

ADULT and SENIOR CARE PROGRAM UPDATE

Mission: To optimize the health and safety of adults and seniors in community care settings

The Adult and Senior Care Residential Licensing Program licenses Adult Day Programs (ADP), Adult Residential Facilities (ARF), Adult Residential Care Facilities for Persons with Special Healthcare Needs (ARFPSHN), Enhanced Behavioral Supports Homes (EBSH), Community Crisis Homes (CCH), Residential Care Facilities for the Chronically Ill (RCFCI), Residential Care Facilities for the Elderly (RCFE), and Social Rehabilitation Facilities (SRF) in an effort to ensure that they provide a safe and healthy environment for all persons in care.

A Note from Acting Deputy Director, Ley Arquisola

2020 is finally over, what a challenging year it was! In March of 2020, Community Care Licensing Division (CCLD) landed in the eye of the COVID-19 storm. CCLD worked around the clock to support the health and safety of the Californians we serve. We engaged with numerous stakeholders, experts, local and state public health departments, clinical staff, and partner organizations to identify the appropriate strategies and actions to best support those living and working in licensed settings.

We have issued more than 100 Provider Information Notices (PINs), spoken at conferences, conducted informational calls, held virtual town hall meetings throughout the state on COVID-19, flu, vaccines, and emergency preparedness. We have provided facilities, across the state, with Personal Protective Equipment (PPE) as follows: 692,362 masks; 801,545 gloves; 180,933 gowns; 6,878 face shields/goggles; 36,582 bottles of hand sanitizer; and 3,075 thermometers. We published a [Provider Playbook](#) to promote COVID-19 literacy in a user-friendly format. We have assisted to augment staffing in facilities, temporarily manage distressed facilities, provided \$500 incentives to caregivers designed to retain them working in COVID-19 positive facilities via the Hero Awards, created alternate care facilities for surge placement, and created a registry of home care organizations. Our Program Clinical Consultants partnered with the California Department of Public Health (CDPH) to provide infection control expertise to licensed facilities dealing with COVID-19. The Department promoted transparency by updating the [CDSS website](#) with data on COVID-19 cases and deaths, enhanced CCLD's public-facing website by creating a COVID-19 landing page, and established a dedicated CCLD COVID-19 e-mail address available to all licensees, providers, and the public to use in asking questions related to COVID-19. But none of this would have been successful without the dedication and support of all of our brave licensees and their teams who work tirelessly in caring for our most vulnerable populations.

Here we are in the year 2021, but the storm is not over, we still face some challenges. We must all continue to work on improving our mitigation plans and perfecting our infection prevention measures. The Department will continue to work on providing alternative staffing solutions and templates to assist you in developing your processes and procedures. It takes a village, and together we will weather the storm and continue to provide the best care to all in community care. Thank you for all you do and continue to do!

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Promoting Racial Equity

As we continue to live through COVID-19, we have also faced another kind of health crisis compounded by political divides amplifying racial, social and economic inequities, all products of our nation's past. As providers, parents, educators and community members, we must continue to meet these moments and advance equity by addressing persistent systemic racism, anti-hate, and barriers for all of the Californians we serve.

One way to lift each other up during these turbulent times is to continue to learn about one another and to recognize and value the very reason that helps make us a strong, vibrant and resilient nation – our cultural, linguistic, and racial diversity.

Through these newsletters and other platforms, we will highlight information that will continue to foster a culture of equity, diversity and inclusion. Please join us in supporting, uplifting and celebrating racial equity, diversity, cultural and language responsiveness, and inclusion in out-of-home care.

Holidays & Days of Recognition

- **February:**
 - Black History Month
 - Chinese Lunar New Year's: 2/12
 - Purim (Jewish): 2/26
- **March:**
 - First modern African-American daily newspaper, *Atlanta Daily World*, starts publishing (1933): 3/13
 - Watts Riots in Los Angeles (1965): 3/15
 - International Day for the Elimination of Racial Discrimination: 3/21
 - Passover (Jewish): 3/27 - 4/4
 - Cesar Chavez: 3/31
- **April:**
 - National Day of Silence (LGBTQ+): 4/9
 - Civil Rights Act of 1968 signed into law (1968): 4/11
 - Ramadan (Muslim): 4/12 – 5/12
 - World Heritage Day: 4/18
 - Mahavir Janma Kalyanak (Indian): 4/25
- **May:**
 - Cinco de Mayo: 5/5
 - "Trail of Tears" Begins (1838): 5/23
 - US Supreme Court orders School Desegregation in *Brown v. Board of Education* (1954): 5/31

Program Clinical Consultant's Corner – Seasonal Allergies vs COVID-19



These days, a sneeze, cough, or tickle in the throat may have you wondering if it is a symptom of cold, flu, or COVID-19. Those who suffer from seasonal allergies may also have a heightened sense of awareness of possible COVID-19 symptoms because some symptoms of COVID-19 and seasonal allergies are similar. This article provides information on the difference between common symptoms of seasonal allergies and symptoms of COVID-19.

COVID-19 is a contagious respiratory illness caused by SARS-Cov-2, a new coronavirus that can lead to infection. Seasonal allergies, on the other hand, are triggered by airborne pollen which can lead to seasonal allergies affecting the nose, inner and outer ear canals, sinuses, and eyes.

Because some of the symptoms of COVID-19 and seasonal allergies are similar, it may be difficult to tell the difference between them, and residents may need to get a test to confirm a diagnosis. The table below compares symptoms caused by allergies and COVID-19.

Symptoms more common of COVID-19	Symptoms more common of seasonal allergies	Symptoms common of both
Fever	Itchy or watery eyes	Cough
Chills	Sneezing	Shortness of breath or difficulty breathing*
Muscle and body aches	Itchy sinuses	Fatigue
New loss of taste or smell	Itchy outer and inner ear canals	Headache
Nausea or vomiting		Sore throat
Diarrhea		Congestion or runny nose

**Seasonal allergies do not usually cause shortness of breath or difficulty breathing unless a person has a respiratory condition such as asthma that can be triggered by exposure to pollen.*

This is not a complete list of all possible symptoms of COVID-19 or seasonal allergies. Symptoms vary from person to person and range from mild to severe. A person can have symptoms of both COVID-19 and seasonal allergies at the same time.

If you think a resident may have COVID-19, go to the [Community Care Licensing Division website](#) for the latest [COVID-19 guidance](#) on testing, quarantine, and isolation. The Regional Office is available to assist with any questions on COVID-19 guidance.

Any one of the following [emergency warning signs](#) may signal a need to get emergency medical attention for the resident immediately:

- **Trouble breathing**
- **Persistent pain or pressure in the chest**
- **New confusion**
- **Inability to wake or stay awake**
- **Bluish lips or face**

Get more information on [COVID-19 symptoms](#), or more information on [seasonal allergy symptoms](#). Additional guidance on COVID-19 for licensees can be found on the [Community Care Licensing Division website](#).

Mask Wearing: Myths and More...

By now people know that wearing a face mask while practicing physical distancing and frequent hand washing ensures that everyone is doing their part to help slow the spread of COVID-19 infections. In the article [Wear Masks To Protect Yourself From The Coronavirus, Not Only Others, CDC Stresses](#), researchers highlight this information plus provide other new insights regarding masks.

There is also [new evidence](#) indicating cloth masks which are made with multiple layers and contain a high thread count do a better job than single layer masks.

Unfortunately, there are myths about masks and mask wearing. Mask wearing will not cause carbon dioxide to build up in the lungs and make a person sick. Other debunked myths can be found in the University of Washington School of Medicine's article [Debunking 10 Common Face Mask Myths](#).

Reminders:

- Add signage at entrances outlining proper mask usage and current physical distancing practices in use throughout the facility premises.
- Facility staff must wear a mask at all times while they are in the facility.
- All visitors must wear a mask unless they are exempt (e.g., under the age of 2 years old, persons with a medical

condition for whom wearing a face covering could obstruct breathing, and persons wearing a non-restrictive alternative such as a face shield with a drape on the bottom edge).



All providers should continue to follow the guidance in all applicable [CCLD PINs](#) in addition to guidance or instructions from health care providers, the [Centers for Disease Control and Prevention \(CDC\)](#), [California Department of Public Health \(CDPH\)](#), and [local health departments](#). If there are any conflicting requirements between the most current CDC, CDPH, CDSS, and local health department guidance or health orders, providers should follow the strictest requirement.

Telemedicine in Residential Care Facilities

There are many changes our providers have had to make in dealing with COVID-19. The increased dependence on telemedicine on the part of those in their care has been a notable one.

[Telemedicine](#) (also known as “telehealth”) refers to the use of electronic communication devices to conduct health appointments. Virtual health visits are used where face-to-face visits are not appropriate. They help maintain social distancing and also help reduce time and costs typically associated with travel to and from the doctor’s office.



It is the responsibility of providers to ensure that the use of telemedicine by residents in their care is appropriate to their health needs. The use of telemedicine must ensure that there are no lapses in the level of care and services required. For more information see [PIN 20-31-ASC](#) regarding assisting residents with Telehealth visits.

RCFE and adult facility providers are encouraged to review the following Title 22 sections, as applicable to their facility type:

Providing the Appropriate Level of Care

[Section 80078\(a\) – Responsibility for Providing Care and Supervision](#)

[Section 81078\(a\) – Responsibility for Providing Care and Supervision](#)

[Section 82078\(a\) – Responsibility for Providing Care and Supervision](#)

[Section 85078\(a\)\(1\) – Responsibility for Providing Care and Supervision](#)

[Section 87464\(f\)\(1\) and \(\(f\)\(4\) – Basic Services](#)

[Section 87878\(a\) – Responsibility for Providing Care and Supervision](#)

[Section 87464\(f\)\(5\) – Basic Services](#)

[Section 87466 – Observation of the Resident](#)

[Section 87860\(a\)\(6\) – Basic Services to be Provided by the Facility](#)

Arranging for Transportation to Health Visits

[Section 80075\(a\) – Health-Related Services](#)

[Section 81075\(a\) – Health-Related Services](#)

[Section 82075\(a\) – Health-Related Services](#)

[Section 85075\(b\) – Health-Related Services](#)

[Section 87464\(f\)\(6\) – Basic Services](#)

[Section 87465\(a\)\(2\) – Incidental Medical and Dental Care Services](#)

[Section 87860\(a\)\(11\) – Basic Services to be Provided by the Facility](#)

Conducting Regular Observations

[Section 85075.4 – Observation of the Client](#)

Virtual Planned Activities

Social engagement plays an important role in the health of the residents in care. Keeping people socially engaged enhances mental health, boosts self-esteem, improves physical health, promotes a sense of purpose, and increases cognitive function. Public health orders put in place due to the Coronavirus Disease (COVID-19) pandemic have created challenges that require staff to do their jobs differently, making it more difficult to meet resident’s needs. COVID-19 has limited the residents from interacting with other residents and visitors. Although participation in the traditional planned activities

(that involve group discussion, recreation, arts, crafts, and music where residents sit closely together) have been restricted or eliminated, there are creative ways to meet these needs.

Participation in virtual social engagement is a tool that can benefit the residents through group discussions and social connections with families and can be held through social media platforms (e.g. Facebook, Instagram or others, and video conferencing platforms). These platforms not only provide for connections with family, but they also provide the opportunity for telemedicine visits with therapists and other medical professionals while limiting in-person exposure. It is important to ensure that these types of interaction are safe and appropriate for the resident.

Residents with access to technology (PC, laptop, tablet, mobile phone) should be encouraged and supported to stay connected. Facilities are required to meet resident needs and should make every effort to assist residents in accessing technology available through options such as:

- Word and trivia games e.g. [Words with Friends](#) (Mobile app available for download)
- [Virtual tours](#) e.g. [National Parks](#), [Museums](#), [Great Wall of China](#), [Zoos](#), etc.
- Video games e.g. [Wii Sports](#), [Super Mario World](#), [Animal Crossing](#), [NeuroRacer](#), etc.

The [National Institute on Aging \(NIA\)](#) research shows that video games may be used to enhance cognitive health in older adults. These findings suggest that both novel experiences and exposure to rich three-dimensional environments may work together to improve cognition. Although video games may not be an ideal substitute for real-world experiences, they may serve as an additional (and entertaining) method to improve cognitive health.

RCFE and adult facility providers are encouraged to review the following Title 22 sections, as applicable to their facility type along with reviewing the PowerPoint presentation on the [Importance of Keeping Residents Socially Engaged During the Pandemic](#):

Providing the Appropriate Level of Care

[Section 80078\(a\) – Responsibility for Providing Care and Supervision](#)

[Section 81078\(a\) – Responsibility for Providing Care and Supervision](#)

[Section 82078\(a\) – Responsibility for Providing Care and Supervision](#)

[Section 85078\(a\)\(1\) – Responsibility for Providing Care and Supervision](#)

Providing the Appropriate Level of Care (cont)

[Section 87464\(f\)\(7\) – Basic Services](#)

[Section 87878\(a\) – Responsibility for Providing Care and Supervision](#)

Activities

[Section 81079 – Activities](#)

[Section 82079 – Planned Activities](#)

[Section 85079 - Activities](#)

[Section 87219 – Planned Activities](#)

Human Contact in an Increasingly Virtual Environment

As people quarantine and practice social distancing to curb the further spread of COVID-19, some are starting to feel the effects of a lack of human contact. Most people are accustomed to some level of human contact on a day-to-day basis, and there are ways to stay connected even as we isolate ourselves from each other. So long as COVID-19 continues to create a health risk to gather in

physical spaces, providers will need to create virtual spaces that can help keep residents safe while staying connected to what is important to them.

Digital tools should help strengthen our real-world ties. Here are some tips to consider when building virtual connections and online support systems in your program.

Actively participating in online culture is far better than passively consuming it. Participating in group chats or online classes, such as dancing, singing or yoga, is more effective in creating connections with others than simply scrolling through a news feed or viral videos.

Encourage residents to utilize video chat services. Although there is no equivalent replacement for in-person interactions, the use of teleconferencing tools can be effective in helping residents stay connected with friends, loved ones, and healthcare providers. Although not quite the same as meeting face-to-face, connecting virtually can go a long way in capturing some of that richness and “realness” of meeting someone in person.

Prepare equipment and staff to ensure that persons in care will have access to online tools. Providers may want to consider training designated staff to provide education and technical assistance to residents on how to join Zoom conferences, send and receive text messages, and make FaceTime calls.

Create a positive virtual experience. It is important that each facility begin the process of encouraging real, human experiences with others when using virtual tools. As an example, encourage residents to take five minutes at the beginning of a virtual call to focus on interpersonal connection by taking the time to touch base and check in with one another to gauge the comfort level of the participants. It can help reduce anxiety if an effort is made to connect to the person that they are speaking with to help create a supportive virtual environment.

RCFE and adult facility providers are encouraged to review the following Title 22 sections, as applicable to their facility type:

Conducting Regular Observations

[Section 85075.4 – Observation of the Client](#)

[Section 87464\(f\)\(5\) – Basic Services](#)

[Section 87466 – Observation of the Resident](#)

[Section 87860\(a\)\(6\) – Basic Services to be Provided by the Facility](#)

Keep Meals Interesting

Mealtime is an opportunity to connect with residents. Trying new ways to make meals special can be fun. Themes can add to a meal, not just food but also decorations. Try getting hats, flags and other items from the theme to highlight during that meal. Music also can set the mood for the meal. Here are some ideas for themes to try:

- Casino Night
- 50's Diner
- Hawaiian Luau
- Garden Party
- Color Theme
- Tea Party
- Sports Theme
- Appetizers for Dinner

- Prom Night

Ask residents if they had special meals made with their family. Reach out to family members for recipes for cultural meals that they can share. Try having a resident committee to help with menu suggestions. When residents have some input, they feel like they have made a contribution. Mixing it up at least once a week can help brighten the spirits of the residents.



Don't Forget the Grooming

In the event of a pandemic stay-at-home order, access to salons or barbershops may be limited. This encourages creativity in finding other ways to ensure residents' hygiene needs are still being met. Hair and nails keep growing pandemic or no pandemic.



While residents can't go out for a trim, it is still important to stave off split ends, long unkempt hair, and/or bushy beards. At a minimum, make sure to take the time to brush or comb the residents' hair. Don't forget to trim the nails, hands and feet. If a resident is diabetic, check with their doctor or podiatrist prior to cutting nails. It's okay to give the resident's hair a trim, (with permission from the resident or responsible party) but it may be better to hold off until they can go to a salon for a change of style. If there is uncertainty on how to tackle a

trim, you can look up "how-to" tutorial videos on the internet.

Helping residents look their best can be an uplifting experience for them, particularly when they need a bit of cheering up or a boost to their sense of dignity and quality of life. This also serves as an opportunity for one-to-one contact between residents and staff and can be made into something fun and relaxing. Consider adding to the experience with special conditioners, a favorite or good smelling lotion, hand massages, etc. All residents will benefit from putting time and attention into their personal hygiene and appearance.

Spring Gardening

Offering gardening activities to residents is a great way to engage with them and promote their sense of self-sufficiency. Outdoor gardening activities are COVID-19 safe activities and can help keep residents physically active and their minds in a positive state. Be sure to be mindful of the weather and dress appropriately. The following are some good seasonal flowers to consider planting this Spring:

- Crocus
- Daffodils
- Freesias
- Hyacinths
- Star of Bethlehem
- Tulips
- Iris
- Sweet peas



These activities are a fun way to interact with residents and create a hopeful environment for everyone. If outdoor gardening is not possible, consider designating an indoor space for residents to have house plants. Ensure that the skill-level required for these activities is matched to the abilities of participating residents (i.e. disability, ambulatory status, etc.).

Caregiver Background Check Bureau-Update

The Caregiver Provider Management Bureau (CPMB), formally known as the Caregiver Background Check Bureau (CBCB), has launched *Guardian*, a new background check system.

Guardian is a tool to assist agencies and applicants in the background check process. *Guardian* ensures background checks are completed faster and more efficiently, while making the process easier for applicants and agencies to request exemptions.

For *Guardian* training tools, please visit the [Guardian Webpage](#). For login assistance, please contact guardian@dss.ca.gov

Temporary Manager Candidate Information

If you are interested in becoming a temporary manager candidate, we encourage you to apply by completing the [LIC 215TM \(6/18\) Temporary Manager Candidate List Applicant Information](#) form and submitting the form to the [Temporary Manager email](#) or mail to:

Centralized Applications Bureau
ATTN: Temporary Manager
744 P Street, MS 8-3-91
Sacramento, CA 95814

More information about becoming a temporary manager can be found in [PIN 20-25-CCLD](#).

THE COMMUNITY CARE LICENSING DIVISION'S QUARTERLY UPDATE

Links to Adult and Senior Care Program Office Websites:

[CCLD Main Page \(with COVID-19 updates and resources\)](#)

[Adult Care](#)

[Senior Care](#)

[Central Applications Bureau](#)

Remember to check for new [PINS](#)

Are you interested in becoming part of the Community Care Licensing team?

Please apply at [CalCareers](#).

More information on how to apply for a State job can be found on the [Cal Careers Website](#).

IMPORTANT PHONE NUMBERS

Centralized Complaint Information Bureau (CCIB)	1-844-538-8766
Administrator Certification	916-653-9300
Caregiver Provider Management Bureau (CPMB)	1-888-422-5669
Long Term Care Ombudsman	1-800-231-4024
CCLD Public Inquiry and Response	916-651-8848
Technical Support Program	916-654-1541
Centralized Applications Bureau	916-657-2600

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