



THE CITY OF SAN DIEGO

## REPORT TO THE PLANNING COMMISSION

**DATE ISSUED:** April 4, 2013 **REPORT NO.** PC-13-048

**ATTENTION:** Planning Commission, Agenda of April 11, 2013

**SUBJECT:** Classification of Use for Continuing Care Retirement Communities applied City-wide

### SUMMARY

**Issue** - To obtain a Planning Commission interpretation of the appropriate zoning use category and subcategory for Continuing Care Retirement Communities.

**Environmental Review** - This activity is not a "project" and is therefore not subject to CEQA pursuant to State CEQA Guidelines Section 15060(c)(3).

**Fiscal Impact Statement** - The costs associated with this request are recovered through a deposit account funded by the applicant.

**Code Enforcement Impact** - None.

**Housing Impact Statement** - None.

### BACKGROUND

A development application requesting approval of a Continuing Care Retirement Community (CCRC) through a Conditional Use Permit (CUP) and Site Development Permit (SDP) was received and deemed complete on December 7, 2011. The site is located south of Pomerado Road within the Scripps Ranch Community Plan area of the City of San Diego (Attachment 1).

The Land Development Code does not currently have a use category that fully encompasses the types of uses that compose a CCRC. As a result staff has been attempting to regulate the individual components of CCRCs (housing for seniors citizens, nursing facilities, and multiple dwelling units). The result is a mix of development requirements that do not accurately address the operations of a CCRC. The applicant is requesting the Planning Commission make a determination of use pursuant to Section 131.0110 of the Municipal Code (Determination of Use Category and Subcategory - Attachment 1) that a CCRC is most like a Residential Care Facility.

Further, City staff is requesting this recommendation to the Development Services Director by the Planning Commission be applied City-wide with the exception of Prop "A" Lands.

## **DISCUSSION**

CCRC's are required to comply with California State requirements for licensing and operation, and must be licensed by the State as a residential care facility for the elderly and as a skilled nursing facility. A CCRC facility requires State licensing by two State agencies, and is subject to monitoring and enforcement by those agencies for the duration of the license.

A CCRC is regulated under the State Health and Safety Code Sections 1770, *et seq.* Health and Safety Code Section 1771.5 requires that every unit in a CCRC be licensed either as a residential care facility for the elderly (pursuant to Sections 1569, *et seq.* of the Health and Safety Code)(Attachment 2) or as a skilled nursing facility (pursuant to Sections 1250, *et seq.* of the Health and Safety Code).

Pursuant to these laws, residents must be at least 60 years old and meet the "provider's" requirements for entering a continuing care contract, which must be approved by the Continuing Care Branch of the State Department of Social Services. Residents are generally qualified in three ways: 1) by being over the age of 60; 2) by demonstrating to the provider the ability to make contracted payments; and 3) by being of sufficient health to justify the provider's taking on the obligation of providing care, generally for the remaining lifetime.

The California Department of Social Services is responsible for the oversight of continuing care providers. The Department's Community Care Licensing Division has two branches that participate in the regulation. The Senior Care Program monitors continuing care providers for compliance with the Community Care licensing laws and regulations regarding buildings and grounds, accommodations, care and supervision of occupants, and quality of service. The Continuing Care Contracts Branch is responsible for reviewing and approving applications to operate a CCRC and monitors the ongoing financial condition of all providers and their ability to fulfill the long-term contractual obligations to occupants. All residents of a CCRC would enter into a "continuing care contract" obligating the operator to provide care to residents when such care is needed as defined by the terms of the contract. Residency in a CCRC is restricted to persons who meet the eligibility requirements of 22 CA ADC§ 87456(a) which requires the operator to: 1) Conduct an interview with the applicant and his responsible person, 2) Perform a pre-admission appraisal, 3) Obtain and evaluate a recent medical assessment, and 4) Execute an admissions agreement. Title 22 Social Security Division 6 Chapter 8 Article 8; Resident Assessments, Fundamental Services and Rights, outlines the criteria used to determine who may or may not be accepted or retained in a facility and the required process (Attachment 3).

Continuing care retirement communities are designed for older adults who have previously been living independently but with advanced age desire services, maintenance free living and health care support not found elsewhere in the community. Most residents who select a CCRC own or

formerly owned a home and are capable of making required payments in the judgment of the provider. Because the service component is extensive, prospective residents are typically over 70 years old, younger prospects being less attracted to the purchase of extensive services. The average age of residents at entrance is between 79 and 80 and residents commonly live in the community for ten or more years.

Residents who enter a Continuing Care Contract secure rights of occupancy in the appropriate level of the community in the judgment of the provider. A resident enjoys performance contract rights, not real estate contract rights of ownership or tenancy. For example, the provider's obligations to provide care trump the resident's right to "quiet enjoyment." The provider becomes obligated to provide services, including food, activities, and care, especially assisted living and skilled nursing care, generally for life, in the appropriate venue in accordance with the State approved contract.

### CCRC Description

CCRC's are typically designed to provide a relaxed home-like environment for occupants who meet the state's requirements for admission and contracted for a care commitment. CCRC's provide lifetime care, or in other words, residents typically do not move in and out. Residents enter the facility to live in one type of unit or room and then as an increased level of care is necessary move to other units or rooms in the facility. CCRC's require full compliance with all state and federal regulations including yet not limited to ADA standards, the required Residential Care Facilities for the Elderly Act and California Health and Safety Code.

CCRC's typically include convalescent rooms, assisted living units, memory care rooms, and independent living units, and possibly a health care clinic to serve residents and not the general public. Convalescent rooms are skilled nursing beds licensed by the Department of Health Services. These rooms are part of a skilled nursing facility which includes both private and semi-private rooms. Assisted living units are similar to a small apartment with a bedroom, bathroom, living room and small refrigerator, small wet bar type counter and sink, and microwave. Assisted living units do not have full kitchens and residents do not prepare their own meals. Meals are served in a common dining room. Memory care rooms are typically private rooms supported by common facilities with a fairly high level of care. Memory care is a specialized subset of assisted living. Occasionally a room will have two beds and two occupants. Independent living units are similar to a small apartment with a bedroom, bathroom, living room, full kitchen and may include a garage for parking one to two cars or one car and a golf cart. In that CCRC's can typically be large complexes of several acres with its own internal circulation, golf carts appeal to residents who occupy independent living units for their ease of mobility. Independent living units may occur in large buildings with several units per building or as small as a duplex with two units. Independent living units conform to the Land Development Code definition of a dwelling unit, yet persons who occupy these units do so only after meeting state entrance requirements and have a continuing care contract.

CCRC's typically provide a service-enriched care environment with many support facilities for the occupants. In addition to the services described above, independent professionals may provide specialized services such as individual and group exercise instruction, hydrotherapy, occupational, physical and speech therapies, infusion and respiratory therapies, individual nutritional counseling, recreation therapy, rehabilitation, hair salons and other amenities. CCRC's are designed to meet the needs of retired people in all stages of their life who meet the admission standards regulated by the state of California.

#### Determination of Use Category and Subcategory

Section 131.0110 of the Land Development Code (Determination of Use Category and Subcategory) indicates when a particular use could meet the description of more than one use category, the category with the most direct relationship to the specific use shall apply. Staff has analyzed the operating requirements and characteristics of CCRC's in general and reviewed state regulations. Staff concluded there was no use specifically allowed by the Land Development Code that could be determined to be a CCRC though a Residential Care Facility is most closely similar. In making this determination staff reviewed Health & Safety Code, Chapter X, Div. II, pages 1-9, Jan. 1, 2012 (Attachment 4) and Health & Safety Code, Chapter X, Div. II, pages 50-56, Jan. 1, 2012 (Attachment 5), and Section 141.0312 Residential Care Facilities of the Municipal Code (Attachment 6).

#### Residential Care Facility

The Land Development Code (LDC) describes a Residential Care Facility in Section 141.0312: "Residential care facilities provide in-house treatment or rehabilitation programs for residents on a 24-hour basis. Residential care facilities include drug and alcohol rehabilitation and recovery facilities **and residential and community care facilities as defined by the state** or county. Housing for senior citizens, nursing homes, convalescent homes, work furlough and probationary residential facilities, and emergency shelters are not residential care facilities." [Emphasis added]

Regulations in LDC Section 141.0312 state: "Residential care facilities for 7 to 12 persons may be permitted with a Conditional Use Permit decided in accordance with Process Three, and residential care facilities for 13 or more persons may be permitted with a Conditional Use Permit decided in accordance with Process Four, in the zones indicated with a "C" in the Use Regulations Tables in Chapter 13, Article 1 (Base Zones) subject to the following regulations.

- (a) Residential care facilities are not permitted in agricultural zones in *Proposition A Lands*
- (b) Only one residential care facility may be permitted per *lot* or *premises*.
- (c) Residential care facilities are not permitted within 1/4 mile of another residential care facility, measured from *property line* to *property line* in accordance with Section 113.0225.
- (d) The facility shall provide at least 70 square feet of sleeping space for each resident, not including closet or storage space, multipurpose rooms, bathrooms, dining rooms, and halls.

- (e) Sleeping areas shall not be used as a public or general passageway to another room, bath, or toilet.
- (f) The facility shall provide at least 5 square feet of living area per bed, not including sleeping space, dining, and *kitchen* areas.
- (g) The facility shall provide at least 8 square feet of storage area (closet or drawers) per bed.
- (h) The facility shall provide one full bathroom including sink, toilet, and shower or bathtub for every seven beds.
- (i) The center shall provide at least one *off-street parking space* for each employee and one *off-street parking space* for every seven beds. Additional parking may be required by the decision maker.
- (j) Conversion of an existing garage or reduction in the amount of *off-street* parking to provide a residential care facility is not permitted.”

The Land Development Code (LDC) Section 142.0530(f) states: "For uses not addressed by Tables ... the required off-street parking spaces are the same that required for similar uses. The City Manager shall determine if uses are similar" and in LDC Table 142-05C a Residential care Facility would require one parking space for every three beds. In Table 142-05F an Intermediate care facility and nursing facility would require one parking space for every three beds. To achieve consistency with these regulations, staff proposes to apply a parking rate of one space for every three beds in a convalescent rooms, assisted living units, and memory care rooms; and a parking rate of one space per unit for independent living units. For purposes of traffic impact analysis, staff would apply three trips per room for convalescent rooms, assisted living units, and memory care rooms; and four trips per unit for independent living units. In addition, staff believes it is appropriate to require the landscape regulations that apply to Commercially-zoned properties regardless of the actual zone of the site.

## **CONCLUSION**

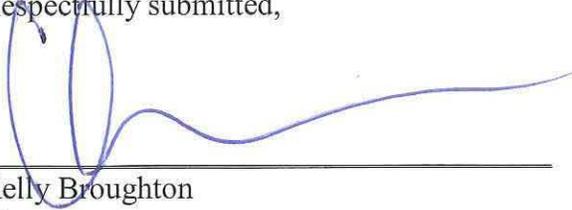
Staff is of the opinion that a CCRC is most similar to a Residential Care Facility. Staff requests the Planning Commission make a recommendation to the Development Services Director that a CCRC is most like a Residential Care Facility.

## **ALTERNATIVES:**

The Planning Commission may also make one of following alternative recommendations:

1. The Commission may recommend the Land Development Code does include a use that could be determined to be a CCRC and that use is another use defined by the Land Development Code, or
2. The Planning Commission may recommend the Land Development Code does not include a use that could be determined to be a CCRC.

Respectfully submitted,



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Kelly Broughton  
Director  
Development Services Department



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John S. Fisher  
Development Project Manager  
Development Services Department

BROUGHTON/JSF

Attachments:

1. Section 131.0110 of the Municipal Code
2. Title 22 Social Security Division 6 Chapter 8
3. Title 22 Social Security Division 6 Chapter 8 Article 8; Resident Assessments, Fundamental Services and Rights
4. Health & Safety Code, Chapter X, Div. II, pages 1-9, Jan. 1, 2012
5. Health & Safety Code, Chapter X, Div. II, pages 50-56, Jan. 1, 2012
6. LDC §141.0312; Residential Care Facilities

**§131.0110 Determination of Use Category and Subcategory**

- (a) A use shall be identified as belonging to a use category and use subcategory based upon the descriptions in Section 131.0112 and the facility needs and operational characteristics of the use including type of use, intensity of use, and *development* characteristics of use. The Use Regulations Tables in the base zones shall be used to determine in which base zones the use is permitted. If a particular use could meet the description of more than one use subcategory, the subcategory with the most direct relationship to the specific use shall apply. The City Manager shall identify a particular uses's category and subcategory upon request of an *applicant* or a property owner.
- (b) If the *applicant* or property owner disputes the City Manager's determination, the City Manager may place the question of the appropriate use category and use subcategory for that particular use on the Planning Commission's agenda. The City Manager shall present the factors used in the determination and the position of the *applicant* or property owner. The Planning Commission shall recommend to the City Manager its interpretation of the appropriate use category or use subcategory for the particular use.
- (c) If an appropriate use category and use subcategory cannot be determined for a specific use by referring to the Use Regulations Tables, an amendment to the Use Regulations Table may be initiated in accordance with Chapter 12, Article 3, Division 1 (Zoning and Rezoning Procedures).

*(Added 12-9-1997 by O-18451 N.S.; effective 1-1-2000.)*

**Manual of Policies and Procedures**  
COMMUNITY CARE LICENSING DIVISION

**RESIDENTIAL CARE  
FACILITIES  
FOR THE ELDERLY  
(RCFE)**

**Title 22  
Division 6  
Chapter 8**



**STATE OF CALIFORNIA  
HEALTH AND HUMAN SERVICES AGENCY  
DEPARTMENT OF SOCIAL SERVICES**

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TABLE OF CONTENTS

TITLE 22, DIVISION 6

CHAPTER 8. RESIDENTIAL CARE FACILITIES FOR THE ELDERLY

Article 1. Definitions and Forms

Section

General.....	87100
Definitions.....	87101
Descriptions of Forms.....	87102

Article 2. License

License Required .....	87105
Operation Without a License .....	87106
Exemption from Licensure .....	87107
Integral Facilities .....	87108
Transferability of License.....	87109
Continuation of License Under Emergency Conditions or Sale of Property .....	87111
Conditions for Forfeiture of a License.....	87112
Posting of License.....	87113
Applicant or Licensee Mailing Address.....	87114
Nondiscrimination.....	87118

Article 3. Application Procedures

Application for License.....	87155
Licensing Fees .....	87156
Application Review .....	87157
Capacity .....	87158
Withdrawal of Application .....	87159
Resubmission of Application .....	87161
Provisional License.....	87162
Denial of License Application .....	87163

TABLE OF CONTENTS (Continued)

Article 4. Operating Requirements

	Section
Fire Clearance .....	87202
Fire Safety .....	87203
Limitations -- Capacity and Ambulatory Status .....	87204
Accountability of Licensee Governing Body.....	87205
Advertisements and License Number .....	87206
False Claims.....	87207
Plan of Operation .....	87208
Program Flexibility .....	87209
Reporting Requirements .....	87211
Emergency Disaster Plan .....	87212
Finances .....	87213
Commingling of Money.....	87215
Bonding.....	87216
Safeguards for Resident Cash, Personal Property, and Valuables .....	87217
Theft and Loss.....	87218
Planned Activities .....	87219
Resident Councils .....	87221
Requirements for Emergency Adult Protective Services Placement .....	87222
Relocation of Resident.....	87223
Eviction Procedures .....	87224

Article 5. Physical Environment and Accommodations

Maintenance and Operation .....	87303
Alterations to Existing Buildings or New Facilities .....	87305
Personal Accommodations and Services .....	87307
Resident and Support Services.....	87308
Storage Space.....	87309
Telephones .....	87311
Motor Vehicles Used in Transporting Residents .....	87312

Article 6. Background Check

Criminal Record Clearance.....	87355
Criminal Record Exemption .....	87356

## TABLE OF CONTENTS (Continued)

**Article 7. Personnel**

	<b>Section</b>
Administrator - Qualifications and Duties .....	87405
Administrator Certification Requirements .....	87406
Administrator Recertification Requirements .....	87407
Administrator Certificate Denial or Revocation .....	87408
Administrator Certificate Forfeiture .....	87409
Personnel Requirements - General .....	87411
Personnel Records .....	87412
Personnel - Operations .....	87413
Night Supervision .....	87415

**Article 8. Resident Assessments, Fundamental Services and Rights**

Renumbered to Section 87756 by Manual Letter No. CCL-08-01, effective 3/5/08 .....	87452
Acceptance and Retention Limitations .....	87455
Evaluation of Suitability for Admission .....	87456
Pre-Admission Appraisal .....	87457
Medical Assessment .....	87458
Functional Capabilities .....	87459
Mental Conditions .....	87461
Social Factors .....	87462
Reappraisals .....	87463
Basic Services .....	87464
Incidental Medical and Dental Care Services .....	87465
Observation of the Resident .....	87466
Resident Participation in Decisionmaking .....	87467
Personal Rights .....	87468
Advance Health Care Directives, Requests to Forego Resuscitative Measures, and Do-Not-Resuscitate Forms .....	87469

**Article 9. Resident Records**

Documentation and Support .....	87505
Resident Records .....	87506
Admission Agreements .....	87507
Register of Residents .....	87508

## RESIDENTIAL CARE FACILITIES FOR THE ELDERLY

Regulations

## TABLE OF CONTENTS (Continued)

## Article 10. Food Services

	Section
General Food Service Requirements.....	87555

## Article 11. Health-Related Services and Conditions

Health and Safety Protection .....	87605
Care of Bedridden Residents .....	87606
Automated External Defibrillators (AEDS).....	87607
Postural Supports .....	87608
Allowable Health Conditions and the Use of Home Health Agencies .....	87609
General Requirements for Allowable Health Conditions .....	87611
Restricted Health Conditions .....	87612
General Requirements for Restricted Health Conditions.....	87613
Prohibited Health Conditions.....	87615
Exceptions for Health Conditions.....	87616
Departmental Review of Health Conditions .....	87617
Oxygen Administration - Gas and Liquid.....	87618
Intermittent Positive Pressure Breathing (IPPB) Machine.....	87619
Colostomy/Ileostomy.....	87621
Fecal Impaction Removal, Enemas, and/or Suppositories.....	87622
Indwelling Urinary Catheter .....	87623
Managed Incontinence .....	87625
Contractures .....	87626
Diabetes .....	87628
Injections.....	87629
Healing Wounds.....	87631
Hospice Care Waiver .....	87632
Hospice Care for Terminally Ill Residents .....	87633
Health Condition Relocation Order .....	87637
Resident Request for Review of Health Condition Relocation Order .....	87638
Administrative Review - Health Conditions .....	87639

## Article 12. Dementia

Care of Persons with Dementia.....	87705
Advertising Dementia Special Care, Programming, and Environments.....	87706
Training Requirements if Advertising Dementia Special Care, Programming, and Environments .....	87707
Repealed by Manual Letter No.CCL-08-01, effective 3/5/08.....	87725.2

TABLE OF CONTENTS (Continued)

Article 13. Enforcement

	Section
Inspection Authority of the Licensing Agency .....	87755
Evaluation Visit .....	87756
License Complaints.....	87757
Serious Deficiencies - Examples.....	87758
Follow-up Visits to Determine Compliance .....	87759
Penalties.....	87761
Appeal Process.....	87763
Denial or Revocation of License for Failure to Pay Civil Penalties .....	87766
Unlicensed Facility Penalties.....	87768
Unlicensed Facility Administrative Appeal.....	87769

Article 14. Administrative Actions - General

Revocation or Suspension of License .....	87775
Exclusions.....	87777

Article 15. Administrator Certification Training Programs - Vendor Information

Initial Certification Training Program Approval Requirements .....	87785
Denial of Request for Approval of an Initial Certification Training Program .....	87786
Revocation of an Initial Certification Training Program .....	87787
Continuing Education Training Program Vendor Requirements.....	87788
Continuing Education Training Program Course Approval Requirements .....	87789
Administrative Review of Denial or Revocation of a Request for an Approval of a Continuing Education Course.....	87791
Denial of a Request for an Approval of a Continuing Education Training Program.....	87792
Revocation of a Continuing Education Training Program.....	87793

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**Regulations****RESIDENTIAL CARE FACILITIES FOR THE ELDERLY**

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This Users' Manual is issued as an operational tool.

This Manual contains:

- a) Regulations adopted by the Department of Social Services (DSS) for the governance of its agents, licensees, and/or beneficiaries.
- b) Regulations adopted by other State Departments affecting DSS programs.
- c) Statutes from appropriate Codes which govern DSS programs.
- d) Court decisions; and
- e) Operational standards by which DSS staff will evaluate performance within DSS programs.

Regulations of DSS are printed in gothic type as is this sentence.

Handbook material, which includes reprinted statutory material, other department's regulations and examples, is separated from the regulations by double lines and the phrases "**HANDBOOK BEGINS HERE**", "**HANDBOOK CONTINUES**", and "**HANDBOOK ENDS HERE**" in bold print. Please note that both other departments' regulations and statutes are mandatory, not optional.

In addition, please note that as a result of the change to a new computer system revised language in this manual letter and subsequent community care licensing changes will now be identified by a line in the left margin.

Questions relative to this Users' Manual should be directed to your usual program policy office.

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**Article 1. Definitions and Forms****87100 GENERAL****87100**

The provisions of Chapter 1, Division 6, shall not apply to the provisions of Chapter 8, Residential Care Facilities for the Elderly (RCFE).

NOTE: Authority cited: Section 1569.30, Health and Safety Code. Reference: Section 1569.2, Health and Safety Code.

**87101 DEFINITIONS****87101**

- (a) (1) "Administrator" means the individual designated by the licensee to act in behalf of the licensee in the overall management of the facility. The licensee, if an individual, and the administrator may be one and the same person.
- (2) "Adult" means a person who is eighteen (18) years of age or older.
- (3) "Adult protective services agency" means a county welfare department, as defined in Welfare and Institutions Code section 15610.13.

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Welfare and Institutions Code section 15610.13 provides:

"Adult protective services agency" means a county welfare department, except persons who do not work directly with elders or dependent adults as part of their official duties, including members of support staff and maintenance staff."

**HANDBOOK ENDS HERE**

- (4) "Advance Health Care Directive" means a written instruction that relates to the provision of health care when the individual is incapacitated. Advance directives include, but are not limited to, a Durable Power of Attorney for Health Care, an Individual Health Care Instruction, a Request to Forego Resuscitative Measures, or a Do Not Resuscitate Form. In an advance directive, a person states choices for medical treatment and/or designates who should make treatment choices if the person creating the advance directive should lose decision-making capacity.
- (5) "Allowable Health Condition" means any health condition that the licensee is allowed to care for either in accordance with a specific regulation, or with an exception approved by the licensing agency. This includes restricted health conditions as specified in Section 87612, Restricted Health Conditions.

<b>87101</b>	<b>DEFINITIONS (Continued)</b>	<b>87101</b>
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- (6) "Ambulatory Person" means a person who is capable of demonstrating the mental competence and physical ability to leave a building without assistance of any other person or without the use of any mechanical aid in case of an emergency.
- (7) "Automated External Defibrillator" (AED) means a light-weight, portable device used to administer an electric shock through the chest wall to the heart. Built-in computers assess the patient's heart rhythm, determine whether defibrillation (electrical shock) is needed and then administer the shock. Audible and/or visual prompts guide the user through the process.
- (8) "Applicant" means any individual, firm, partnership, association, corporation, county, city, public agency or other government entity that has made application for a residential care facility for the elderly license, administrator certificate, or special permit.
- (9) "Appropriately Skilled Professional" means an individual that has training and is licensed to perform the necessary medical procedures prescribed by a physician. This includes but is not limited to the following: Registered Nurse (RN), Licensed Vocational Nurse (LVN), Physical Therapist (PT), Occupational Therapist (OT) and Respiratory Therapist (RT). These professionals may include, but are not limited to, those persons employed by a home health agency, the resident, or facilities and who are currently licensed in California.
- (b) (1) "Basic Rate" means the SSI/SSP established rate, which does not include that amount allocated for the recipient's personal and incidental needs.
- (2) "Basic Services" means those services required to be provided by the facility in order to obtain and maintain a license and include, in such combinations as may meet the needs of the residents and be applicable to the type of facility to be operated, the following: safe and healthful living accommodations; personal assistance and care; observation and supervision; planned activities; food service; and arrangements for obtaining incidental medical and dental care.
- (c) (1) "California Clearance" means an individual has no felony or misdemeanor convictions reported by the California Department of Justice. However, the individual may have been arrested with no criminal conviction, convicted of a minor traffic offense or adjudicated as a juvenile.
- (2) "Capacity" means that maximum number of persons authorized to be provided services at any one time in any licensed facility.

## 87101 DEFINITIONS (Continued)

87101

- (3) "Care and Supervision" means those activities which if provided shall require the facility to be licensed. It involves assistance as needed with activities of daily living and the assumption of varying degrees of responsibility for the safety and well-being of residents. "Care and Supervision" shall include, but not be limited to, any one or more of the following activities provided by a person or facility to meet the needs of the residents:
- (A) Assistance in dressing, grooming, bathing and other personal hygiene;
  - (B) Assistance with taking medication, as specified in Section 87465, Incidental Medical and Dental Care Services;
  - (C) Central storing and distribution of medications, as specified in Section 87465, Incidental Medical and Dental Care Services;
  - (D) Arrangement of and assistance with medical and dental care. This may include transportation, as specified in Section 87465, Incidental Medical and Dental Care Services;
  - (E) Maintenance of house rules for the protection of residents;
  - (F) Supervision of resident schedules and activities;
  - (G) Maintenance and supervision of resident monies or property;
  - (H) Monitoring food intake or special diets.
- (4) "Certificate holder" means a person who has a current administrator's certificate issued by the Department regardless of whether the person is employed as an administrator in a residential care facility for the elderly.
- (5) "Certified administrator" means an administrator who has been issued a residential care facility for the elderly administrator certificate by the Department and whose certificate is current.
- (6) "Classroom Hour" means sixty (60) minutes of classroom instruction with or without a break. It is recommended that no more than twenty (20) minutes of break time be included in every four (4) hours of instruction. No credit is given for meal breaks.
- (7) "Close friend" means a person who is attached to another by feelings of personal regard as indicated by both parties involved.

<b>87101</b>	<b>DEFINITIONS (Continued)</b>	<b>87101</b>
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- (8) "Co-locate" means that a vendor applicant is approved for more than one program type, i.e., ARF, RCFE, GH, and has received approval to teach specific continuing education courses at the same time and at the same location. Co-location is allowed for Continuing Education Training Program vendors only.
- (9) "Community Care Facility" means any facility, place or building providing nonmedical care and supervision, as defined in Section 87101(c)(2).
- (10) "Complete request" means the vendor applicant has submitted, and the Department has received, all required information and materials necessary to approve or deny the request for certification program and/or course approval.
- (11) "Conservator" means a person appointed by the Superior Court pursuant to Probate Code section 1800 et. seq. or Welfare and Institutions Code section 5350, to care for the person, or estate, or person and estate, of an adult.
- (12) "Consultant" means a person professionally qualified by training and experience to provide expert information on a particular subject.
- (13) "Continuing Care Contract" is defined in Health and Safety Code section 1771(c)(8).

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Health and Safety Code section 1771(c)(8) provides:

"'Continuing care contract' means a contract that includes a continuing care promise made, in exchange for an entrance fee, the payment of periodic charges, or both types of payments. A continuing care contract may consist of one agreement or a series of agreements and other writings incorporated by reference."

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- (14) "Continuing Education Training Program Vendor" means a vendor approved by the Department to provide continuing education training courses to residential care facility for the elderly administrators and certificate holders to qualify them for renewal of their residential care facility for the elderly administrator certificate.

## 87101 DEFINITIONS (Continued)

87101

- (15) "Control of Property" means the right to enter, occupy, and maintain the operation of the facility property within regulatory requirements. Evidence of control of property shall include, but is not limited to, the following:
- (A) A Grant Deed showing ownership; or
  - (B) The Lease Agreement or Rental Agreement; or
  - (C) A court order or similar document which shows the authority to control the property pending outcome of probate proceeding or estate settlement.
- (16) "Conviction" means:
- (A) A criminal conviction in California; or
  - (B) Any criminal conviction of another state, federal, military or other jurisdiction, which if committed or attempted in California, would have been punishable as a crime in California.
- (17) "Course" means either, (1) a quarter- or semester-long structured sequence of classroom instruction covering a specific subject, or (2) a one-time seminar, workshop, or lecture of varying duration.
- (18) "Criminal Record Clearance" means an individual has a California clearance and a FBI clearance.
- (d) (1) "Day" means calendar day unless otherwise specified.
- (2) "Deficiency" means any failure to comply with any provision of the Residential Care Facilities Act for the Elderly and regulations adopted by the Department pursuant to the Act.
- (3) "Delayed Egress Device" means a special egress-control device of the time delay type as specified in Health and Safety Code section 1569.699(a).

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**HANDBOOK BEGINS HERE**

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Health and Safety Code section 1569.699(a) provides:

"When approved by the person responsible for enforcement as described in Section 13146, exit doors in facilities classified as Group R, Division 2 facilities under the California Building Standards Code, licensed as residential care facilities for the elderly, and housing clients with Alzheimer's disease or dementia, may be equipped with approved listed special egress-control devices of the time-delay type, provided the building is protected throughout by an approved automatic sprinkler system and an approved automatic smoke-detection system. The devices shall conform to all of the following requirements:

- (1) Automatic deactivation of the egress-control device upon activation of either the sprinkler system or the detection system.
- (2) Automatic deactivation of the egress-control device upon loss of electrical power to any one of the following: The egress-control device; the smoke-detection system; exit illumination as required by Section 1012 of the California Building Code.
- (3) Be capable of being deactivated by a signal from a switch located in an approved location.
- (4) Initiate an irreversible process that will deactivate the egress-control device whenever a manual force of not more than 15 pounds (66.72N) is applied for two seconds to the panic bar or other door-latching hardware. The egress-control device shall deactivate within an approved time period not to exceed a total of 15 seconds, except that the person responsible for enforcement as described in Section 13146 may approve a delay not to exceed 30 seconds in residential care facilities for the elderly serving patients with Alzheimer's disease. The time delay established for each egress-control device shall not be field adjustable.
- (5) Actuation of the panic bar or other door-latching hardware shall activate an audible signal at the door.
- (6) The unlatching shall not require more than one operation.

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**HANDBOOK CONTINUES**

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Regulations	RESIDENTIAL CARE FACILITIES FOR THE ELDERLY	87101 (Cont.)
87101	DEFINITIONS (Continued)	87101

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**HANDBOOK CONTINUES**

- (7) A sign shall be provided on the door located above and within 12 inches (305mm) of the panic bar or other door-latching hardware reading:

KEEP PUSHING, THIS DOOR WILL OPEN IN \_\_\_\_ SECONDS, ALARM WILL SOUND.

Sign letters shall be at least one inch (25mm) in height and shall have a stroke of not less than 1/8 inch (3.3mm).

- (8) Regardless of the means of deactivation, relocking of the egress-control device shall be by manual means only at the door."

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**HANDBOOK ENDS HERE**

- (4) "Dementia" means the loss of intellectual function (such as thinking, remembering, reasoning, exercising judgment and making decisions) and other cognitive functions, sufficient to interfere with an individual's ability to perform activities of daily living or to carry out social or occupational activities. Dementia is not a disease itself, but rather a group of symptoms that may accompany certain conditions or diseases, including Alzheimer's Disease. Symptoms may include changes in personality, mood, and/or behavior. Dementia is irreversible when caused by disease or injury, but may be reversible when caused by depression, drugs, alcohol, or hormone/vitamin imbalances.
- (5) "Department" is defined in Health and Safety Code section 1569.2(c).

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**HANDBOOK BEGINS HERE**

Health and Safety Code section 1569.2(c) provides:

"'Department' means the State Department of Social Services."

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**HANDBOOK ENDS HERE**

- (6) "Dietitian" means a person who is eligible for registration by the American Dietetic Association.
- (7) "Direct care staff" means the licensee, or those individuals employed by the licensee, who provide direct care to the residents, including, but not limited to, assistance with activities of daily living.
- (8) "Director" is defined in Health and Safety Code section 1569.2(d).

87101 (Cont.)	RESIDENTIAL CARE FACILITIES FOR THE ELDERLY	Regulations
87101	DEFINITIONS (Continued)	87101

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**HANDBOOK BEGINS HERE**

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Health and Safety Code section 1569.2(d) provides:

"'Director' means the Director of the State Department of Social Services."

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**HANDBOOK ENDS HERE**

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- (9) "Do-Not-Resuscitate (DNR) Form" means the pre-hospital do-not-resuscitate forms developed by the California Emergency Medical Services Authority and by other local emergency medical services agencies. These forms, when properly completed by a resident or (in certain instances) a resident's Health Care Surrogate Decision Maker, and by a physician, alert pre-hospital emergency medical services personnel to the resident's wish to forego resuscitative measures in the event of the resident's cardiac or respiratory arrest.
- (10) "Documentation" means written supportive information including but not limited to the Licensing Report (Form LIC 809).
- (e) (1) "Egress Alert Device" means a wrist band or other device which may be worn by a resident or carried on a resident's person, which triggers a visual or auditory alarm when the resident leaves the facility building or grounds.
- (2) "Elderly Person" means, for purposes of admission into a residential care facility for the elderly, a person who is sixty (60) years of age or older.
- (3) "Emergency Approval to Operate" (EAO) means a temporary approval to operate a facility for no more than 60 days pending the issuance or denial of a license by the licensing agency.
- (4) "Evaluator" means any person who is a duly authorized officer, employee or agent of the Department including any officer, employee or agent of a county or other public agency authorized by contract to license community care facilities.
- (5) "Evidence of Licensee's Death" shall include, but is not limited to, a copy of the death certificate, obituary notice, certification of death from the decedent's mortuary, or a letter from the attending physician or coroner's office verifying the death of the licensee.
- (6) "Exception" means a variance to a specific regulation based on the unique needs or circumstances of a specific resident or staff person. Requests for exceptions are made to the licensing agency by an applicant or licensee. They may be granted for a particular facility, resident or staff person, but cannot be transferred or applied to other individuals.

**87101                      DEFINITIONS (Continued)                      87101**

- (7) "Existing Facility" means any facility operating under a valid license on the date of application for a new license.
- (f) (1) "Facility Hospice Care Waiver" means a waiver from the limitation on retention of residents who require more care and supervision than other residents and residents who are bedridden other than for a temporary illness. The Hospice Care Waiver granted by the Department will permit the retention in a facility of a designated maximum number of terminally ill residents who are receiving hospice services from a hospice agency. The Facility Hospice Care Waiver will apply only to those residents who are receiving hospice care in compliance with a hospice care plan meeting the requirements of Section 87633, Hospice Care for Terminally Ill Residents.
- (2) "Federal Bureau of Investigation (FBI) Clearance" means an individual has no felony or misdemeanor convictions reported by the FBI. The individual may also have been arrested with no criminal conviction, convicted of a minor traffic offense or adjudicated as a juvenile.
- (g) (1) "Guardian" means a person appointed by the Superior Court pursuant to Probate Code section 1500 et seq. to care for the person, or person and estate, of a child.
- (h) (1) "Healing wounds" include cuts, stage one and two dermal ulcers as diagnosed by a physician, and incisions that are being treated by an appropriate skilled professional with the affected area returning to its normal state. They may involve breaking or laceration of the skin and usually damage to the underlying tissues.
- (2) "Health Care Provider" means those persons described in Probate Code section 4621: "an individual licensed, certified, or otherwise authorized or permitted by the law of this state to provide health care in the ordinary course of business or practice of a profession."
- (3) "Health Care Surrogate Decision Maker" means an individual who participates in health care decision making on behalf of an incapacitated resident. Health care surrogate decision maker may be formally appointed (e.g., by the resident in a Durable Power of Attorney for Health Care or by a court in a conservatorship proceeding) or, in the absence of a formal appointment, may be recognized by virtue of a relationship with the resident (e.g., the resident's next of kin). The licensee or any staff member of the facility shall not be appointed health care surrogate decision maker.
- (4) "Health Condition Relocation Order" means written notice by the Department to a licensee requiring the relocation of a resident from a residential care facility for the elderly because the resident has a health condition which cannot be cared for within the limits of the license, requires inpatient care in a health facility or has a prohibited health condition as specified in Section 87615, Prohibited Health Conditions.

## 87101 DEFINITIONS (Continued)

87101

- (5) "Home Economist" means a person who holds a baccalaureate or higher degree in home economics and who specialized in either food and nutrition or dietetics.
- (6) "Hospice or Hospice Agency" means an entity which provides hospice services to terminally ill persons, is Medicare certified for hospice, and holds either a Hospice license or a Home Health Agency license from the California Department of Health Services. Any organizations, appropriately skilled professionals, or other professional persons or entities that are subcontracted by the hospice or hospice agency for the provision of specified hospice services to the resident are included within the definition. The hospice agency providing services in an RCFE shall not subcontract with the licensee or any facility staff for the provision of services.
- (7) "Hospice Care Plan" means the hospice agency's written plan of care for a terminally ill resident. The hospice shall retain overall responsibility for the development and maintenance of the plan and quality of hospice services delivered.
- (i) (1) "Immediate Need" means a situation where prohibiting the operation of the facility would be detrimental to a resident's physical health, mental health, safety, or welfare. Examples of immediate need include but are not limited to:
- (A) A change in facility location when residents are in need of services from the same operator at the new location;
  - (B) A change of facility ownership when residents are in need of services from the new operator.
- (2) "Initial Certification Training Program Vendor" means a vendor approved by the Department to provide the initial forty (40) hour certification training program to persons who do not possess a valid residential care facility for the elderly administrator certificate.
- (3) "Initial Vendor Application" means the application form, LIC 9141, used to request approval from the Department to become a vendor for the first time.
- (4) "Instruction" means to furnish an individual with knowledge or to teach, give orders, or direction of a process or procedure.

## 87101 DEFINITIONS (Continued)

87101

- (5) "Interdisciplinary Team" means a team that shall assist the Department in evaluating the need for relocating a resident of a residential care facility for the elderly when the resident has requested a review of the Department's health-condition relocation order. This team shall consist of the Department's nurse consultant and a social worker, designated by the Department, with experience in the needs of the elderly. Persons selected for an interdisciplinary team review shall not have been involved in the initial decision to issue a relocation order for the resident in question.
- (j) (Reserved)
- (k) (Reserved)
- (l) (1) "License" is defined in Health and Safety Code section 1569.2(g).

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**HANDBOOK BEGINS HERE**


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Health and Safety Code section 1569.2(g) reads:

"License" means a basic permit to operate a residential care facility for the elderly.

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**HANDBOOK ENDS HERE**


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- (2) "Licensed Professional" means a person who is licensed in California to provide medical care or therapy. This includes physicians and surgeons, physician assistants, nurse practitioners, registered nurses, licensed vocational nurses, psychiatric technicians, physical therapists, occupational therapists and respiratory therapists, who are operating within his/her scope of practice.
- (3) "Licensee" means the individual, firm, partnership, corporation, association or county having the authority and responsibility for the operation of a licensed facility.
- (4) "Licensing Agency" means a state, county or other public agency authorized by the Department to assume specified licensing, approval or consultation responsibilities pursuant to Health and Safety Code section 1569.13.
- (m) (1) "Medical Professional" means an individual who is licensed or certified in California to perform the necessary medical procedures within his/her scope of practice. This includes, but is not limited to, Medical Doctor (MD), Registered Nurse (RN) and Licensed Vocational Nurse (LVN).

## 87101 DEFINITIONS (Continued)

87101

- (2) "Mild cognitive impairment" (MCI) refers to people whose cognitive abilities are in a "conditional state" between normal aging and dementia. Normal age-related memory changes can include forgetting a person's name or the location of an object, however, individuals with MCI have difficulty with short-term memory loss. MCI is a state in which at least one cognitive function, usually short-term memory, is impaired to an extent that is greater than would be anticipated in the normal aging process. MCI is characterized by short-term memory problems, but no other symptoms of dementia (e.g., problems with language, judgment, changes in personality or behavior) that affect a person's daily functioning. Individuals with MCI may experience some difficulty with intellectually demanding activities, but lack the degree of cognitive and functional impairment required to meet diagnostic criteria for dementia.
- (n) (1) "New Facility" means any facility applying for an initial license whether newly constructed or previously existing for some other purpose.
- (2) "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 an oral instruction relating to fire danger and, unassisted, take appropriate action relating to such danger.
- (3) "Non-Compliance Conference" means a meeting initiated by the Department that takes place between the licensing agency and the licensee to afford the licensee an opportunity to correct licensing violations other than those that pose an immediate danger to residents and that may result in a corrective plan of action. Its purpose is to review the existing deficiencies and to impress upon the licensee the seriousness of the situation prior to the agency requesting administrative action to revoke the license. The Department may initiate administrative action without a non-compliance conference.
- (4) "Nutritionist" means a person holding a master's degree in food and nutrition, dietetics, or public health nutrition, or who is employed by a county health department in the latter capacity.
- (o) (Reserved)
- (p) (1) "Physician" means a person licensed as a physician and surgeon by the California Board of Medical Examiners or by the California Board of Osteopathic Examiners.
- (2) "Placement Agency" as defined in Health and Safety Code section 1569.47(a), means any county welfare department, county social services department, county mental health department, county public guardian, general acute care hospital discharge planner or coordinator, state-funded program or private agency providing placement or referral services, and regional center for persons with developmental disabilities which is engaged in finding homes or other places for the placement of elderly persons for temporary or permanent care.

<b>87101</b>	<b>DEFINITIONS (Continued)</b>	<b>87101</b>
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- (3) "PRN Medication" (pro re nata) means any nonprescription or prescription medication which is to be taken as needed.
- (4) "Provision" or "Provide." Whenever any regulation specifies that provision be made for or that there be provided any service, personnel or other requirement, it means that if the resident is not capable of doing so himself, the licensee shall do so directly or present evidence satisfactory to the licensing agency of the particular arrangement by which another provider in the community will do so.
- (5) "Provisional License" means a temporary, nonrenewable license, issued for a period not to exceed twelve months which is issued in accordance with the criteria specified in Section 87162, Provisional License.
- (q) (Reserved)
- (r) (1) "Rehabilitation" means the effort to reestablish good character since the date of the last conviction, including, but not limited to, education, counseling or therapy, training, stable employment, restitution, remorse, changes in lifestyle, or community service.
- (2) "Relative" means spouse, parent, stepparent, son, daughter, brother, sister, half-brother, half-sister, uncle, aunt, niece, nephew, first cousin or any such person denoted by the prefix "grand" or "great", or the spouse of any of the persons specified in this definition, even if the marriage has been terminated by death or dissolution.
- (3) "Renewal Vendor Application" means the application form, LIC 9141, used to request approval from the Department to continue another two (2) years as an approved vendor.
- (4) "Request to Forego Resuscitative Measures" is defined in Probate Code section 4780.

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Probate Code section 4780 provides:

"(a) As used in this part:

(1) 'Request to forego resuscitative measures' means a written document, signed by

(A) an individual, or a legally recognized surrogate health care decisionmaker, and

(B) a physician that directs a health care provider to forgo resuscitative measures for the individual.

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**HANDBOOK CONTINUES**

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**HANDBOOK CONTINUES**

(2) 'Request to forego resuscitative measures' includes a prehospital 'do not resuscitate' form as developed by the Emergency Medical Services Authority or other substantially similar form.

(b) A request to forgo resuscitative measures may also be evidenced by a medallion engraved with the words 'do not resuscitate' or the letters 'DNR', a patient identification number, and a 24-hour toll-free telephone number, issued by a person pursuant to an agreement with the Emergency Medical Services Authority."

**HANDBOOK ENDS HERE**

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- (5) "Residential Care Facility for the Elderly" means a housing arrangement chosen voluntarily by the resident, the resident's guardian, conservator or other responsible person; where 75 percent of the residents are sixty years of age or older and where varying levels of care and supervision are provided, as agreed to at time of admission or as determined necessary at subsequent times of reappraisal. Any younger residents must have needs compatible with other residents.
- (6) "Responsible Person" means that individual or individuals, including a relative, health care surrogate decision maker, or placement agency, who assist the resident in placement or assume varying degrees of responsibility for the resident's well-being.
- (7) "Room and Board" means a living arrangement where care and supervision is neither provided nor available.
- (s) (1) "Serious Deficiency" means any deficiency that presents an immediate or substantial threat to the physical health, mental health, or safety of the residents or clients of a community care facility.
- (2) "Shall" means mandatory. "May" means permissive.
- (3) "Significant Other" means a person, including a person of the same gender, with whom a resident was sharing a partnership prior to his/her placement in a Residential Care Facility for the Elderly (RCFE). The partnership involves two adults who have chosen to share one another's lives in an intimate and committed relationship of mutual caring.
- (4) "Simplified Exemption" means an exemption granted on the Department's own motion, as authorized in Health and Safety Code section 1569.17(c)(4), if the individual's criminal history meets specific criteria established by Department regulation.

<b>87101</b>	<b>DEFINITIONS (Continued)</b>	<b>87101</b>
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- (5) "Singular-Plural." Whenever in these regulations the singular is used, it can include the plural.
- (6) "Social Worker" means a person who has a graduate degree from an accredited school of social work or who has equivalent qualifications as determined by the Department.
- (7) "SSI/SSP" means the Supplemental Security Income/State Supplemental Program.
- (8) Standard Precautions. See "Universal Precautions."
- (9) "Substantial Compliance" means the absence of any deficiencies which would threaten the physical health, mental health, safety or welfare of the residents. Such deficiencies include, but are not limited to, those deficiencies referred to in Section 87758, Serious Deficiencies - Examples, and the presence of any uncorrected serious deficiencies for which civil penalties could be assessed.
- (10) "Supervision" means to oversee or direct the work of an individual or subordinate but does not necessarily require the immediate presence of the supervisor.
- (t) (1) "Terminally Ill Resident" means that the resident has a prognosis by his/her attending physician that the resident's life expectancy is six months or less if his/her illness or condition runs its normal course.
- (2) "Transfer Trauma" means the consequences of the stress and emotional shock caused by an abrupt, involuntary relocation of a resident from one facility to another.
- (u) (1) "Universal Precautions" means an approach to infection control that treats all human blood and body fluids as if they are infectious. Generally, universal precautions consist of regular hand washing after coming into contact with another person's body fluids (mucous, saliva, urine, etc.) and includes use of gloves when handling blood or body fluids that contain blood. Specifically, universal precautions consist of the following four basic infection control guidelines:
  - (A) Hand washing - Staff should wash their hands in the following situations, but not limited to these situations:
    - 1. After assisting with incontinent care or wiping a resident's nose.
    - 2. Before preparing or eating food.

## 87101 DEFINITIONS (Continued)

87101

3. After using the toilet.
  4. Before and after treating or bandaging a cut.
  5. After wiping down surfaces, cleaning spills, or any other housekeeping.
  6. After being in contact with any body fluids from another person, even if they wore gloves during contact with body fluids.
- (B) Gloves
1. Use gloves only one time, for one incident or resident.
    - (i) Air dry the hands or dry the hands on a single-use paper towel prior to putting on a new pair of gloves.
    - (ii) Dispose of used gloves immediately after use.
  2. Staff should always wear gloves in the following situations, but not limited to these situations:
    - (i) When they come into contact with blood or body fluids.
    - (ii) When they have cuts or scratches on their hands.
    - (iv) When administering first aid for a cut, a bleeding wound, or a bloody nose.
- (C) Cleaning with a disinfectant - Staff should clean with a disinfectant:
1. On all surfaces and in the resident's room and on an "as needed" basis on any surface that has come into contact with blood.
  2. Such as a basic bleach solution, made fresh daily by mixing 1/4 cup household liquid chlorine bleach in one gallon of tap water, or one tablespoon bleach in one quart of water.
- (D) Proper disposal of infectious materials - Staff should dispose of infectious materials by placing them in a plastic trash bag, tying the bag with a secure tie, and disposing of it out of reach of residents and children.

- (2) "Unlicensed Residential Facility for the Elderly" means a facility as defined in Health and Safety Code section 1569.44.

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**HANDBOOK BEGINS HERE**

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Health and Safety Code section 1569.44(a) provides:

"(a) A facility shall be deemed to be an 'unlicensed residential care facility for the elderly' and 'maintained and operated to provide residential care' if it is unlicensed and not exempt from licensure, and any one of the following conditions is satisfied:

- (1) The facility is providing care and supervision, as defined by this chapter or the rules and regulations adopted pursuant to this chapter.
- (2) The facility is held out as, or represented as, providing care and supervision, as defined by this chapter or the rules and regulations adopted pursuant to this chapter.
- (3) The facility accepts or retains residents who demonstrate the need for care and supervision, as defined by this chapter or the rules and regulations adopted pursuant to this chapter.
- (4) The facility represents itself as a licensed residential facility for the elderly."

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**HANDBOOK ENDS HERE**

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- (A) A facility which is "providing care and supervision" as defined in Section 87101(c)(2) includes, but is not limited to, one in which individual has been placed by a placement agency or family members.
- (B) A facility which is "held out as or represented as providing care and supervision" includes, but is not limited to:
  - (1) A facility whose license has been revoked or denied, but the individual continues to provide care for the same or different clients with similar needs.
  - (2) A facility where change of ownership has occurred and the same clients are retained.

<b>87101</b>	<b>DEFINITIONS (Continued)</b>	<b>87101</b>
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- (3) A licensed facility that moves to a new location.
- (4) A facility which advertises as providing care and supervision.
- (C) A facility which "accepts or retains residents who demonstrate the need for care and supervision" includes, but is not limited to:
  - (1) A facility with residents requiring care and supervision, even though the facility is providing board and room only, or board only, or room only.
  - (2) A facility where it is apparent that care and supervision are being provided by virtue of the client's needs being met.
- (v) (1) "Vendor" means a Department-approved institution, association, individual(s), or other entity that assumes full responsibility or control over a Department-approved Initial Certification Training Program or a Continuing Education Training Program.
- (2) "Vendor applicant" means any institution, association, individual(s), or other entity that submits a request for approval of an Initial Certification Training Program or a Continuing Education Training Program.
- (3) "Voluntary" means resulting from free will.
- (w) (1) "Waiver" means a variance to a specific regulation based on a facility-wide need or circumstance which is not typically tied to a specific resident or staff person. Requests for waivers are made to the licensing agency, in advance, by an applicant or licensee.
- (x) (Reserved)
- (y) (Reserved)
- (z) (Reserved)

NOTE: Authority cited: Sections 1569.23, 1569.30, 1569.616 and 1569.698, Health and Safety Code. Reference: 42 CFR 418.3; Sections 1569.1, 1569.2, 1569.5, 1569.10, 1569.145, 1569.15, 1569.153, 1569.157, 1569.158, 1569.17, 1569.19, 1569.191, 1569.193, 1569.20, 1569.21, 1569.23, 1569.31, 1569.312, 1569.33, 1569.38, 1569.44, 1569.47, 1569.54, 1569.616, 1569.626, 1569.699, 1569.73, 1569.74, 1569.82, 1771 and 1797.196, Health and Safety Code; Sections 5350 and 15610.13, Welfare and Institutions Code; Sections 1500, 1800 and 4780, Probate Code.

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<b>Regulations</b>	<b>RESIDENTIAL CARE FACILITIES FOR THE ELDERLY</b>	<b>87102</b>
<b>87102</b>	<b>DESCRIPTIONS OF FORMS</b>	<b>87102</b>

The following forms, which are incorporated by reference, apply to the regulations in Title 22, Division 6, Chapter 8 (Residential Care Facilities for the Elderly).

- (a) LIC 9139 (2/05) - Renewal of Continuing Education Course Approval, Administrator Certification Program.
- (b) LIC 9140 (7/04) - Request for Course Approval, Administrator Certification Program.
- (c) LIC 9140A (1/06) - Request to Add or Remove Instructor.
- (d) LIC 9141 (3/04) - Vendor Application/Renewal, Administrator Certification Program.
- (e) PUB 325 (1/04) – Your Right To Make Decisions About Medical Treatment.
- (f) Core of Knowledge Guidelines (6/01/01) - RCFE 40-Hour Initial Certification.

NOTE: Authority cited: Section 1569.30, Health and Safety Code. Reference: Section 1569.616, Health and Safety Code.

## Article 2. License

## 87105 LICENSE REQUIRED

87105

- (a) Pursuant to Health and Safety Code, Section 1569.10, any individual or legal entity providing or intending to provide care and supervision to the elderly in a residential facility shall obtain a current valid license pursuant to the provisions of this chapter. This shall not require an adult residential facility to relocate a resident who becomes 60, nor to change licensing category, provided that the resident's needs remain compatible with those of other residents, and the licensing agency has approved an exception request.

NOTE: Authority cited: Section 1569.30, Health and Safety Code. Reference: Sections 1569.10, 1569.44 and 1569.45, Health and Safety Code.

## 87106 OPERATION WITHOUT A LICENSE

87106

- (a) An unlicensed facility as defined in Section 87101(u)(2) is in violation of section 1569.10, 1569.44, and/or 1569.45 of the Health and Safety Code unless the facility is exempted from licensure under Section 87107(a).
- (b) If the facility is alleged to be in violation of section 1569.10 and/or 1569.44 and/or 1569.45 of the Health and Safety Code, the licensing agency shall conduct a site visit and/or evaluation of the facility pursuant to Health and Safety Code section 1569.35.

## HANDBOOK BEGINS HERE

Health and Safety Code section 1569.35(c) provides in part:

"Upon receipt of a complaint, other than a complaint alleging denial of a statutory right of access to a residential care facility for the elderly, the department shall make a preliminary review and, unless the department determines that the complaint is willfully intended to harass a licensee or is without any reasonable basis, it shall make an onsite inspection within 10 days after receiving the complaint.... In either event, the complainant shall be promptly informed of the department's proposed course of action."

## HANDBOOK ENDS HERE

- (c) If the facility is operating without a license, the licensing agency shall issue a Notice of Operation in Violation of Law, and shall refer the case for criminal prosecution and/or civil proceedings.
- (d) The licensing agency shall issue an immediate civil penalty pursuant to Section 87768, Unlicensed Facility Penalties and Health and Safety Code section 1569.485.

**HANDBOOK BEGINS HERE**

Health and Safety Code sections 1569.485(a) and (b) provides in part:

"(a) Notwithstanding any other provision of this chapter, any person who violates section 1569.10 or 1569.44, or both, shall be assessed by the department an immediate civil penalty in the amount of one hundred dollars (\$100) per resident each day of violation....

(b) The civil penalty... shall be doubled if an unlicensed facility is operated and the operator refuses to seek licensure or the operator seeks licensure and the licensure application is denied and the operator continues to operate the unlicensed facility...."

**HANDBOOK ENDS HERE**

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- (e) Sections 87106(c) and (d) shall be applied in any combination deemed appropriate by the licensing agency.
- (f) The licensing agency shall notify the appropriate local or state Ombudsman, placement, or adult protective service agency if either of the following conditions exist:
- (1) There is an immediate threat to the residents' health and safety.
  - (2) The facility does not submit an application for licensure within 15 calendar days of being served a Notice of Operation in Violation of Law.

NOTE: Authority cited: Section 1569.30, Health and Safety Code. Reference: Sections 1569.10, 1569.19, 1569.335, 1569.35, 1569.40, 1569.405, 1569.41, 1569.42, 1569.43, 1569.44, 1569.45, 1569.47, 1569.485 and 1569.495, Health and Safety Code.

- (a) The following shall be allowed to operate without being licensed as a residential care facility for the elderly:
- (1) Any health facility, as defined by Health and Safety Code section 1250.
  - (2) Any clinic, as defined by Health and Safety Code section 1202.

## 87107 EXEMPTION FROM LICENSURE (Continued)

87107

- (3) Any facility conducted by and for the adherents of any well-recognized church or religious denomination for the purpose of providing facilities for the care or treatment of the sick who depend on prayer or spiritual means for healing in the practice of the religion of such church or denomination. Such facilities shall be limited to those facilities or portions thereof which substitute prayer for medical/nursing services which would otherwise be provided for or required by residents in a health facility, as defined by section 1200 or 1250 of the Health and Safety Code.
- (4) Any house, institution, hotel or other similar place that supplies board and room only, or room only, or board only, if no element of care and/or supervision, as defined by this chapter, is provided, made available, or contractually promised, such as in a life care agreement or program agreement with a facility. However, this shall not preclude care and/or supervision provided for brief and irregular periods of time for reasons such as temporary illnesses or emergencies provided that such is determined to be minor and temporary and does not require twenty-four (24) hours supervision of the resident(s).
- (5) Recovery houses or other similar facilities providing group living arrangements for persons recovering from alcoholism or drug addiction where the facility provides no care and supervision.
- (6) Any alcoholism recovery facility as defined by Health and Safety Code section 11834.02(a) relating to alcohol programs.

**HANDBOOK BEGINS HERE**

Health and Safety Code section 11834.02(a) provides:

An "alcoholism or drug abuse recovery or treatment facility" or "facility" means any premises, place, or building that provides 24-hour residential nonmedical to adults who are recovering from problems related to alcohol, drug, or alcohol and drug misuse or abuse, and who need alcohol, drug or alcohol and drug recovery treatment or detoxification services."

**HANDBOOK ENDS HERE**

- (7) Any care and supervision of persons by a family member. For purposes of this section "family member" means any spouse, by marriage or otherwise, child or stepchild, by natural birth or by adoption, parent, brother, sister, half-brother, half-sister, parent-in-law, brother-in-law, sister-in-law, nephew, niece, aunt, uncle, first cousin, or any person denoted by the prefix "grand" or "great", or the spouse of any of these persons, even if the marriage has been terminated by death or dissolution.

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<b>Regulations</b>	<b>RESIDENTIAL CARE FACILITIES FOR THE ELDERLY</b>	<b>87107</b>
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<b>87107</b>	<b>EXEMPTION FROM LICENSURE (Continued)</b>	<b>87107</b>
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- (8) Any arrangement for the care and supervision of a person or persons from only one family by a close friend who is not a licensee or current employee of a Residential Care Facility for the Elderly or of an Adult Residential Facility, and whose friendship pre-existed a provider/recipient relationship, and all of the following conditions are met:
- (A) The care and supervision is provided in a home or residence chosen by the recipient, regardless of who owns the home or residence.
  - (B) The arrangement is not of a business nature, in that the provider does not represent himself or herself as being in the business of provision of care, and any compensation that may be paid to the provider is only for the value of the services rendered.
  - (C) The arrangement occurs and continues only as long as the needs for care and supervision of the recipient are being adequately met.
- (9) Any housing project for elderly or disabled individuals that meets federal requirements as specified in Health and Safety Code section 1569.145(g).

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**HANDBOOK BEGINS HERE**

Health and Safety Code section 1569.145(g) provides:

"Any housing for elderly or disabled persons, or both, that is approved and operated pursuant to Section 202 of Public Law 86-372 (12 U.S.C.A. Sec. 1701q), or Section 811 of Public Law 101-625 (42 U.S.C.A. Sec 8013), or whose mortgage is insured pursuant to Section 236 of Public Law 90-448 (12 U.S.C.A. Sec. 1715z), or that receives mortgage assistance pursuant to Section 221d(3) of Public Law 87-70 (12 U.S.C.A. Sec.17151), where supportive services are made available to residents at their option, as long as the project owner or operator does not contract for or provide the supportive services. The project owner or operator may coordinate, or help residents gain access to, the supportive services, either directly, or through a service coordinator."

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**HANDBOOK ENDS HERE**

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- (10) Any similar facility as determined by the Director.

NOTE: Authority cited: Sections 1569.145 and 1569.30, Health and Safety Code. Reference: Sections 1505, 1569.145 and 11834.02, Health and Safety Code; and Grimes v. CDSS (1999) 70 Cal.App.4th 1065.



**87111**                      **CONTINUATION OF LICENSE UNDER EMERGENCY**                      **87111**  
**CONDITIONS OR SALE OF PROPERTY**

- (a) The licensing agency may consent to a change of location and continuation of the existing license of any facility for a reasonable period of time when the change is requested because of the accidental destruction of the licensed premises or similar emergency conditions, so long as the new location or place of performance conforms to building, fire and life safety standards.
- (b) In the event of a licensee's death, an adult who has control of the property, and had been designated by the licensee as the party responsible to continue operation of the facility upon a licensee's death shall:
- (1) notify the Department by the next working day of the licensee's death;
  - (2) inform the Department within 5 working days if the designee decides not to apply for licensure.
    - (A) If the designee decides not to apply, the Department will help the designee develop and implement a relocation plan for facility residents.
- (c) The Department may permit a designee to continue operation of a previously licensed facility, and grant an Emergency Approval to Operate (EAO) to a facility for up to 60 days pending issuance or denial of a license, provided the following requirements of Health and Safety Code section 1569.193 are met:
- (1) The designee notifies the Department during the next working day following the death of the licensee, that he/she will continue to operate the facility.
  - (2) A notarized designation of the adult, authorized by the licensee, to continue operation of the facility in the event of the licensee's death, was filed by the licensee with the Department.
    - (A) The notarized statement was signed by the designee, and indicated acceptance of the designation.
    - (B) The notarized statement contains, or is accompanied by a declaration under penalty of perjury, regarding any criminal convictions of the designee.
  - (3) The designee is able to operate the facility to the satisfaction of the Department.
  - (4) The designee files an application for licensure, and provides a copy of the licensee's death certificate, obituary notice, certification of death from the decedent's mortuary, or a letter from the attending physician or coroner's office verifying the death of the licensee, within 20 calendar days of the licensee's death.



<b>Regulations</b>	<b>RESIDENTIAL CARE FACILITIES FOR THE ELDERLY</b>	<b>87111</b>
<b>87111</b>	<b>CONTINUATION OF LICENSE UNDER EMERGENCY CONDITIONS OR SALE OF PROPERTY (Continued)</b>	<b>87111</b>

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**HANDBOOK CONTINUES**

(b) Except as provided in subdivision (e), the property and business shall not be transferred until the buyer qualifies for a license or provisional license within the appropriate provisions of this chapter.

(1) The seller shall notify, in writing, a prospective buyer of the necessity to obtain a license, as required by this chapter, if the buyer's intent is to continue operating the facility as a residential care facility for the elderly. The seller shall send a copy of this written notice to the licensing agency.

(2) The prospective buyer shall submit an application for a license, as specified in section 1569.15, within five days of the acceptance of the offer by the seller.

(c) No sale of the facility shall be permitted until 30 days have elapsed from the date upon which notice has been provided pursuant to paragraphs (1) and (2) of subdivision (a).

(d) The department shall give priority to applications for licensure which are submitted pursuant to this section in order to ensure timely transfer of the property and business. The department shall make a decision within 60 days after a complete application is submitted on whether to issue a license pursuant to section 1569.15.

(e) If the parties involved in the transfer of the property and business fully comply with this section then the transfer may be completed and the buyer shall not be considered to be operating an unlicensed facility while the department makes final determination on the application for licensure...."

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**HANDBOOK ENDS HERE**

(g) "A bona-fide offer", as specified in Health and Safety Code section 1569.191(a)(1), shall mean a proposal by the buyer to purchase the facility with definite terms in writing communicated to the seller and accompanied by a cash deposit.

NOTE: Authority cited: Sections 1569.30, Health and Safety Code. Reference: Sections 1569.1, 1569.15, 1569.191 and 1569.193, Health and Safety Code.

## 87112 CONDITIONS FOR FORFEITURE OF A LICENSE

87112

- (a) Conditions for forfeiture of a residential care facility for the elderly license shall be as specified in Health and Safety Code section 1569.19.

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**HANDBOOK BEGINS HERE**


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Health and Safety Code section 1569.19 provides in part:

"A license shall be forfeited by operation of law prior to its expiration date when one of the following occurs:

- (a) The licensee sells or otherwise transfers the facility or facility property, except when change of ownership applies to transferring of stock when the facility is owned by a corporation, and when the transfer of stock does not constitute a majority change in ownership. The sale of a facility shall be subject to the requirements of this chapter.
- (b) The licensee surrenders the license to the department.
- (c) The licensee moves the facility from one location to another. The department shall develop regulations to ensure that the facilities are not charged a full licensing fee and do not have to complete the entire application process when applying for a license for the new location.
- (d) The licensee is convicted of an offense specified in Section 220, 243.4, or 264.1, or paragraph (1) of Section 273a, Section 273d, 288, or 289 of the Penal Code, or is convicted of another crime specified in subdivision (c) of Section 667.5 of the Penal Code.
- (e) The licensee dies. When a licensee dies, the continued operation shall be subject to the requirements of Section 1569.193.
- (f) The licensee abandons the facility."

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**HANDBOOK ENDS HERE**


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- (1) "Licensee abandons the facility" shall mean either of the following:
- (A) The licensee informs the licensing agency that the licensee no longer accepts responsibility for the facility, or
- (B) The licensing agency is unable to determine the licensee's whereabouts after the following:
1. The licensing agency requests information of the licensee's whereabouts from the facility's staff if any staff can be contacted; and

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<b>Regulations</b>	<b>RESIDENTIAL CARE FACILITIES FOR THE ELDERLY</b>	<b>87118 (Cont.)</b>
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<b>87112</b>	<b>CONDITIONS FOR FORFEITURE OF A LICENSE (Continued)</b>	<b>87112</b>
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2. The licensing agency has made at least one (1) phone call per day, to the licensee's last telephone number of record, for five (5) consecutive workdays with no response; and
3. The licensing agency has sent a certified letter, requesting the licensee to contact the licensing agency, to the licensee's last mailing address of record with no response within seven (7) calendar days.

NOTE: Authority cited: Section 1569.30, Health and Safety Code. Reference: Section 1569.19, Health and Safety Code.

<b>87113</b>	<b>POSTING OF LICENSE</b>	<b>87113</b>
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The license shall be posted in a prominent location in the licensed facility accessible to public view.

NOTE: Authority cited: Section 1569.30, Health and Safety Code. Reference: Section 1569.45, Health and Safety Code.

<b>87114</b>	<b>APPLICANT OR LICENSEE MAILING ADDRESS</b>	<b>87114</b>
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The applicant or licensee shall file his/her mailing address, in writing, with the licensing agency and shall notify the agency, in writing, of any change within 10 calendar days.

NOTE: Authority cited: Section 1569.30, Health and Safety Code. Reference: Sections 1569.15, 1569.20, 1569.22 and 1569.51, Health and Safety Code.

<b>87118</b>	<b>NONDISCRIMINATION</b>	<b>87118</b>
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- (a) Any adult shall be permitted to apply for a license regardless of age, sex, race, religion, color, political affiliation, national origin, disability, marital status, actual or perceived sexual orientation, or ancestry.
- (b) All licensed facilities shall receive persons on a nondiscriminatory basis according equal treatment and services without regard to race, color, religion, national origin, actual or perceived sexual orientation or ancestry.

**87118**                      **NONDISCRIMINATION (Continued)**                      **87118**

- (c) An exception shall be made in the case of any bona fide nonprofit religious, fraternal or charitable organization which can demonstrate to the satisfaction of the Department or the licensing agency that its primary or substantial purpose is not to evade this section.
- (1) It may establish reception policies limiting or giving preference to its own members or adherents, provided, however, such membership is nondiscriminatory and such policies shall not be construed as a violation of this section.
  - (2) Any reception of nonmembers or nonadherents shall be subject to the requirements of this section.

NOTE: Authority cited: Section 1569.30, Health and Safety Code. Reference: Section 1569.31, Health and Safety Code; Section 51, Civil Code.

**Article 3. Application Procedures****87155 APPLICATION FOR LICENSE****87155**

- (a) Any individual, firm, partnership, association, corporation or governmental entity desiring to obtain a license shall file with the licensing agency an application on forms furnished by the licensing agency. The licensee shall cooperate with the licensing agency in providing verification and/or documentation as requested by the licensing agency. The application and supporting documents shall contain the following:
- (1) Name or proposed name and address of facility.
  - (2) Name and address of the applicant and documentation verifying completion by the applicant of certification requirements as specified in Section 87406, Administrator Certification Requirements.
    - (A) This section shall apply to all applications for license, unless the applicant has a current license for another residential care facility for the elderly which was initially licensed prior to July 1, 1989 or has successfully completed an approved certification program within the prior five years.
    - (B) If the applicant is a firm, partnership, association, or corporation, the chief executive officer or person serving in a like capacity or the designated administrator of the facility shall meet the requirements of this section.
  - (3) If the applicant is a partnership, the name, signature and principal business address of each partner.
  - (4) If the applicant is a corporation or association, the name, title and principal business address of each officer, executive director, and member of the governing board. The application shall be signed by the chief executive officer or authorized representative. In addition, a copy of the Articles of Incorporation, Constitution and By-laws, and the name and address of each person owning more than 10 percent of stock in the corporation shall be provided.
  - (5) If the applicant is a corporation, each member of the board of directors, executive director, and any officer shall list the name of all facilities which they have been licensed to operate, employed by or a member of the board of the directors, executive director or an officer.
  - (6) Procedures as required pursuant to section 1569.175 of the Health and Safety Code.

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**HANDBOOK BEGINS HERE**

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Health and Safety Code section 1569.175 provides:

"(a) In addition to any other requirements of this chapter, any residential care facility for the elderly providing residential care for six or fewer persons at which the owner does not reside shall provide a procedure approved by the licensing agency for immediate response to incidents and complaints. This procedure shall include a method of assuring that the owner, licensee, or person designated by the owner or licensee is notified of the incident, that the owner, licensee, or person designated by the owner or licensee has personally investigated the matter, and that the person making the complaint or reporting the incident has received a response of action taken or a reason why no action needs to be taken.

(b) In order to assure the opportunity for complaints to be made directly to the owner, licensee, or person designated by the owner or licensee, and to provide the opportunity for the owner, licensee, or person designated by the owner or licensee to meet residents and learn of problems in the neighborhood, any facility with a nonresident owner shall establish a fixed time on a weekly basis when the owner, licensee, or person designated by the owner or licensee will be present.

(c) Facilities with nonresident owners shall establish procedures to comply with the requirements of this section on or before July 1, 1987."

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**HANDBOOK ENDS HERE**

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- (7) Name and address of owner of facility premises if applicant is leasing or renting.
- (8) The category of facility to be operated.
- (9) Maximum number to be served.
- (10) The name, residence and mailing addresses of the facility administrator, a description of the administrator's background and qualifications, and documentation verifying the required education and administrator certification.
- (11) Copy of the current organizational chart showing type and number of positions and line of authority. However, facilities for less than sixteen persons may furnish, in lieu of an organization chart, a list of positions and the periods of time that persons in these positions will be providing services at the facility.

- (12) Evidence pursuant to Health and Safety Code, section 1520(b).

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Health and Safety Code section 1520(b) provides:

"(b) Evidence satisfactory to the department that the applicant is of reputable and responsible character. ... If the applicant is a firm, association, organization, partnership, business trust, corporation or company, like evidence shall be submitted as to the members or shareholders thereof, and the person who will be in charge of the community care facility for which application for issuance of license or special permit is made."

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**HANDBOOK ENDS HERE**

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- (13) A financial plan of operation on forms provided or approved by the Department. Start-up funds shall be sufficient to meet a minimum of three (3) months operating costs. In addition:
- (A) Where construction is anticipated to meet the requirements for a license, sufficient financing for the construction shall be available.
  - (B) The scope of the applicant's services shall be such that an adequate quality of service will be permitted from available funds. The licensing agency shall have the right to verify the availability of these funds.
- (14) When there is a change of licensee, the required documentation shall include the information specified in Section 87217(k).
- (15) Information concerning insurance carried by the applicant relating to the operation of the facility.
- (16) A plan of operation as specified in Section 87208, Plan of Operation.
- (17) The fee for processing the application for the requested capacity as specified in Section 87156, Licensing Fees.
- (18) Name, address and telephone number of the city or county fire department, the district providing fire protection services, or the State Fire Marshal's Office having jurisdiction in the area where the facility is located.
- (19) Such other information as may be required by the licensing agency for the proper administration and enforcement of the licensing law and regulations.
- (b) An application shall be filed with the licensing agency which serves the area in which the facility is located.

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**87155 (Cont.)                      RESIDENTIAL CARE FACILITIES FOR THE ELDERLY                      Regulations**


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**87155                      APPLICATION FOR LICENSE (Continued)                      87155**

NOTE: Authority cited: Sections 1569.23, 1569.30 and 1569.616, Health and Safety Code. Reference: Sections 1569.1, 1569.2, 1569.10, 1569.15, 1569.151, 1569.1515, 1569.16, 1569.17, 1569.185, 1569.19, 1569.20, 1569.21, 1569.22, 1569.23, 1569.24, 1569.312, 1569.45, 1569.60, 1569.616 and 1569.62, Health and Safety Code.

**87156                      LICENSING FEES                      87156**

- (a) An applicant or licensee shall be charged fees as specified in Health and Safety Code section 1569.185.

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**HANDBOOK BEGINS HERE**


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Health and Safety Code section 1569.185 provides:

- (a) An application fee adjusted by facility and capacity shall be charged by the department for the issuance of a license to operate a residential care facility for the elderly. After initial licensure, a fee shall be charged by the department annually on each anniversary of the effective date of the license.

The fees are for the purpose of financing activities specified in this chapter. Fees shall be assessed as follows:

Fee Schedule

Capacity	Initial Application	Annual
1-3	\$413	\$413
4-6	\$825	\$413
7-15	\$1,239	\$619
16-30	\$1,650	\$825
31-49	\$2,064	\$1,032
50-74	\$2,477	\$1,239
75-100	\$2,891	\$1,445
101-150	\$3,304	\$1,652
151-200	\$3,852	\$1,926
201-250	\$4,400	\$2,200
251-300	\$4,950	\$2,475
301-350	\$5,500	\$2,750
351-400	\$6,050	\$3,025
401-500	\$7,150	\$3,575
501-600	\$8,250	\$4,125
601-700	\$9,350	\$4,675
701+	\$11,000	\$5,500

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**HANDBOOK CONTINUES**


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CALIFORNIA-DSS-MANUAL-CCL

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Regulations	RESIDENTIAL CARE FACILITIES FOR THE ELDERLY	87156 (Cont.)
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87156	LICENSING FEES (Continued)	87156
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**HANDBOOK CONTINUES**

(b) (1) In addition to fees set forth in subdivision (a), the department shall charge the following fees:

(A) A fee that represents 50 percent of an established application fee when an existing licensee moves the facility to a new physical address.

(B) A fee that represents 50 percent of the established application fee when a corporate licensee changes who has the authority to select a majority of the board of directors.

(C) A fee of twenty-five dollars (\$25) when an existing licensee seeks to either increase or decrease the licensed capacity of the facility.

(D) An orientation fee of fifty dollars (\$50) for attendance by any individual at a department-sponsored orientation session.

(E) A probation monitoring fee equal to the annual fee, in addition to the annual fee for that category and capacity for each year a license has been placed on probation as a result of a stipulation or decision and order pursuant to the administrative adjudication procedures of the Administrative Procedure Act (Chapter 4.5 (commencing with Section 11400) and Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code).

(F) A late fee that represents an additional 50 percent of the established annual fee when any licensee fails to pay the annual licensing fee on or before the due date as indicated by postmark on the payment.

(G) A fee to cover any costs incurred by the department for processing payments including, but not limited to, bounced check charges, charges for credit and debit transactions, and postage due charges.

(H) A plan of correction fee of two hundred dollars (\$200) when any licensee does not implement a plan of correction on or prior to the date specified in the plan.

(2) No local jurisdiction shall impose any business license, fee, or tax for the privilege of operating a facility licensed under this chapter which serves six or fewer persons.

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**HANDBOOK CONTINUES**

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**HANDBOOK CONTINUES**

(c) (1) The revenues collected from licensing fees pursuant to this section shall be utilized by the department for the purpose of ensuring the health and safety of all individuals provided care or supervision by licensees and to support the activities of the licensing programs, including, but not limited to, monitoring facilities for compliance with licensing laws and regulations pursuant to this chapter, and other administrative activities in support of the licensing program, when appropriated for these purposes. The revenues collected shall be used in addition to any other funds appropriated in the annual Budget Act in support of the licensing program. (2) The department shall not utilize any portion of these revenues sooner than 30 days after notification in writing of the purpose and use, as approved by the Department of Finance, to the Chairperson of the Joint Legislative Budget Committee, and the chairpersons of the committee in each house that considers appropriations for each fiscal year. The department shall submit a budget change proposal to justify any positions or any other related support costs on an ongoing basis.

(d) A residential care facility for the elderly may use a bona fide business check to pay the license fee required under this section.

(e) The failure of an applicant for licensure or a licensee to pay all applicable and accrued fees and civil penalties shall constitute grounds for denial or forfeiture of a license.

**HANDBOOK ENDS HERE**

- (b) The annual fee shall be according to existing licensed capacity unless the licensee requests a lower or higher capacity.
- (c) An additional fee shall be charged when the licensee requests an increase or decrease in capacity as specified in Health and Safety Code section 1569.185(b)(1)(C).
- (d) When a licensee moves a facility from one location to another, the relocation fee shall be as specified in Health and Safety Code section 1569.185(b)(1)(A).

<u>Capacity</u>	<u>Relocation</u>
1 - 6	\$ 50
7 - 15	75
16 - 49	100
50 +	125

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<b>Regulations</b>	<b>RESIDENTIAL CARE FACILITIES FOR THE ELDERLY</b>	<b>87157 (Cont.)</b>
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<b>87156</b>	<b>LICENSING FEES (Continued)</b>	<b>87156</b>
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- (1) To qualify for the relocation fee the following shall apply:
- (A) The licensee shall have notified the licensing agency before actually relocating the facility.
  - (B) The categorical type of facility shall remain the same when relocating the facility.
  - (C) The fee shall be by requested capacity at the new location.

(e) The fees shall be nonrefundable.

NOTE: Authority cited: Section 1569.30, Health and Safety Code. Reference: Sections 1569.185 and 1569.19, Health and Safety Code.

<b>87157</b>	<b>APPLICATION REVIEW</b>	<b>87157</b>
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- (a) No initial license shall be issued until the licensing agency has completed the following:
- (1) A review which includes an on-site survey of the proposed premises and a determination of the qualifications of the applicant.
  - (2) A determination that the applicant has secured a fire clearance from the State Fire Marshal.
  - (3) A determination that the applicant and facility comply with the provisions of Chapter 3 (commencing with section 1569) of Division 2 of the Health and Safety Code, and the regulations in this chapter.
- (b) The licensing agency shall cease review of any application as specified in Health and Safety Code section 1569.16.

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**HANDBOOK BEGINS HERE**

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Health and Safety Code section 1569.16 provides in part:

"(a)(1) If an application for a license indicates, or the department determines during the application review process, that the applicant previously was issued a license... and the prior license was revoked within the preceding two years, the department shall cease any further review of the application until two years shall have elapsed from the date of revocation. ...

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**HANDBOOK CONTINUES**

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<b>87157 (Cont.)</b>	<b>RESIDENTIAL CARE FACILITIES FOR THE ELDERLY</b>	<b>Regulations</b>
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<b>87157</b>	<b>APPLICATION REVIEW (Continued)</b>	<b>87157</b>
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**HANDBOOK CONTINUES**

(b) If an application for a license or special permit indicates, or the department determines during the application review process, that the applicant had previously applied for a license under any of the chapters listed in subdivision (a) and the application was denied within the last year, the department shall, except as provided in section 1569.22, cease further review of the application until one year has elapsed from the date of the denial letter. In those circumstances where denials are appealed and upheld at an administrative hearing, review of the application shall cease for one year from the date of the decision and order being rendered by the department. The cessation of review shall not constitute a denial of the application...."

**HANDBOOK ENDS HERE**

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- (1) "Application was denied within the last year" as specified in Health and Safety Code section 1569.16(b) shall include initial applications.
- (2) If cessation of review occurs, the application shall be returned to the applicant. It shall be the responsibility of the applicant to request resumption of review as specified in Health and Safety Code section 1569.16.
- (3) The application fee shall be non-refundable as specified in Section 87156(e).

NOTE: Authority cited: Section 1569.30, Health and Safety Code. Reference: Sections 1569.15, 1569.16, 1569.17, 1569.20 and 1569.205, Health and Safety Code.

<b>87158</b>	<b>CAPACITY</b>	<b>87158</b>
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- (a) A license shall be issued for a specific capacity which shall be the maximum number of residents which can be provided care at any given time. The capacity shall be exclusive of any members of the licensee's own family who reside at the facility. However, the licensing agency shall consider the presence of other family members or other persons who reside in the facility in determining capacity in order to ensure and promote proper living arrangements for both the licensee's family and the residents and to ensure the provision of adequate care and supervision for the residents.
- (b) The number of persons that the facility is licensed to admit shall be determined on the basis of the application review by the licensing agency which shall consider:
  - (1) Physical energy and skills of the licensee as it relates to their ability to meet the needs of the residents.

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<b>Regulations</b>	<b>RESIDENTIAL CARE FACILITIES FOR THE ELDERLY</b>	<b>87161 (Cont.)</b>
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<b>87158</b>	<b>CAPACITY (Continued)</b>	<b>87158</b>
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- (2) Any other household members who may reside at the facility and their individual needs.
- (3) Physical features of the facility, such as available living space, which are necessary in order to comply with regulations.
- (4) Number of available staff to meet the care needs of the residents.

NOTE: Authority cited: Section 1569.30, Health and Safety Code. Reference: Sections 1569.2, 1569.31 and 1569.312, Health and Safety Code.

<b>87159</b>	<b>WITHDRAWAL OF APPLICATION</b>	<b>87159</b>
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- (a) The applicant may withdraw an application. However, unless the licensing agency consents in writing to such withdrawal, the Department or licensing agency shall not be deprived of its authority to institute or continue a proceeding against the applicant for the denial of the license upon any ground provided by law or to enter an order denying the license upon any such ground.
- (b) The fee for processing the application shall be forfeited.

NOTE: Authority cited: Section 1569.30, Health and Safety Code. Reference: Sections 1569.185, 1569.20, 1569.22, 1569.50, 1569.51 and 1569.52, Health and Safety Code.

<b>87161</b>	<b>RESUBMISSION OF APPLICATION</b>	<b>87161</b>
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- (a) A new application shall be made whenever there is any change in conditions or limitations described on the current license, including, but not limited to:
  - (1) Any change in the location of the facility.
  - (2) Any change in the licensee.
  - (3) Failure to complete a new application within the required time limit.
  - (4) Any increase in capacity.
    - (A) Minor capacity increases may be granted following an evaluation by the licensing agency without the need for resubmission of an application.

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<b>87161 (Cont.)</b>	<b>RESIDENTIAL CARE FACILITIES FOR THE ELDERLY</b>	<b>Regulations</b>
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<b>87161</b>	<b>RESUBMISSION OF APPLICATION (Continued)</b>	<b>87161</b>
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- (5) A corporate organizational change, including, but not limited to, change in structure, sale or transfer of the majority of stock, separating from a parent company, or merger with another company. The licensee shall notify the licensing agency of such organizational change within forty-eight (48) hours.

NOTE: Authority cited: Section 1569.30, Health and Safety Code. Reference: Sections 1569.3, 1569.10, 1569.11, 1569.15 and 1569.19, Health and Safety Code.

<b>87162</b>	<b>PROVISIONAL LICENSE</b>	<b>87162</b>
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- (a) The licensing agency may issue a provisional license to an applicant who has submitted a completed application for an initial license if the licensing agency determines that there are no life safety risks, that the facility is in substantial compliance, as defined in Section 87101(s)(6), with applicable law and regulations, and an immediate need for licensure exists as defined in Section 87101(i)(3).
- (1) A provisional license shall not be issued as specified in Health and Safety Code section 1569.1515(b).

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**HANDBOOK BEGINS HERE**

Health and Safety Code section 1569.1515(b) provides:

"(b) The department shall not issue a provisional license or license to any corporate applicant that has a member of the board of directors, the executive director, or an officer who is not eligible for licensure pursuant to sections 1569.16 and 1569.59."

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**HANDBOOK ENDS HERE**

- (b) The capacity of a provisional license shall be limited to the number of residents for whom immediate need has been established, or the capacity established for the specific facility, whichever is less.
- (c) A provisional license shall not be renewable and shall terminate on the date specified on the license, or upon denial of the application, whichever is earlier.
- (1) A provisional license may be issued for a maximum of six (6) months when the licensing agency determines that full compliance with licensing regulations will be achieved within that time period.

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<b>Regulations</b>	<b>RESIDENTIAL CARE FACILITIES FOR THE ELDERLY</b>	<b>87163 (Cont.)</b>
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<b>87162</b>	<b>PROVISIONAL LICENSE (Continued)</b>	<b>87162</b>
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- (2) A provisional license may be issued for a maximum of twelve (12) months when the licensing agency determines, at the time of application, that more than six (6) months is required to achieve full compliance with licensing regulations due to circumstances beyond the control of the applicant.
  
- (d) If, during the provisional licensing period, the licensing agency discovers deficiencies which threaten the physical health, mental health, safety or welfare of the residents, the Department may exercise its discretion to institute administrative action or civil proceedings or to refer for criminal prosecution.
  
- (e) If the licensing agency determines after its review, specified in Section 87157, Application Review, that the licensee does not meet the licensing requirements, the application shall be denied, as specified in Section 87163, Denial of License Application.
  
- (f) If the licensing agency denied the application for an initial license, the applicant may appeal the denial, as provided in Section 87163, Denial of License Application. Until the Director adopts a decision on the denial action, the facility shall be unlicensed.

NOTE: Authority cited: Section 1569.30, Health and Safety Code. Reference: Sections 1569.15, 1569.1515, 1569.17, 1569.20, 1569.21, 1569.22, 1569.23 and 1569.24, Health and Safety Code.

<b>87163</b>	<b>DENIAL OF LICENSE APPLICATION</b>	<b>87163</b>
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- (a) Except as specified in Section 87162(a), which provides that the applicant may be issued a provisional license based upon substantial compliance and immediate need, the licensing agency shall deny an application for an initial license if it is determined that the applicant is not in compliance with applicable law and regulations.
  
- (b) The licensing agency shall have the authority to deny an application for an initial license if the applicant has failed to pay any civil penalty assessments pursuant to Section 87768, Unlicensed Facility Penalties, and in accordance with a final judgment issued by a court of competent jurisdiction, unless payment arrangements acceptable to the licensing agency have been made.
  
- (c) The licensing agency shall have the authority to deny an initial application if the applicant does not comply with Sections 87155(a)(2) and (9), and Health and Safety Code sections 1569.1515(b) and 1569.50.

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**HANDBOOK BEGINS HERE**

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Health and Safety Code section 1569.1515(b) reads:

"(b) The department shall not issue a provisional license or license to any corporate applicant that has a member of the board of directors, the executive director, or an officer who is not eligible for licensure pursuant to Sections 1569.16 and 1569.59."

Health and Safety Code section 1569.50 reads:

"The department may deny an application for a license or may suspend or revoke any license issued under this chapter upon any of the following grounds and in the manner provided in this chapter:

"(a) Violation by the licensee of this chapter or of the rules and regulations adopted under this chapter.

"(b) Aiding, abetting, or permitting the violation of this chapter or of the rules and regulations adopted under this chapter.

"(c) Conduct which is inimical to the health, morals, welfare, or safety of either an individual in or receiving services from the facility or the people of the State of California.

"(d) The conviction of a licensee, or other person mentioned in section 1569.17 at any time before or during licensure, of a crime as defined in section 1569.17.

"(e) Engaging in acts of financial malfeasance concerning the operation of a facility, including, but limited to, improper use or embezzlement of client moneys and property or fraudulent appropriation for personal gain of facility moneys and property, or willful or negligent failure to provide services for the care of clients."

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**HANDBOOK ENDS HERE**

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- (d) If the application for an initial license is denied, the application processing fee shall be forfeited.
- (e) If the application for an initial license is denied, the licensing agency shall send a written notice of denial by certified mail. The notification shall inform the applicant of the denial; set forth the reasons for the denial; and advise the applicant of the right to appeal.

Barclays Official California Code of Regulations Currentness

Title 22. Social Security

Division 6. Licensing of Community Care Facilities

Chapter 8. Residential Care Facilities for the Elderly (Rcfe)

→ Article 8. Resident Assessments, Fundamental Services and Rights (Refs & Annos)

→ § 87452. Deficiencies in Compliance. [Renumbered]

→ § 87453. Follow-up Visits to Determine Compliance. [Renumbered]

→ § 87454. Penalties. [Renumbered]

→ § 87455. Acceptance and Retention Limitations.

(a) Acceptance or retention of residents by a facility shall be in accordance with the criteria specified in this article 8 and Section 87605, Health and Safety Protection, and the following.

(b) The following persons may be accepted or retained in the facility:

- (1) Persons capable of administering their own medications.
- (2) Persons receiving medical care and treatment outside the facility or who are receiving needed medical care from a visiting nurse.
- (3) Persons who because of forgetfulness or physical limitations need only be reminded or to be assisted to take medication usually prescribed for self-administration.
- (4) Persons with problems including, but not limited to, forgetfulness, wandering, confusion, irritability, and inability to manage money.
- (5) Persons with mild temporary emotional disturbance resulting from personal loss or change in living arrangement.
- (6) Persons who are bedridden provided the requirements of Section 87606 are met.
- (7) Persons who are under 60 years of age whose needs are compatible with other residents in care, if they require the same amount of care and supervision as do the other residents in the facility.

(c) No resident shall be accepted or retained if any of the following apply:

(1) The resident has active communicable tuberculosis.

(2) The resident requires 24-hour, skilled nursing or intermediate care as specified in Health and Safety Code Sections 1569.72(a) and (a)(1).

(3) The resident's primary need for care and supervision results from either:

(A) An ongoing behavior, caused by a mental disorder, that would upset the general resident group; or

(B) Dementia, unless the requirements of Section 87705, Care of Persons with Dementia, are met.

(d) A resident suspected of having a contagious or infectious disease shall be isolated, and a physician contacted to determine suitability of the resident's retention in the facility.

→ § 87455.1. Denial or Revocation of License for Failure to Pay Civil Penalties. [Renumbered]

→ § 87456. Evaluation of Suitability for Admission.

(a) Prior to accepting a resident for care and in order to evaluate his/her suitability, the facility shall, as specified in this article 8:

(1) Conduct an interview with the applicant and his responsible person.

(2) Perform a pre-admission appraisal.

(3) Obtain and evaluate a recent medical assessment.

(4) Execute the admissions agreement.

→ § 87457. Pre-Admission Appraisal.

(a) Prior to admission, the prospective resident and his/her responsible person, if any, shall be interviewed by the licensee or the employee responsible for facility admissions.

(1) Sufficient information about the facility and its services shall be provided to enable all persons involved

in the placement to make an informed decision regarding admission.

(2) The prospective resident's desires regarding admission, and his/her background, including any specific service needs, medical background and functional limitations shall be discussed.

(b) No person shall be admitted without his/her consent and agreement, or that of his/her responsible person, if any.

(c) Prior to admission a determination of the prospective resident's suitability for admission shall be completed and shall include an appraisal of his/her individual service needs in comparison with the admission criteria specified in Section 87455, Acceptance and Retention Limitations.

(1) The appraisal shall include, at a minimum, an evaluation of the prospective resident's functional capabilities, mental condition and an evaluation of social factors as specified in Sections 87459, Functional Capabilities and 87462, Social Factors.

(A) The licensee shall be permitted to use the form LIC 603 (Rev. 6/87), Preplacement Appraisal Information, to document the appraisal.

(2) Except as provided in Section 87638(g)(3), if an initial appraisal or any reappraisal identifies an individual resident service need which is not being met by the general program of facility services, advice shall then be obtained from a physician, social worker, or other appropriate consultant to determine if the needs can be met by the facility. If so, the licensee and the consultant shall develop a plan of action which shall include:

(A) Objectives, within a time frame, which relate to the resident's problems and/or unmet needs.

(B) Plans for meeting the objectives.

(C) Identification of any individuals or agencies responsible for implementing each part of the plan.

(D) Method of evaluating progress.

(3) The prospective resident, or his/her responsible person, if any, shall be involved in the development of the appraisal.

(4) If a needs assessment has already been completed by a placement agency or consultant, this shall be obtained and included in the facilities appraisal.

→ § 87458. Medical Assessment.

(a) Prior to a person's acceptance as a resident, the licensee shall obtain and keep on file, documentation of a medical assessment, signed by a physician, made within the last year. The licensee shall be permitted to use the form LIC 602 (Rev. 9/89), Physician's Report, to obtain the medical assessment.

(b) The medical assessment shall include, but not be limited to:

(1) A physical examination of the resident indicating the physician's primary diagnosis and secondary diagnosis, if any and results of an examination for communicable tuberculosis, other contagious/infectious or contagious diseases or other medical conditions which would preclude care of the person by the facility.

(2) Documentation of prior medical services and history and current medical status including, but not limited to height, weight, and blood pressure.

(3) A record of current prescribed medications, and an indication of whether the medication should be centrally stored, pursuant to Section 87465(h)(1).

(4) Identification of physical limitations of the person to determine his/her capability to participate in the programs provided by the licensee, including any medically necessary diet limitations.

(5) The determination whether the person is ambulatory or nonambulatory as defined in Section 87101(a) or (n), or bedridden as defined in Section 87455(d). The assessment shall indicate whether nonambulatory status is based upon the resident's physical condition, mental condition or both.

(6) Information applicable to the pre-admission appraisal specified in Section 87457, Pre-admission Appraisal.

(c) The licensee shall obtain an updated medical assessment when required by the Department.

→ § 87459. Functional Capabilities.

(a) The facility shall assess the person's need for personal assistance and care by determining his/her ability to perform specified activities of daily living. Such activities shall include, but not be limited to:

(1) Bathing, including need for assistance:

(A) In getting in and out of the bath.

(B) In bathing one or more parts of the body.

(C) Through use of grab bars.

(2) Dressing and grooming, including the need for partial or complete assistance.

(3) Toileting, including the need for:

(A) Assistance equipment.

(B) Assistance of another person.

(4) Transferring, including the need for assistance in moving in and out of a bed or chair.

(5) Continence, including:

(A) Bowel and bladder control.

(B) Whether assistive devices such as a catheter are used.

(6) Eating, including the need for:

(A) Adaptive devices.

(B) Assistance from another person.

(7) Physical condition, including:

(A) Vision.

(B) Hearing.

(C) Speech.

(D) Walking with or without equipment or other assistance.

(E) Dietary limitations.

(F) Medical history and problems.

(G) Need for prescribed medications.

→ § 87461. **Mental Condition.**

(a) The licensee shall determine the amount of supervision necessary by assessing the mental status of the prospective resident to determine if the individual:

- (1) tends to wander;
- (2) is confused or forgetful;
- (3) is capable of managing his/her own cash resources;
- (4) actively participates in social activities or is withdrawn;
- (5) has a documented history of behaviors which may result in harm to self or others.

→ § 87462. **Social Factors.**

The facility shall obtain sufficient information about each person's likes and dislikes and interests and activities, to determine if the living arrangements in the facility will be satisfactory, and to suggest the program of activities in which the individual may wish to participate.

→ § 87463. **Reappraisals.**

(a) The pre-admission appraisal shall be updated, in writing as frequently as necessary to note significant changes and to keep the appraisal accurate. The reappraisals shall document changes in the resident's physical, medical, mental, and social condition. Significant changes shall include but not be limited to:

- (1) A physical trauma such as a heart attack or stroke.
- (2) A mental/social trauma such as the loss of a loved one.

(3) Any illness, injury, trauma, or change in the health care needs of the resident that results in a circumstance or condition specified in Sections 87455(c) or 87615, Prohibited Health Conditions.

(b) The licensee shall immediately bring any such changes to the attention of the resident's physician and his family or responsible person.

(c) The licensee shall arrange a meeting with the resident, the resident's representative, if any, appropriate facility staff, and a representative of the resident's home health agency, if any, when there is significant change in the resident's condition, or once every 12 months, whichever occurs first, as specified in Section 87467, Resident Participation in Decision Making.

→ § 87464. Basic Services.

(a) The services provided by the facility shall be conducted so as to continue and promote, to the extent possible, independence and self-direction for all persons accepted for care. Such persons shall be encouraged to participate as fully as their conditions permit in daily living activities both in the facility and in the community.

(b) As used in this chapter, basic services are those services required to be provided in order to obtain and maintain a license.

(c) The admission agreement shall specify which of the basic services are desired and/or needed by, and will be provided for, each resident.

(d) A facility need not accept a particular resident for care. However, if a facility chooses to accept a particular resident for care, the facility shall be responsible for meeting the resident's needs as identified in the pre-admission appraisal specified in Section 87457, Pre-admission Appraisal and providing the other basic services specified below, either directly or through outside resources.

(e) If the resident is an SSI/SSP recipient, then the basic services shall be provided and/or made available at the basic rate at no additional charge to the resident.

(1) This shall not preclude the acceptance by the facility of voluntary contributions from relatives or others on behalf of an SSI/SSP recipient.

(2) An extra charge to the resident shall be allowed for a private room if a double room is made available but the resident prefers a private room, provided the arrangement is documented in the admissions agreement and the charge is limited to 10% of the Board and Room portion of the SSI/SSP grant.

(3) An extra charge to the resident shall be allowed for provision of special food services or products beyond that specified in (f)(2) below, when the resident wishes to purchase the services and agrees to the extra charge in the admission agreement.

(f) Basic services shall at a minimum include:

(1) Safe and healthful living accommodations and services, as specified in Section 87307, Personal Accommodations and Services.

(2) Three nutritionally well-balanced meals and snacks made available daily, including low salt or other modified diets prescribed by a doctor as a medical necessity, as specified in Section 87555, General Food Service Requirements.

(3) Personal assistance and care as needed by the resident and as indicated in the pre-admission appraisal, with those activities of daily living such as dressing, eating, bathing, and assistance with taking prescribed medications, as specified in Section 87608, Postural Supports.

(4) Regular observation of the resident's physical and mental condition, as specified in Section 87466, Observation of the Resident.

(5) Arrangements to meet health needs, including arranging transportation, as specified in Section 87465, Incidental Medical and Dental Care Services.

(6) A planned activities program which includes social and recreational activities appropriate to the interests and capabilities of the resident, as specified in Section 87219, Planned Activities.

→ § 87465. Incidental Medical and Dental Care Services.

(a) A plan for incidental medical and dental care shall be developed by each facility. The plan shall encourage routine medical and dental care and provide for assistance in obtaining such care, by compliance with the following:

(1) The licensee shall arrange, or assist in arranging, for medical and dental care appropriate to the conditions and needs of residents.

(2) The licensee shall provide assistance in meeting necessary medical and dental needs. This includes transportation which may be limited to the nearest available medical or dental facility which will meet the resident's need. In providing transportation the licensee shall do so directly or make arrangements for this service.

(3) There shall be arrangements for separation and care of residents whose illness requires separation from others.

(4) When residents require prosthetic devices, vision and hearing aids, the staff shall be familiar with the use of these devices, and shall assist such persons with their utilization as needed.

(5) The licensee shall assist residents with self-administered medications as needed.

(6) Facility staff, except those authorized by law, shall not administer injections, but staff designated by the licensee may assist persons with self-administration as needed. Assistance with self-administered medications shall be limited to the following:

(A) Medications usually prescribed for self-administration which have been authorized by the person's physician.

(B) Medications during an illness determined by a physician to be temporary and minor.

(C) Assistance required because of tremor, failing eyesight and similar conditions.

(D) Assistance with self-administration does not include forcing a resident to take medications, hiding or camouflaging medications in other substances without the resident's knowledge and consent, or otherwise infringing upon a resident's right to refuse to take a medication.

(7) When requested by the prescribing physician or the Department, a record of dosages of medications which are centrally stored shall be maintained by the facility.

(8) There shall be adequate privacy for first aid treatment of minor injuries and for examination by a physician if required.

(9) If a facility has no medical unit on the grounds, a complete first aid kit shall be maintained and be readily available in a specific location in the facility. The kit shall be a general type approved by the American Red Cross, or shall contain at least the following:

(A) A current edition of a first aid manual approved by the American Red Cross, the American Medical Association or a state or federal health agency.

(B) Sterile first aid dressings.

(C) Bandages or roller bandages.

(D) Scissors.

(E) Tweezers.

(F) Thermometers.

(b) If the resident's physician has stated in writing that the resident is able to determine and communicate his/her need for a prescription or nonprescription PRN medication, facility staff shall be permitted to assist the resident with self-administration of his/her PRN medication.

(c) If the resident's physician has stated in writing that the resident is unable to determine his/her own need for nonprescription PRN medication, but can communicate his/her symptoms clearly, facility staff designated by the licensee shall be permitted to assist the resident with self-administration, provided all of the following requirements are met:

(1) There is written direction from a physician, on a prescription blank, specifying the name of the resident, the name of the medication, all of the information specified in Section 87465(e), instructions regarding a time or circumstance (if any) when it should be discontinued, and an indication of when the physician should be contacted for a medication reevaluation.

(2) Once ordered by the physician the medication is given according to the physician's directions.

(3) A record of each dose is maintained in the resident's record. The record shall include the date and time the PRN medication was taken, the dosage taken, and the resident's response.

(d) If the resident is unable to determine his/her own need for a prescription or nonprescription PRN medication, and is unable to communicate his/her symptoms clearly, facility staff designated by the licensee, shall be permitted to assist the resident with self-administration, provided all of the following requirements are met:

(1) Facility staff shall contact the resident's physician prior to each dose, describe the resident's symptoms, and receive direction to assist the resident in self-administration of that dose of medication.

(2) The date and time of each contact with the physician, and the physician's directions, shall be documented and maintained in the resident's facility record.

(3) The date and time the PRN medication was taken, the dosage taken, and the resident's response shall be documented and maintained in the resident's facility record.

(e) For every prescription and nonprescription PRN medication for which the licensee provides assistance there shall be a signed, dated written order from a physician on a prescription blank, maintained in the resident's file, and a label on the medication. Both the physician's order and the label shall contain at least all of the following information.

(1) The specific symptoms which indicate the need for the use of the medication.

(2) The exact dosage.

(3) The minimum number of hours between doses.

(4) The maximum number of doses allowed in each 24-hour period.

(f) Emergency care requirements shall include the following:

(1) The name, address, and telephone number of each resident's physician and dentist shall be readily available to that resident, the licensee, and facility staff.

(2) The name, address and telephone number of each emergency agency to be called in the event of an emergency, including but not limited to the fire department, crisis center or paramedical unit or medical resource, shall be posted in a location visible to both staff and residents.

(3) The name and telephone number of an ambulance service shall be readily available.

(g) 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) or (c)(3).

(h) The following requirements shall apply to medications which are centrally stored:

(1) Medications shall be centrally stored under the following circumstances:

(A) The preservation of medicines requires refrigeration, if the resident has no private refrigerator.

(B) Any medication is determined by the physician to be hazardous if kept in the personal possession of the person for whom it was prescribed.

(C) Because of potential dangers related to the medication itself, or due to physical arrangements in the

facility and the condition or the habits of other persons in the facility, the medications are determined by either a physician, the administrator, or Department to be a safety hazard to others.

(2) Centrally stored medicines shall be kept in a safe and locked place that is not accessible to persons other than employees responsible for the supervision of the centrally stored medication.

(3) Each container shall carry all of the information specified in (6)(A) through (E) below plus expiration date and number of refills.

(4) All centrally stored medications shall be labeled and maintained in compliance with state and federal laws. No persons other than the dispensing pharmacist shall alter a prescription label.

(5) Each resident's medication shall be stored in its originally received container. No medications shall be transferred between containers.

(6) The licensee shall be responsible for assuring that a record of centrally stored prescription medications for each resident is maintained for at least one year and includes:

(A) The name of the resident for whom prescribed.

(B) The name of the prescribing physician.

(C) The drug name, strength and quantity.

(D) The date filled.

(E) The prescription number and the name of the issuing pharmacy.

(F) Instructions, if any, regarding control and custody of the medication.

(i) Prescription medications which are not taken with the resident upon termination of services, not returned to the issuing pharmacy, nor retained in the facility as ordered by the resident's physician and documented in the resident's record nor disposed of according to the hospice's established procedures or which are otherwise to be disposed of shall be destroyed in the facility by the facility administrator and one other adult who is not a resident. Both shall sign a record, to be retained for at least three years, which lists the following:

(1) Name of the resident.

(2) The prescription number and the name of the pharmacy.

(3) The drug name, strength and quantity destroyed.

(4) The date of destruction.

(j) In all facilities licensed for sixteen (16) persons or more, one or more employees shall be designated as having primary responsibility for assuring that each resident receives needed first aid and needed emergency medical services and for assisting residents as needed with self-administration of medications. The names of the staff employees so responsible and the designated procedures shall be documented and made known to all residents and staff.

→ § 87466. **Observation of the Resident.**

The licensee shall ensure that residents are regularly observed for changes in physical, mental, emotional and social functioning and that appropriate assistance is provided when such observation reveals unmet needs. When changes such as unusual weight gains or losses or deterioration of mental ability or a physical health condition are observed, the licensee shall ensure that such changes are documented and brought to the attention of the resident's physician and the resident's responsible person, if any.

→ § 87467. **Resident Participation in Decisionmaking.**

(a) Prior to, or within two weeks of the resident's admission, the licensee shall arrange a meeting with the resident, the resident's representative, if any, appropriate facility staff, and a representative of the resident's home health agency, if any, and any other appropriate parties, to prepare a written record of the care the resident will receive in the facility, and the resident's preferences regarding the services provided at the facility.

(1) At a minimum the written record shall include the date of the meeting, name of individuals who participated and their relationship to the resident, and the agreed-upon services to be provided to the resident.

(2) If the resident has a regular physician, the licensee shall send a copy of the record to the physician.

(3) The licensee shall arrange a meeting with the resident and appropriate individuals identified in Section 87467(a)(1) to review and revise the written record as specified, when there is a significant change in the resident's condition, or once every 12 months, whichever occurs first. Significant changes shall include, but not be limited to occurrences specified in Section 87463, Reappraisals.

(4) The meeting and documentation described in this section may be used to satisfy the reappraisal requirements of Section 87463, Reappraisals.

→ § 87468. Personal Rights.

(a) Each resident shall have personal rights which include, but are not limited to, the following:

- (1) To be accorded dignity in his/her personal relationships with staff, residents, and other persons.
- (2) To be accorded safe, healthful and comfortable accommodations, furnishings and equipment.
- (3) To be free from corporal or unusual punishment, humiliation, intimidation, mental abuse, or other actions of a punitive nature, such as withholding of monetary allowances or interfering with daily living functions such as eating or sleeping patterns or elimination.
- (4) To be informed by the licensee of the provisions of law regarding complaints and of procedures to confidentially register complaints, including, but not limited to, the address and telephone number of the complaint receiving unit of the licensing agency.
- (5) To have the freedom of attending religious services or activities of his/her choice and to have visits from the spiritual advisor of his/her choice. Attendance at religious services, either in or outside the facility, shall be on a completely voluntary basis.
- (6) To leave or depart the facility at any time and to not be locked into any room, building, or on facility premises by day or night. This does not prohibit the establishment of house rules, such as the locking of doors at night, for the protection of residents; nor does it prohibit, with permission of the licensing agency, the barring of windows against intruders.
- (7) To visit the facility prior to residence along with his/her family and responsible persons.
- (8) To have his/her family or responsible persons regularly informed by the facility of activities related to his care or services including ongoing evaluations, as appropriate to the resident's needs.
- (9) To have communications to the facility from his/her family and responsible persons answered promptly and appropriately.
- (10) To be informed of the facility's policy concerning family visits and other communications with residents, as specified in Health and Safety Code Section 1569.313.
- (11) To have his/her visitors, including ombudspersons and advocacy representatives permitted to visit privately during reasonable hours and without prior notice, provided that the rights of other residents are not infringed upon.

(12) To wear his/her own clothes; to keep and use his/her own personal possessions, including his/her toilet articles; and to keep and be allowed to spend his/her own money.

(13) To have access to individual storage space for private use.

(14) To have reasonable access to telephones, to both make and receive confidential calls. The licensee may require reimbursement for long distance calls.

(15) To mail and receive unopened correspondence in a prompt manner.

(16) To receive or reject medical care, or other services.

(17) To receive assistance in exercising the right to vote.

(18) To move from the facility.

(b) At admission, a resident and the resident's responsible person or conservator shall be personally advised of and given a list of these rights. The licensee shall have each resident and the resident's responsible person or conservator sign a copy of these rights, and the signed copy shall be included in the resident's record.

(c) Facilities licensed for seven (7) or more shall prominently post, in areas accessible to the residents and their relatives, the following:

(1) Procedures for filing confidential complaints.

(2) A copy of these rights or, in lieu of a posted copy, instructions on how to obtain additional copies of these rights.

(d) The information in (c) above shall be posted in English, and in facilities where a significant portion of the residents cannot read English, in the language they can read.

**→ § 87469. Advanced Health Care Directives, Requests to Forego Resuscitative Measures, and Do-Not-Resuscitate Forms.**

(a) Upon admission, a facility shall provide each resident, and representative or responsible person of each resident, with written information about the right to make decisions concerning medical care. This information shall include, but not be limited to, the department's approved brochure entitled "Your Right To Make Decisions About Medical Treatment," PUB 325, (3/99) and a copy of Sections 87469(b) and (c) of the regula-

tions.

(b) Residents shall be permitted to have a Request to Forego Resuscitative Measures, an Advance Health Care Directive and/or a Do-Not-Resuscitate (DNR) Form in their facility file.

(c) If a resident who has a Request to Forego Resuscitative Measures, and/or an Advance Health Care Directive and/or a DNR form on file experiences a medical emergency, facility staff shall do one of the following:

(1) Immediately telephone 9-1-1, present the Request to Forego Resuscitative Measures, Advance Health Care Directive and/or DNR form to the responding emergency medical personnel and identify the resident as the person to whom the order refers.

(2) Immediately give the Request to Forego Resuscitative Measures, and/or Advance Health Care Directive and/or DNR form to a physician, registered nurse or licensed vocational nurse if the physician or nurse is in the resident's presence at the time of the emergency and assumes responsibility.

(3) Facilities that employ health care providers, other than Home Health Agencies or Hospice Agencies, may comply with Health and Safety Code Section 1569.74.

(d) After following the procedure in Section 87469(c)(1), (2), or (3), facility staff shall notify the resident's hospice agency and health care surrogate decision maker, if applicable.

→ § 87502. Governing Body. [Renumbered]

END OF DOCUMENT

**CONTINUING CARE CONTRACT STATUTES**

State of California  
Health and Safety Code  
Chapter 10 of Division 2  
January 1, 2012

## CHAPTER 10. CONTINUING CARE CONTRACTS

**Article 1. General Provisions****1770. Legislative Intent.**

The Legislature finds, declares, and intends all of the following:

- (a) Continuing care retirement communities are an alternative for the long-term residential, social, and health care needs of California's elderly residents and seek to provide a continuum of care, minimize transfer trauma, and allow services to be provided in an appropriately licensed setting.
- (b) Because elderly residents often both expend a significant portion of their savings in order to purchase care in a continuing care retirement community and expect to receive care at their continuing care retirement community for the rest of their lives, tragic consequences can result if a continuing care provider becomes insolvent or unable to provide responsible care.
- (c) There is a need for disclosure concerning the terms of agreements made between prospective residents and the continuing care provider, and concerning the operations of the continuing care retirement community.
- (d) Providers of continuing care should be required to obtain a certificate of authority to enter into continuing care contracts and should be monitored and regulated by the State Department of Social Services.
- (e) This chapter applies equally to for-profit and nonprofit provider entities.
- (f) This chapter states the minimum requirements to be imposed upon any entity offering or providing continuing care.
- (g) Because the authority to enter into continuing care contracts granted by the State Department of Social Services is neither a guarantee of performance by the providers nor an endorsement of any continuing care contract provisions, prospective residents must carefully consider the risks, benefits, and costs before signing a continuing care contract and should be encouraged to seek financial and legal advice before doing so.

**1771. Definitions.**

Unless the context otherwise requires, the definitions in this section govern the interpretation of this chapter.

(a)(1) "Affiliate" means any person, corporation, limited liability company, business trust, trust, partnership, unincorporated association, or other legal entity that directly or indirectly controls, is controlled by, or is under common control with, a provider or applicant.

(2) "Affinity group" means a grouping of entities sharing a common interest, philosophy, or connection (e.g., military officers, religion).

(3) "Annual report" means the report each provider is required to file annually with the department, as described in Section 1790.

(4) "Applicant" means any entity, or combination of entities, that submits and has pending an application to the department for a permit to accept deposits and a certificate of authority.

(5) "Assisted living services" includes, but is not limited to, assistance with personal activities of daily living, including dressing, feeding, toileting, bathing, grooming, mobility, and associated tasks, to help provide for and maintain physical and psychosocial comfort.

(6) "Assisted living unit" means the living area or unit within a continuing care retirement community that is specifically designed to provide ongoing assisted living services.

(7) "Audited financial statement" means financial statements prepared in accordance with generally accepted accounting principles including the opinion of an independent certified public accountant, and notes to the financial statements considered customary or necessary to provide full disclosure and complete information regarding the provider's financial statements, financial condition, and operation.

(b) (reserved)

(c)(1) "Cancel" means to destroy the force and effect of an agreement or continuing care contract.

(2) "Cancellation period" means the 90-day period, beginning when the resident physically moves into the continuing care retirement community, during which the resident may cancel the continuing care contract, as provided in Section 1788.2.

(3) "Care" means nursing, medical, or other health-related services, protection or supervision, assistance with the personal activities of daily living, or any combination of those services.

(4) "Cash equivalent" means certificates of deposit and United States treasury securities with a maturity of five years or less.

(5) "Certificate" or "certificate of authority" means the certificate issued by the department, properly executed and bearing the State Seal, authorizing a specified provider to enter into one or more continuing care contracts at a single specified continuing care retirement community.

(6) "Condition" means a restriction, specific action, or other requirement imposed by the department for the initial or continuing validity of a permit to accept deposits, a provisional certificate of authority, or a certificate of authority. A condition may limit the circumstances under which the provider may enter into any new deposit agreement or contract, or may be imposed as a condition precedent to the issuance of a permit to accept deposits, a provisional certificate of authority, or a certificate of authority.

(7) "Consideration" means some right, interest, profit, or benefit paid, transferred, promised, or provided by one party to another as an inducement to contract. Consideration includes some forbearance, detriment, loss, or responsibility, that is given, suffered, or undertaken by a party as an inducement to another party to contract.

(8) "Continuing care contract" means a contract that includes a continuing care promise made, in exchange for an entrance fee, the payment of periodic charges, or both types of payments. A continuing care contract may consist of one agreement or a series of agreements and other writings incorporated by reference.

(9) "Continuing care promise" means a promise, expressed or implied, by a provider to provide one or more elements of care to an elderly resident for the duration of his or her life or for a term in excess of one year. Any such promise or representation, whether part of a continuing care contract, other agreement, or series of agreements, or contained in any advertisement, brochure, or other material, either written or oral, is a continuing care promise.

(10) "Continuing care retirement community" means a facility located within the State of California where services promised in a continuing care contract are provided. A distinct phase of development approved by the department may be considered to be the continuing care retirement community when a project is being developed in successive distinct phases over a period of time. When the services are provided in residents' own homes, the homes into which the provider takes those services are considered part of the continuing care retirement community.

(11) "Control" means directing or causing the direction of the financial management or the policies of another entity, including an operator of a continuing care retirement community, whether by means of the controlling entity's ownership interest, contract, or any other involvement. A parent entity or sole member of an entity controls a subsidiary entity provider for a continuing care retirement community if its officers, directors, or agents directly participate in the management of the subsidiary entity or in the initiation or approval of policies that affect the continuing care retirement community's operations, including, but not limited to, approving budgets or the administrator for a continuing care retirement community.

(d)(1) "Department" means the State Department of Social Services.

(2) "Deposit" means any transfer of consideration, including a promise to transfer money or property, made by a depositor to any entity that promises or proposes to

promise to provide continuing care, but is not authorized to enter into a continuing care contract with the potential depositor.

(3) "Deposit agreement" means any agreement made between any entity accepting a deposit, and a depositor. Deposit agreements for deposits received by an applicant prior to the department's release of funds from the deposit escrow account shall be subject to the requirements described in Section 1780.4.

(4) "Depository" means a bank or institution that is a member of the Federal Deposit Insurance Corporation or a comparable deposit insurance program.

(5) "Depositor" means any prospective resident who pays a deposit. Where any portion of the consideration transferred to an applicant as a deposit or to a provider as consideration for a continuing care contract is transferred by a person other than the prospective resident or a resident, that third-party transferor shall have the same cancellation or refund rights as the prospective resident or resident for whose benefit the consideration was transferred.

(6) "Director" means the Director of *the California Department of Social Services*.

(e)(1) "Elderly" means an individual who is 60 years of age or older.

(2) "Entity" means an individual, partnership, corporation, limited liability company, and any other form for doing business. Entity includes a person, sole proprietorship, estate, trust, association, and joint venture.

(3) "Entrance fee" means the sum of any initial, amortized, or deferred transfer of consideration made or promised to be made by, or on behalf of, a person entering into a continuing care contract for the purpose of ensuring care or related services pursuant to that continuing care contract or as full or partial payment for the promise to provide care for the term of the continuing care contract. Entrance fee includes the purchase price of a condominium, cooperative, or other interest sold in connection with a promise of continuing care. An initial, amortized, or deferred transfer of consideration that is greater in value than 12 times the monthly care fee shall be presumed to be an entrance fee.

(4) "Equity" means the value of real property in excess of the aggregate amount of all liabilities secured by the property.

(5) "Equity interest" means an interest held by a resident in a continuing care retirement community that consists of either an ownership interest in any part of the continuing care retirement community property or a transferable membership that entitles the holder to reside at the continuing care retirement community.

(6) "Equity project" means a continuing care retirement community where residents receive an equity interest in the continuing care retirement community property.

*~~ Italics indicate corrections*

(7) "Equity securities" shall refer generally to large and midcapitalization corporate stocks that are publicly traded and readily liquidated for cash, and shall include shares in

mutual funds that hold portfolios consisting predominantly of these stocks and other qualifying assets, as defined by Section 1792.2. Equity securities shall also include other similar securities that are specifically approved by the department.

(8) "Escrow agent" means a bank or institution, including, but not limited to, a title insurance company, approved by the department to hold and render accountings for deposits of cash or cash equivalents.

(f) "Facility" means any place or accommodation where a provider provides or will provide a resident with care or related services, whether or not the place or accommodation is constructed, owned, leased, rented, or otherwise contracted for by the provider.

(g) (reserved)

(h) (reserved)

(i) (1) "Inactive certificate of authority" means a certificate that has been terminated under Section 1793.8.

(2) "Investment securities" means any of the following:

(A) Direct obligations of the United States, including obligations issued or held in book-entry form on the books of the United States Department of the Treasury, or obligations the timely payment of the principal of, and the interest on, which are fully guaranteed by the United States.

(B) Obligations, debentures, notes, or other evidences of indebtedness issued or guaranteed by any of the following:

(i) The Federal Home Loan Bank System.

(ii) The Export-Import Bank of the United States.

(iii) The Federal Financing Bank.

(iv) The Government National Mortgage Association.

(v) The Farmer's Home Administration.

(vi) The Federal Home Loan Mortgage Corporation of the Federal Housing Administration.

(vii) Any agency, department, or other instrumentality of the United States if the obligations are rated in one of the two highest rating categories of each rating agency rating those obligations.

(C) Bonds of the State of California or of any county, city and county, or city in this state, if rated in one of the two highest rating categories of each rating agency rating those bonds.

(D) Commercial paper of finance companies and banking institutions rated in one of the two highest categories of each rating agency rating those instruments.

(E) Repurchase agreements fully secured by collateral security described in subparagraph (A) or (B), as evidenced by an opinion of counsel, if the collateral is held by the provider or a third party during the term of the repurchase agreement, pursuant

to the terms of the agreement, subject to liens or claims of third parties, and has a market value, which is determined at least every 14 days, at least equal to the amount so invested.

(F) Long-term investment agreements, which have maturity dates in excess of one year, with financial institutions, including, but not limited to, banks and insurance companies or their affiliates, if the financial institution's paying ability for debt obligations or long-term claims or the paying ability of a related guarantor of the financial institution for these obligations or claims, is rated in one of the two highest rating categories of each rating agency rating those instruments, or if the short-term investment agreements are with the financial institution or the related guarantor of the financial institution, the long- or short-term debt obligations, whichever is applicable, of which are rated in one of the two highest long- or short-term rating categories, of each rating agency rating the bonds of the financial institution or the related guarantor, provided that if the rating falls below the two highest rating categories, the investment agreement shall allow the provider the option to replace the financial institution or the related guarantor of the financial institution or shall provide for the investment securities to be fully collateralized by investments described in subparagraph (A), and, provided further, if so collateralized, that the provider has a perfected first security lien on the collateral, as evidenced by an opinion of counsel and the collateral is held by the provider.

(G) Banker's acceptances or certificates of deposit of, or time deposits in, any savings and loan association that meets any of the following criteria:

(i) The debt obligations of the savings and loan association, or in the case of a principal bank, of the bank holding company, are rated in one of the two highest rating categories of each rating agency rating those instruments.

(ii) The certificates of deposit or time deposits are fully insured by the Federal Deposit Insurance Corporation.

(iii) The certificates of deposit or time deposits are secured at all times, in the manner and to the extent provided by law, by collateral security described in subparagraph (A) or (B) with a market value, valued at least quarterly, of no less than the original amount of moneys so invested.

(H) Taxable money market government portfolios restricted to obligations issued or guaranteed as to payment of principal and interest by the full faith and credit of the United States.

(I) Obligations the interest on which is excluded from gross income for federal income tax purposes and money market mutual funds whose portfolios are restricted to these obligations, if the obligations or mutual funds are rated in one of the two highest rating categories by each rating agency rating those obligations.

(J) Bonds that are not issued by the United States or any federal agency, but that are listed on a national exchange and that are rated at least "A" by Moody's Investors Service, or the equivalent rating by Standard and Poor's Corporation or Fitch Investors Service.

(K) Bonds not listed on a national exchange that are traded on an over-the-counter basis, and that are rated at least "Aa" by Moody's Investors Service or "AA" by Standard and Poor's Corporation or Fitch Investors Service.

(j) (reserved)

(k) (reserved)

(l) "Life care contract" means a continuing care contract that includes a promise, expressed or implied, by a provider to provide or pay for routine services at all levels of care, including acute care and the services of physicians and surgeons, to the extent not covered by other public or private insurance benefits, to a resident for the duration of his or her life. Care shall be provided under a life care contract in a continuing care retirement community having a comprehensive continuum of care, including a skilled nursing facility, under the ownership and supervision of the provider on or adjacent to the premises. No change may be made in the monthly fee based on level of care. A life care contract shall also include provisions to subsidize residents who become financially unable to pay their monthly care fees.

(m)(1) "Monthly care fee" means the fee charged to a resident in a continuing care contract on a monthly or other periodic basis for current accommodations and services including care, board, or lodging. Periodic entrance fee payments or other prepayments shall not be monthly care fees.

(2) "Monthly fee contract" means a continuing care contract that requires residents to pay monthly care fees.

(n) "Nonambulatory person" means a person who is unable to leave a building unassisted under emergency conditions in the manner described by Section 13131.

(o) (reserved)

(p)(1) "Per capita cost" means a continuing care retirement community's operating expenses, excluding depreciation, divided by the average number of residents.

(2) "Periodic charges" means fees paid by a resident on a periodic basis.

(3) "Permanent closure" means the voluntary or involuntary termination or forfeiture, as specified in subdivisions (a), (b), (g), (h), and (i) of Section 1793.7, of a provider's certificate of authority or license, or another action that results in the permanent relocation of residents. Permanent closure does not apply in the case of a natural disaster or other event out of the provider's control.

(4) "Permit to accept deposits" means a written authorization by the department permitting an applicant to enter into deposit agreements regarding a single specified continuing care retirement community.

(5) "Prepaid contract" means a continuing care contract in which the monthly care fee, if any, may not be adjusted to cover the actual cost of care and services.

(6) "Preferred access" means that residents who have previously occupied a residential living unit have a right over other persons to any assisted living or skilled nursing beds that are available at the community.

(7) "Processing fee" means a payment to cover administrative costs of processing the application of a depositor or prospective resident.

(8) "Promise to provide one or more elements of care" means any expressed or implied representation that one or more elements of care will be provided or will be available, such as by preferred access.

(9) "Proposes" means a representation that an applicant or provider will or intends to make a future promise to provide care, including a promise that is subject to a condition, such as the construction of a continuing care retirement community or the acquisition of a certificate of authority.

(10) "Provider" means an entity that provides continuing care, makes a continuing care promise, or proposes to promise to provide continuing care. "Provider" also includes any entity that controls an entity that provides continuing care, makes a continuing care promise, or proposes to promise to provide continuing care. The department shall determine whether an entity controls another entity for purposes of this article. No homeowner's association, cooperative, or condominium association may be a provider.

(11) "Provisional certificate of authority" means the certificate issued by the department, properly executed and bearing the State Seal, under Section 1786. A provisional certificate of authority shall be limited to the specific continuing care retirement community and number of units identified in the applicant's application.

(q) (reserved)

(r)(1) "Refund reserve" means the reserve a provider is required to maintain, as provided in Section 1792.6.

(2) "Refundable contract" means a continuing care contract that includes a promise, expressed or implied, by the provider to pay an entrance fee refund or to repurchase the transferor's unit, membership, stock, or other interest in the continuing care retirement community when the promise to refund some or all of the initial entrance fee extends beyond the resident's sixth year of residency. Providers that enter into refundable contracts shall be subject to the refund reserve requirements of Section 1792.6. A continuing care contract that includes a promise to repay all or a portion of an entrance fee that is conditioned upon reoccupancy or resale of the unit previously occupied by the resident shall not be considered a refundable contract for

purposes of the refund reserve requirements of Section 1792.6, provided that this conditional promise of repayment is not referred to by the applicant or provider as a "refund."

(3) "Resale fee" means a levy by the provider against the proceeds from the sale of a transferor's equity interest.

(4) "Reservation fee" refers to consideration collected by an entity that has made a continuing care promise or is proposing to make this promise and has complied with Section 1771.4.

(5) "Resident" means a person who enters into a continuing care contract with a provider, or who is designated in a continuing care contract to be a person being provided or to be provided services, including care, board, or lodging.

(6) "Residential care facility for the elderly" means a housing arrangement as defined by Section 1569.2.

(7) "Residential living unit" means a living unit in a continuing care retirement community that is not used exclusively for assisted living services or nursing services.

(8) "Residential temporary relocation" means the relocation of one or more residents, except in the case of a natural disaster that is out of the provider's control, from one or more residential living units, assisted living units, skilled nursing units, or a wing, floor, or entire continuing care retirement community building, due to a change of use or major repairs or renovations. A residential temporary relocation shall mean a relocation pursuant to this subdivision that lasts for a period of at least nine months but that does not exceed 18 months without the written agreement of the resident.

(s) (reserved)

(t)(1) "Termination" means the ending of a continuing care contract as provided for in the terms of the continuing care contract.

(2) "Transfer trauma" means death, depression, or regressive behavior, that is caused by the abrupt and involuntary transfer of an elderly resident from one home to another and results from a loss of familiar physical environment, loss of well-known neighbors, attendants, nurses and medical personnel, the stress of an abrupt break in the small routines of daily life, or the loss of visits from friends and relatives who may be unable to reach the new facility.

(3) "Transferor" means a person who transfers, or promises to transfer, consideration in exchange for care and related services under a continuing care contract or proposed continuing care contract, for the benefit of another. A transferor shall have the same rights to cancel and obtain a refund as the depositor under the deposit agreement or the resident under a continuing care contract.

**1771.2. Permit to Accept Deposits; Certificate of Authority; Required.**

## Article 5. Contract

### 1787. Agreements Between Provider and Transferor; Contents; Forms; Filing and Approval; Size of Print.

(a) All continuing care contracts shall be in writing and shall contain all the information required by Section 1788.

(b) All continuing care contract forms, including all addenda, exhibits, and any other related documents, incorporated therein, as well as any modification to these items, shall be approved by the department prior to their use.

(c) The department shall approve continuing care contract forms that comply with this chapter. The requirements of this chapter and Chapter 3.2 (commencing with Section 1569) shall be the bases for approval by the department. To the extent that this chapter conflicts with Chapter 3.2 (commencing with Section 1569), this chapter shall prevail.

(d) A continuing care contract approved by the department shall constitute the full and complete agreement between the parties.

(e) More than one continuing care contract form may be used by a provider if multiple program options are available.

(f) All text in continuing care contract forms shall be printed in at least 10-point typeface.

(g) A clearly legible copy of the continuing care contract, executed by each provider named on the provisional certificate of authority or the certificate of authority, the resident, and any transferor, shall be furnished with all required or included attachments to the resident at the time the continuing care contract is executed. A copy shall also be furnished within 10 calendar days to any transferor who is not a resident.

(h) The provider shall require a written acknowledgment from the resident (and any transferor who is not a resident) that the executed copy of the continuing care contract and attachments have been received.

(i) The continuing care contract shall be an admission agreement for purposes of the residential care facility for the elderly and long-term health care facility requirements and shall state the resident's entitlement to receive these levels of care. The continuing care contract may state the entitlement for skilled nursing care in accordance with the provisions of law governing admissions to long-term health care facilities in effect at the time of admission to the skilled nursing facility. The parties may agree to the terms of nursing facility admission at the time the continuing care contract is executed, or the provider may present an exemplar of the then-current nursing facility admission agreement and require the resident to execute the form of agreement in effect at the time of admission to the nursing facility. The terms shall include the nursing fee, or the

method of determining the fee, at the time of the execution of the continuing care contract, the services included in and excluded from the fee, the grounds for transfers and discharges, and any other terms required to be included under applicable law.

(j) Only the skilled nursing admission agreement sections of continuing care contracts which cover long-term health care facility services are subject to Chapter 3.95 (commencing with Section 1599.60). The provider shall use a skilled nursing admission agreement that complies with the requirements of Chapter 3.95 (commencing with Section 1599.85).

**1788. Provisions of Contract.**

(a) A continuing care contract shall contain all of the following:

- (1) The legal name and address of each provider.
- (2) The name and address of the continuing care retirement community.
- (3) The resident's name and the identity of the unit the resident will occupy.
- (4) If there is a transferor other than the resident, the transferor shall be a party to the contract and the transferor's name and address shall be specified.
- (5) If the provider has used the name of any charitable or religious or nonprofit organization in its title before January 1, 1979, and continues to use that name, and that organization is not responsible for the financial and contractual obligations of the provider or the obligations specified in the continuing care contract, the provider shall include in every continuing care contract a conspicuous statement which clearly informs the resident that the organization is not financially responsible.
- (6) The date the continuing care contract is signed by the resident and, where applicable, any other transferor.
- (7) The duration of the continuing care contract.
- (8) A list of the services that will be made available to the resident as required to provide the appropriate level of care. The list of services shall include the services required as a condition for licensure as a residential care facility for the elderly, including all of the following:
  - (A) Regular observation of the resident's health status to ensure that his or her dietary needs, social needs, and needs for special services are satisfied.
  - (B) Safe and healthful living accommodations, including housekeeping services and utilities.
  - (C) Maintenance of house rules for the protection of residents.
  - (D) A planned activities program, which includes social and recreational activities appropriate to the interests and capabilities of the resident.
  - (E) Three balanced, nutritious meals and snacks made available daily, including special diets prescribed by a physician as a medical necessity.
  - (F) Assisted living services.

- (G) Assistance with taking medications.
- (H) Central storing and distribution of medications.
- (I) Arrangements to meet health needs, including arranging transportation.
- (9) An itemization of the services that are included in the monthly fee and the services that are available at an extra charge. The provider shall attach a current fee schedule to the continuing care contract.
- (10) The procedures and conditions under which a resident may be voluntarily and involuntarily transferred from a designated living unit. The transfer procedures, at a minimum, shall include provisions addressing all of the following circumstances under which a transfer may be authorized:
  - (A) A continuing care retirement community may transfer a resident under the following conditions, taking into account the appropriateness and necessity of the transfer and the goal of promoting resident independence:
    - (i) The resident is nonambulatory. The definition of "nonambulatory," as provided in Section 13131, shall either be stated in full in the continuing care contract or be cited. If Section 13131 is cited, a copy of the statute shall be made available to the resident, either as an attachment to the continuing care contract or by specifying that it will be provided upon request. If a nonambulatory resident occupies a room that has a fire clearance for nonambulatory residence, transfer shall not be necessary.
    - (ii) The resident develops a physical or mental condition that endangers the health, safety, or well-being of the resident or another person.
    - (iii) The resident's condition or needs require the resident's transfer to an assisted living care unit or skilled nursing facility, because the level of care required by the resident exceeds that which may be lawfully provided in the living unit.
    - (iv) The resident's condition or needs require the resident's transfer to a nursing facility, hospital, or other facility, and the provider has no facilities available to provide that level of care.
  - (B) Before the continuing care retirement community transfers a resident under any of the conditions set forth in subparagraph (A), the community shall satisfy all of the following requirements:
    - (i) Involve the resident and the resident's responsible person, as defined in paragraph (6) of subdivision (r) of Section 87101 of Title 22 of the California Code of Regulations, and upon the resident's or responsible person's request, family members, or the resident's physician or other appropriate health professional, in the assessment process that forms the basis for the level of care transfer decision by the provider. The provider shall offer an explanation of the assessment process. If an assessment tool or tools, including scoring and evaluating criteria, are used in the determination of the appropriateness of the transfer, the provider shall make copies of the completed

assessment available upon the request of the resident or the resident's responsible person.

(ii) Prior to sending a formal notification of transfer, the provider shall conduct a care conference with the resident and the resident's responsible person, and upon the resident's or responsible person's request, family members, and the resident's health care professionals, to explain the reasons for transfer.

(iii) Notify the resident and the resident's responsible person of the reasons for the transfer in writing.

(iv) Notwithstanding any other provision of this subparagraph, if the resident does not have impairment of cognitive abilities, the resident may request that his or her responsible person not be involved in the transfer process.

(v) The notice of transfer shall be made at least 30 days before the transfer is expected to occur, except when the health or safety of the resident or other residents is in danger, or the transfer is required by the resident's urgent medical needs. Under those circumstances, the written notice shall be made as soon as practicable before the transfer.

(vi) The written notice shall contain the reasons for the transfer, the effective date, the designated level of care or location to which the resident will be transferred, a statement of the resident's right to a review of the transfer decision at a care conference, as provided for in subparagraph (C), and for disputed transfer decisions, the right to review by the Continuing Care Contracts Branch of the State Department of Social Services, as provided for in subparagraph (D). The notice shall also contain the name, address, and telephone number of the department's Continuing Care Contracts Branch.

(vii) The continuing care retirement community shall provide sufficient preparation and orientation to the resident to ensure a safe and orderly transfer and to minimize trauma.

(C) The resident has the right to review the transfer decision at a subsequent care conference that shall include the resident, the resident's responsible person, and upon the resident's or responsible person's request, family members, the resident's physician or other appropriate health care professional, and members of the provider's interdisciplinary team. The local ombudsperson may also be included in the care conference, upon the request of the resident, the resident's responsible person, or the provider.

(D) For disputed transfer decisions, the resident or the resident's responsible person has the right to a prompt and timely review of the transfer process by the Continuing Care Contracts Branch of the State Department of Social Services.

(E) The decision of the department's Continuing Care Contracts Branch shall be in writing and shall determine whether the provider failed to comply with the transfer

process pursuant to subparagraphs (A) to (C), inclusive. Pending the decision of the Continuing Care Contracts Branch, the provider shall specify any additional care the provider believes is necessary in order for the resident to remain in his or her unit. The resident may be required to pay for the extra care, as provided in the contract.

(F) Transfer of a second resident when a shared accommodation arrangement is terminated.

(11) Provisions describing any changes in the resident's monthly fee and any changes in the entrance fee refund payable to the resident that will occur if the resident transfers from any unit, including, but not limited to, terminating his or her contract after 18 months of residential temporary relocation, as defined in paragraph (8) of subdivision (r) of Section 1771.

(12) The provider's continuing obligations if any, in the event a resident is transferred from the continuing care retirement community to another facility.

(13) The provider's obligations, if any, to resume care upon the resident's return after a transfer from the continuing care retirement community.

(14) The provider's obligations to provide services to the resident while the resident is absent from the continuing care retirement community.

(15) The conditions under that the resident must permanently release his or her living unit.

(16) If real or personal properties are transferred in lieu of cash, a statement specifying each item's value at the time of transfer, and how the value was ascertained.

(A) An itemized receipt that includes the information described above is acceptable if incorporated as a part of the continuing care contract.

(B) When real property is or will be transferred, the continuing care contract shall include a statement that the deed or other instrument of conveyance shall specify that the real property is conveyed pursuant to a continuing care contract and may be subject to rescission by the transferor within 90 days from the date that the resident first occupies the residential unit.

(C) The failure to comply with paragraph (16) shall not affect the validity of title to real property transferred pursuant to this chapter.

(17) The amount of the entrance fee.

(18) In the event two parties have jointly paid the entrance fee or other payment that allows them to occupy the unit, the continuing care contract shall describe how any refund of entrance fees is allocated.

(19) The amount of any processing fee.

(20) The amount of any monthly care fee.

(21) For continuing care contracts that require a monthly care fee or other periodic payment, the continuing care contract shall include the following:

(A) A statement that the occupancy and use of the accommodations by the resident is contingent upon the regular payment of the fee.

(B) The regular rate of payment agreed upon (per day, week, or month).

(C) A provision specifying whether payment will be made in advance or after services have been provided.

(D) A provision specifying *whether* the provider will adjust monthly care fees for the resident's support, maintenance, board, or lodging, when a resident requires medical attention while away from the continuing care retirement community.

(E) A provision specifying whether a credit or allowance will be given to a resident who is absent from the continuing care retirement community or from meals. This provision shall also state, when applicable, that the credit may be permitted at the discretion or by special permission of the provider.

(F) A statement of billing practices, procedures, and timelines. A provider shall allow a minimum of 14 days between the date a bill is sent and the date payment is due. A charge for a late payment may only be assessed if the amount and any condition for the penalty is stated on the bill.

(22) All continuing care contracts that include monthly care fees shall address changes in monthly care fees by including either of the following provisions:

(A) For prepaid continuing care contracts, which include monthly care fees, one of the following methods:

(i) Fees shall not be subject to change during the lifetime of the agreement.

(ii) Fees shall not be increased by more than a specified number of dollars in any one year and not more than a specified number of dollars during the lifetime of the agreement.

(iii) Fees shall not be increased in excess of a specified percentage over the preceding year and not more than a specified percentage during the lifetime of the agreement.

(B) For monthly fee continuing care contracts, except prepaid contracts, changes in monthly care fees shall be based on projected costs, prior year per capita costs, and economic indicators.

(23) A provision requiring that the provider give written notice to the resident at least 30 days in advance of any change in the resident's monthly care fees or in the price or scope of any component of care or other services.

(24) A provision indicating whether the resident's rights under the continuing care contract include any proprietary interests in the assets of the provider or in the continuing care retirement community, or both. Any statement in a contract concerning an ownership interest shall appear in a large-sized font or print.

(25) If the continuing care retirement community property is encumbered by a

*~~ Italics indicate corrections*

security interest that is senior to any claims the residents may have to enforce continuing care contracts, a provision shall advise the residents that any claims they may have under the continuing care contract are subordinate to the rights of the secured lender. For equity projects, the continuing care contract shall specify the type and extent of the equity interest and whether any entity holds a security interest.

(26) Notice that the living units are part of a continuing care retirement community that is licensed as a residential care facility for the elderly and, as a result, any duly authorized agent of the department may, upon proper identification and upon stating the purpose of his or her visit, enter and inspect the entire premises at any time, without advance notice.

(27) A conspicuous statement, in at least 10-point boldface type in immediate proximity to the space reserved for the signatures of the resident and, if applicable, the transferor, that provides as follows: "You, the resident or transferor, may cancel the transaction without cause at any time within 90 days from the date you first occupy your living unit. See the attached notice of cancellation form for an explanation of this right."

(28) Notice that during the cancellation period, the continuing care contract may be canceled upon 30 days' written notice by the provider without cause, or that the provider waives this right.

(29) The terms and conditions under which the continuing care contract may be terminated after the cancellation period by either party, including any health or financial conditions.

(30) A statement that, after the cancellation period, a provider may unilaterally terminate the continuing care contract only if the provider has good and sufficient cause.

(A) Any continuing care contract containing a clause that provides for a continuing care contract to be terminated for "just cause," "good cause," or other similar provision, shall also include a provision that none of the following activities by the resident, or on behalf of the resident, constitutes "just cause," "good cause," or otherwise activates the termination provision:

(i) Filing or lodging a formal complaint with the department or other appropriate authority.

(ii) Participation in an organization or affiliation of residents, or other similar lawful activity.

(B) The provision required by this paragraph shall also state that the provider shall not discriminate or retaliate in any manner against any resident of a continuing care retirement community for contacting the department, or any other state, county, or city agency, or any elected or appointed government official to file a complaint or for any other reason, or for participation in a residents' organization or association.

- (h) Persons other than residents of the live/work quarters are not permitted to work in the live/work quarters.
- (i) Live/work quarters shall not be used for mercantile, classroom instructional use, storage of flammable liquids or hazardous materials, welding or any open-flame work, or offices or establishments with employees.

*(Added 12-9-1997 by O-18451 N.S.; effective 1-1-2000.)*

### §141.0312 Residential Care Facilities

Residential care facilities provide in-house treatment or rehabilitation programs for residents on a 24-hour basis. Residential care facilities include drug and alcohol rehabilitation and recovery facilities and residential and community care facilities as defined by the state or county. Housing for senior citizens, nursing homes, convalescent homes, work furlough and probationary residential facilities, and emergency shelters are not residential care facilities.

Residential care facilities for 7 to 12 persons may be permitted with a Conditional Use Permit decided in accordance with Process Three, and residential care facilities for 13 or more persons may be permitted with a Conditional Use Permit decided in accordance with Process Four, in the zones indicated with a "C" in the Use Regulations Tables in Chapter 13, Article 1 (Base Zones) subject to the following regulations.

- (a) Residential care facilities are not permitted in agricultural zones in *Proposition A Lands*
- (b) Only one residential care facility may be permitted per *lot* or *premises*.
- (c) Residential care facilities are not permitted within 1/4 mile of another residential care facility, measured from *property line* to *property line* in accordance with Section 113.0225.
- (d) The facility shall provide at least 70 square feet of sleeping space for each resident, not including closet or storage space, multipurpose rooms, bathrooms, dining rooms, and halls.
- (e) Sleeping areas shall not be used as a public or general passageway to another room, bath, or toilet.
- (f) The facility shall provide at least 5 square feet of living area per bed, not including sleeping space, dining, and *kitchen* areas.

- (g) The facility shall provide at least 8 square feet of storage area (closet or drawers) per bed.
- (h) The facility shall provide one full bathroom including sink, toilet, and shower or bathtub for every seven beds.
- (i) The center shall provide at least one *off-street parking space* for each employee and one *off-street parking space* for every seven beds. Additional parking may be required by the decision maker.
- (j) Conversion of an existing garage or reduction in the amount of *off-street* parking to provide a residential care facility is not permitted.

(Added 12-9-1997 by O-18451 N.S.; effective 1-1-2000; amended 6-19-2000 by O-18814 N.S.)

(Amended 4-8-2008 by O-19734 N.S; effective 5-8-2008.)

#### §141.0313 Transitional Housing Facilities

Transitional housing facilities offer residential accommodations for a specified period of time, counseling services, and other support services to prepare *families* and individuals for independent living.

Transitional housing may be permitted with a Conditional Use Permit decided in accordance with Process Five, in the zones indicated with a "C" in the Use Regulations Tables in Chapter 13, Article 1 (Base Zones) subject to the following regulations. Section 112.0509(b) requiring a Planning Commission recommendation, shall not be applicable to transitional housing facilities.

- (a) Transitional housing is not permitted in agricultural zones in *Proposition A Lands*.
- (b) Only one transitional housing facility may be permitted per *lot* or *premises*.
- (c) The facility shall provide at least 70 square feet of sleeping space for each resident, not including closet or storage space, multipurpose rooms, bathrooms, dining rooms, and halls.
- (d) Sleeping areas shall not be used as a public or general passageway to another room, bath, or toilet.
- (e) The facility shall provide at least 5 square feet of living area per bed, not including sleeping space, dining areas, and *kitchen* areas.