights form (LIC613C-2) signed and posted, kept in resident file.
72. 87468: Personal Rights of Residents: Display the complaint poster, PUB 475, in 20x26 inches, post the nondiscrimination notice and all resident rights in either English or language clients can read.

73. 87468.1: Personal Rights of Residents in All Facilities: honor all resident rights including advising residents how to file complaints with facility and how facility will respond, and file complaint with ombudsman and DSS.
74. 87468.1: Personal Rights of Residents in All Facilities: Residents have the right to participate in planning their care (see items 61 and 62).
75. 1569.267(d): Train staff in respecting and implementing all resident rights.
76. 1569.313: Visiting Policies: Post visiting policies and encourage family involvement in facility activities.
77. 1569.157: Resident Council: Inform resident about right to form a resident council and post PUB 474, rights of resident councils.
78. 1569.158: Family Council: allow a family council to post information in the facility and advise resident representative, in the admission agreement, how to form a council.
79. 87462: Social Factors: obtain information on resident likes and dislikes (see items 56 and 58).
80. 87219: Planned Activities: (whole section).
 - a. Encourage residents to participate in planned activities i.e., socializing.
 - b. If licensed for 7 or more, post activities and keep copies for 6 months.
 - c. If licensed for 16-49 residents, one person with at least six months experience has primary responsibility for activities
 - d. If licensed for 50 or more, facility must have a full-time activity person.
 - e. Facility to have sufficient space, indoors and outdoors, for activities
 - f. Comfortable space to accommodate activities, visiting activities
 - g. Outdoor space is protected against traffic and large enough for the activity
 - h. Facilities to have sufficient equipment and supplies for activities including current reading material
81. 1569.7: Sundowning: Activities available to decrease sundowning in persons with Alzheimer's disease or other NCDs.
82. 87555: General Food Service Requirements: (whole section) including
 - a. Select, store, prepare and serve food in a safe and healthful manner (H&S Code 113789).
 - b. Serve good quality food and do not retain damaged containers of food.
 - c. Serve meals in consideration of residents' cultural and religious backgrounds and habits.
 - d. If physician ordered, prepare medically necessary diets to residents.
 - e. Refrigerators at 40 degrees and freezers at 0 degrees.
 - f. Store food in covered containers.
 - g. Do not food with cleaning supplies.
 - h. One week of nonperishable food and two days of perishable food is maintained.
 - i. Keep kitchen area clean and free of insects and litter, etc.
 - j. Discard contaminated food.
 - k. Keep dishes and utensils clean, in good repair and disinfected.
 - l. Maintain appropriate staffing for food service based upon capacity
 - m. Staff to observe personal hygiene and sanitation practices
83. 87411(d): Personnel Requirements: On the job training appropriate for the job assigned (see item 46).
84. 87465: Incidental Medical and Dental Care Services: (whole section) Include
 - a. Arranging to meet resident needs for medical and dental care.
 - b. May directly provide transportation or arrange it.
 - c. Separate residents from others if illness requires separation.
 - d. Assist with self-administration of medications (a)(5-6), including not forcing residents to take their medications or hide or camouflage meds in other substances with knowledge and consent.
 - e. Keep a record of "dosages" of medications that are centrally stored.
 - f. Maintain a first aid kit with a current manual, sterile dressings, bandages, scissors, tweezers, thermometer.

85. 1569.69: Medication Law: If facility is licensed for 6 more, a consultant pharmacist or nurse must review facilities medication management program at least twice per year.
86. 87465(f): Incidental Medical and Dental Care Services: Have emergency agencies i.e., fire department, paramedics posted in a visible location
87. 87465(h): Incidental Medical and Dental Care Services: (whole section) regarding the centrally storing of medications, including
 - a. Refrigerate medications, as necessary.
 - b. Centrally store medications because of the medications potential dangers, physical arrangements, or may be a safety hazard to others.
 - c. Lock medications in a safe place.
 - d. Medications are labeled and only changed by the dispensing pharmacist.
 - e. Keep medications in originally received containers
88. 87465(b-e): Incidental Medical and Dental Care Services: PRN medications.
 - a. Follow physician orders for dispensing
 - b. Have a physician's written prescription orders
 - c. "Chart" medication administration for PRNs
 - d. For residents unable to determine his/her own need for a prescription or nonprescription PRN medication and is unable to communicate his/her symptoms clearly, contact physician prior to each dose and describe symptoms getting directions for administration. Document contact.
 - e. "Chart" medications with date, time, and resident response.
89. 87628: Diabetes: Accept residents who can perform their own glucose testing and can self-administer medications. An appropriately skilled professional can assist.
90. 1569.695: Emergency Disaster Law: (whole section) Information to include
 - a. Evacuation procedures with assembly points on facility sketches.
 - b. Plan to be self-reliant for at least 72 hours.
 - c. Maintain facility if there some are all utilities are nonfunctioning. Consider using a backup generator. Identify possible suppliers of generators.
 - d. Identify transportation needs to evacuate and keep keys available to staff for onsite vehicles.
 - e. Complete LIC610E to include all emergency contact information.
 - f. Ensure one relocation site is "outside the immediate area."
 - g. Train staff where utility shutoff valves are located and on how to shut off utilities.
 - h. Have procedures for responding to emergency call systems, if power is out; contacting residents' families, hospice, and others i.e., cell phones or landline; assisting with meds; storing medications needing refrigeration; and operating resident assistive devices if power is unavailable.
 - i. Train staff on emergency procedures, including conducting quarterly drills.
 - j. Review the plan at least annually and update as needed.
 - k. Keep an up-to-date resident roster with date of birth, have current appraisal available, centrally stored list of medications, contact info for residents representative and physician
 - l. If applicable, evacuation chair is installed at each stairwell
 - m. Have keys available to staff for resident rooms, facility vehicles, exits, and cabinets containing emergency information and supplies.
91. 87212: Emergency Disaster Plan: (whole section) To include
 - a. Designation of administrative authority and staff assignments.
 - b. Fire Safety Plan
 - c. Post emergency exiting plans and phone numbers
92. 87455: Acceptance and Retention Limitations: Do not accept or retain residents if needing skilled nursing care.
93. 87606: Care of Bedridden Residents: Have appropriate fire clearance, update plan of operation to meet overall health and safety needs, address bedridden evacuations in an emergency, notify local fire

department within 48 hours of admitting bedridden residents, train staff to address bedridden resident needs.

94. 87461: Mental Condition: (whole section). See items 56 and 58. Assessing the mental status of a resident includes:
 - a. Does the resident tend to wander?
 - b. Is the resident confused or forgetful?
 - c. Can the resident manage cash resources?
 - d. Can resident actively participate in social activities or is withdrawn?
 - e. Does resident have a documented history of harmful behaviors?
95. 87608: Postural Supports: Postural supports may be allowed if
 - a. Facility assists residents in their ADLs that residents cannot do
 - b. Postural Supports are limited to braces, spring release trays or soft ties used for
 - i. Achieving proper body position and balance.
 - ii. Improve mobility and independent functioning.
 - iii. Positioning not restricting movement.
 - iv. Preventing resident falls from chairs or out of bed.
 - c. Written doctors orders required to indicate need for the support.
 - d. Limit bedrails to half the length of the bed and use for mobility only
 - e. No full-length bedrails except for hospice residents
96. 1569.696: Postural Support Training: (see items 48 and 49) Four hours of training to include training in postural supports.
97. 87466: Observation of the Resident: (see item 5) Residents are observed for changes in the condition. Representative and physician is notified of any changes and a reappraisal documents any changes.
98. 1569.156: DNRs: Facility provides resident with PUB 325 about right to make decisions concerning medical care.
99. 87469: Advance Directives and Requests Regarding Resuscitative Measures: PUB 325 is provided.
100. 1569.725: Home Health: Residents are allowed to access home health when
 - a. Facility can provide supporting care and supervision
 - b. Facility and home health establish a method of communication on services provided, frequency and duration of care (“Home health care plan”)
101. 87609: Allowable Health Conditions and the Use of Home Health Agencies:
 - a. Home health and facility agree on the responsibilities of both.
 - b. A “written agreement” is established between both entities regarding caring for resident medical condition [home health care plan, 1569.725(a)(3)].
 - c. Agreement reflects services, frequency, and duration of care.
102. 87611: General Requirements for Allowable Health Conditions:
 - a. Staff trained to recognize and respond to resident problems and contact skilled professionals.
 - b. Conduct a reappraisal and monitor resident’s ability to provide self-care.
103. 87615: Prohibited Health Conditions: (Read 1569.39) Facility is not to admit a resident with a prohibited condition (now allowed in 1569.39).
104. 1569.39(a): Prohibited Health Conditions are Allowed: DSS wants facility to submit a written exception request to allow prohibited and restricted health conditions. (Read 87616).
105. 87616: Exceptions for Health Conditions: Written requests for exceptions must include
 - a. Current health status with updated medical assessment.
 - b. Facility plan, can be written by home health or hospice [1569.39(a)], to ensure residents’ needs are being met.
106. 87618: Oxygen Administration - Gas and Liquid: Facility must
 - a. Ensure a report is sent to local fire department regarding oxygen is in use
 - b. Post “No Smoking – Oxygen in Use” signs in appropriate areas
 - c. Secure oxygen tanks, unless portable

- d. Limit length of oxygen tubing to allow free movement in resident room
- e. Staff trained with knowledge and ability to operate oxygen equipment
- 107. 87625: Managed Incontinence: Facility must ensure:
 - a. Residents are kept clean and dry
 - b. Facility is free of incontinent-related odors
 - c. Privacy is provided when care is provided
- 108. 87628: Diabetes: (see item 89):
 - a. Accept residents who can perform their own glucose testing and can self-administer medications. An appropriately skilled professional can assist.
 - b. Ensure sufficient amounts of medication, testing equipment, syringes and supplies are in the facility.
- 109. 87632: Hospice Care Waiver:
 - a. Ensure there is a hospice care plan, agreed to by facility and resident, designed to provide for the care, services, and necessary medical intervention related to the terminal illness as necessary to supplement the care and supervision provided by the licensee.
 - b. Hospice resident must request in writing to be accepted and retained.
 - c. Facility notifies DSS within five working days upon accepting or retaining a hospice resident.
- 110. 87633: Hospice Care for Terminally Ill Residents:
 - a. No exceptions are required if a hospice resident develops a prohibited or restricted condition when facility has a hospice waiver, remains in substantial compliance, there is a hospice care plan agreed to by licensee.
 - b. The hospice care plan includes name, address, phone number and emergency phone number
 - c. The hospice care plan includes a description of the licensee's area of responsibility for implementing the plan including:
 - i. Facility staff duties; record keeping; and communication with the hospice agency, resident's physician, and the resident's responsible person(s).
 - d. Medication storage and handling is outlined in the hospice care plan
 - e. Staff training is identified in the hospice care plan i.e.,
 - i. Typical needs of hospice residents (skin breakdown prevention)
 - ii. Infection control and hydration
 - f. Hospice is to provide the training before staff provides care to resident
 - g. Hospice care plan is current and matches actual care being provided
 - h. Document hospice-provided training.
- 111. 87633(h): Hospice Care for Terminally Ill Residents: These documents must be in the resident record:
 - a. (See item 109) Resident's written request for acceptance and retention.
 - b. Advance directive and/or DNR.
 - c. If applicable, hospice resident's roommate's written consent to allow hospice in that resident's shared living space.
 - d. Allow hospice to perform medical procedures not allowed to be performed by staff.
- 112. 87705: Care of Persons with Dementia: Update facility plan of operation to include safety measures to address wandering, aggressive behavior and prevent ingestion of toxic materials.
- 113. 87705: Care of Persons with Dementia: (whole section):
 - a. Dementia residents stay in nonambulatory rooms.
 - b. Update emergency disaster plan to address resident safety
 - c. Staff is trained in dementia care (see items 48 and 52) to include 12 hours upon hire and eight hours per year.
 - d. Other training includes knowledge about hydration, skin care, communication, therapeutic activities, behavioral challenges, the environment, and assisting with ADLs.
 - e. Facilities are staffed with adequate direct care staff.
 - f. Awake night staff may be necessary if residents need observation at night.

- g. Dementia residents need annual medical assessment and annual reappraisal.
 - i. Facility provides increased care and supervision if assessments indicate a change needing such increased care.
 - h. Continue to conduct reappraisals as found in 87463 (upon significant change).
 - i. Implement activity program to include large motor activities and perceptual and sensory stimulation.
114. 87705: Care of Persons with Dementia:
- a. Sources of fire and heat are inaccessible
 - b. Bodies of water are fenced and comply with local building codes.
 - c. Store inaccessible items that could constitute a danger to residents (see item 13)
 - i. Include OTC medications, nutritional supplements and vitamins, alcohol, cigarettes and toxic substances, and knives, matches, firearms and tools.
 - d. Honor residents' right to keep personal grooming and hygiene items in their own possession unless proof resident cannot safely manage the personal items (physician documentation).
 - e. Enclose outdoor spaces with a fence with self-closing latches and gates, or walls.
 - f. Place auditory devices or other staff alert features to monitor exits, **if** exiting presents a hazard to any resident.
115. 87705: Care of Persons with Dementia: Delayed egress devices and/or locking exterior doors, perimeter fence gates then
- a. Ensure facility has a proper fire clearance.
 - b. DSS is notified of an installation date.
 - c. Obtain a DSS-issued waiver from 87468.1(a)(6) to allow facility to lock doors and gates.
 - d. Maintain appropriate consents if using locks on doors and gates.
 - e. Ensure sufficient wandering space both interior and exterior
 - f. Residents with a primary diagnosis of a mental disorder cannot be placed in a facility with a delayed egress device or that locks exterior doors and/or perimeter fence gates.