



California Association of Homes and Services for the Aging

1315 I Street, Suite 100 • Sacramento, CA 95814
916-392-5111 • Fax 916-428-4250 • www.aging.org

February 16, 2006

Thomas Stahl
Chief, Policy Development Bureau
Department of Social Services
Community Care Licensing Division
744 P Street, MS 19-50
Sacramento, CA 95814

RE: Draft LPA Guidance for Inspections of Continuing Care Retirement Communities

Dear Mr. Stahl:

Thank you for the opportunity to review the Department's draft document entitled, "Conducting Licensing Inspections for Continuing Care Retirement Communities." On the whole, we think the document is a vast improvement and much more comprehensive than what is currently available in the Evaluator Manual. We thank you and the staff at the Continuing Care Contracts Branch for diligently working to clarify how the RCFE regulations apply to the unique CCRC setting.

The following comments represent feedback we received from a subcommittee of our members and legal counsel. We feel that a few items require some changes to provide greater clarity. Our specific recommendations are as follows:

1. All paragraphs and bullet points should be numbered so that they are easier to reference and discuss.
2. **Page 1, Fourth Paragraph. We recommend the following change:**
"The promise must have a term of ~~at least~~ *more than* 12 months but is usually for the life of the resident."
3. **Page 2, Second Bullet. We recommend the following change:**
"It would be expected that all 'community' personnel having contact with the independent residents and their living units would function as observers."
Rationale: "All" personnel with resident contact functioning as observers may be excessive. We recommend referring to "frequent and continuous contact" such as housekeeping and dining staff.
4. **Page 2, Third Bullet:**
We do not believe an "assessment team" is a requirement for the plan of

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- operation. More commonly, facilities designate that a specific individual will conduct the assessment. Additionally, if a description of the assessment team is required, what would this include? Would this be an informal description or specific employees and job functions? More clarification is warranted.
5. **Page 2, Fourth Bullet:**
We suggest clarification of what is meant by "safeguards" to "assure protection of personal rights."
Comment: This could be subject to wide interpretation if this is meant as a standard of care for CCRCs.
 6. **Page 2, Fifth Bullet:**
"The plan will also describe the means, on a daily basis, of determining the independent residents safety and well-being, e.g., identification of injuries or incidents."
Comment: The statement regarding a daily check on "safety and well-being" may be too vague. If interpreted liberally, it may include any kind of mental or physical malady (dangerous drug interactions, etc.). The scope is narrowed a bit by including "injuries and incidents," however we feel that a statement that fully describes the obligations of the provider is needed. It should be limited to checking whether a resident has been incapacitated (e.g., a fall that makes them unable to reach for a telephone or emergency call signal.)
 7. **Page 3, Continued from Previous Page:**
"The method of monitoring could include a call-in service, motion detectors in the unit, observing presence at meals, *a door check or door flipper service* as well as other safety measures."
 8. **Page 3, Continued from Previous Page:**
"The facility cannot let the resident 'opt out' of this daily verification."
Comment: Not allowing the resident autonomy to refuse daily "check-ins" could be considered a violation of Resident Rights. Clarification is needed.
 9. **Page 3, Second Bullet:**
"How often are the RLU residents reassessed in their ability to function independently?"
Comment: Asking how often a person is reassessed might imply a periodic timetable. It should be made clear that reassessment should be necessary only upon a significant change in condition that has manifested itself to staff.
 10. **Page 3, Fifth Bullet:**
"Is there a policy regarding the use of private duty aid companions? How are these individuals monitored per regulatory requirements?"
Comment: We don't believe there is a regulatory requirement for "monitoring" private duty companions. Guidance provided in the Evaluator Manual requires facility staff must be "aware of the *resident's* current mental and physical functioning level, health conditions, and needs for care and supervision. (Emphasis Added) If so, please clarify by stating which standards or expectations will be used.
 11. **Page 4, 3rd Paragraph under (3) Inspecting Residential Living Units:**
"The former, by definition, do not need assistance with activities of daily living

or require care and supervision, while residents in the assisted living units do require assistance."

Comment: We feel that stating residents "by definition" do not need AL services in the RLUs is too narrow. It might provoke someone to believe that if a resident needs medication management or occasional assistance, they should not be in the independent living unit.

12. Page 4, 5th Paragraph under (3) Inspecting Residential Living Units:

"As long as the licensee has properly assessed the residents' ability to function independently in such areas, the licensee should not be cited."

Comment: We feel that it should be made clear that "proper assessment" of independent living residents need be no more than an initial assessment plus service plan changes as needed in response to manifested changes of condition, not necessarily a periodic check.

13. Page 4, last paragraph:

"...and (c) that the provider continually assesses the tending resident's ability to provide proper care and services."

Comment: The use of the word "continually" is an incredible standard to achieve. A better standard, such as an initial assessment and maintaining general awareness of observable changes in condition, would be more reasonable.

14. Page 5, 2nd paragraph:

"Any concerns should be discussed with the administrator as a reassessment may be warranted."

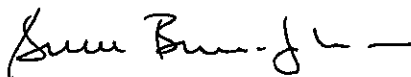
Comment: We were unclear on what basis the reassessment should be ordered by the resident simply not allowing an LPA to inspect his/her unit. Please consider adding clarification.

15. Pages 2, 5 and 6:

A minor issue. In three places "i.e." is used when we think you meant to use "e.g."

Please contact Eric Dowdy or me if you have any questions regarding our comments. We can be reach at (916) 392-5111. We thank you again for the opportunity to provide feedback.

Sincerely,



Anne Burns Johnson
President & CEO

cc: John Rodriquez, Chief, Continuing Care Contracts Branch
Ben Partington, Program Administrator, Senior Care, Department of Social Services
Paul Gordon, Partner, Hanson Bridget Marcus Vlahos & Rudy, LLP