

State Licensing Survey Field Notes (Attachment 2)

Date(s) of Survey:

Medicare Supplier Number

Facility Name & Address (City, State, Zip)

Type of Survey:

Initial Licensing Resurvey Other

Name of Team Leader Evaluator & Professional Title

List Additional Evaluators & Titles

List Additional Evaluators & Titles

Survey Team Composition (indicate the number of Evaluators according to discipline) Total # of Evaluators Onsite: _____

	Nurse
	Physician
	Administrator
	Pharmacist
	Records Administrator
	Life Safety Code Surveyor

INDEX

1. ENVIRONMENT Page 3-7

2. NURSING Page 8-17

3. PATIENT RIGHTS Page 18-21

4. STAFF DEVELOPMENT Page 22-24

5. ACTIVITIES Page 25

6. PHARMACY Page 26-33

7. DIETARY Page 34-37

8. ADMINISTRATION Page 38-56

9. OTHER APPROVED SERVICES (OPTIONAL SERVICES)

- Physical Therapy Service Unit Page 57
- Occupational Therapy Service Unit Page 57
- Speech Pathology and/or Audiology Service Unit Page 57 & 58
- Social Work Service Unit Page 58 & 59
- Special Treatment Program Service Unit Page 59-64

State Standard	Text			Location of Evidence
Definitions				
ENVIRONMENT				
License				
<i>Title 22</i>				
72209	Posting. The license or a true copy thereof shall be conspicuously posted in a location accessible to public view within the facility.			
72213(a)	Program Flexibility. All skilled nursing facilities shall maintain compliance with the licensing requirements. These requirements do not prohibit the use of alternate concepts, methods, procedures, techniques, equipment, personnel qualifications or the conducting of pilot projects, provided such exceptions are carried out with the provisions for safe and adequate care and with the prior written approval of the department. Such approval shall provide for the terms and conditions under which the exception is granted. A written request and substantiating evidence supporting the request shall be submitted by the applicant or licensee to the Department.			
72213(b)	Program Flexibility. Any approval of the Department granted under this Section, or a true copy thereof, shall be posted immediately adjacent to the facility's license.			
72503(a)(1)	Consumer Information to Be Posted. Name, license number and date of employment of the current administrator of the facility.			
72503(a)(2)	Consumer Information to Be Posted. A listing of all services and special programs provided in the facility and those provided through written contracts.			
72503(a)(3)	Consumer Information to Be Posted. The current and following week's menus for regular and therapeutic diets.			
72503(a)(4)	Consumer Information to Be Posted. A notice that the facility's written admission and discharge policies are available upon request.			

E
N
V
I
R
O
N
M
E
N
T

SNF California State Standards

In Compliance

Yes No

72503(a)(5)	Consumer Information to Be Posted. Most recent licensing visit report supported by the related follow-up plan of correction visit reports			
72503(a)(6)	Consumer Information to Be Posted. The names and addresses of all previous owners of the facility			
72503(a)(7)	Consumer Information to Be Posted. A listing of all other skilled nursing and intermediate care facilities owned by the same person, firm, partnership, association, corporation or parent or subsidiary corporation, or a subsidiary of the parent corporation.			
72503(a)(8)	Consumer Information to Be Posted. A statement that an action to revoke the facility's license is pending, if such an action has been initiated by the filing of an accusation, pursuant to Section 11503 of the Government Code, and the accusation has been served on the licensee.			
72603	Space Conversion. A verified application shall be submitted to the Department whenever any of the following circumstances occur: (1) Construction of a new or replacement facility. (2) Increase of licensed bed capacity. (3) A Change of Ownership. (4) Change of license category. (5) Change of location of facility. (6) If a person wishes to acquire a beneficial interest of 10 percent or more in any corporation or partnership licensed to operate a skilled nursing facility or intermediate care facility, or to become an officer or director of, or general partner in, such a corporation or partnership such a person must obtain the prior written approval of the Department. Each application for approval shall include the information specified in Section 76205 (a) (6) as regards the person for whom the application is made. (A) The provisions of this subsection shall not apply to any institution or person exempted by Section 1267.5 (f) or 1267.5 (h) of the Health and Safety Code.			
72609(a)	Patient Rooms. Each patient room shall be labeled with a number, letter or combination of the two for identification.			
72609(b)	Patient Rooms. Patients' rooms shall not be kept locked when occupied except in rooms approved by the Department for seclusion of psychiatric patients.			

E
N
V
I
R
O
N
M
E
N
T

SNF California State Standards

In Compliance
Yes No

72609(c)	<p>Patient Rooms. Only upon the written approval of the Department may any exit door, corridor door, yard enclosures or perimeter fences be locked to egress.</p>			
72609(d)	<p>Patient Rooms. Patient rooms approved for use by ambulatory patients only shall be identified as follows: The words "Reserved for Ambulatory Patient" in letters at least 1.25 centimeters (one-half inch) high shall be posted on the outside of the door or on the wall alongside the door where they are visible to persons entering the room.</p>			
72619	<p>Space and Equipment for Autoclaving, Sterilizing and Disinfecting.</p> <p>(a) A facility shall:</p> <ol style="list-style-type: none"> (1) Maintain disposable sterile supplies in the amount necessary to meet the anticipated needs of the patients, or (2) Maintain autoclave equipment, or (3) Make contractual arrangements for outside autoclaving and sterilizing services. <p>(b) If a facility maintains a central supply and sterilizing area, it shall include but not be limited to:</p> <ol style="list-style-type: none"> (1) An autoclave or sterilizer, which shall be maintained in operating condition at all times. <ol style="list-style-type: none"> (A) Autoclaves shall be equipped with time recording thermometers in addition to the standard mercury thermometers, except for portable sterilizers and autoclaves. (B) Instructions for operating autoclaves and sterilizers shall be posted in the area where the autoclaves and sterilizers are located. (2) Work space. (3) Storage space for sterile supplies. (4) Storage space for unsterile supplies. (5) Equipment for cleaning and sterilizing of utensils and supplies. <p>(c) The facility shall provide for:</p> <ol style="list-style-type: none"> (1) Effective separation of soiled and contaminated supplies and equipment from the clean and sterilized supplies and equipment. (2) Clean cabinets for the storage of sterile supplies and equipment. (3) An orderly system of rotation of supplies so that the supplies stored first shall be used first and that multi-use supplies shall be reautoclaved as they become outdated. 			

E
N
V
I
R
O
N
M
E
N
T

SNF California State Standards

In Compliance
Yes No

	<p>(4) Dating of materials sterilized. (5) Loading of the autoclave or sterilizer. (6) Checking of recording and indicating thermometers. Recording thermometer charts shall be on file for one year. (7) Conducting monthly bacteriological tests. Reports of test results for the last 12 months shall be retained on file. (8) Length of aeration time for materials that are gas-sterilized.</p>			
72623	<p>Laundry. When a facility operates its own laundry, such laundry shall be. (4) The laundry space shall be maintained in a clean and sanitary condition.</p>			
72623 (c)	<p>Laundry. Laundry areas shall have, at a minimum, the following: (1) Separate rooms for the storage of clean linen and soiled linen. (2) Handwashing and toilet facilities maintained at locations convenient for laundry purposes (3) Separate linen carts labeled "soiled" or "clean linen" and constructed of washable materials which shall be laundered or suitably cleaned as needed to maintain sanitation.</p>			
72623(a)(1)	<p>Laundry. Located in relationship to other areas so that steam, odors, lint and objectionable noises do not reach patient or personnel areas.</p>			
72623(a)(2)	<p>Laundry. Adequate in size, well-lighted and ventilated to meet the needs of the facility.</p>			
72623(a)(3)	<p>Laundry. Laundry equipment shall be of a suitable capacity, kept in good repair and maintained in a sanitary condition.</p>			
72623(b)	<p>Laundry. If the facility does not maintain a laundry service, the commercial laundry utilized shall meet the standards of this section.</p>			
72623(d)	<p>Laundry. Written procedures for handling, storage, transportation and processing of linens shall be posted in the laundry and shall be implemented.</p>			
72637(e)	<p>General Maintenance. Equipment provided shall meet all applicable California Occupational Safety and Health Act requirements in effect at the time of purchase. All portable electrical medical equipment designed for 110-120 volts, 60 hertz current, shall be equipped with a three wire grounded power cord with a hospital grade three prong plug. The cord shall be an integral part of the plug.</p>			

E
N
V
I
R
O
N
M
E
N
T

SNF California State Standards

In Compliance
Yes No

72639	<p>Air Filters. The licensee shall be responsible for regular inspection, cleaning or replacement of all filters installed in heating, air conditioning and ventilating systems, as necessary to maintain the systems in normal operating condition.</p> <p>(b) A written record of inspection, cleaning or replacement, including static pressure drop, shall be maintained and available for inspection.</p>			
72655	<p>Centralized Services Shared by Several Facilities.</p> <p>(a) A written manual on maintenance of heating, air conditioning and ventilation systems shall be adopted by each facility.</p> <p>(b) A log shall be utilized to document maintenance work performed.</p> <p>(c) When maintenance is performed by an equipment service company, a certification shall be provided to the licensee that the required work has been performed in accordance with acceptable standards. This certification shall be retained on file in the facility for review by the Department.</p>			

E
N
V
I
R
O
N
M
E
N
T

NURSING				
<i>Health & Safety Code</i>				
1254.7 (H&SC)	Every health facility licensed pursuant to this chapter shall, as a condition of licensure, include pain as an item to be assessed at the same time as vital signs are taken. The health facility shall ensure that pain assessment is performed in a consistent manner that is appropriate to the patient. The pain assessment shall be noted in the patient's chart in a manner consistent with other vital signs.			
72313(a)(2)(3)(4)	<p>Nursing Service - Administration of Medications and Treatments. Medications and treatments shall be administered as follows:</p> <p>(2) Medications and treatments shall be administered as prescribed.</p> <p>(3) Tests and taking of vital signs, upon which administration of medications or treatments are conditioned, shall be performed as required and the results recorded.</p> <p>(4) Preparation of doses for more than one scheduled administration time shall not be permitted.</p>			
72313(a)(5)(6)(7)	<p>Nursing Service - Administration of Medications and Treatments.</p> <p>(5) All medications and treatments shall be administered only by licensed medical or licensed nursing personnel with the following exceptions:</p> <p>(A) Students in the healing arts professions may administer medications and treatments only when the administration or medications and treatments is incidental to their course of study as approved by the professional board or organization legally authorized to give such approval.</p> <p>(B) Unlicensed persons may, under the direct supervision of licensed nursing or licensed medical personnel, during training or after completion of training and demonstrated evidence of competence, administer the following:</p> <ol style="list-style-type: none"> 1. Medicinal shampoos and baths. 2. Laxative suppositories and laxative enemas. 3. Nonlegend topical ointments, creams, lotions and solutions when applied to intact skin surfaces. Unlicensed persons shall not administer any medication associated with treatment of eyes, ears, nose, mouth, or genitourinary tract. <p>(6) Medications shall be administered as soon as possible, but no more than two hours after doses are prepared, and shall be administered by the same person who prepares the doses for administration. Doses shall be administered within one hour of the prescribed time unless otherwise indicated by the prescriber.</p> <p>(7) Patients shall be identified prior to administration of a drug or</p>			

	treatment.			
72313(b)	<p>Nursing Service - Administration of Medications and Treatments. Unlicensed persons may, under the direct supervision of licensed nursing or licensed medical personnel, during training or after completion of training and demonstrated evidence of competence, administer the following:</p> <ol style="list-style-type: none"> 1. Medicinal shampoos and baths. 2. Laxative suppositories and laxative enemas. 3. Nonlegend topical ointments, creams, lotions and solutions when applied to intact skin surfaces. Unlicensed persons shall not administer any medication associated with treatment of eyes, ears, nose, mouth, or genitourinary tract. 			
72315(c)	<p>Nursing Service - Patient Care. Each patient, upon admission, shall be given orientation to the skilled nursing facility and the facility's services and staff.</p>			
72315(j)	<p>Nursing Service - Patient Care. Fluid intake and output shall be recorded for each patient as follows:</p> <ol style="list-style-type: none"> (1) If ordered by the physician (2) For each patient with an indwelling catheter <ol style="list-style-type: none"> (A) Intake and output records shall be evaluated at least weekly and each evaluation shall be included in the licensed nurses' progress notes. (B) After 30 days the patient shall be reevaluated by the licensed nurse to determine further need for the recording of intake and output. 			
72315(k)	<p>Nursing Service - Patient Care. The weight and length of each patient shall be taken and recorded in the patient's health record upon admission, and the weight shall be taken and recorded once a month thereafter.</p>			
72317	<p>Nursing Service - Standing Orders. Standing orders shall not be used in skilled nursing facilities.</p>			
72319	<p>Nursing Service - Restraints and Postural Supports.</p> <ol style="list-style-type: none"> (a) Written policies and procedures concerning the use of restraints and postural supports shall be followed. (b) Restraints shall only be used with a written order of a physician or other person lawfully authorized to prescribe care. The order must specify the duration and circumstances under which the restraints are to be used. Orders must be specific to individual patients. In accordance with Section 72317, there shall be no standing orders and in accordance with Section 72319(i)(2)(A), there shall be no P.R.N. orders for physical restraints. (c) The only acceptable forms of physical restraints shall be cloth 			

SNF California State Standards

In Compliance

Yes No

	<p>vests, soft ties, soft cloth mittens, seat belts and trays with spring release devices. Soft ties means soft cloth which does not cause abrasion and which does not restrict blood circulation.</p> <p>(d) Restraints of any type shall not be used as punishment, as a substitute for more effective medical and nursing care, or for the convenience of staff.</p> <p>(e) No restraints with locking devices shall be used or available for use in a skilled nursing facility.</p> <p>(f) Seclusion, which is defined as the placement of a patient alone in a room, shall not be employed.</p> <p>(g) Restraints shall be used in such a way as not to cause physical injury to the patient and to insure the least possible discomfort to the patient.</p> <p>(h) Physical restraints shall be applied in such a manner that they can be speedily removed in case of fire or other emergency.</p>			
72319(i)	<p>Nursing Service - Restraints and Postural Supports. When drugs are used to restrain or control behavior or to treat a disordered thought process, the following shall apply:</p>			
72319(i)(1)	<p>Nursing Service - Restraints and Postural Supports. The specific behavior or manifestation of disordered thought process to be treated with the drug is identified in the patient's health record.</p>			
72319(i)(2)(A)	<p>Nursing Service - Restraints and Postural Supports. Physical restraints for behavioral control shall only be used with a written order designed to lead to a less restrictive way of managing, and ultimately to the elimination of, the behavior for which the restraint is applied. There shall be no PRN orders for behavioral restraints.</p>			
72319(i)(2)(B)	<p>Nursing Service - Restraints and Postural Supports. Each patient care plan which includes the use of physical restraint for behavior control shall specify the behavior to be eliminated, the method to be used and the time limit for the use of the method.</p>			
72319(i)(2)(C)	<p>Nursing Service - Restraints and Postural Supports. Patients shall be restrained only in an area that is under supervision of staff and shall be afforded protection from other patients who may be in the area.</p>			
72319(j)(1)	<p>Nursing Service - Restraints and Postural Supports. When drugs are used to restrain or control behavior or to treat a disordered thought process, the following shall apply: (1) The specific behavior or manifestation of disordered thought process to be treated with the drug is identified in the patient's health record.</p>			
72319(j)(2)	<p>Nursing Service - Restraints and Postural Supports. The plan of care for each patient specifies data to be collected for use in evaluating the effectiveness of the drugs and the occurrence of</p>			

N
U
R
S
I
N
G

SNF California State Standards

In Compliance
Yes No

		Yes	No	
	adverse reactions			
72319(j)(3)	Nursing Service - Restraints and Postural Supports. The data collected shall be made available to the prescriber in a consolidated manner at least monthly.			
72319(j)(4)	Nursing Service - Restraints and Postural Supports. PRN orders for such drugs shall be subject to the requirements of this section.			
72323	Nursing Service - Cleaning, Disinfecting, and Sterilizing. (a) Each facility shall adopt a written manual on cleaning, disinfecting and sterilizing procedures. The manual shall include procedures to be used in the care of utensils, instruments, solutions, dressings, articles and surfaces and shall be available for use by facility personnel. All procedures shall be carried out in accordance with the manual. (b) Each facility shall make provisions for the cleaning and disinfecting of contaminated articles and surfaces which cannot be sterilized. (c) Bedside equipment including but not limited to washbasins, emesis basins, bedpans and urinals shall be sanitized			
72325	Nursing Service - Space. (a) An office or other suitable space shall be provided for the director of nursing service. (b) A nursing station shall be maintained in each nursing unit or building.			
1276.5 (H&SC)	However, notwithstanding Section 14110.7 or any other provision of law, commencing January 1, 2000, the minimum number of actual nursing hours per patient required in a skilled nursing facility shall be 3.2 hours, except as provided in Section 1276.9.			
72528	Informed Consent Requirements. (a) It is the responsibility of the attending physician to determine what information a reasonable person in the patient's condition and circumstances would consider material to a decision to accept or refuse a proposed treatment or procedure. Information that is commonly appreciated need not be disclosed. The disclosure of the material information and obtaining informed consent shall be the responsibility of the physician. (b) The information material to a decision concerning the administration of a psychotherapeutic drug or physical restraint, or the prolonged use of a device that may lead to the inability of the patient to regain use of a normal bodily function shall include at least the following: (1) The reason for the treatment and the nature and seriousness of the patient's illness.			

N
U
R
S
I
N
G

SNF California State Standards

In Compliance
Yes No

	<p>(2) The nature of the procedures to be used in the proposed treatment including their probable frequency and duration</p> <p>(3) The probable degree and duration (temporary or permanent) of improvement or remission, expected with or without such treatment.</p> <p>(4) The nature, degree, duration and probability of the side effects and significant risks, commonly known by the health professions.</p> <p>(5) The reasonable alternative treatments and risks, and why the health professional is recommending this particular treatment.</p> <p>(6) That the patient has the right to accept or refuse the proposed treatment, and if he or she consents, has the right to revoke his or her consent for any reason at any time.</p>			
72543	<p>Patients' Health Records.</p> <p>(a) Records shall be permanent, either typewritten or legibly written in ink, be capable of being photocopied and shall be kept on all patients admitted or accepted for care. All health records of discharged patients shall be completed and filed within 30 days after discharge date and such records shall be kept for a minimum of 7 years, except for minors whose records shall be kept at least until 1 year after the minor has reached the age of 18 years, but in no case less than 7 years. All exposed X-ray film shall be retained for seven years. All required records, either originals or accurate reproductions thereof, shall be maintained in such form as to be legible and readily available upon the request of the attending physician, the facility staff or any authorized officer, agent, or employee of either, or any other person authorized by law to make such request.</p> <p>(b) Information contained in the health records shall be confidential and shall be disclosed only to authorized persons in accordance with federal, state and local laws.</p> <p>(c) If a facility ceases operation, the Department shall be informed within three business days by the licensee of the arrangements made for the safe preservation of the patients' health records.</p> <p>(d) The Department shall be informed within three business days, in writing, whenever patient health records are defaced or destroyed before termination of the required retention period.</p> <p>(e) If the ownership of the facility changes, both the licensee and the applicant for the new license shall, prior to the change of ownership, provide the Department with written documentation stating:</p> <p>(1) That the new licensee shall have custody of the patients'</p>			

N
U
R
S
I
N
G

SNF California State Standards

In Compliance
Yes No

N
U
R
S
I
N
G

	<p>health records and that these records or copies shall be available to the former licensee, the new licensee and other authorized persons; or</p> <p>(2) That other arrangements have been made by the licensee for the safe preservation and the location of the patients' health records, and that they are available to both the new and former licensees and other authorized persons; or</p> <p>(3) The reason for the unavailability of such records.</p> <p>(f) Patients' health records shall be current and kept in detail consistent with good medical and professional practice based on the service provided to each patient. Such records shall be filed and maintained in accordance with these requirements and shall be available for review by the Department. All entries in the health record shall be authenticated with the date, name, and title of the persons making the entry.</p> <p>(g) All current clinical information pertaining to a patient's stay shall be centralized in the patient's health record.</p> <p>(h) Patient health records shall be filed in an accessible manner in the facility or in health record storage. Storage of records shall provide for prompt retrieval when needed for continuity of care. Health records can be stored off the facility premises only with the prior approval of the Department.</p> <p>(i) The patient health record shall not be removed from the facility, except for storage after the patient is discharged, unless expressly and specifically authorized by the Department.</p>			
72545	<p>Admission Records.</p> <p>(a) For each patient a facility shall complete an admission record which shall include the following:</p> <p>(1) Name and Social Security number.</p> <p>(2) Current address.</p> <p>(3) Age and date of birth.</p> <p>(4) Sex.</p> <p>(5) Date of admission.</p> <p>(6) Date of discharge</p> <p>(7) Name, address and telephone number of guardian, authorized representative, person or agency responsible for patient and next of kin.</p> <p>(8) Name, address and telephone number of attending physician and the name, address and telephone number of the podiatrist, dentist or clinical psychologist if such practitioner is primarily responsible for the treatment of the patient.</p> <p>(9) Name, address and telephone number of the designated</p>			

SNF California State Standards

In Compliance
Yes No

	<p>alternate physician. (10) Admission diagnoses, known allergies and final diagnoses. (11) Medicare and Medi-Cal numbers when appropriate. (12) An inventory including but not limited to: (A) Items of jewelry. (B) Items of furniture. (C) Radios, television and other appliances. (D) Prosthetic and orthopedic devices. (E) Other valuable items, so identified by the patient, family or authorized representative.</p>			
72547	<p>Content of Health Records. (a) A facility shall maintain for each patient a health record which shall include: (1) Admission record. (2) Current report of physical examination, and evidence of tuberculosis screening. (3) Current diagnoses (4) Physician orders, including drugs, treatment and diet orders, and progress notes, signed and dated on each visit. Physician's orders shall be correctly recapitulated. (5) Nurses' notes which shall be signed and dated. (A) Records made by nurse assistants, after proper instruction, which shall include: 1. Care and treatment of the patient. 2. Narrative notes of observation of how the patient looks, feels, eats, drinks, reacts, interacts and the degree of dependency and motivation toward improved health. 3. Notification to the licensed nurse of changes in the patient's condition. (B) Meaningful and informative nurses' progress notes written by licensed nurses as often as the patient's condition warrants. However, weekly nurses' progress notes shall be written by licensed nurses on each patient and shall be specific to the patient's needs, the patient care plan and the patient's response to care and treatments. (C) Name, dosage and time of administration of drugs, the route of administration or site of injection, if other than oral. If the scheduled time is indicated on the record, the initial of the person administering the dose shall be recorded, provided that the drug is given within one hour of the scheduled time. If the scheduled time is not recorded, the person administering the dose shall record both initials and the time of administration.</p>			

N
U
R
S
I
N
G

SNF California State Standards

In Compliance
Yes No

N
U
R
S
I
N
G

	<p>Medication and treatment records shall contain the name and professional title of staff signing by initials.</p> <p>(D) Justification for the results of the administration of all PRN medications and the withholding of scheduled medications.</p> <p>(E) Record of type of restraint and time of application and removal. The time of application and removal shall not be required for postural supports used for the support and protection of the patient.</p> <p>(F) Medications and treatments administered and recorded as prescribed.</p> <p>(G) Documentation of oxygen administration.</p> <p>(6) Temperature, pulse, respiration and blood pressure notations when indicated.</p> <p>(7) Laboratory reports of all tests prescribed and completed.</p> <p>(8) Reports of all X-rays prescribed and completed.</p> <p>(9) Progress notes written and dated by the activity leader at least quarterly.</p> <p>(10) Discharge planning notes when applicable</p> <p>(11) Observation and information pertinent to the patient's diet recorded in the patient's health record by the dietitian, nurse or food service supervisor.</p> <p>(12) Records of each treatment given by the therapist, weekly progress notes and a record of reports to the physician after the first 2 weeks of therapy and at least every 30 days thereafter. Progress notes written by the social service worker if the patient is receiving social services.</p> <p>(13) Consent forms for prescribed treatment and medication not included in the admission consent for care</p> <p>(14) Condition and diagnoses of the patient at time of discharge or final disposition.</p> <p>(15) A copy of the transfer form when the patient is transferred to another health facility.</p> <p>(16) An inventory of all patients' personal effects and valuables as defined in Section 72545 (a) (12) made upon admission and discharge. The inventory list shall be signed by a representative of the facility and the patient or his authorized representative with one copy to be retained by each.</p> <p>(17) The name, complete address and telephone number where the patient was transferred upon discharge from the facility.</p>			
72555	<p>Patient Identification. Each patient shall be provided with a wristband identification tag or other means of identification which shall be worn at all times unless</p>			

SNF California State Standards

In Compliance
Yes No

N
U
R
S
I
N
G

	the attending physician notes in the health record that the patient's condition would not permit such identification. Minimum information shall include the name of the patient and the name of the facility.			
1418.81 (H&SC)	<p>(a) In order to assure the provision of quality patient care and as part of the planning for that quality patient care, commencing at the time of admission, a skilled nursing facility, as defined in subdivision (c) of Section 1250, shall include in a resident's care assessment the resident's projected length of stay and the resident's discharge potential. The assessment shall include whether the resident has expressed or indicated a preference to return to the community and whether the resident has social support, such as family, that may help to facilitate and sustain return to the community. The assessment shall be recorded with the relevant portions of the minimum data set, as described in Section 14110.15 of the W&I Code. The plan of care shall reflect, if applicable, the care ordered by the attending physician needed to assist the resident in achieving the resident's preference of return to the community.</p> <p>(b) The skilled nursing facility shall evaluate the resident's discharge potential at least quarterly or upon a significant change in the resident's medical condition.</p>			
<i>Probate Code</i>				
4730	Before implementing a health care decision made for a patient, a supervising health care provider, if possible, shall promptly communicate to the patient the decision made and the identity of the person making the decision.			
4731	<p>(a) A supervising health care provider who knows of the existence of an advance health care directive, a revocation of an advance health care directive, or a designation or disqualification of a surrogate, shall promptly record its existence in the patient's health care record and, if it is in writing, shall request a copy. If a copy is furnished, the supervising health care provider shall arrange for its maintenance in the patient's health care record.</p> <p>(b) A supervising health care provider who knows of a revocation of a power of attorney for health care or a disqualification of a surrogate shall make a reasonable effort to notify the agent or surrogate of the revocation or disqualification.</p>			
4732	A primary physician who makes or is informed of a determination that a patient lacks or has recovered capacity, or that another condition exists affecting an individual health care instruction or the authority of an agent, conservator of the person, or surrogate, shall promptly record the determination in the patient's health care record and			

SNF California State Standards

In Compliance
Yes No

		Yes	No	
	communicate the determination to the patient, if possible, and to a person then authorized to make health care decisions for the patient.			
4733	<p>Except as provided in Sections 4734 and 4735, a health care provider or health care institution providing care to a patient shall do the following:</p> <p>(a) Comply with an individual health care instruction of the patient and with a reasonable interpretation of that instruction made by a person then authorized to make health care decisions for the patient.</p> <p>(b) Comply with a health care decision for the patient made by a person then authorized to make health care decisions for the patient to the same extent as if the decision had been made by the patient while having capacity.</p>			
4734	<p>(a) A health care provider may decline to comply with an individual health care instruction or health care decision for reasons of conscience.</p> <p>(b) A health care institution may decline to comply with an individual health care instruction or health care decision if the instruction or decision is contrary to a policy of the institution that is expressly based on reasons of conscience and if the policy was timely communicated to the patient or to a person then authorized to make health care decisions for the patient.</p>			
4735	A health care provider or health care institution may decline to comply with an individual health care instruction or health care decision that requires medically ineffective health care or health care contrary to generally accepted health care standards applicable to the health care provider or institution.			
4736	<p>A health care provider or health care institution that declines to comply with an individual health care instruction or health care decision shall do all of the following:</p> <p>(a) Promptly so inform the patient, if possible, and any person then authorized to make health care decisions for the patient.</p> <p>(b) Unless the patient or person then authorized to make health care decisions for the patient refuses assistance, immediately make all reasonable efforts to assist in the transfer of the patient to another health care provider or institution that is willing to comply with the instruction or decision.</p> <p>Provide continuing care to the patient until a transfer can be accomplished or until it appears that a transfer cannot be accomplished. In all cases, appropriate pain relief and other palliative care shall be continued.</p>			

N
U
R
S
I
N
G

PATIENT RIGHTS				
1418.3 (H&SC)	(a) Each licensed skilled nursing facility shall, when requested by a member of a patient's family, allow the family to meet privately with a family member who is a resident in the facility.			
1599.60 – 1599.84 (H&SC)	<p>(a) By January 1, 2000, all skilled nursing facilities, as defined in subdivision (c) of Section 1250, intermediate care facilities, as defined in subdivision (d) of Section 1250, and nursing facilities, as defined in subdivision (k) of Section 1250, shall use a standard admission agreement developed and adopted by the department.</p> <p>(b) (1) No facility shall alter the standard agreement unless so directed by the department. This comprehensive Patients' Bill of Rights shall be a mandatory attachment to all skilled nursing facility, intermediate care facility, and nursing facility contracts as specified in Section 1599.74 of this chapter.</p> <p>(f) Translated copies of the Patients' Bill of Rights shall be made available to all long-term health care facilities in the state, including skilled nursing facilities, intermediate care facilities, and nursing facilities</p> <p>1599.62.</p> <p>(a) Contracts of admission shall not include unlawful waivers of facility liability for the health and safety or personal property of residents. No contract of admission shall include any provision which the facility knows or should know to be deceptive or unlawful under state or federal law.</p> <p>1599.63.</p> <p>(a) Every long-term health care facility shall make complete blank copies of its admission contract immediately available to the public at cost, upon request.</p> <p>(b) Every long-term health care facility shall post conspicuously in a location accessible to public view within the facility either a complete copy of its admission contract or notice of the availability of it from the facility.</p>			
1599.70 (H&SC)	<p>1599.70.</p> <p>(a) No contract of admission may require a security deposit from a Medi-Cal beneficiary who applies for admission to the facility as a Medi-Cal patient.</p> <p>(b) Any security deposit from a person paying privately upon admission shall be returned within 14 days of the private account being closed, or first Medi-Cal payment, whichever is later, and with no deduction for administration or handling charges.</p>			
1599.79 (H&SC)	Every contract of admission shall meet the requirements of Section			

P
A
T
I
E
N
T

R
I
G
H
T
S

SNF California State Standards

In Compliance

Yes No

	<p>72520 of Title 22 of the California Administrative Code, which requires that the facility offer to hold a bed for the resident in the event the resident must be transferred to an acute care hospital for seven days or less. The facility shall also give the resident or a representative for the resident, notice of the rights to a bedhold at the time of transfer. The resident or representative for the resident has 24 hours from receipt of notice to request the bedhold. The contract of admission shall state that the facility shall offer the next available appropriate bed to the resident in the event the facility fails to follow this required procedure. The facility shall inform the resident that Medi-Cal will pay for up to seven bedhold days.</p>			
<p>1262* (H&SC)</p>	<p>(a) When a mental health patient is being discharged from one of the facilities specified in subdivision (c), the patient and the patient's conservator, guardian, or other legally authorized representative shall be given a written aftercare plan prior to the patient's discharge from the facility. The written aftercare plan shall include, to the extent known, all of the following components: (6) The nature of the illness and follow up required. (7) Medications including side effects and dosage schedules. If the patient was given an informed consent form with his or her medications, the form shall satisfy the requirement for information on side effects of the medications. (8) Expected course of recovery. (9) Recommendations regarding treatment that are relevant to the patient's care. (10) Referrals to providers of medical and mental health services. (11) Other relevant information. (b) The patient shall be advised by facility personnel that he or she may designate another person to receive a copy of the aftercare plan. A copy of the aftercare plan shall be given to any person designated by the patient. (c) Subdivision (a) applies to all of the following facilities: (6) A skilled nursing facility with a special treatment program, as described in Section 51335 and Sections 72443 to 72475, inclusive, of Title 22 of the California Code of Regulations. (d) For purposes of this section, "mental health patient" means a person who is admitted to the facility primarily for the diagnosis or treatment of a mental disorder.</p>			
<p>1320 (H&SC)</p>	<p>A skilled nursing facility or intermediate care facility shall not require patients to purchase drugs, or rent or purchase medical supplies or equipment, from any particular pharmacy or other source.</p>			

P
A
T
I
E
N
T

R
I
G
H
T
S

SNF California State Standards

In Compliance
Yes No

1418.9 (H&SC)	(a) If the attending physician and surgeon of a resident in a skilled nursing facility prescribes, orders, or increases an order for an antipsychotic medication for the resident, the physician and surgeon shall do both of the following: (1) Obtain the informed consent of the resident for purposes of prescribing, ordering, or increasing an order for the medication. (2) Seek the consent of the resident to notify the resident's interested family member, as designated in the medical record.			
<i>Welfare & Institutions Code</i>				
14108.1* (W&I)	Any recipient receiving care in a nursing facility under this chapter, as part of a certified special treatment program for mentally disordered persons, or as a part of a mental health therapeutic and rehabilitative program approved and certified by a local mental health director, is entitled to be temporarily absent from those facilities. The State Department of Health Services shall, with consultation from the State Department of Mental Health, develop regulations within 60 days of the effective date of this act establishing the periods of time and conditions under which temporary absences shall be permitted. These regulations shall require that absences be in accordance with an individual patient care plan and also provide for absences due to hospitalization for an acute condition. The limits on temporary leaves of absence established by the State Department of Health Services by regulation shall not be less than 30 days per year. During these temporary absences, the State Department of Health Services shall reimburse the facility for the cost of maintaining the vacant accommodations at a rate to be determined by the department which shall be less than the normal reimbursement rate.			
14108.2* (W&I)	Except as provided by Section 14108 and Section 14108.1, any recipient of services under this chapter who is residing in a long-term care facility shall be permitted to be temporarily absent from such facilities for up to 18 days per year, not including days of bed hold for acute hospitalization. All such leaves of absence shall be in accordance with an individual patient care plan as approved by the attending physician. The director shall adopt regulations establishing the conditions under which additional leave days shall be authorized. The director may establish reasonable limits on the duration of any period of absence.			
72520(a)(b)	Bed Hold.			

P
A
T
I
E
N
T

R
I
G
H
T
S

SNF California State Standards

In Compliance
Yes No

	<p>(a) If a patient of a skilled nursing facility is transferred to a general acute care hospital as defined in Section 1250(a) of the Health and Safety Code, the skilled nursing facility shall afford the patient a bed hold of seven (7) days, which may be exercised by the patient or the patient's representative.</p> <p>(b) Upon admission of the patient to the skilled nursing facility and upon transfer of the patient of a skilled nursing facility to a general acute care hospital, the skilled nursing facility shall inform the patient, or the patient's representative, in writing of the right to exercise this bed hold provision. No later than June 1, 1985, every skilled nursing facility shall inform each current patient or patient's representative in writing of the right to exercise the bed hold provision. Each notice shall include information that a non-Medi-Cal eligible patient will be liable for the cost of the bed hold days, and that insurance may or may not cover such costs.</p>			

P
A
T
I
E
N
T

R
I
G
H
T
S

STAFF DEVELOPMENT				
1337 – 1338.5 (H&SC)	<p>1337.1. A skilled nursing or intermediate care facility shall adopt an approved training program that meets standards established by the state department. The approved training program shall consist of at least the following:</p> <p>(a) An orientation program to be given to newly employed nurse assistants prior to providing direct patient care in skilled nursing or intermediate care facilities.</p> <p>(b)</p> <p>(1) A precertification training program consisting of at least 60 classroom hours of training on basic nursing skills, patient safety and rights, the social and psychological problems of patients, and resident abuse prevention, recognition, and reporting pursuant to subdivision (e). 2) In addition to the 60 classroom hours of training required under paragraph (1), the precertification training program shall consist of at least 100 hours of supervised and on-the-job training clinical practice. 3) At least two hours of the 60 hours of classroom training and at least four hours of the 100 hours of the supervised clinical training shall address the special needs of persons with developmental and mental disorders, including mental retardation, Alzheimer's disease, cerebral palsy, epilepsy, dementia, Parkinson's disease, and mental illness. (e) (1) The approved training program shall include, within the 60 hours of classroom training, a minimum of six hours of instruction on preventing, recognizing, and reporting instances of resident abuse utilizing those courses developed pursuant to Section 13823.93 of the Penal Code, and a minimum of one hour of instruction on preventing, recognizing, and reporting residents' rights violations.</p> <p>(2) A minimum of four hours of instruction on preventing, recognizing, and reporting instances of resident abuse, including instruction on preventing, recognizing, and reporting residents' rights violations, shall be included within the total minimum hours of continuing education or in-service training required and in effect for certified nursing assistants.</p> <p>(c) Notwithstanding Section 1337.1, the approved training program shall consist of at least the following:</p> <p>(1) A 16-hour orientation program to be given to newly employed nurse assistants prior to providing direct patient care, and</p>			

S
T
A
F
F

D
E
V
E
L
O
P
M
E
N
T

SNF California State Standards

In Compliance
Yes No

	<p>consistent with federal training requirements for facilities participating in the Medicare or Medicaid programs.</p> <p>(2) (A) A certification training program consisting of at least 60 classroom hours of training on basic nursing skills, patient safety and rights, the social and psychological problems of patients, and elder abuse recognition and reporting pursuant to subdivision (e) of Section 1337.1. (B) In addition to the 60 classroom hours of training required under subparagraph (A), the certification program shall also consist of 100 hours of supervised and on-the-job training clinical practice.</p> <p>1337.4. Every skilled nursing or intermediate care facility shall designate a licensed nurse as a director of staff development who shall be responsible for the management of the approved training program.</p>			
1263 (H&SC)	<p>(a) This section shall be known and may be cited as the Dementia Training Standards Act of 2001.</p> <p>(b)</p> <p>(1) Any certified nurse assistant employed by a skilled nursing facility or intermediate care facility shall have completed at least two hours of initial dementia-specific training as part of the facility's orientation program. The training shall be completed within the first 40 hours of employment.</p> <p>(2) The facility shall develop a dementia-specific training component within the existing orientation program, to be implemented no later than July 1, 2002.</p> <p>(3) The facility's modified orientation program shall be reviewed by the department in a phase in schedule that begins no later than July 1, 2002, and is completed no later than July 1, 2005.</p> <p>(c) Any certified nursing assistant employed by a skilled nursing facility or intermediate care facility shall participate in a minimum of five hours of dementia-specific in-service training per year, as part of the facility's in-service training.</p> <p>(d) Freestanding and hospital-based pediatric skilled nursing facilities with exclusively pediatric occupancy shall be exempt from the requirements set forth in this section.</p>			
72517(a)	<p>Staff Development. Each facility shall have an ongoing educational program planned and conducted for the development and improvement of necessary skills and knowledge for all facility personnel.</p>			
72517(c)	<p>Staff Development. Records of each staff development program shall be maintained. The records shall include name and title of presenter, date of presentation,</p>			

S
T
A
F
F

D
E
V
E
L
O
P
M
E
N
T

SNF California State Standards

In Compliance
Yes No

	title of subject presented, description of content and the signatures of those attending.			

S
T
A
F
F

D
E
V
E
L
O
P
M
E
N
T

ACTIVITIES				
72387	<p>Activity Program - Equipment and Supplies. Each facility shall provide equipment and supplies for both independent and group activities and for patients having special needs.</p>			
72389	<p>Activity Program - Space. (a) Each facility shall provide a designated activity area which meets the independent and group activity needs of patients. Such areas shall be: (1) Accessible to wheelchair and ambulatory patients. (2) Of sufficient size to accommodate necessary equipment and permit unobstructed movement of wheelchair and ambulatory patients or personnel responsible for instruction and supervision. (b) Storage space for equipment and supplies shall be provided and shall be maintained in a clean and orderly manner.</p>			

ACTIVITIES

P
H
A
R
M
A
C
Y

PHARMACY				
72353(a)(b)(c)	<p>Pharmaceutical Service - General.</p> <p>(a) Arrangements shall be made to assure that pharmaceutical services are available to provide patients with prescribed drugs and biologicals.</p> <p>(b) Dispensing, labeling, storage and administration of drugs and biologicals shall be in conformance with state and federal laws.</p> <p>(c) If a pharmacy is located on the premises, the pharmacy shall be licensed by the California State Board of Pharmacy and approved by the Department. The pharmacy shall not serve the general public unless a separate public entrance or a separate public serving window is utilized. Pharmacies located on the licensed premises of skilled nursing facilities shall be opened for inspection upon the request of an authorized Department representative.</p>			
72375 (see Federal F-428)	<p>Pharmaceutical Service - Staff.</p> <p>(a) Facilities shall retain a consulting pharmacist who devotes a sufficient number of hours during a regularly scheduled visit, for the purpose of coordinating, supervising and reviewing the pharmaceutical service committee, or its equivalent, at least quarterly. The report shall include a log or record of time spent in the facility. There shall be a written agreement between the pharmacist and the facility which includes duties and responsibilities of both.</p> <p>(b) A pharmacist shall serve on the pharmaceutical service committee and the patient care policy committee.</p> <p>(c) A pharmacist shall review the drug regimen of each patient at least monthly and prepare appropriate reports.</p>			
72357(n)	<p>Pharmaceutical Service - Labeling and Storage of Drugs.</p> <p>Discontinued drug containers shall be marked, or otherwise identified, to indicate that the drug has been discontinued, or shall be stored in a separate location which shall be identified solely for this purpose. Discontinued drugs shall be disposed of within 90 days of the date the drug order was discontinued, unless the drug is reordered within that time.</p>			
72359	<p>Pharmaceutical Service - Stop Orders.</p> <p>Written policies shall be established and implemented limiting the duration of new drug orders in the absence of a prescriber's specific indication for duration of therapy. The prescriber shall be contacted for new orders prior to the termination time established by the policy. Such policies shall include all categories of drugs.</p>			
72361	<p>Pharmaceutical Service -Orders for Drugs.</p>			

SNF California State Standards

In Compliance

Yes No

	(a) No drugs shall be administered except upon the order of a person lawfully authorized to prescribe for and treat human illness.			
72363	Pharmaceutical Service - Drug Order Processing. Signed orders for drugs shall be transmitted to the issuing pharmacy within 48 hours, either by written prescription of the prescriber or by an order form which produces a direct copy of the order or by an electronically reproduced facsimile.			
72365	Pharmaceutical Service - Drug Order Records. Facilities shall maintain a record which includes, for each drug ordered by prescription, the name of the patient, the drug name, and strength, the date ordered, the date and amount received and the name of the issuing pharmacy. The records shall be kept at least one year.			
72367	Pharmaceutical Service - Personal Medications. (a) Medications brought by or with the patient on admission to the facility shall not be used unless the contents of the containers have been examined and positively identified after admission by the patient's physician or a pharmacist retained by the facility. (b) The facility may use drugs transferred from other licensed health facilities or those drugs dispensed or obtained after admission from any licensed or governmental pharmacy and may accept the delivery of those drugs by any agent of the patient or pharmacy without the necessity of identification by a physician or pharmacist.			
72369	Pharmaceutical Service - Controlled Drugs. (a) Drugs listed in Schedules II, III and IV of the Federal Comprehensive Drug Abuse Prevention and Control Act of 1970 shall not be accessible to other than licensed nursing, pharmacy and medical personnel designated by the licensee. Drugs listed in Schedule II of the above Act shall be stored in a locked cabinet or a locked drawer separate from noncontrolled drugs unless they are supplied on a scheduled basis as part of a unit dose medication system. (b) Separate records of use shall be maintained on all Schedule II drugs. Such records shall be maintained accurately and shall include the name of the patient, the prescription number, the drug name, strength and dose administered, the date and time of administration and the signature of the person administering the drug. Such records shall be reconciled at least daily and shall be retained at least one year. If such drugs are supplied on a scheduled basis as part of a unit dose medication system, such records need not be maintained separately. (c) Drug records shall be maintained for drugs listed in Schedules III and IV of the above Act in such a way that the receipt and			

P
H
A
R
M
A
C
Y

SNF California State Standards

In Compliance
Yes No

P
H
A
R
M
A
C
Y

	disposition of each dose of any such drug may be readily traced. Such records need not be separate from other medication records.			
72371	Pharmaceutical Service - Disposition of Drugs. (a) Drugs which have been dispensed for individual patient use and are labeled in conformance with State and Federal law for outpatient use shall be furnished to patients on discharge on the orders of the discharging physician			
72373	Pharmaceutical Service - Unit Dose Medication System. In facilities utilizing a unit dose medication system, there shall be at least a 24-hour supply of all patient medications on hand at all times, except those drugs which are to be discontinued within the 24-hour period. Drugs that are part of a unit dose medication system shall not exceed a 48-hour supply.			
72375 (see Federal F-428)	Pharmaceutical Service - Staff. (d) Facilities shall retain a consulting pharmacist who devotes a sufficient number of hours during a regularly scheduled visit, for the purpose of coordinating, supervising and reviewing the pharmaceutical service committee, or its equivalent, at least quarterly. The report shall include a log or record of time spent in the facility. There shall be a written agreement between the pharmacist and the facility which includes duties and responsibilities of both. (e) A pharmacist shall serve on the pharmaceutical service committee and the patient care policy committee. (f) A pharmacist shall review the drug regimen of each patient at least monthly and prepare appropriate reports.			
72377	Pharmaceutical Service - Equipment and Supplies. (a) There shall be adequate equipment and supplies necessary for the provision of pharmaceutical services within the facility (b) Emergency supplies as approved by patient care policy committee or pharmaceutical service committee shall be readily available to each nursing station			
<i>Health & Safety Code</i>				
1261.3 (H&SC)	(a) Notwithstanding any other provision of law, for a patient aged 50 years or older, a registered nurse or licensed pharmacist may administer in a skilled nursing facility, as defined in subdivision (c) of Section 1250, influenza and pneumococcal immunizations pursuant to standing orders and without patient-specific orders if all of the following criteria are met: (1) The skilled nursing facility medical director, as defined in Section 72305 of Title 22 of the California Code of Regulations , has approved the immunization standing orders			

SNF California State Standards

In Compliance
Yes No

P
H
A
R
M
A
C
Y

	<p>established by the facility.</p> <p>(2) The standing orders meet the recommendations of the Advisory Committee on Immunization Practices (ACIP) of the federal Centers for Disease Control and Prevention.</p> <p>(b) Nothing in this section amends, alters, or restricts the scope of registered nurse practice including, but not limited to, the scope of practice set forth in Article 2 (commencing with Section 2725) of Chapter 6 of Division 2 of the Business and Professions Code, the implementing regulations, and interpretative bulletins or practice advisories issued by the Board of Registered Nursing.</p>			
1261.5 (H&SC)	<p>(a) The number of oral dosage form or suppository form drugs provided by a pharmacy to a health facility licensed pursuant to subdivision (c) or (d), or both (c) and (d), of Section 1250 for storage in a secured emergency supplies container, pursuant to Section 4119 of the Business and Professions Code, shall be limited to 24. The State Department of Health Services may limit the number of doses of each drug available to not more than four doses of any separate drug dosage form in each emergency supply.</p> <p>(b) Any limitations established pursuant to subdivision (a) on the number and quantity of oral dosage or suppository form drugs provided by a pharmacy to a health facility licensed pursuant to subdivision (c), (d), or both (c) and (d), of Section 1250 for storage in a secured emergency supplies container shall not apply to an automated drug delivery system, as defined in Section 1261.6, when a pharmacist controls access to the drugs.</p>			
1261.6 (H&SC)	<p>(a)</p> <p>(1) For purposes of this section and Section 1261.5, an "automated drug delivery system" means a mechanical system that performs operations or activities, other than compounding or administration, relative to the storage, dispensing, or distribution of drugs. An automated drug delivery system shall collect, control, and maintain all transaction information to accurately track the movement of drugs into and out of the system for security, accuracy, and accountability.</p> <p>(2) For purposes of this section, "facility" means a health facility licensed pursuant to subdivision (c), (d), or (k), of Section 1250 that has an automated drug delivery system provided by a pharmacy.</p> <p>(3) For purposes of this section, "pharmacy services" means the provision of both routine and emergency drugs and biologicals</p>			

SNF California State Standards

In Compliance

Yes No

	<p>to meet the needs of the patient, as prescribed by a physician.</p> <p>(b) Transaction information shall be made readily available in a written format for review and inspection by individuals authorized by law. These records shall be maintained in the facility for a minimum of three years.</p> <p>(c) Individualized and specific access to automated drug delivery systems shall be limited to facility and contract personnel authorized by law to administer drugs.</p> <p>(d)</p> <p>(1) The facility and the pharmacy shall develop and implement written policies and procedures to ensure safety, accuracy, accountability, security, patient confidentiality, and maintenance of the quality, potency, and purity of stored drugs. Policies and procedures shall define access to the automated drug delivery system and limits to access to equipment and drugs.</p> <p>(2) All policies and procedures shall be maintained at the pharmacy operating the automated drug delivery system and the location where the automated drug delivery system is being used.</p> <p>(e) When used as an emergency pharmaceutical supplies container, drugs removed from the automated drug delivery system shall be limited to the following:</p> <p>(1) A new drug order given by a prescriber for a patient of the facility for administration prior to the next scheduled delivery from the pharmacy, or 72 hours, whichever is less. The drugs shall be retrieved only upon authorization by a pharmacist and after the pharmacist has reviewed the prescriber's order and the patient's profile for potential contraindications and adverse drug reactions.</p> <p>(2) Drugs that a prescriber has ordered for a patient on an as-needed basis, if the utilization and retrieval of those drugs are subject to ongoing review by a pharmacist.</p> <p>(3) Drugs designed by the patient care policy committee or pharmaceutical service committee of the facility as emergency drugs or acute onset drugs. These drugs may be retrieved from an automated drug delivery system pursuant to the order of a prescriber for emergency or immediate administration to a patient of the facility. Within 48 hours after retrieval under this paragraph, the case shall be reviewed by a pharmacist.</p> <p>(f) When used to provide pharmacy services pursuant to Section 4119.1 of the Business and Professions Code, the automated</p>			
--	---	--	--	--

P
H
A
R
M
A
C
Y

	<p>drug delivery system shall be subject to all of the following requirements:</p> <ol style="list-style-type: none"> (1) Drugs removed from the automated drug delivery system for administration to a patient shall be in properly labeled units of administration containers or packages. (2) A pharmacist shall review and approve all orders prior to a drug being removed from the automated drug delivery system for administration to a patient. The pharmacist shall review the prescriber's order and the patient's profile for potential contraindications and adverse drug reactions. (3) The pharmacy providing services to the facility pursuant to Section 4119.1 of the Business and Professions Code shall control access to the drugs stored in the automated drug delivery system. (4) Access to the automated drug delivery system shall be controlled and tracked using an identification or password system or biosensor. (5) The automated drug delivery system shall make a complete and accurate record of all transactions that will include all users accessing the system and all drugs added to, or removed from, the system. (6) After the pharmacist reviews the prescriber's order, access by licensed personnel to the automated drug delivery system shall be limited only to drugs ordered by the prescriber and reviewed by the pharmacist and that are specific to the patient. When the prescriber's order requires a dosage variation of the same drug, licensed personnel shall have access to the drug ordered for that scheduled time of administration. (7) <ol style="list-style-type: none"> (A) Systems that allow licensed personnel to have access to multiple drugs and are not patient specific in their design, shall be allowed under this subdivision if those systems have electronic and mechanical safeguards in place to ensure that the drugs delivered to the patient are specific to that patient. Each facility using such an automated drug system shall notify the department in writing prior to the utilization of the system. The notification submitted to the department pursuant to this paragraph shall include, but is not limited to, information regarding system design, personnel with system access, and policies and procedures covering staff training, storage, and security, and the facility's administration of these types of systems. 			
--	---	--	--	--

P
H
A
R
M
A
C
Y

SNF California State Standards

In Compliance

Yes No

	<p>(B) As part of its routine oversight of these facilities, the department shall review a facility's medication training, storage, and security, and its administration procedures related to its use of an automated drug delivery system to ensure that adequate staff training and safeguards are in place to make sure that the drugs delivered are appropriate for the patient. If the department determines that a facility is not in compliance with this section, the department may revoke its authorization to use automated drug delivery systems granted under subparagraph (A).</p> <p>(C) This paragraph shall remain in effect only until January 1, 2012, unless a later enacted statute is enacted on or before January 1, 2012, deletes or extends that date.</p> <p>(g) The stocking of an automated drug delivery system shall be performed by a pharmacist. If the automated drug delivery system utilizes removable pockets, cards, drawers, or similar technology, the stocking system may be done outside of the facility and be delivered to the facility if all of the following conditions are met:</p> <p>(1) The task of placing drugs into the removable pockets, cards, or drawers is performed by a pharmacist or by an intern pharmacist or a pharmacy technician working under the direct supervision of a pharmacist.</p> <p>(2) The removable pockets, cards, or drawers are transported between the pharmacy and the facility in a secure tamper-evident container.</p> <p>(3) The facility, in conjunction with the pharmacy, has developed policies and procedures to ensure that the pockets, cards, or drawers are properly placed into the automated drug delivery system.</p> <p>(a) Review of the drugs contained within, and the operation and maintenance of, the automated drug delivery system shall be done in accordance with law and shall be the responsibility of the pharmacy. The review shall be conducted on a monthly basis by a pharmacist and shall include a physical inspection of the drugs in the automated drug delivery system, an inspection of the automated drug delivery system machine for cleanliness, and a review of all transaction records in order to verify the security and accountability of the system.</p> <p>(b) Drugs dispensed from an automated drug delivery system that meets the requirements of this section shall not be subject to the labeling requirements of Section 4076 of the Business and Professions Code or Section 111480 of this code if the drugs to</p>			
--	---	--	--	--

P
H
A
R
M
A
C
Y

SNF California State Standards

In Compliance
Yes No

	<p>be placed into the automated drug delivery system are in unit dose packaging or unit of use and if the information required by Section 4076 of the Business and Professions Code and Section 111480 of this code is readily available at the time of drug administration. For purposes of this section, unit dose packaging includes blister pack cards.</p>			

P
H
A
R
M
A
C
Y

DIETARY				
72335 (a) 3	Dietetic Service – Food Service. Patient food preferences shall be adhered to as much as possible and substitutes for all food refused shall be from appropriate food groups. Condiments such as salt and pepper or sugar shall be available at each meal unless contraindicated by the diet.			
72335 (a) 4	Dietetic Service – Food Service. Table service shall be provided for all patients who can and wish to eat at a table. Tables of appropriate height shall be provided for patients in wheelchairs.			
72335 (a) 5	Dietetic Service – Food Service. No food ordered for the facility shall be diverted or taken from the facility. No rebates shall be received or allowed to the facility or its owners, directors, officers or employees' from any commercial food source.			
72335 (a) 6	Dietetic Service – Food Service. When food is provided by an outside resource, the facility shall ensure that all federal, state and local requirements are met. The facility shall maintain a written plan, adequate space, equipment and food supplies to provide patients' food service in emergencies.			
72335 (a) 7	Dietetic Service – Food Service. Recipes for all items that are prepared for regular and therapeutic diets shall be available and used to prepare attractive and palatable meals, in which nutritive values, flavor and appearance are conserved. Food shall be served attractively, at appropriate temperatures with appropriate eating utensils and in a form to meet individual needs.			
72335 (b)	Dietetic Service – Food Service. A current profile card shall be maintained for each patient, indicating diet order, likes, dislikes, allergies to foods, diagnosis and instructions or guidelines to be followed in the preparation and serving of food for the patient.			
72337	Dietetic Service – Diet Manual. A current therapeutic diet manual, approved by the dietitian and the patient care policy committee, shall be readily available to the attending physician, nursing and dietetic personnel. It shall be reviewed annually and revised at least every five years.			
72341(b)	Dietetic Service – Menus. All menus shall be approved by the dietitian.			
72341(f)	Dietetic Service – Menus. Menus shall be planned with consideration of cultural background and food habits of patients.			

D
I
E
T
A
R
Y

SNF California State Standards

In Compliance
Yes No

D
I
E
T
E
T
A
R
Y

72341(c)	Dietetic Service – Menus. If any meal served varies from the planned menu, the change and the reason for the change shall be noted in writing on the posted menu in the kitchen.			
72341(d)	Dietetic Service – Menus. Menus shall provide a variety of foods and indicate standard portions at each meal. Menus shall be varied for the same day of consecutive weeks duration and shall be revised quarterly.			
72341(e)	Dietetic Service – Menus. Menus shall be adjusted to include seasonal commodities			
72341(g)	Dietetic Service – Menus. A copy of the menu as served shall be kept on file for at least 30 days.			
72341(h)	Dietetic Service – Menus. Itemized records of food purchases shall be kept for one year and available for review by the Department. Food purchases invoices are acceptable provided they list amounts and types of foods purchased.			
72345(b)	Dietetic Service – Sanitation. All utensils, counters, shelves and equipment shall be kept clean, maintained in good repair and shall be free from breaks, corrosion, open seams, cracks and chipped areas.			
72345(c)	Dietetic Service – Sanitation. Plastic ware, china and glassware that cannot be sanitized or are hazardous because of chips, cracks or loss of glaze shall be discarded.			
72345(d)	Dietetic Service – Sanitation. Ice which is used in connection with food or drink shall be from a sanitary source and shall be handled and dispensed in a sanitary manner.			
72347(d)	Dietetic Services – Cleaning and Disinfection of Utensils. After disinfection, the utensils shall be allowed to drain and dry in racks or baskets on nonabsorbent surfaces. Drying cloths shall not be used.			
72347(e)	Dietetic Services – Cleaning and Disinfection of Utensils. Results obtained with dishwashing machines shall be equal to those obtained by the methods outlined above and all dishwashing machines shall meet the requirements contained in Standard No.3, as amended in April 1965, of the National Sanitation Foundation. Hot water at a minimum temperature of 83 degrees C (180 degrees F) shall be maintained at the manifold at the final rinse.			
72349(a)	Dietetic Services – Equipment and Supplies. Equipment of the type and in the amount necessary for the proper preparation, serving and storing of food and for proper dishwashing shall be provided and maintained in good working order.			

SNF California State Standards

In Compliance
Yes No

72349(b)	Dietetic Services – Equipment and Supplies. Fixed and mobile equipment in the dietetic service area shall be located to assure sanitary and safe operation and shall be of sufficient size to handle the needs of the facility.			
72349(c)	Dietetic Services – Equipment and Supplies. The dietetic service area shall be ventilated in a manner that will maintain comfortable working conditions, remove objectionable odors, fumes and prevent excessive condensation.			
72349(d)(1)	Dietetic Services – Equipment and Supplies. At least one week’s supply of staple foods and at least two days’ supply of perishable foods shall be maintained on the premises. Food supplies shall meet the requirements of the weekly menu including the therapeutic diets ordered.			
72349(d)(2)	Dietetic Services – Equipment and Supplies. All food shall be of good quality and procured from sources approved or considered satisfactory by federal, state or local authorities. Food in unlabeled, rusty, leaking, broken containers or can with side seam dents, rim dents or swells shall not be retained or used.			
72349(d)(4)	Dietetic Services – Equipment and Supplies. Milk shall be served in individual containers or from a dispensing device which has been approved for such use, by the local health department or from the original container. Milk shall be dispensed directly into the glass or other container from which the patient drinks.			
72349(d)(5)	Dietetic Services – Equipment and Supplies. Catered foods and beverages from, a source outside the licensed facility shall be prepared, packed, properly identified, stored and transported in compliance with these regulations and other applicable federal, state and local codes.			
72349(d)(6)	Dietetic Services – Equipment and Supplies. Foods held in refrigerated or other storage areas shall be covered. Liquids and food which are prepared and not served shall be tightly covered, stored appropriately, clearly labeled and dated. A written procedure shall be established and followed for the safe use of leftover foods.			
72349(d)(7)	Dietetic Services – Equipment and Supplies. Spoiled or contaminated food shall not be served.			
72351(a)	Dietetic Services – Staff. A dietitian shall be employed on a full-time, part-time or consulting basis. Part-time or consultant services shall be provided on the premises at appropriate times on a regularly scheduled basis. A written record of the frequency, nature and duration of the consultant’s visits shall be maintained.			

D
I
E
T
E
T
A
R
Y

SNF California State Standards

In Compliance
Yes No

		Yes	No	
72351(b)	Dietetic Services – Staff. If a dietitian is not employed full-time, a full-time person who is a graduate of a state approved course that provides 90 or more hours of classroom instruction in food supervision shall be employed to be responsible for the operation of the food service. The dietetic supervisor may also cook, provided sufficient time is allowed for managerial responsibilities.			
72351(d)	Dietetic Services – Staff. Current work schedules by job titles and weekly time schedules by job titles shall be posted.			
72351(e)	Dietetic Services – Staff. Dietetic service personnel shall be trained in basic food sanitation techniques, wear clean clothing, and a cap or a hair net, and shall be excluded from duty when affected by skin infection or communicable diseases. Beards and mustaches which are not closely cropped and neatly trimmed shall be covered.			
72351(f)	Dietetic Services – Staff. Employees' street clothing stored in the kitchen shall be in a closed area separate from food or items used in food services.			
72351(g)	Dietetic Services – Staff. Kitchen sinks shall not be used for hand washing. Separate hand washing facilities with soap, running water and individual towels shall be provided.			
72351(h)	Dietetic Services – Staff. Persons other than dietetic service personnel shall not be allowed in the kitchen areas unless required to do so in the performance of their duties.			
72351(i)	Dietetic Services – Staff. Smoking shall not be permitted in kitchen areas.			

D
I
E
T
E
T
A
R
Y

ADMINISTRATION				
72501(b-h)	<p>Licensee- General Duties.</p> <p>(b) The licensee, if an administrator, may act as the administrator or shall appoint an administrator, to carry out the policies of the licensee. A responsible adult who is knowledgeable in the policies and procedures of the licensee shall be appointed, in writing, to carry out the policies of the licensee in the absence of the administrator. If the administrator is to be absent for more than 30 consecutive days, the licensee shall appoint an acting administrator to carry out the day-to-day functions of the facility.</p> <p>(c) The licensee shall delegate to the designated administrator, in writing, authority to organize and carry out the day-to-day functions of the facility.</p> <p>(d) Except where provided for in approved continuing care agreements, or except when approved by the Department, no facility owner, administrator, employee or representative thereof shall act as guardian or conservator of a patient therein or of that patient's estate, unless that patient is a relative within the second degree of consanguinity.</p> <p>(e) The licensee shall employ an adequate number of qualified personnel to carry out all the functions of the facility and shall provide for initial orientation of all new employees, a continuing in-service training program and competent supervision.</p> <p>(f) If language or communication barriers exist between skilled nursing facility staff and patients, arrangements shall be made for interpreters or for the use of other mechanisms to ensure adequate communication between patients and personnel.</p> <p>(g) The Department may require the licensee to provide additional professional, administrative or supportive personnel whenever the Department determines through a written evaluation that additional personnel is needed to provide for the health and safety of patients.</p> <p>(h) The licensee shall ensure that all employees serving patients or the public shall wear name and title badges unless contraindicated.</p>			
72509(a)	<p>Advertising. No skilled nursing facility shall make or disseminate false or misleading statements or advertise by any other manner or means any false or misleading claims regarding facilities or services provided.</p>			
72509(b)	<p>Advertising. No skilled nursing facility shall use the words "Approved by the</p>			

ADMINISTRATION

SNF California State Standards

In Compliance
Yes No

	California Department of Health Services" or any other words conveying the same idea in any advertising material.			
72509(c)	Advertising. The term "rehabilitation" shall not be used unless the facility has rehabilitation services which are approved by the Department.			
72513 (e)	Administrator. The administrator shall be responsible for informing the Department, via telephone within 24 hours of any unusual occurrences as specified in Section 72541. If the unusual occurrence involves the discontinuance or disruption of services occurring during other than regular business hours of the Department or its designee, a telephone report shall be made immediately upon the resumption of business hours of the Department.			
72513(f)	Administrator. The administrator or designee shall be responsible for screening patients for admission to the facility to ensure that the facility admits only those patients for whom it can provide adequate care. The administrator, or designee, shall conduct preadmission personal interviews as appropriate with the patient's physician, the patient, the patient's next of kin or sponsor or the representative of the facility from which the patient is being transferred. A telephone interview may be substituted when a personal interview is not feasible.			
72515(b)	Admission of Patients. The licensee shall: (b) Accept and retain only those patients for whom it can provide adequate care.			
72521(c)(6)	Administrative Policies and Procedures. Each facility shall establish: Procedures for reporting of unusual occurrences.			
72525(a)(2)(D)1,2 (refer to complete code text)	Required Committees. Each facility shall have at least the following committees: patient care policy, infection control and pharmaceutical service. The committee shall meet at least annually.			
72525(c)(3)(D)(1),(3)	Required Committees. Each facility shall have at least the following committees: patient care policy, infection control and pharmaceutical service. The committee shall meet at least annually. The functions of the pharmaceutical service committee shall include, but not be limited to: Establishing, reviewing, monitoring and approving policies and procedures for safe procurement, storage, distribution and use of drugs and biologicals. Recommending measures for improvement of services and the selection of pharmaceutical reference materials			
72531	Liability for Rent and Return of Rental Advance.			

ADMINISTRATION

SNF California State Standards

In Compliance
Yes No

	<p>Whenever accommodations in a skilled nursing facility are rented by or for a patient on a month to month basis, the renter or his heir, legatee or personal representative shall not be liable for any rent due under the rental agreement for accommodations beyond the date on which the patient died.</p> <p>(c) Any advance of rent by the renter shall be returned to the heir, legatee or personal representative of the patient no later than two weeks after discharge or death of the patient.</p>			
72533	<p>Employee Personnel Records.</p> <p>(a) Each facility shall maintain current complete and accurate personnel records for all employees.</p> <p>(1) The record shall include:</p> <ul style="list-style-type: none"> (A) Full name. (B) Social Security number (C) Professional license or registration number, if applicable. (D) Employment classification. (E) Information as to past employment and qualifications. (F) Date of beginning employment. (G) Date of termination of employment. (H) Documented evidence of orientation to the facility. (I) Performance evaluations. <p>(2) Such records shall be retained for at least three years following termination of employment. Employee personnel records shall be maintained in a confidential manner, and shall be made available to authorized representatives of the Department upon request.</p> <p>(b) Records of hours and dates worked by all employees during at least the most recent 12-month period shall be kept on file at the place of employment or at a central location within the State of California. Upon request such records shall be made available, at a time and location specified by the Department.</p> <p>(c) A permanent log of the temporary health services personnel employed in the facility shall be kept for three years, and shall include the following:</p> <ul style="list-style-type: none"> (1) Employee's full name. (2) Name of temporary health services personnel agency. (3) Professional license and registration number and date of expiration. (4) Verification of health status. (5) Record of hours and dates worked. 			
72535	<p>Employees' Health Examination and Health Records.</p> <p>(a) All employees working in the facility, including the licensee, shall</p>			

ADMINISTRATION

SNF California State Standards

In Compliance
Yes No

A
D
M
I
N
I
S
T
R
A
T
I
O
N

	<p>have a health examination within 90 days prior to employment or within seven days after employment and at least annually thereafter by a person lawfully authorized to perform such a procedure. Each such examination shall include a medical history and physical evaluation. The report signed by the examiner shall indicate that the person is sufficiently free of disease to perform assigned duties and does not have any health condition that would create a hazard for himself, fellow employees, or patients or visitors.</p> <p>(b) The initial health examination and subsequent annual examination shall include a purified protein derivative intermediate strength intradermal skin test for tuberculosis. A chest X-ray is indicated if the employee has previously had a positive reaction to a tuberculosis skin test or is currently being treated for tuberculosis. Positive reaction to the skin test shall be followed by a 35.56 cm x 43.18 cm (14 " x 17 ") chest X-ray. Evidence of tuberculosis screening within 90 days prior to employment shall be considered as meeting the intent of this Section.</p> <p>(c) The facility shall maintain a health record of the administrator and for each employee which includes reports of all employment-related health examinations. Such records shall be kept for a minimum of three years following termination of employment.</p>			
72537	<p>Reporting of Communicable Diseases. All cases of reportable communicable diseases shall be reported to the local health officer in accordance with Section 2500, Article 1, Subchapter 4, Chapter 4, Title 17, California Administrative Code.</p>			
72539	<p>Reporting of Outbreaks. Any outbreak or undue prevalence of infectious or parasitic disease or infestation shall be reported to the local health officer in accordance with Section 2502, Article 1, Subchapter 4, Chapter 4, Title 17, California Administrative Code</p>			
72541	<p>Unusual Occurrences. Occurrences such as epidemic outbreaks, poisonings, fires, major accidents, death from unnatural causes or other catastrophes and unusual occurrences which threaten the welfare, safety or health of patients, personnel or visitors shall be reported by the facility within 24 hours either by telephone (and confirmed in writing) or by telegraph to the local health officer and the Department. An incident report shall be retained on file by the facility for one year. The facility shall furnish such other pertinent information related to such occurrences as the local health officer or the Department may require. Every fire or explosion which occurs in or on the premises shall be reported within</p>			

	24 hours to the local fire authority or in areas not having an organized fire service, to the State Fire Marshal.			
72551	<p>External Disaster and Mass Casualty Program.</p> <p>(a) A written external disaster and mass casualty program plan shall be adopted and followed. The plan shall be developed with the advice and assistance of county or regional and local planning offices and shall not conflict with county and community disaster plans. A copy of the plan shall be available on the premises for review by the Department</p> <p>(b) The plan shall provide procedures in event of community and widespread disasters. The written plan shall include at least the following:</p> <ol style="list-style-type: none"> (1) Sources of emergency utilities and supplies, including gas, water, food and essential medical supportive materials. (2) Procedures for assigning personnel and recalling off-duty personnel. (3) Unified medical command. A chart of lines of authority in the facility (4) Procedures for the conversion of all usable space into areas for patient observation and immediate care of emergency admissions. (5) Prompt transfer of casualties when necessary and after preliminary medical or surgical services have been rendered, to the facility most appropriate for administering definitive care. Procedures for moving patients from damaged areas of the facility to undamaged areas. (6) Arrangements for provision of transportation of patients including emergency housing where indicated. Procedures for emergency transfers of patients who can be moved to other health facilities, including arrangements for safe and efficient transportation and transfer information. (7) Procedures for emergency discharge of patients who can be discharged without jeopardy into the community, including prior arrangements for their care, arrangements for safe and efficient transportation and at least one follow-up inquiry within 24 hours to ascertain that patients are receiving required care. (8) Procedures for maintaining a record of patient relocation. (9) An evacuation plan, including evacuation routes, emergency phone numbers of physicians, health facilities, the fire department and local emergency medical services agencies and arrangements for the safe transfer of patients after evacuation. 			

ADMINISTRATION

SNF California State Standards

In Compliance

Yes No

	<p>(10)A tag containing all pertinent personal and medical information which shall accompany each patient who is moved, transferred, discharged or evacuated.</p> <p>(11)Procedures for maintaining security in order to keep relatives, visitors and curious persons out of the facility during a disaster.</p> <p>(12)Procedures for providing emergency care to incoming patients from other health facilities.</p> <p>(13)Assignment of public relations liaison duties to a responsible individual employed by the facility to release information to the public during a disaster.</p> <p>(c) The plan shall be reviewed at least annually and revised as necessary to ensure that the plan is current. All personnel shall be instructed in the requirements of the plan. There shall be evidence in the personnel files, or the orientation checklist, indicating that all new employees have been oriented to the plan and procedures at the beginning of their employment.</p> <p>(d) The facility shall participate in all local and state disaster drills and test exercises when asked to do so by the local or state disaster or emergency medical services agencies.</p> <p>(e) A disaster drill shall be held by the facility at six-month intervals. There shall be a written report of the facility's participation in each drill or test exercise. Staff from all shifts shall participate in drills or test exercises.</p>			
72553	<p>Fire and Internal Disasters.</p> <p>(a) A written fire and internal disaster plan incorporating evacuation procedures shall be developed with the assistance of qualified fire, safety and other appropriate experts. A copy of the plan shall be available on the premises for review by the staff and the Department</p> <p>(b) The written plan shall include at least the following:</p> <ol style="list-style-type: none"> (1) Procedures for the assignment of personnel to specific tasks and responsibilities. (2) Procedures for the use of alarm systems and signals. (3) Procedures for fire containment. . (4) Priority for notification of staff including names and telephone numbers. (5) Location of fire-fighting equipment. (6) Procedures for evacuation and specification of evacuation routes. (7) Procedures for moving patients from damaged areas of the facility to undamaged areas. 			

A
D
M
I
N
I
S
T
R
A
T
I
O
N

SNF California State Standards

In Compliance
Yes No

A
D
M
I
N
I
S
T
R
A
T
I
O
N

	<p>(8) Procedures for emergency transfer of patients who can be moved to other health facilities, including arrangements for safe and efficient transportation.</p> <p>(9) Procedures for emergency discharge of patients who can be discharged without jeopardy into the community, including prior arrangements for their care, arrangements for safe and efficient transportation and at least one follow-up inquiry within 24 hours to ascertain that patients are receiving their required care.</p> <p>(10) A disaster tag containing all pertinent personal and medical information to accompany each patient who is moved, transferred, discharged or evacuated.</p> <p>(11) Procedures for maintaining a record of patient relocation.</p> <p>(12) Procedures for handling incoming or relocated patients.</p> <p>(13) Other provisions as dictated by circumstances.</p> <p>(c) Fire and internal disaster drills shall be held at least quarterly, under varied conditions for each individual shift of the facility personnel. The actual evacuation of patients to safe areas during a drill is optional.</p> <p>(d) The evacuation plan shall be posted throughout the facility and shall include at least the following:</p> <ol style="list-style-type: none"> (1) Evacuation routes (2) Location of fire alarm boxes (3) Location of fire extinguishers. (4) Emergency telephone number of the local fire department. <p>(e) A dated, written report and evaluation of each drill and rehearsal shall be maintained and shall include signatures of all employees who participated.</p>			
72557	<p>Equipment and Supplies. Equipment and supplies in each facility shall be of the quality and in the quantity necessary for care of patients as ordered or indicated</p>			
<i>Health & Safety Code</i>				
1261 (H&SC)	<p>(a) A health facility shall allow a patient's domestic partner, the children of the patient's domestic partner, and the domestic partner of the patient's parent or child to visit, unless one of the following is met:</p> <ol style="list-style-type: none"> (1) No visitors are allowed. (2) The facility reasonably determines that the presence of a particular visitor would endanger the health or safety of a patient, member of the health facility staff, or other visitor to the health facility, or would significantly disrupt the operations of a facility. 			

SNF California State Standards

In Compliance
Yes No

	<p>(3) The patient has indicated to health facility staff that the patient does not want this person to visit.</p> <p>(b) This section may not be construed to prohibit a health facility from otherwise establishing reasonable restrictions upon visitation, including restrictions upon the hours of visitation and number of visitors.</p> <p>(c) For purposes of this section, "domestic partner" has the same meaning as that term is used in Section 297 of the Family Code.</p>			
<p>1262.7 (H&SC)</p>	<p>(a) A skilled nursing facility, as defined in subdivision (c) of Section 1250, shall admit a patient only upon a physician's order and only if the facility is able to provide necessary care for the patient.</p> <p>(b) The administrator or designee of a skilled nursing facility shall be responsible for screening patients for admission to the facility to ensure that the facility admits only those patients for whom it can provide necessary care. The administrator, or his or her designee, shall conduct preadmission personal interviews as appropriate with the patient's physician, the patient, the patient's next of kin or sponsor, or the representative of the facility from which the patient is being transferred. A telephone interview may be conducted when a personal interview is not feasible.</p>			
<p>1289.3 – 1289.5 (H&SC)</p>	<p>(a) A long-term health care facility, as defined in Section 1418, which fails to make reasonable efforts to safeguard patient property shall reimburse a patient for or replace stolen or lost patient property at its then current value. The facility shall be presumed to have made reasonable efforts to safeguard patient property if the facility has shown clear and convincing evidence of its efforts to meet each of the requirements specified in Section 1289.4. 1289.4. A theft and loss program shall be implemented by the long-term health care facilities within 90 days after January 1, 1988. 1289.5. No provision of a contract of admission, which includes all documents which a resident or his or her representative is required to sign at the time of, or as a condition of, admission to a long-term health care facility, shall require or imply a lesser standard of responsibility for the personal property of residents than is required by law.</p>			
<p>1318 (H&SC)</p>	<p>(a) The director shall require as a condition precedent to the issuance, or renewal, of any license for a health facility, if the licensee handles or will handle any money of patients within the health facility, that the applicant for the license or the renewal of the license file or have on file with the state department a bond executed by an admitted surety insurer in a sum to be fixed by the state department based upon the magnitude of the operations of</p>			

ADMINISTRATION

SNF California State Standards

In Compliance

Yes No

	<p>the applicant, but which sum shall not be less than one thousand dollars (\$1,000), running to the State of California and conditioned upon the licensee's faithful and honest handling of the money of patients within the health facility.</p> <p>(b) Every person injured as a result of any improper or unlawful handling of the money of a patient of a health facility may bring an action in a proper court on the bond required to be posted by the licensee pursuant to this section for the amount of damage the person suffered as a result thereof to the extent covered by the bond.</p> <p>(c) The failure of any licensee under this section to maintain on file with the state department a bond in the amount prescribed by the director or who embezzles any patient's trust funds shall constitute cause for the revocation of the license.</p> <p>(d) The provisions of this section shall not apply if the licensee handles less than twenty-five dollars (\$25) per patient and less than five hundred dollars (\$500) for all patients in any month.</p> <p>(e) The director may exempt licensed health facilities of the types specified in subdivisions (a), (b), (c), and (f) of Section 1250 from the requirements of this section. However, the exemption from the bond purchase requirements of this section shall not affect the financial liability of such health facilities.</p>			
1319 (H&SC)	<p>The rules of a health facility may include provisions that require every member of the medical staff to have professional liability insurance as a condition to being on the medical staff of the health facility.</p>			
1336.3 (H&SC)	<p>(a) In the event of an emergency, such as earthquake, fire, or flood which threatens the safety or welfare of patients in a facility, the facility shall do all of the following:</p> <ol style="list-style-type: none"> (1) Notify, as soon as possible, family members, patients' guardians, the state department, and the ombudsperson for that facility of the emergency and the steps that the facility plans to take for the patient's welfare. (2) Provide the services set forth in subdivision (a) of Section 1336.2 if further relocation of the patient is necessary. (3) Undertake prompt medical assessment of, and provide counseling as needed to, patients whose further relocation is not necessary but who have suffered or may suffer adverse health consequences due to the emergency or sudden transfer. <p>(b) Each facility shall adopt a written emergency preparedness plan and shall make that plan available to the state department upon request. The plan shall comply with the requirements in this</p>			

ADMINISTRATION

SNF California State Standards

In Compliance
Yes No

	<p>section and the state department's Contingency Plan for Licensed Facilities. The facility, as part of its emergency preparedness planning, shall seek to enter into reciprocal or other agreements with nearby facilities and hospitals to provide temporary care for patients in the event of an emergency. The facility shall report to the state department the name of any facility or hospital which fails or refuses to enter into such agreements and the stated reason for that failure or refusal.</p>			
<p>1417 (H&SC)</p>	<p>1417. This chapter shall be known and may be cited as the Long-Term Care, Health, Safety, and Security Act of 1973. 1417.1. It is the intent of the Legislature in enacting this chapter to establish</p> <ol style="list-style-type: none"> (1) a citation system for the imposition of prompt and effective civil sanctions against long-term health care facilities in violation of the laws and regulations of this state, and the federal laws and regulations as applicable to nursing facilities as defined in subdivision (k) of Section 1250, relating to patient care; (2) an inspection and reporting system to ensure that long-term health care facilities are in compliance with state statutes and regulations pertaining to patient care; and (3) a provisional licensing mechanism to ensure that full-term licenses are issued only to those long-term health care facilities that meet state standards relating to patient care. <p>1417.15. (a)</p> <ol style="list-style-type: none"> (1) If one or more of the following remedies is actually imposed for violation of state or federal requirements, the long-term health care facility shall post a notice of the imposed remedy or remedies, in the form specified in subdivision (c), on all doors providing ingress to or egress from the facility, except as specified in paragraph (2): <ol style="list-style-type: none"> (A) License suspension. (B) Termination of certification for Medicare or Medi-Cal. (C) Denial of payment by Medicare or Medi-Cal for all otherwise eligible residents. (D) Denial of payment by Medicare or Medi-Cal for otherwise eligible incoming residents. (E) Ban on admission of any type. (2) For purposes of this subdivision, a distinct part nursing facility shall only be required to post the notice on all main doors 			

ADMINISTRATION

SNF California State Standards

In Compliance

Yes No

	<p>providing ingress to or egress from the distinct part, and not on all of the doors providing ingress to or egress from the facility. An intermediate care facility/developmentally disabled habilitative and an intermediate care facility/developmentally disabled-nursing shall post this notice on the inside of all doors providing ingress to or egress from the facility.</p> <p>(b) A violation of the requirement of subdivision (a) shall be issued and enforced in the manner of a class "B" violation.</p> <p>(c) The form of the notice established pursuant to subdivision (a) shall be entitled "Notice of Violation Remedies." Each notice shall list the remedy or remedies imposed, as set forth in subdivision (a), and shall include the date the remedy was imposed. The notice shall be typeset on white bond paper, 8 1/2 x 11 inches in size, in boldface black type in a 16-point sans serif type font. A facility may remove the notice on or after the date on which the sanction is lifted.</p> <p>1417.2.</p> <p>(a) Notwithstanding Section 1428, moneys collected as a result of civil penalties imposed under this chapter shall be deposited into an account which is hereby established in the Special Deposit Fund under the provisions of Section 16370 of the Government Code. This account is titled the Health Facilities Citation Penalties Account and shall, upon appropriation by the Legislature, be used for the protection of health or property of residents of long-term health care facilities, including, but not limited to, the following:</p> <ol style="list-style-type: none"> (1) Relocation expenses incurred by the state department, in the event of a facility closure. (2) Maintenance of facility operation pending correction of deficiencies or closure, such as temporary management or receivership, in the event that the revenues of the facility are insufficient. (3) Reimbursing residents for personal funds lost. In the event that the loss is a result of the actions of a long-term health care facility or its employees, the revenues of the facility shall first be used. (4) The costs associated with informational meetings required under Section 1327.2. <p>(b) Notwithstanding subdivision (a), the balance in the Health Facilities Citation Penalties Account shall not, at any time, exceed ten million dollars (\$10,000,000).</p> <p>1417.3.</p> <p>The department shall promote quality of care and quality of life for</p>			
--	---	--	--	--

A
D
M
I
N
I
S
T
R
A
T
I
O
N

SNF California State Standards

In Compliance
Yes No

	<p>residents, clients, and patients in long-term health care facility services through specific activities that include, but are not limited to, all of the following:</p> <ul style="list-style-type: none"> (a) Research and evaluation of innovative facility resident care models. (b) <ul style="list-style-type: none"> (1) Provision of statewide training on effective facility practices. (2) Training also shall include topics related to the provision of quality of care and quality of life for facility residents. The topics for training shall be identified by the department through a periodic survey. The curriculum for the training provided under this paragraph shall be developed in consultation with representatives from provider associations, consumer associations, and others, as deemed appropriate by the state department. (c) The establishment of separate units to respond to facility requests for technical assistance regarding licensing and certification requirements, compliance with federal and state standards, and related operational issues. (d) State employees providing technical assistance to facilities pursuant to this section are only required to report violations they discover during the provision of the assistance to the appropriate district office if the violations constitute an immediate and serious threat to the health and welfare of, or have resulted in actual harm to, patients, residents, or clients of the facility. (e) The state department shall measure facility satisfaction and the effectiveness of the technical assistance provided pursuant to subdivision (c). (f) No person employed in the technical assistance or training units under subdivisions (b) and (c) shall also participate in the licensing, surveying, or direct regulation of facilities. (g) This section shall not diminish the department's ongoing survey and enforcement process. <p>1417.4.</p> <ul style="list-style-type: none"> (a) There is hereby established in the state department the Quality Awards Program for nursing homes. (b) The department shall establish criteria under the program, after consultation with stakeholder groups, for recognizing all skilled nursing facilities that provide exemplary care to residents. (c) <ul style="list-style-type: none"> (1) Monetary awards shall be made to Quality Awards Program recipients that serve high proportions of Medi-Cal residents to 			
--	--	--	--	--

ADMINISTRATION

SNF California State Standards

In Compliance
Yes No

A
D
M
I
N
I
S
T
R
A
T
I
O
N

	<p>the extent funds are appropriated each year in the annual Budget Act.</p> <p>(2) Monetary awards presented under this section and paid for by funds appropriated from the General Fund shall be used for staff bonuses and distributed in accordance with criteria established by the department.</p> <p>(3) Monetary awards presented under this section and paid for from funds from the Federal Citation Penalty Account shall be used to fund innovative facility grants to improve the quality of care and quality of life for residents in skilled nursing facilities, or to fund innovative efforts to increase employee recruitment, or retention, or both, subject to federal approval.</p> <p>(d) The department shall establish criteria for selecting facilities to receive the quality awards, in consultation with senior advocacy organizations, employee labor organizations representing facility employees, nursing home industry representatives, and other interested parties as deemed appropriate by the department. The criteria established pursuant to this subdivision shall not be considered regulations within the meaning of Section 11342 of the Government Code, and shall not be subject to adoption as regulations pursuant to Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code.</p> <p>(e) The department shall publish an annual listing of the Quality Awards Program recipients with the dollar amount awarded, if applicable. The department shall also publish an annual listing of the Quality Awards Program recipients that receive innovative facility grants with the purpose of the grant and the grant amount.</p> <p>(f) All of the funds available for the programs described in this section shall be disbursed to qualified facilities by January 1, 2002, and January 1 of each year thereafter.</p>			
1418.6 (H&SC)	No long-term health care facility shall accept or retain any patient for whom it cannot provide adequate care.			
1418.7 (H&SC)	(a) Long-term health care facilities, as defined in Section 1418 , shall develop and implement policies and procedures designed to reduce theft and loss.			
1418.91 (H&SC)	(a) A long-term health care facility shall report all incidents of alleged abuse or suspected abuse of a resident of the facility to the department immediately, or within 24 hours.			
1421.1 (H&SC)	(a) Within 24 hours of the occurrence of any of the events specified in subdivision (b), the licensee of a skilled nursing facility shall notify the department of the occurrence. This notification may be in written form if it is provided by telephone facsimile or overnight			

SNF California State Standards

In Compliance
Yes No

	mail, or by telephone with a written confirmation within five calendar days.			
1599.75 (H&SC)	<p>(a) When referring to a resident's obligation to observe facility rules, the contract of admission shall indicate that the rules must be reasonable, and that there is a facility procedure for suggesting changes in the rules.</p> <p>(b) The contract of admission shall specify that a copy of the facility grievance procedure, for resolution of resident complaints about facility practices, is available.</p> <p>(c) The agreement shall also inform residents of their right to contact the State Department of Health Services or the long-term care ombudsman, or both, regarding grievances against the facility.</p>			
<i>Welfare & Institutions Code</i>				
14006.3 (W&I)	The department, at the time of application or the assessment pursuant to Section 14006.6, and any nursing facility enrolled as a provider in the Medi-Cal program, prior to admitting any person, shall provide a clear and simple statement, in writing, in a form and language specified by the department, to that person, and that person's spouse, legal representative, or agent, if any, that explains the resource and income requirements of the Medi-Cal program including, but not limited to, certain exempt resources, certain protections against spousal impoverishment, and certain circumstances under which an interest in a home may be transferred without affecting Medi-Cal eligibility.			
14006.4 (W&I)	(a) The statement required by Sections 14006.2 and 14006.3 shall be in the following form: "NOTICE REGARDING STANDARDS FOR MEDI-CAL ELIGIBILITY If you or your spouse is in or is entering a nursing facility, read this important message! You or your spouse do not have to use all your resources, such as savings, before Medi-Cal might help pay for all or some of the costs of a nursing facility. You should be aware of the following to take advantage of these provisions of the law: UNMARRIED RESIDENT An unmarried resident is financially eligible for Medi-Cal benefits if he or she has less than (insert amount of individual's resource allowance) in available resources. A home is an exempt resource and is not considered against the resource limit, as long as the resident states on the Medi-Cal application that he or she intends to return home. Clothes, household furnishings, irrevocable burial plans, burial plots, and an automobile are examples of other exempt resources. If an unmarried resident is financially eligible for Medi-Cal reimbursement, he or she is allowed to keep from his			

ADMINISTRATION

SNF California State Standards

In Compliance
Yes No

	<p>or her monthly income a personal allowance of (insert amount of personal needs allowance) plus the amount of health insurance premiums paid monthly. The remainder of the monthly income is paid to the nursing facility as a monthly deductible called the "Medi-Cal share of cost." MARRIED RESIDENT If one spouse lives in a nursing facility, and the other spouse does not live in a nursing facility, the Medi-Cal program will pay some or all of the nursing facility costs as long as the couple together does not have more than (insert amount of Community Spouse Resource Allowance plus individual's resource allowance) in available assets. The couple's home will not be counted against this (insert amount of Community Spouse Resource Allowance plus individual's resource allowance), as long as one spouse or a dependent relative, or both, lives in the home, or the spouse in the nursing facility states on the Medi-Cal application that he or she intends to return to the couple's home to live. If a spouse is eligible for Medi-Cal payment of nursing facility costs, the spouse living at home is allowed to keep a monthly income of at least his or her individual monthly income or (insert amount of Minimum Monthly Maintenance Needs Allowance), whichever is greater. Of the couple's remaining monthly income, the spouse in the nursing facility is allowed to keep a personal allowance of (insert amount of personal needs allowance) plus the amount of health insurance premiums paid monthly. The remaining money, if any, generally must be paid to the nursing facility as the Medi-Cal share of cost. The Medi-Cal program will pay remaining nursing facility costs. Under certain circumstances, an at-home spouse can obtain an order from an administrative law judge that will allow the at-home spouse to retain additional resources or income. Such an order can allow the couple to retain more than (insert amount of Community Spouse Resource Allowance plus individual's resource allowance) in available resources, if the income that could be generated by the retained resources would not cause the total monthly income available to the at-home spouse to exceed (insert amount of Monthly Maintenance Needs Allowance). Such an order also can allow the at-home spouse to retain more than (insert amount of Monthly Maintenance Needs Allowance) in monthly income, if the extra income is necessary "due to exceptional circumstances resulting in significant financial duress." An at-home spouse also may obtain a court order to increase the amount of income and resources that he or she is allowed to retain, or to transfer property from the spouse in the nursing facility</p>			
--	---	--	--	--

A
D
M
I
N
I
S
T
R
A
T
I
O
N

SNF California State Standards

In Compliance
Yes No

	<p>to the at-home spouse. You should contact a knowledgeable attorney for further information regarding court orders. The paragraphs above do not apply if both spouses live in a nursing facility and neither previously has been granted Medi-Cal eligibility. In this situation, the spouses may be able to hasten Medi-Cal eligibility by entering into an agreement that divides their community property. The advice of a knowledgeable attorney should be obtained prior to the signing of this type of agreement.</p> <p>(c) Any nursing facility that willfully fails to comply with this section shall be subject to a class "B" citation, as defined by Section 1424 of the Health and Safety Code.</p>			
<p>14019.3 (W&I)</p>	<p>(a) A beneficiary or any person on behalf of a beneficiary who has paid for medically necessary health care services, otherwise covered by the Medi-Cal program, received by the beneficiary shall be entitled to a return from a provider or directly from the department of any part of the payment</p>			
<p>14019.5 (W&I)</p>	<p>Nothing in this chapter shall be construed as imposing any control over the management of any medical or health care facility, except that each such facility shall be required to comply with reasonable standards for certification to participate in the program provided by this chapter.</p>			
<p>14019.7 (W&I)</p>	<p>(a) Notwithstanding Section 14019.4 and if permitted by federal law, a relative of a skilled nursing facility resident who is a beneficiary under this chapter may pay an additional amount to the facility to enable the resident to obtain requested noncovered services, such as a private room, telephone, or television, or for bed hold days that exceed a period paid for under the state plan.</p> <p>(b) The additional charge for requested noncovered services shall not exceed the amount charged to private pay residents. The additional charge for bed hold days shall not exceed the rate paid for by the Medi-Cal program for a covered bed hold day. The additional charge for a private room shall not exceed the difference between the private pay rate for a semiprivate room and a private room.</p> <p>(c) Prior to accepting supplemental payment for holding a bed for a resident in a facility, a facility shall disclose to the relative the resident's right under federal law to be readmitted without charge upon the first availability of a bed in a semiprivate room in that facility, other state and federal laws regarding bed hold rights, the average number of bed vacancies at that facility for the past month, and the current number of bed vacancies. Written information regarding bed vacancies shall be provided to the</p>			

ADMINISTRATION

SNF California State Standards

In Compliance
Yes No

	relative at the first available opportunity. (d) The ability of a resident's relative to pay an additional amount for non covered services shall not be a condition of admission.			
14022.3 (W&I)	Long-term health care facilities shall reveal to applicants for admission, or their designated representatives, orally and in writing and prior to admission, whether the facility participates in the Medi-Cal program, and the circumstances under which the law permits a Medi-Cal recipient to be transferred involuntarily.			
14022.4 (W&I)	(b) Any nursing facility or any category of intermediate care facility for the developmentally disabled currently certified to participate in the Medi-Cal program may not voluntarily withdraw from the program unless all of the following conditions are met: (1) The facility shall file with the department a notice of intent to withdraw from the Medi-Cal program. (2) Except for patients to be transferred or discharged only for medical reasons, or for patients' welfare or that of other patients, or for nonpayment for his or her stay, the facility shall not subsequently evict any Medi-Cal recipient or private pay patient residing in the facility at the time the notice of intent to withdraw from the Medi-Cal program is filed. (3) Patients admitted to the facility on or after the date of the notice of intent to withdraw from the Medi-Cal program shall be advised orally and in writing of both the following: (A) That the facility intends to withdraw from the Medi-Cal program. (B) That notwithstanding Section 14124.7, the facility is not required to keep a new resident who converts from private pay to Medi-Cal.			
14110.8 (W&I)	(c) No facility may require or solicit, as a condition of admission into the facility, that a Medi-Cal beneficiary have a responsible party sign or cosign the admissions agreement. No facility may accept or receive, as a condition of admission into the facility, the signature or co signature of a responsible party for a Medi-Cal beneficiary.			
14124.7 (W&I)	(a) No long-term health care facility participating as a provider under the Medi-Cal program shall seek to evict out of the facility or, effective January 1, 2002, transfer within the facility, any resident as a result of the resident changing his or her manner of purchasing the services from private payment or Medicare to Medi-Cal, except that a facility may transfer a resident from a private room to a semiprivate room if the resident changes to Medi-Cal payment status. This section also applies to residents			

A
D
M
I
N
I
S
T
R
A
T
I
O
N

SNF California State Standards

In Compliance
Yes No

		Yes	No	
	who have made a timely and good faith application for Medi-Cal benefits and for whom an eligibility determination has not yet been made.			
14124.10 (W&I)	No licensed long-term health care facility participating as a provider under the Medi-Cal program shall discriminate against a Medi-Cal patient on the basis of the source of payment for the facility's services that are required to be provided to individuals entitled to services under the Medi-Cal program. Nothing in this section shall be construed to prohibit a facility from charging private-pay patients for services required to be provided to Medi-Cal patients or which are in addition to those required under the Medi-Cal program. This section applies to licensed long-term health care facilities, to the extent not prohibited by federal law.			
15630 (W&I)	<p>(a) Any person who has assumed full or intermittent responsibility for the care or custody of an elder or dependent adult, whether or not he or she receives compensation, including administrators, supervisors, and any licensed staff of a public or private facility that provides care or services for elder or dependent adults, or any elder or dependent adult care custodian, health practitioner, clergy member, or employee of a county adult protective services agency or a local law enforcement agency, is a mandated reporter.</p> <p>(b)</p> <p>(1) Any mandated reporter who, in his or her professional capacity, or within the scope of his or her employment, has observed or has knowledge of an incident that reasonably appears to be physical abuse, as defined in Section 15610.63 of the Welfare and Institutions Code, abandonment, abduction, isolation, financial abuse, or neglect, or is told by an elder or dependent adult that he or she has experienced behavior, including an act or omission, constituting physical abuse, as defined in Section 15610.63 of the Welfare and Institutions Code, abandonment, abduction, isolation, financial abuse, or neglect, or reasonably suspects that abuse, shall report the known or suspected instance of abuse by telephone immediately or as soon as practicably possible, and by written report sent within two working days, as follows:</p> <p>(A) If the abuse has occurred in a long-term care facility, except a state mental health hospital or a state developmental center, the report shall be made to the local ombudsperson or the local law enforcement agency.</p>			
15631 (W&I)	(a) Any person who is not a mandated reporter under Section 15630, who knows, or reasonably suspects, that an elder or a dependent			

ADMINISTRATION

SNF California State Standards

In Compliance
Yes No

	<p>adult has been the victim of abuse may report that abuse to a long-term care ombudsman program or local law enforcement agency when the abuse is alleged to have occurred in a long-term care facility.</p> <p>(b) Any person who is not a mandated reporter under Section 15630, who knows, or reasonably suspects, that an elder or a dependent adult has been the victim of abuse in any place other than a long-term care facility may report the abuse to the county adult protective services agency or local law enforcement agency.</p>			

ADMINISTRATION

OTHER APPROVED SERVICES (OPTIONAL SERVICES)				
Physical Therapy Service Unit				
72409	Physical Therapy Service Unit- Equipment. Equipment shall be sufficient to provide the physical therapy services offered			
72411	Physical Therapy Service Unit- Space. (a) Adequate space shall be maintained for the necessary equipment needed to provide physical therapy service. (b) A sink shall be provided in the treatment area and shall have controls other than hand controls. (c) The toilet facilities shall be located nearby and equipped with grab bars on both sides of the commode and the space shall be of sufficient size to allow for patient transfer activities.			
Occupational Therapy Service Unit				
72419	Occupational Therapy Service Unit- Equipment. Necessary equipment shall be available to provide the occupational therapy services offered			
72421	Occupational Therapy Service Unit- Space. (a) Space shall be provided for the necessary equipment needed to provide occupational therapy. The minimum floor area shall be 28 square meters (300 square feet), no dimension of which shall be less than 3.7 meters (12 feet). (b) A sink shall be provided in the treatment area and shall have controls not requiring the use of hands. (c) The toilet facilities shall be located nearby and equipped with grab bars on both sides of the commode, and the space shall be of sufficient size to allow for patient transfer activities.			
Speech Pathology and/or Audiology Service Unit				
72423(a)	Speech Pathology and/or Audiology Service Unit- Services. "Speech pathology and/or audiology services" means those services referred or ordered by a physician which provide diagnostic screening and preventive and corrective therapy for persons with speech, hearing and/or language disorders.			
72423(b)	Speech Pathology and/or Audiology Service Unit- Services. (b) Speech pathology and/or audiology service shall include but not be limited to the following: (1) Conducting and preparing written initial and continuing assessment of a patient. (2) Notes written and entered in the patient's health record after each treatment. The notes shall indicate the treatment performed, the reaction of the patient to the treatment, and be			

O
P
T
I
O
N
A
L

S
E
R
V
I
C
E
S

SNF California State Standards

In Compliance
Yes No

	signed by the speech pathologist or audiologist. (3) Instruction of other health team personnel and family members in methods of assisting the patient to improve or correct a speech or hearing disorder.			
72423(c)	Speech Pathology and/or Audiology Service Unit- Services. (c) A speech pathology and/or audiology service unit shall meet the following requirements: (1) Patient health records shall contain a patient's history and signed orders for treatment. (2) Progress notes shall be written at least weekly and entered in the patient health record and shall be signed by the speech pathologist and/or audiologist.			
72427	Speech Pathology and/or Audiology Service Unit- Staff. (a) Each speech pathology service unit shall employ a speech pathologist for a sufficient number of hours to meet the needs of the patients and requirements of Section 72469. (b) Each audiology service unit shall employ an audiologist for a sufficient number of hours to meet the needs of the patients and requirements of Section 72469.			
72429	Speech Pathology and/or Audiology Service Unit- Equipment. Necessary equipment shall be available to provide the speech pathology and/or audiology services offered.			
72431	Speech Pathology and/or Audiology Service Unit- Space. Space free of ambient noise shall be provided by the facility to produce valid test results.			
Social Work Service Unit				
72433	Social Work Service Unit- Services. Social work services unit shall include but not be limited to the following: (1) Interview and written assessment of each patient within five days after admission to the service. (2) Development of a plan, including goals and treatment, for social work services for each patient who needs such services, with participation of the patient, the family, the patient's physician, the director of nursing services and other appropriate staff. (3) Weekly progress reports in the patient's health record written and signed by the social worker, social work assistant or social work aide. (4) Participation in regular staff conferences with the attending physician, the director of nursing service and other appropriate personnel. (5) Discharge planning for each patient and implementation of the			

O
P
T
I
O
N
A
L

S
E
R
V
I
C
E
S

SNF California State Standards

In Compliance
Yes No

	plan. (6) Orientation and in-service education of other staff members on all shifts shall be conducted at least monthly by the social worker in charge of the social work service.			
72439	Social Work Service Unit- Equipment and Supplies. Office equipment and supplies necessary for the social work service unit shall be available.			
72441	Social Work Service Unit- Space. Accessible space shall be provided for privacy in interviewing, telephoning, conferences, and for operation of the unit.			
72445(a)	Social Work Service Unit- Services. The program objective shall be to provide a program aimed at improving the adaptive functioning of chronic mentally disordered patients to enable some patients to move into a less restrictive environment and prevent other patients from regressing to a lower level of functioning.			
72445(c)	Social Work Service Unit- Services. In order to qualify for special treatment program services approval, the facility shall have, initially, a minimum of 30 patients whose need for special treatment program services is reviewed and approved by the local mental health director or designee.			
72445(d)(3)	Social Work Service Unit- Services. The facility program plan shall include provisions for accomplishing a minimum average of 27 hours per week of direct group or individual program service for each patient.			
Special Treatment Program Service Unit				
1276.9 (H&SC)	(a) A special treatment program service unit distinct part shall have a minimum 2.3 nursing hours per patient per day. (b) For purposes of this section, "special treatment program service unit distinct part" means an identifiable and physically separate unit of a skilled nursing facility or an entire skilled nursing facility that provides therapeutic programs to an identified mentally disordered population group. (c) For purposes of this section, "nursing hours" means the number of hours of work performed per patient day by aides, nursing assistants, or orderlies, plus two times the number of hours worked per patient day by registered nurses and licensed vocational nurses (except directors of nursing in facilities of 60 or larger capacity), and, in the distinct part of facilities and freestanding facilities providing care for the developmentally disabled or mentally disordered, by licensed psychiatric technicians who perform direct nursing services for patients in			

O
P
T
I
O
N
A
L

S
E
R
V
I
C
E
S

SNF California State Standards

In Compliance
Yes No

	<p>skilled nursing and intermediate care facilities, except when the skilled nursing and intermediate care facility is licensed as a part of a state hospital</p> <p>(d) A special treatment program service unit distinct part shall also have an overall average weekly staffing level of 3.2 hours per patient per day, calculated without regard to the doubling of nursing hours, as described in paragraph (1) of subdivision (b) of Section 1276.5, for the special treatment program service unit distinct part.</p> <p>(e) The calculation of the overall staffing levels in these facilities for the special treatment program service unit distinct part shall include staff from all of the following categories:</p> <ol style="list-style-type: none"> (1) Certified nurse assistants. (2) Licensed vocational nurses. (3) Registered nurses. (4) Licensed psychiatric technicians. (5) Psychiatrists. (6) Psychologists. (7) Social workers. (8) Program staff who provide rehabilitation, counseling, or other therapeutic services. 			
72447(a)	<p>Special Treatment Program Service Unit- Services. A special treatment program service distinct part means an identifiable and physically separate unit of a skilled nursing facility or an entire skilled nursing facility which provides therapeutic programs to an identified mentally disordered population group. The distinct part shall be indicated on the facility license.</p>			
72447(b)	<p>Special Treatment Program Service Unit- Services. A special treatment program means a therapeutic program of services designed, staffed and implemented by the special treatment program service for the purpose of meeting the special needs of an identified population group.</p>			
72449(a)	<p>Special Treatment Program Service Unit- Program Approval. Annually the facility shall submit to the Department of Mental Health a written description of its Special Treatment Program which shall meet all of the requirements of Section 72461. The facility shall also specify any alternate requirements needed to implement a special program, and shall submit other documents requested by the Department of Mental Health.</p>			
72449(b)	<p>Special Treatment Program Service Unit- Program Approval. The facility shall comply with all requirements of its approved Special Treatment Program and also any approved, specific, alternate</p>			

O
P
T
I
O
N
A
L

S
E
R
V
I
C
E
S

SNF California State Standards

In Compliance
Yes No

	requirement which shall govern the operation of the program notwithstanding the provisions of any other regulation contained in this chapter.			
72451(a-f)	<p>Special Treatment Program Service Unit- Program Requirements.</p> <p>(a) The facility shall specify each population group that it plans to serve.</p> <p>(b) Each patient admitted shall have an initial evaluation and assessment by facility staff of his medical, nursing dietetic, social and physical needs within 15 days of admission unless an evaluation has been done by the referring agency within 30 days prior to admission to the facility.</p> <p>(c) Each patient admitted shall have a psychological evaluation and assessment by the appropriate discipline within 45 days of admission.</p> <p>(d) Consultative sources shall be used in the planning and organization of appropriate programs for the mentally disordered, incorporating discharge planning services intended to enable the patient to function and gain independence.</p> <p>(e) Skills training programs shall be provided but not limited to techniques of behavior modification training in self-skills, sensory training or the modalities of reality orientation and remotivation therapy, as applicable to patients' needs or as described in the treatment plan.</p> <p>(f) Orientation and in-service training of staff members by a qualified person to assist them in the recognition and understanding of the emotional problems and social needs of patients and the means of taking appropriate action. Available community resources and services should be included in the orientation.</p>			
72453(a)	<p>Special Treatment Program Service Unit- Rights of Patients.</p> <p>Each patient admitted to a special treatment program in a skilled nursing facility shall have the following rights, a list of which shall be prominently posted in English and Spanish in all facilities providing such services.</p>			
72453(b)	<p>Special Treatment Program Service Unit- Program Approval.</p> <p>The attending physician may, for good cause, deny or limit a patient his or her rights, except the right to refuse lobotomy or shock treatment. Any denial or limitation of a patient's rights shall be entered in the patient's health record.</p>			
72453(c)	<p>Special Treatment Program Service Unit- Program Approval.</p> <p>Information pertaining to denial of rights contained in the patient's health record shall be made available on request to the Department and to the individuals authorized by law</p>			

O
P
T
I
O
N
A
L

S
E
R
V
I
C
E
S

72459	<p>Special Treatment Program Service Unit -Acceptable Forms of Restraints.</p> <p>(a) Mechanical or behavior restraints are defined as any apparatus that interferes with the free movement of a patient.</p> <p>(1) Physical restraint means restraint to control an acutely disturbed person to prevent the person from causing harm to self or others. The tying of hands or feet, whether or not the person is restrained in a bed, chair or wheelchair, shall be considered a physical restraint. A physical restraint shall not be confused with a postural support as defined in Section 72319(k). Only the following types of physical restraint may be used:</p> <p>(A) Soft tie consisting of cloth which prevents movements of a patient.</p> <p>(B) Mittens without thumbs which are securely fastened around the wrist with a small tie.</p> <p>(C) Cloth vests consisting of sleeveless cloth webbing.</p> <p>(D) Belts and cuffs, which are well padded, used to control a seriously disturbed, assaultive patient.</p>			
72461(a)	<p>Special Treatment Program Service Unit- Orders for Restraint and Seclusion.</p> <p>Restraint and seclusion shall only be used on the signed order of a physician which shall be renewed every 24 hours. In a documented case of emergency, which threatens to bring immediate injury to the patient or others, a restraint may be applied, and a physician shall give an order for application of the restraint within one hour. A physician may give the order by telephone. In such an event, the physician shall sign the order within 5 days.</p>			
72461(b)	<p>Special Treatment Program Service Unit- Orders for Restraint and Seclusion.</p> <p>A daily log shall be maintained in each facility exercising behavior restraint and seclusion indicating the name of the patient for whom behavior restraint or seclusion is ordered.</p>			
72461(c)	<p>Special Treatment Program Service Unit- Orders for Restraint and Seclusion.</p> <p>Full documentation of the episode leading to the behavior restraint or seclusion, the type of behavior restraint or seclusion used, the length of time that the restraint or seclusion was applied or utilized, and the name of the individual applying such measures shall be entered in the patient's health record.</p>			
72463	<p>Special Treatment Program Service Unit- Restrictions on Applying Restraints and Utilizing Seclusion.</p>			

O
P
T
I
O
N
A
L

S
E
R
V
I
C
E
S

SNF California State Standards

In Compliance
Yes No

	<p>(a) In applying physical restraints, each of the following requirements shall be met in addition to those set forth in Section 72319:</p> <ol style="list-style-type: none"> (1) Careful consideration shall be given to the methods by which the restraints may be speedily removed in the event of fire or other emergency. (2) Patients placed in restraint shall be observed by qualified treatment personnel at least every half hour. This observation shall be noted and initialed in the patient's health record following each observation. (3) Each individual program plan authorizing restraint shall specify the behavior to be modified, the method to be used, the schedule for use of the method, the person responsible for the program and the effectiveness of the modality in attaining stated objectives. (4) Opportunity for motion and exercise shall be provided for a period of not less than ten minutes during each two hours in which restraint is applied. The exercise periods shall be documented in the patient's record. <p>(b) In utilizing seclusion each of the following requirements shall be met.</p> <ol style="list-style-type: none"> (1) Patients placed in seclusion shall be observed by qualified treatment personnel at least every half hour. This observation shall be noted and initialed in the patient's health record. (2) Each individual program plan authorizing seclusion shall specify the behavior to be modified, the method to be used, the schedule for use of the method, the person responsible for the program and the effectiveness of the modality in attaining stated goals. (3) Opportunity for motion and exercise shall be provided for a period of not less than ten minutes during each two hours in which seclusion is applied. The exercise periods shall be documented in the patient's record. <p>(c) Medication shall not be used as punishment, as a substitute for a program or for the convenience of staff.</p>			
72473	<p>Special Treatment Program Service Unit- Equipment. There shall be sufficient equipment, assistive devices and supplies available to implement the treatment program ordered or indicated for meeting the physical, mental, emotional or recreational needs of patients.</p>			
72475	<p>Special Treatment Program Service Unit- Space. (a) The special treatment program service shall have accommodations, including dining, recreational and program</p>			

O
P
T
I
O
N
A
L

S
E
R
V
I
C
E
S

SNF California State Standards

In Compliance
Yes No

	service areas to meet the needs of the program. (b) Indoor and outdoor areas shall be designated for special treatment programs.			
--	---	--	--	--

* SNF with Special Treatment Program only

O
P
T
I
O
N
A
L

S
E
R
V
I
C
E
S

State Licensing Survey - Surveyor Time Data Collection

Provider/Supplier Number	Provider/Supplier Name
--------------------------	------------------------

Surveyor Name: _____ Number: _____

Date								
Time Spent in Licensing Survey Activity								
Total Time for Day								

* As you complete a licensing activity during the survey, document the time spent in one of the “time” boxes under that date. At the end of the day, add up the column to total the amount of time spent that day on Licensing Activities. You do not need to indicate what the activity was, just the amount of time spent.

State Licensing Survey - Surveyor Time Data Collection

Provider/Supplier Number	Provider/Supplier Name
--------------------------	------------------------

Surveyor Name: _____ Number: _____

Date								
Time Spent in Licensing Survey Activity								
Total Time for Day								

* As you complete a licensing activity during the survey, document the time spent in one of the “time” boxes under that date. At the end of the day, add up the column to total the amount of time spent that day on Licensing Activities. You do not need to indicate what the activity was, just the amount of time spent.

State Licensing Survey - Surveyor Time Data Collection

Provider/Supplier Number	Provider/Supplier Name
--------------------------	------------------------

Surveyor Name: _____ Number: _____

Date								
Time Spent in Licensing Survey Activity								
Total Time for Day								

* As you complete a licensing activity during the survey, document the time spent in one of the “time” boxes under that date. At the end of the day, add up the column to total the amount of time spent that day on Licensing Activities. You do not need to indicate what the activity was, just the amount of time spent.

State Licensing Survey - Surveyor Time Data Collection

Provider/Supplier Number	Provider/Supplier Name
--------------------------	------------------------

Surveyor Name: _____ Number: _____

Date								
Time Spent in Licensing Survey Activity								
Total Time for Day								

* As you complete a licensing activity during the survey, document the time spent in one of the “time” boxes under that date. At the end of the day, add up the column to total the amount of time spent that day on Licensing Activities. You do not need to indicate what the activity was, just the amount of time spent.

State Licensing Survey Workload Report

Provider/Supplier Number	Provider/Supplier Name
--------------------------	------------------------

STATE LICENSING SURVEY TEAM AND WORKLOAD DATA

Please enter the workload information for each surveyor. Use the surveyor's identification number.

Surveyor ID Number	Date Licensing Survey Began	Date Licensing Survey Ended	Pre-Survey Preparation Hours for Licensing Survey	Number of Hours to complete Title 22 Licensing Part of Survey	Travel Hours	Hours to Prepare Licensing Report
Team Leader ID						
1.						
2.						
3.						
4.						
5.						
6.						
7.						

Number of Hours for Supervisory Review.....

Number of Hours for Clerical/Support Staff Entry.....
