California

Agency	California Department of Social Services, Community Care Licensing Division
Contact	Thea Perrino
E-mail	Thea.Perrino@dss.ca.gov
Phone	(916) 657-3555
Website	https://www.cdss.ca.gov/inforesources/community-care-licensing

Licensure Term

Residential Care Facilities for the Elderly (RCFE)

Definition

An RCFE is a housing arrangement chosen voluntarily by the resident, the resident's guardian, conservator, or other responsible person; where 75 percent of the residents are sixty years of age or older and where varying levels of care and supervision are provided, as agreed to at time of admission or as determined necessary at subsequent times of reappraisal. Any younger residents must have needs compatible with other residents. See California Code of Regulations, Title 22 section 87101(r)(5).

Regulatory and Legislative Update

The California Department of Social Services (CDSS), Community Care Licensing Division (CCLD), licenses RCFEs. These facilities may also be known as assisted living facilities, retirement homes, and board and care homes.

For legislative updates, please see the following Provider Information Notices (PINs):

- PIN 21-52-ASC, 2021 Chaptered Legislation Affecting Adult And Senior Care Facilities: Summary And Implementation for legislation that became operative January 1, 2022, unless otherwise specified.
- PIN 22-32-ASC, 2022 Chaptered Legislation Affecting Adult And Senior Care Facilities: Summary And Implementation for legislation that became operative January 1, 2023, unless otherwise specified.
- PIN 22-14-CCLD, Assembly (AB) Bill 1720 Implementation for AB 1720 that became operative January 1, 2023.
- PIN 23-02-CCRC, 2023 Chaptered Legislation Affecting Continuing Care Retirement Communities: Summary And Implementation for legislation that became operative January 1, 2023, unless otherwise specified.

For regulatory updates, please see the following PINs:

- PIN 23-12-ASC, Revised Infection Control Regulations and Permanent Adoption that became effective July 1, 2023.

Facility Scope of Care	An RCFE provides care and supervision to its residents, including assistance with activities of daily living (ADLs), observation and reassessment, and, when appropriate, self-releasing postural supports. Residents with the following conditions or in need of the following incidental medical services may be admitted or retained as long as the applicable statutes and regulations are followed, and these procedures and services are provided by an appropriately skilled professional: administration of oxygen, catheter care, colostomy/ileostomy care, contractures, diabetes, enemas/suppositories, incontinence, injections, intermittent positive pressure breathing machines, stage 1 and 2 pressure injury, and wound care. Dementia care, hospice care, and care for residents who are bedridden may be provided if statutory and regulatory requirements are met.
Limitations of Services	Regulations set forth specific resident conditions which require the RCFE to meet specific requirements in order to continue to provide care. These include: liquid or gas oxygen; intermittent positive pressure breathing machines; colostomy/ileostomy; manual fecal impaction removal, enemas, or use of suppositories; indwelling urinary catheter; managed incontinence; contractures; diabetes; injections; and healing wounds. The conditions for care for each service is set forth in regulations. Additionally, in order to accept or retain terminally ill residents and permit them to receive care from a hospice agency, an RCFE shall obtain a facility hospice care waiver from the Department of Social Services.
Move-in Requirements Including Required Disclosures/Notifications	The regulations specify circumstances under which people may be accepted and retained. Residents shall not be admitted or retained if they have active communicable tuberculosis; require 24-hour skilled nursing or intermediate care; or the primary need for care and supervision results from either ongoing behavior caused by a mental disorder that would upset the general resident group; or dementia, unless other requirements are met. Additionally, persons who have any of the following health conditions may not be admitted: stage 3 or 4 pressure injury, gastrostomy tubes, nasogastric tubes, staphylococcus aureus (“staph”) infection or other serious infection, residents who depend on others to perform all ADLs, or tracheostomies, unless the licensee has submitted a written exception request to care for a specified condition, and the Department has approved the request. An RCFE may issue a 30-day notice to a resident for: nonpayment of the rate for basic services within 10 days of due date; failure to comply with state or local law; failure to comply

with general facility policies; or a need not previously identified if it is determined after a reappraisal and the licensee and person who performs the reappraisal believe that the facility is not appropriate for the resident. A change in the use of the facility requires a 60-day notice to the resident. The licensee, upon obtaining prior written approval from the department, may issue a three-day eviction notice upon finding good cause that the resident is engaging in behavior which is a threat to the mental and/or physical health or safety of self or others. No later than seven days following admission, the licensee must sign an admission agreement with the resident and/or their representative. The admission agreement must include basic and available additional services, service rates, payment provisions, modification conditions, and refund conditions. Upon signing of the admission agreement, the licensee must advise and provide residents and their representatives a copy of the personal rights of residents specified in Sections 87468 of Title 22 of the California Code of Regulations as applicable to the facility. In circumstances where a facility has no family council, written information shall be provided at the time of admission to the resident's family or resident representative of their right to form a family council.

For a rate or rate structure increase, the licensee is required to provide no less than 60 days' prior written notice to the resident or the resident's representative(s) setting forth the amount of the increase, reason for the increase, and a general description of the additional costs, except for an increase in the rate due to a change in the resident's level of care. For any rate increase due to a change in the resident's level of care, the licensee shall provide the resident and the resident's representative, if any, written notice of the rate increase within two business days after initially providing services at the new level of care. The notice shall include a detailed explanation of the additional services to be provided at the new level of care and an accompanying itemization of the charges.

Admission agreements also are required to include: a comprehensive description of any items and services provided under a single fee; a comprehensive description and the corresponding fee schedule of all basic services and other items and services not included in the single fee; a general written statement of any preadmission fee describing all associated costs and refund conditions (a licensee cannot require a preadmission fee or deposit from a recipient under the State Supplementary Program for the Aged, Blind and Disabled); an explanation of the use of third-party services; policy concerning

	family visits and other communication with residents; and conditions under which the agreement may be terminated. The admission agreement shall include requirements pertaining to the involuntary transfer or eviction. An RCFE's eviction notice must contain language stating that the licensee must file an unlawful detainer action in superior court and receive a written judgment signed by a judge in order to evict a resident who remains in the facility after the effective date of a 60-day, 30-day or three-day eviction. The admission agreement must include information about the relocation assistance offered by the facility and the facility's closure plan in order to assist residents in the event of a facility closure. Additional disclosures are required if the facility advertises or promotes specialized care, such as care of persons with dementia. RCFEs are required to provide to a resident, or a resident's representative, prior to or at the time of admission, a written notice including the current telephone number, internet website address, and email address for the local long-term care ombudsman and the internet website address for the Community Care Licensing Division of the State Department of Social Services website. The notice also shall state that the ombudsman is intended as a resource for accessing additional information regarding resident care at the facility and reporting resident care complaints.
Resident Assessment Requirements and Frequency	Residents must be assessed prior to move in, including an evaluation of functional capacity, mental condition, and social factors. While no standardized form is required, a Functional Capability Assessment (LIC 9172) courtesy form is available at http://www.cdss.ca.gov/cdssweb/entres/forms/English/LIC9172.PDF. The appraisal must be updated at least once a year or upon significant change in condition, whichever is first. A medical assessment, signed by a physician, must be conducted prior to acceptance in the RCFE and must be updated when required by the Department. For residents with dementia, the medical assessment must be done annually.
Medication Management	Trained facility staff, unless they are appropriately skilled medical professionals acting within the scope of their practice, may not administer medications to residents, but may assist residents with the self-administration of medications.
Staffing Requirements	RCFEs may admit residents who are diagnosed by a physician as having dementia if certain requirements are met, including an annual medical assessment, adequate supervision, enhanced

physical plant safety requirements, and an appropriate activity program. Use of egress alert devices, delayed egress, and locked facility doors and perimeters are also allowed if specified additional requirements are met. Delayed egress and locked doors/perimeters require special fire clearances and are only allowed with prior approval from CCLD. Egress alert devices worn by the resident may be used with the prior written approval of the resident or conservator. Each non-conserved resident must sign a written statement upon admission that states the resident understands that the facility has exterior door locks or perimeter fence gate locks.

All staff must receive training in dementia care. There are additional training requirements for direct care staff who work in a facility where the licensee advertises, promotes, or otherwise holds him/herself out as providing special care, programming, and/or environments for residents with dementia or related disorders. The following are dementia care training requirements for direct care staff: 12 hours of dementia care training, six of which to be completed before working independently with residents and the remaining six hours within the first four weeks of employment; and at least eight hours of dementia care in-service training per year.

All facilities shall have a qualified and currently certified administrator present at the facility during normal working hours. A facility manager designated by the licensee with notice to the Department of Social Services, shall be responsible for the operation of the facility when the administrator is temporarily absent from the facility. An administrator, facility manager, or designated substitute who is at least 21 years of age and has adequate qualifications must be on the premises of the facility 24 hours per day. Direct care staff must be at least 18 years of age. There are no specified staffing ratios. Facility personnel must be sufficient at all times to provide the services necessary to meet resident needs. In RCFEs caring for 16 or more residents, there must be a specified number of awake night staff on duty, which is determined by the number of residents being cared for at the facility. There must be at least one staff member on duty and on the premises at all times who has cardiopulmonary resuscitation (CPR) training and first aid training.

Administrator/Director Education and Training Requirements

RCFE administrators must complete an 80-hour Initial Certification Training Program (60 hours of which must be attended in person) and pass a standardized exam developed and administrated by the Department of Social Services. Statute defines Core of Knowledge topics for administrator certification

[Health and Safety Code sections 1569.616 and 1569.618; and California Code of Regulations, Title 22, Section 87405]. Administrators who possess a valid Nursing Home Administrator license are exempt from completing an approved Initial Certification Training Program and taking the related written test, but must complete 12 hours of training in the following Core of Knowledge topics:
(1) laws, regulations, policies and procedural standards that impact the operations of RCFEs;
(2) use and misuse of medication commonly used by the elderly in a residential setting; and
(3) resident admission, retention, and assessment procedures.
Administrators in facilities with a capacity of 16 or more residents must also have levels of college education and experience providing care to the elderly as specified in regulations.

Administrators must complete 40 hours of continuing education units every two years in areas related to the Core of Knowledge. These 40 hours must include eight hours in Alzheimer's disease and dementia training. Licensed Nursing Home Administrators with a current license are only required to complete 20 of the 40 hours of continuing education. Up to one-half of the 40 hours of continuing education may be satisfied through interactive online training, as specified pursuant to California Code of Regulations, Title 22, Section 87407.

Direct Care Staff Education and Training Requirements

All staff must have on-the-job training or related experience in the job assigned to them. Direct care staff who assist residents with ADLs must complete 40 hours of initial training, with 20 hours completed before working independently with residents and the remaining 20 hours completed within the first 4 weeks of employment. This training includes 12 hours of training on dementia care and 4 hours of training on postural supports, restricted health conditions, and hospice care and 16 hours of hands-on training within 4 weeks of employment. Direct care staff must complete 20 hours of annual training that includes 8 hours of training on dementia care and four on postural supports, restricted health conditions, and hospice care. Staff providing direct care to residents shall receive appropriate training in first aid from persons qualified by such agencies as the American Red Cross. All trainings must be documented and retained in facility personnel files/records. Food service and activity directors in facilities with a capacity of 16 or more must have experience and education or training as specified in regulations. Each RCFE licensee shall provide training in recognizing and reporting elder and dependent adult abuse, as prescribed by the California Department of Justice. Direct care staff who are licensed or

certified medical professionals are also required to receive training. [Health and Safety Code sections 1569.625, 1569.626, and 1569.696; and California Code of Regulations, Title 22, Section 87411]

Prior to the admission of a resident with a restricted health condition, the licensee shall ensure that facility staff who will participate in meeting the resident's specialized care needs complete training provided by a licensed professional to meet those needs. Training shall include hands-on instruction in both general procedures and resident-specific procedures. Staff shall have knowledge and the ability to recognize and respond to problems and shall contact the physician, appropriately skilled professional, and/or vendor as necessary. [California Code of Regulations, Title 22, Sections 87611, 87613, 87633, and 87705]

Direct care staff who assist residents with the self-administration of medication in RCFEs, excluding licensed health care professionals, must meet specified medication training requirements. In facilities licensed to provide care for 15 or fewer persons, direct care staff shall complete 10 hours of initial training, which includes 6 hours of hands-on training, within two weeks of employment. In facilities licensed to provide care for 16 or more persons, the employee shall complete 24 hours of initial training, which includes 16 hours of hands-on training, within 4 weeks of employment. All direct care staff, who assist residents with the self-administration of medication in RCFEs must complete 8 hours of annual training. RCFEs are required to provide training on the facility's emergency and disaster plan to each staff member upon hire and annually thereafter.

Quality Requirements

There are no specific quality requirements detailed.

Infection Control Requirements

Infection Control regulations for RCFEs, include requirements on hand hygiene, environmental cleaning and disinfection activities, direct care staff who are assisting residents with the self-administration of injectable medication, use of gloves by staff and volunteers, respiratory etiquette, and cleaning and disinfection of reusable medical equipment. Requirements also specify additional safeguards when one or more residents in the facility are diagnosed with a communicable disease, including enhanced environmental cleaning and disinfection and use of appropriate Personal Protective Equipment (PPE) by all staff and volunteers providing direct care to a resident who has a contagious disease.

RCFEs are also required to develop an Infection Control Plan. The Infection Control plan must include: identification of a staff

position to perform the duties of an Infection Control Lead for the facility; a description of how the facility will meet the specific infection control practice requirements in regulations; and an Infection Control Training Plan. The use of infection control procedures in the facility is required to be reviewed least annually, if local government public health determines an epidemic outbreak has occurred, or if the review is requested by the local licensing agency. Staff should encourage residents to follow infection control practices as necessary.

When an emergency for a contagious disease is proclaimed or declared, an Emergency Infection Control Plan that includes infection control measures that are not already addressed in the Infection Control Plan is required, to prevent, contain, and mitigate the associated contagious disease. The Emergency Infection Control Plan shall include the applicable infection control measures required by the federal, state, and local government public health authorities for the contagious disease and shall be completed and sent to the Department of Social Services within 15 calendar days from the date the state or federal emergency is proclaimed or declared. If there are differing standards between the government public health authorities, the strictest requirement must be followed. If there are no additional infection control measures to be taken to prevent, contain, and mitigate the associated contagious disease that are not already addressed in the Infection Control Plan, the facility must notify the Department of Social Services of this determination within 15 days from the date on which the emergency is proclaimed or declared. The Emergency Infection Control Plan shall be used until the state of emergency is no longer in effect and shall be distributed to residents, facility staff and, if applicable, each residents' authorized representative. All staff shall be trained on the Emergency Infection Control Plan immediately but no later than 10 calendar days after submission to the Department of Social Services. It is also required to be reviewed and updated as necessary, or whenever new infection control measures are recommended by the federal, state, and local government public health authorities, or as determined by the Department of Social Services, until the proclaimed or declared state of emergency is no longer in effect. These updates should also be shared with staff, residents and if applicable, each resident’s authorized representatives, and submitted to the Department of Social Services.

Emergency Preparedness Requirements

Licensees must have a current, written emergency and disaster plan that contains elements, as specified [Health and Safety Code section 1569.695]. Emergency and disaster plans are

required to include elements that include, but are not limited to: evacuation procedures; plans for the facility to be self-reliant for a period of not less than 72 hours immediately following any emergency or disaster; transportation needs; list of contact information for specified parties, including emergency response personnel, the Department of Social Services, the local long-term care ombudsman and transportation providers; at least two appropriate shelter locations that can house residents during an evacuation; the location of utility shut-off valves and instructions for use; procedures that address provision of emergency power; procedures to respond to an individual resident's needs if the emergency call buttons are inoperable; staff assignments in the event of a disaster or an emergency; a process for communicating with residents, families, and others; informing residents and responsible parties of the communication process; assistance with, and administration of, medications; storage and preservation of medications; operation of assistive medical devices that need electric power; a process for identifying and meeting needs for residents with special needs; and confirming the location of each resident during an emergency response. Licensees must also provide training on the emergency and disaster plan to each staff member upon hire and annually thereafter; review of the emergency and disaster plan annually and update as necessary; conduct a drill for various emergency scenarios at least once quarterly for each shift as specified; have specified information readily available to staff including a resident roster, an appraisal of resident needs and services plan for each resident, a resident medication list, and contact information for the responsible party and physician for each resident; and an evacuation chair must be in each stairwell. The emergency and disaster plans must be made available, upon request, to any resident, responsible party for a resident, local emergency responders, and the local long-term care ombudsman. An applicant seeking licensure must submit the emergency and disaster plan with the initial license application.

Regulations further specify that each facility shall have a disaster and mass casualty plan of action that is subject to review by the Department of Social Services [California Code of Regulations, Title 22, Section 87212]. The plan shall be in writing, be readily available, and include:
(1) Designation of administrative authority and staff assignments.
(2) Plan for evacuation including:
(A) Fire safety plan.
(B) Means of exiting.
(C) The assembly of residents to a predetermined evacuation site.
(D) Transportation arrangements.
(E) Relocation sites which are equipped to provide safe temporary accommodations for residents.

(F) Supervision of residents during evacuation or relocation and contact after relocation to assure that relocation has been completed as planned.
(G) Means of contacting local agencies such as fire department, law enforcement agencies, civil defense and other disaster authorities.
(3) Provision for notifying a resident's hospice agency, if any, in the event of evacuation and/or relocation.

Emergency exiting plans and telephone numbers shall be posted.

Life Safety Requirements

In addition to emergency preparedness requirements, prior to accepting nonambulatory or bedridden persons, licensees must notify the Department of Social Services and obtain an appropriate facility fire clearance approved by the fire authority having jurisdiction. To obtain a fire clearance, the licensee must meet standards established by the State Fire Marshal and the local fire authority having jurisdiction for the protection of life and property against fire. All RCFEs must have smoke and carbon monoxide detectors.

Medicaid Policy and Reimbursement

Medicaid does not typically cover RCFEs, however, RCFEs may apply to be providers of Assisted Living Waiver (ALW) services to eligible beneficiaries. Eligible beneficiaries residing in skilled nursing facilities or the community may enroll in ALW and be placed in approved RCFEs. The ALW program is currently implemented in the following counties: Alameda, Contra Costa, Fresno, Kern, Los Angeles, Orange, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, San Joaquin, San Mateo, Santa Clara, and Sonoma counties. California's ALW was renewed for five years effective March 1, 2019, by the Centers for Medicare & Medicaid Services and is overseen by the California Department of Health Care Services (DHCS). The ALW expires on February 29, 2024, however DHCS intends to renew the waiver for another five-year waiver term beginning on March 1, 2024.

Citations

California Legislature. (2023). *Health and Safety Code, Division 2, Chapter 3.2 Residential Care Facilities for the Elderly.* https://leginfo.legislature.ca.gov/faces/codes_displayText.xhtml?lawCode=HSC&division=2.&title=&part=&chapter=3.2.&article=

State of California, Health and Human Services Agency, Department of Social Services. (2023, March 23). *California Code of Regulations, Title 22, Division 6, Chapter 8: Residential Care Facilities for the Elderly.* https://www.cdss.ca.gov/Portals/9/Regs/RCFE/rcfeman1.docx

https://www.cdss.ca.gov/Portals/9/Regs/RCFE/rcfeman2.docx
https://www.cdss.ca.gov/Portals/9/Regs/RCFE/rcfeman3.docx
https://www.cdss.ca.gov/Portals/9/Regs/RCFE/rcfeman4.docx

Thomas Reuters Westlaw. (n.d.). *California Code of Regulations, Title 22, Division 6, Chapter 8: Residential Care Facilities for the Elderly*. https://govt.westlaw.com/calregs/Browse/Home/California/CaliforniaCodeofRegulations?guid=IEA3108405B6111EC9451000D3A7C4BC3&originationContext=documenttoc&transitionType=Default&contextData=(sc.Default)

California Department of Social Services. (n.d.). *Community Care Licensing Division.* https://www.cdss.ca.gov/inforesources/community-care-licensing

California Department of Health Care Services. (n.d.). *Assisted Living Waiver.* http://www.dhcs.ca.gov/services/ltc/Pages/AssistedLivingWaiver.aspx