State SNF Relicensing Survey Workbook 2016

DATE(S) OF SURVEY:	
License Number	Facility Name & Address (City, State, Zip)
Type of Survey: ☐ CONCURRENT WITH FEDERAL SURVEY: SAME TEAM ☐ CONCURRENT WITH FEDERAL SURVEY: SEPARATE TEAM	
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: _____

		HFEN
		Pharmacist
		Dietitian
		Physician
		Life Safety Code Surveyor/HFE
		Health Information (Records) Administrator
		Infection Control Specialist
		Occupational Therapist
		Other Consultant

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NURSING SERVICE

STATE STANDARD	REQUIREMENT	MET	NOT MET	N/A	LOCATION OF EVIDENCES
TITLE 22	**NURSING SERVICE – GENERAL**				
72311	(a) Nursing service shall include, but not be limited to, the following: (3) Notifying the attending licensed healthcare practitioner acting within the scope of his or her professional licensure promptly of: (G) The facility's inability to obtain or administer, on a prompt and timely basis, drugs, equipment, supplies or services as prescribed under conditions which present a risk to the health, safety or security of the patient.				
	(b) All attempts to notify physicians shall be noted in the patient's health record including the time and method of communication and the name of the person acknowledging contact, if any. If the attending physician or his designee is not readily available, emergency medical care shall be provided as outlined in Section 72301(g).				
	NURSING SERVICE - ADMINISTRATION OF MEDICATIONS AND TREATMENTS				
72313	(a) Medications and treatments shall be administered as follows:				
	(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.				
	(4) Preparation of doses for more than one scheduled administration time shall not be permitted.				
	(5) All medications and treatments shall be administered only by licensed medical or licensed nursing personnel with the following exceptions: (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.				

NURSING SERVICE

STATE STANDARD	REQUIREMENT	MET	NOT MET	N/A	LOCATION OF EVIDENCES
	(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: 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				
	(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.				
	(7) Patients shall be identified prior to administration of a drug or treatment				
	(8) Drugs may be administered in the absence of a specific duration of therapy on a licensed prescriber's new drug order if the facility applies its stop-order policy for such drugs. The prescriber shall be contacted prior to discontinuing therapy as established by stop-order policy.				
	(b) No medication shall be used for any patient other than the patient for whom it was prescribed.				
	(c) The time and dose of the drug or treatment administered to the patient shall be recorded in the patient's individual medication record by the person who administers the drug or treatment. Recording shall				

NURSING SERVICE

STATE STANDARD	REQUIREMENT	MET	NOT MET	N/A	LOCATION OF EVIDENCES
	include the date, the time and the dosage of the medication or type of the treatment. Initials may be used, provided that the signature of the person administering the medication or treatment is also recorded on the medication or treatment record.				
	NURSING SERVICE - PATIENT CARE				
72315	(j) Fluid intake and output shall be recorded for each patient as follows: (1) If ordered by the physician. (2) For each patient with an indwelling catheter: (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.				
	(k) 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.				
	NURSING SERVICE – STANDING ORDERS				
72317	Standing orders shall not be used in skilled nursing facilities.				Exception- (HSC 1261.3); flu and pneumococcal vaccinations allowed.
	NURSING SERVICE – RESTRAINTS				
72319	(a) Written policies and procedures concerning the use of restraints and postural supports shall be followed.				

NURSING SERVICE

STATE STANDARD	REQUIREMENT	MET	NOT MET	N/A	LOCATION OF EVIDENCES
72319 (cont.)	(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 vests, soft ties, soft cloth mittens, seat belts and trays with spring release devices. Soft ties mean soft cloth which does not cause abrasion and which does not restrict blood circulation.				
	(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.				
	(e) No restraints with locking devices shall be used or available for use in a skilled nursing facility.				
	(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.				

NURSING SERVICE

STATE STANDARD	REQUIREMENT	MET	NOT MET	N/A	LOCATION OF EVIDENCES
72319 (cont.)	(i) The requirements for the use of physical restraints are: (1) Treatment restraints may be used for the protection of the patient during treatment and diagnostic procedures such as, but not limited to, intravenous therapy or catheterization procedures. Treatment restraints shall be applied for no longer than the time required to complete the treatment. (2) Physical restraints for behavior control shall only be used on the signed order of a physician or other person lawfully authorized to prescribe care, except in an emergency which threatens to bring immediate injury to the patient or others. In such an emergency an order may be received by telephone, and shall be signed within 5 days. Full documentation of the episode leading to the use of the physical restraint, the type of the physical restraint used, the length of effectiveness of the restraint time and the name of the individual applying such measures shall be entered in the patient's health record.				
72319 (cont.)	(A)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. (B) 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. (C) 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				

NURSING SERVICE					
STATE STANDARD	REQUIREMENT	MET	NOT MET	N/A	LOCATION OF EVIDENCES
72319 (cont.)	(j) 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. (2) 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 adverse reactions. (3) The data collected shall be made available to the prescriber in a consolidated manner at least monthly (4) PRN orders for such drugs shall be subject to the requirements of this section.				
	NURSING SERVICE – NURSING STATION INFECTION CONTROL INFORMATION ACCESSIBILITY				
72321	**(c) The following shall be available in each nurse's station:** **(1) The facility's infection control policies and procedures.** **(2) Name, address, and telephone numbers of local health officers**				
	NURSING SERVICE - CLEANING, DISINFECTING, AND STERILIZING				

NURSING SERVICE

STATE STANDARD	REQUIREMENT	MET	NOT MET	N/A	LOCATION OF EVIDENCES
72323	**(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 only by one of the following methods: (1) Submersion in boiling water for a minimum of 30 minutes. (2) Autoclaving at 15 pounds pressure and 121°C (250) for 20 minutes. (3) Gas Sterilization. (d) Chemicals shall not be used as a substitute for the methods specified in (c) above. (f) Individual patient care supply items designed and identified by the manufacturer to be disposable shall not be reused.				Guidance Note: 72323 (c) (1-3) and (d) is out dated. These items are normally single patient use. Facility must have policy and procedures and follow manufactures recommendations for use and disposal. Please refer to 72323 (f) below.
	NURSING SERVICE – SPACE				
72325	(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.				

NURSING SERVICE

STATE STANDARD	REQUIREMENT	MET	NOT MET	N/A	LOCATION OF EVIDENCES
72325 cont	**(c) Each nursing station shall have a cabinet, a desk, space for records, a bulletin board, a telephone and a specifically designed and well illuminated medication storage compartment with a lockable door. If a separate medication room is maintained, it shall have a lockable door and a sink with water connections for care of equipment and for hand washing.** **(d) If a refrigerator is provided in a nursing station, the refrigerator shall meet the following standards:** **(1) Be located in a clean area not subject to contamination by human waste.** **(2) Maintain temperatures at or below 7^{0}C (45^{0}F) for chilling.** **(3) Maintain the freezer at minus 18^{0}F (^{0}F).** **(4) Contain an accurate thermometer at all times.** **(5) If foods are retained in the refrigerator, they shall be covered and clearly identified as to contents and date initially covered.**				
	PATIENT CARE POLICIES AND PROCEDURES				
72523	**(c) Each facility shall establish and implement policies and procedures, including but not limited to:** **(2) Nursing services policies and procedures which include:** **(C) Screening of all patients for tuberculosis upon admission. These procedures shall be determined by the patient care policy committee. A tuberculosis screening procedure may not be required if there is satisfactory written evidence available that a tuberculosis screening procedure has been completed within 90 days of the date of admission to the facility. Subsequent tuberculosis screening procedures shall be determined by the attending physician.**				Guidance Note: **Program Development and Oversight.** Tuberculosis screening on admission and following the discovery of a new case, and managing active cases consistent with State requirements. The regulations do not provide for prior documentation in the wording. A screening can include a review of the patient's records and an assessment regarding testing that might or might not be needed. **Due to the above, Section 72523 (c) 2 (C) verbiage regarding the 90 days exception has been dropped**

NURSING SERVICE

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72528	(a) It is the responsibility of the attending licensed healthcare practitioner acting within the scope of his or her professional licensure 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 licensed healthcare practitioner who, acting within the scope of his or her professional licensure, performs or orders the procedure or treatment for which informed consent is required. (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. (2) The nature of the procedures to be used in the proposed treatment including their probable frequency and duration (3) The probable degree and duration (temporary or permanent) of improvement or remission, expected with or without such treatment. (4) The nature, degree, duration and probability of the side effects and significant risks, commonly known by the health professions. (5) The reasonable alternative treatments and risks, and why the health professional is recommending this particular treatment. (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. (c) Before initiating the administration of psychotherapeutic drugs, or physical restraints, or the prolonged use of a device that may lead to				

NURSING SERVICE					
STATE STANDARD	REQUIREMENT	MET	NOT MET	N/A	LOCATION OF EVIDENCES
	the inability to regain use of a normal bodily function, facility staff shall verify that the patient's health record contains documentation that the patient has given informed consent to the proposed treatment or procedure. The facility shall also ensure that all decisions concerning the withdrawal or withholding of life sustaining treatment are documented in the patient's health record.				
	(h) If a patient or his or her representative cannot communicate with the physician because of language or communication barriers, the facility shall arrange for an interpreter. (2) When interpreters are used, documentation shall be placed in the patient's health record indicating the name of the person who acted as the interpreter and his or her relationship to the patient and to the facility.				
	PATIENTS' HEALTH RECORDS				
	ADMISSION RECORDS				

NURSING SERVICE

STATE STANDARD	REQUIREMENT	MET	NOT MET	N/A	LOCATION OF EVIDENCES
72545	(5) Date of admission. (6) Date of discharge. (7) Name, address and telephone number of guardian, authorized representative, person or agency responsible for patient and next of kin. (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. (9) Name, address and telephone number of the designated 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.				

NURSING SERVICE

STATE STANDARD	REQUIREMENT	MET	NOT MET	N/A	LOCATION OF EVIDENCES
	CONTENT OF HEALTH RECORDS				
72547	(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) The orders of a licensed health care practitioner acting within the scope of his or her professional licensure, including drugs, treatment and diet orders, progress notes, signed and dated on each visit. The orders of a licensed health care practitioner acting within the scope of his or her professional licensure shall be correctly recapitulated. (5) Nurses' notes which shall be signed and dated. Nurses' notes shall include: (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.				

NURSING SERVICE

STATE STANDARD	REQUIREMENT	MET	NOT MET	N/A	LOCATION OF EVIDENCES
72547	(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. Medication and treatment records shall contain the name and professional title of staff signing by initials. (D) Justification for the results of the administration of all PRN medications and the withholding of scheduled medications. (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. (F) Medications and treatments administered and recorded as prescribed. (G) Documentation of oxygen administration. (6) Temperature, pulse, respiration and blood pressure notations when indicated. (7) Laboratory reports of all tests prescribed and completed. (8) Reports of all X-rays prescribed and completed. (9) Progress notes written and dated by the activity leader at least quarterly. (10) Discharge planning notes when applicable. (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.				

NURSING SERVICE

STATE STANDARD	REQUIREMENT	MET	NOT MET	N/A	LOCATION OF EVIDENCES
	(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. (13) Consent forms for prescribed treatment and medication not included in the admission consent for care (14) Condition and diagnoses of the patient at time of discharge or final disposition. (15) A copy of the transfer form when the patient is transferred to another health facility. (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. (17) The name, complete address and telephone number where the patient was transferred upon discharge from the facility.				
	PATIENT IDENTIFICATION				
72555	Each patient shall be provided with a wristband identification tag or other means of identification which shall be worn at all times unless 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.				

NURSING SERVICE

STATE STANDARD	REQUIREMENT	MET	NOT MET	N/A	LOCATION OF EVIDENCES
HEALTH & SAFETY CODE					
1254.7 (HSC)	(b) 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.				
1418.81 (HSC)	Medical intervention requiring informed consent when the resident is lacking decision-making capacity; interdisciplinary team review.				
	(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 Welfare & Institutions 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. (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.				

PHARMACEUTICAL SERVICE					
STATE STANDARD	REQUIREMENT	MET	NOT MET	N/A	LOCATION OF EVIDENCES
	PHARMACEUTICAL SERVICE				
TITLE 22	**PHARMACEUTICAL SERVICE – GENERAL**				
72353	(d) The facility shall not accept money, goods or services free or below cost from any pharmacist or pharmacy as compensation or inducement for referral of business to any pharmacy.				See also 72511 Use of Outside Resources Under Administrative Service.
	PHARMACEUTICAL SERVICE – REQUIREMENTS				
72355	a) Pharmaceutical service shall include, but is not limited to, the following: (1) Obtaining necessary drugs including the availability of 24-hour prescription service on a prompt and timely basis as follows: (A) Drugs ordered "Stat" that are not available in the facility emergency drug supply shall be available and administered within one hour of the time ordered during normal pharmacy hours. For those hours during which the pharmacy is closed, drugs ordered "Stat" shall be available and administered within two hours of the time ordered. Drugs ordered "Stat" which are available in the emergency drug supply shall be administered immediately. (B) Anti-infectives and drugs used to treat severe pain, nausea, agitation, diarrhea or other severe discomfort shall be available and administered within four hours of the time ordered. (C) Except as indicated above, all new drug orders shall be available on the same day ordered unless the drug would not normally be started until the next day (D) Refill of prescription drugs shall be available when needed				

PHARMACEUTICAL SERVICE					
STATE STANDARD	REQUIREMENT	MET	NOT MET	N/A	LOCATION OF EVIDENCES
	PHARMACEUTICAL SERVICE – LABELING AND STORAGE OF DRUGS				

PHARMACEUTICAL SERVICE

STATE STANDARD	REQUIREMENT	MET	NOT MET	N/A	LOCATION OF EVIDENCES
72357	(d) Test reagents, germicides, disinfectants and other household substances shall be stored separately from drugs and shall not be accessible to patients. (e) External use drugs in liquid, tablet, capsule or powder form shall be stored separately from drugs for internal use. (f) Drugs shall be stored in appropriate temperatures. Drugs required to be stored at room temperature shall be stored at a temperature between 15 degrees C (59 degrees F) and 30 degrees C (86 degrees F). Drugs requiring refrigeration shall be stored in a refrigerator between 2 degrees C (36 degrees F) and 8 degrees C (46 degrees F). When drugs are stored in the same refrigerator with food, the drugs shall be kept in a closed container clearly labeled “drugs.” (g) Drugs shall be stored in an orderly manner in cabinets, drawers or carts of sufficient size to prevent crowding. (h) Dose preparation and administration areas shall be well-lighted. (j) Storage of nonlegend drugs at the bedside shall meet the following conditions: (1) The manner of storage shall prevent access by other patients. Lockable drawers or cabinets need not be used unless alternate procedures, including storage on a patient’s person or in an unlocked drawer or cabinet are ineffective. (2) The facility shall record in the patient health record the bedside medications used by the patient, based on observation by nursing personnel and/or information supplied by the patient. (3) The quantity of each drug supplied to the patient for bedside storage shall be recorded in the health record each time the drug is so supplied				

PHARMACEUTICAL SERVICE

STATE STANDARD	REQUIREMENT	MET	NOT MET	N/A	LOCATION OF EVIDENCES
72357	k) Storage of legend drugs at the bedside shall meet the conditions of 72357(j) and shall in addition: (1) Be specifically ordered by the prescriber of the drugs, and (2) Be limited to sublingual or inhalation forms of emergency drugs (l) Drugs shall not be kept in stock after the expiration date on the label and no contaminated or deteriorated drugs shall be available for use. (m) The drugs of each patient shall be kept and stored in their originally received containers. No drug shall be transferred between containers. (n) 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				
	PHARMACEUTICAL SERVICE – STOP ORDERS				
72359	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.				
	PHARMACEUTICAL SERVICE – ORDERS FOR DRUGS				

PHARMACEUTICAL SERVICE

STATE STANDARD	REQUIREMENT	MET	NOT MET	N/A	LOCATION OF EVIDENCES
	(a) No drugs shall be administered except upon the order of a person lawfully authorized to prescribe for and treat human illness.				
72361	(b) All drug orders shall be written, dated, and signed by the person lawfully authorized to give such an order. The name, quantity or specific duration of therapy, dosage and time or frequency of administration of the drug, and the route of administration if other than oral shall be specified. "P.R.N." order shall also include the indication for use of a drug. (c) Verbal orders for drugs and treatments shall be received only by licensed nurses, psychiatric technicians, pharmacists, physicians, physician's assistants from their supervising physicians only, and certified respiratory therapists when the orders relate specifically to respiratory care. Such orders shall be recorded immediately in the patient's health record by the person receiving the order and shall include the date and time of the order. The order shall be signed by the prescriber within five days. (d) The signing of orders shall be by signature or a personal computer key. Signature stamps shall not be used.				
	PHARMACEUTICAL SERVICE – DRUG ORDER PROCESSING				
72363	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.				
	PHARMACEUTICAL SERVICE – DRUG ORDER RECORDS				

PHARMACEUTICAL SERVICE

STATE STANDARD	REQUIREMENT	MET	NOT MET	N/A	LOCATION OF EVIDENCES
72365	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.				
	PHARMACEUTICAL SERVICE – PERSONAL MEDICATIONS				
72367	(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.				
	PHARMACEUTICAL SERVICE – CONTROLLED DRUGS				

PHARMACEUTICAL SERVICE

STATE STANDARD	REQUIREMENT	MET	NOT MET	N/A	LOCATION OF EVIDENCES
72369	(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 disposition of each dose of any such drug may be readily traced. Such records need not be separate from other medication records.				
	PHARMACEUTICAL SERVICE – DISPOSITION OF DRUGS				

PHARMACEUTICAL SERVICE

STATE STANDARD	REQUIREMENT	MET	NOT MET	N/A	LOCATION OF EVIDENCES
72371	(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. If the physician's discharge orders do not include provisions for drug dispositions, drugs shall be furnished to patients unless: (1) The discharging physician specifies otherwise, or (2) The patient leaves or is discharged without a physician's order or approval, or (3) The patient is discharged to a general acute care hospital, acute psychiatric hospital, or acute care rehabilitation hospital or, (4) The drug was discontinued prior to discharge or, (5) The labeled directions for use are not substantially the same as most current orders for the drug in the patient's health record.				
	(b) A record of the drugs sent with the patient shall be made in the patient's health record.				
	(c) Patient's drugs supplied by prescription which have been discontinued and those which remain in the facility after discharge of the patient shall be destroyed by the facility in the following manner:				
	(1) Drugs listed in Schedules II, III or IV of the Federal Comprehensive Drug Abuse Prevention and Control Act of 1970 shall be destroyed by the facility in the presence of a pharmacist and a registered nurse employed by the facility. The name of the patient, the name and strength of the drug, the prescription number, the amount destroyed, the date of destruction and the signatures of the witnesses required above shall be recorded in the patient's health record or in a separate log. Such log shall be retained for at least three years.				

PHARMACEUTICAL SERVICE

STATE STANDARD	REQUIREMENT	MET	NOT MET	N/A	LOCATION OF EVIDENCES
	(2) Drugs not listed under Schedules II, III or IV of the Federal Comprehensive Drug Abuse Prevention and Control Act of 1970 shall be destroyed by the facility in the presence of a pharmacist or licensed nurse. The name of the patient, the name and strength of the drug, the prescription number if applicable, the amount destroyed, the date of destruction and the signatures of the person named above and one other person shall be recorded in the patient's health record or in a separate log. Such log shall be retained for at least three years.				
	(d) Unless otherwise prohibited under applicable federal or state laws, individual patient drugs supplied in sealed containers may be returned, if unopened, to the issuing pharmacy for disposition provided that: (1) No drugs covered under the Federal Comprehensive Drug Abuse Prevention and Control Act of 1970 are returned. (2) All such drugs are identified as to lot or control number. (3) The signatures of the receiving pharmacist and a registered nurse employed by the facility are recorded in a separate log which lists the name of the patient, the name, strength, prescription number (if applicable), the amount of the drug returned and the date of return. The log must be retained for at least three years.				
	PHARMACEUTICAL SERVICE – UNIT DOSE MEDICATION SYSTEM				
72373	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.				

PHARMACEUTICAL SERVICE

STATE STANDARD	REQUIREMENT	MET	NOT MET	N/A	LOCATION OF EVIDENCES
	PHARMACEUTICAL SERVICE – STAFF				
72375	(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. (b) A pharmacist shall serve on the pharmaceutical service committee and the patient care policy committee. (c) A pharmacist shall review the drug regimen of each patient at least monthly and prepare appropriate reports. The review of the drug regimen of each patient shall include all drugs currently ordered, information concerning the patient's condition relating to drug therapy, medication administration records, and where appropriate, physician's progress notes, nurse's notes, and laboratory test results. The pharmacists shall be responsible for reporting, in writing, irregularities in the dispensing and administration of drugs and other matters relating to the review of the drug regimen to the administrator and director of the nursing service.				
	PHARMACEUTICAL SERVICE – EQUIPMENT & SUPPLIES				
72377	(b) Emergency supplies as approved by patient care policy committee or pharmaceutical service committee shall be readily available to each nursing station. Emergency drug supplies shall meet the following requirements:				

PHARMACEUTICAL SERVICE

STATE STANDARD	REQUIREMENT	MET	NOT MET	N/A	LOCATION OF EVIDENCES
	(1) Legend drugs shall not be stored in the emergency supply, except under the following conditions: A) Injectable supplies of legend drugs shall be limited to a maximum of three single doses in ampules or vials or one container of the smallest available multi-dose vial and shall be in sealed, unused containers.				
72377	((B) Sublingual or inhalation emergency drugs shall be limited to single sealed containers of the smallest available size. (2) The emergency drug supply shall be stored in a portable container which is sealed in such a manner that the tamper-proof seal must be broken to gain access to the drugs. The director of nursing service or charge nurse shall notify the pharmacist when drugs have been used from the emergency kit or when the seal has been broken. Drugs used from the kit shall be replaced within 72 hours and the supply resealed by the pharmacist. (3) The contents of the supply shall be listed on the outside of the container. (4) The supply shall be checked at least monthly by the pharmacist. (5) Separate records of use shall be maintained for drugs administered from the supply. Such records shall include the name and dose of the drug administered, name of the patient, the date and time of administration and the signature of the person administering the dose.				For 72377 (C): See HSC 1261.5 (a) & (b) instead below to determine facility compliance. Rationale: 72377 (C) no longer applies because it was supplanted by HSC 1261.5 (a) & (b). 1261.5 HSC replaces 72377 (C) (See reference above)
HEALTH & SAFETY CODE	**ADMINISTRATION OF IMMUNIZATIONS BY REGISTERED NURSE OR LICENSED PHARMACIST WITHOUT PATIENT-SPECIFIC ORDERS**				

PHARMACEUTICAL SERVICE

STATE STANDARD	REQUIREMENT	MET	NOT MET	N/A	LOCATION OF EVIDENCES
1261.3 (HSC)	(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 established by the facility.				
1261.3 (HSC)	(2) The standing orders meet the recommendations of the Advisory Committee on Immunization Practices (ACIP) of the federal Centers for Disease Control and Prevention.				
	EMERGENCY SUPPLIES FOR HEALTH FACILITIES: ORAL DOSAGE FORM OR SUPPOSITORY FORM DRUGS, STORAGE, AND DOSAGE LIMITS				

PHARMACEUTICAL SERVICE

STATE STANDARD	REQUIREMENT	MET	NOT MET	N/A	LOCATION OF EVIDENCES
1261.5 (HSC)	(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 subdivisions (c) and (d), of Section 1250 of this code for storage in a secured emergency supplies container, pursuant to Section 4119 of the Business and Professions Code, shall be limited to 48. The State Department of Public Health may limit the number of doses of each drug available to not more than 16 doses of any separate drug dosage form in each emergency supply. (b) Not more than four of the 48 oral form or suppository form drugs secured for storage in the emergency supplies container shall be psychotherapeutic drugs, except that the department may grant a program flexibility request to the facility to increase the number of psychotherapeutic drugs in the emergency supplies container to not more than 10 if the facility can demonstrate the necessity for an increased number of drugs based on the needs of the patient population at the facility. In addition, the four oral form or suppository form psychotherapeutic drug limit shall not apply to a special treatment program service unit distinct part, as defined in Section 1276.9. The department shall limit the number of doses of psychotherapeutic drugs available to not more than four doses in each emergency supply. Nothing in this section shall alter or diminish informed consent requirements, including, but not limited to, the requirements of Section 1418.9.				
1261.5 (HSC)	(c) Any limitations established pursuant to subdivisions (a) and (b) 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) [a SNF] or (d) [an ICF], or both subdivisions (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.				

PHARMACEUTICAL SERVICE

STATE STANDARD	REQUIREMENT	MET	NOT MET	N/A	LOCATION OF EVIDENCES
	AUTOMATED DRUG DELIVERY SYSTEM IN A SNF, ICF, OR NF				
1261.6 (HSC)	(a)(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. (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. (3) For purposes of this section, "pharmacy services" means the provision of both routine and emergency drugs and biologicals to meet the needs of the patient, as prescribed by a physician.				See Antipsychotic Tool and Survey Guidance Job Aids If you come across an automated drug delivery system please call your pharmacist for added consultation.
	(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.				
	(c) Individualized and specific access to automated drug delivery systems shall be limited to facility and contract personnel authorized by law to administer drugs.				

PHARMACEUTICAL SERVICE

STATE STANDARD	REQUIREMENT	MET	NOT MET	N/A	LOCATION OF EVIDENCES
	(d)(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. (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.				
	(e) When used as an emergency pharmaceutical supplies container, drugs removed from the automated drug delivery system shall be limited to the following: (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. (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. (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.				

PHARMACEUTICAL SERVICE

STATE STANDARD	REQUIREMENT	MET	NOT MET	N/A	LOCATION OF EVIDENCES
	(f) When used to provide pharmacy services pursuant to Section 4119.1 of the Business and Professions Code, the automated drug delivery system shall be subject to all of the following requirements: (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.				

PHARMACEUTICAL SERVICE

STATE STANDARD	REQUIREMENT	MET	NOT MET	N/A	LOCATION OF EVIDENCES
	(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: (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. (2) The removable pockets, cards, or drawers are transported between the pharmacy and the facility in a secure tamper-evident container. (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.				
	(h) 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				
	(i) 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 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				

STAFF DEVELOPMENT					
STATE STANDARD	REQUIREMENT	MET	NOT MET	N/A	LOCATION OF EVIDENCES
TITLE 22	ONGOING FACILITY PERSONNEL EDUCATIONAL PROGRAM				
72517	(a) 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. Each program shall include, but not be limited to: (1) Problems and needs of the aged, chronically ill, acutely ill and disabled patients. (2) Prevention and control of infections. (3) Interpersonal relationship and communication skills. (4) Fire prevention and safety. (5) Accident prevention and safety measures. (6) Confidentiality of patient information. (7) Preservation of patient dignity, including provision for privacy. (8) Patient rights and civil rights. (9) Signs and symptoms of cardiopulmonary distress. (10) Choking prevention and intervention.				
	(b) In addition to (a) above, all licensed nurses shall have training in cardiopulmonary resuscitation.				
	(c) Records of each staff development program shall be maintained. The records shall include name and title of presenter, date of presentation, title of subject presented, description of content and the signatures of those attending.				

STAFF DEVELOPMENT

STATE STANDARD	REQUIREMENT	MET	NOT MET	N/A	LOCATION OF EVIDENCES
HEALTH & SAFETY CODE					
	DEMENTIA TRAINING STANDARDS ACT				
1263 (HSC)	(a) This section shall be known and may be cited as the Dementia Training Standards Act of 2001.				Guidance Note: Not applicable to pediatric skilled facilities.
	(b) (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. (2) The facility shall develop a dementia-specific training component within the existing orientation program, to be implemented no later than July 1, 2002. (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.				
	(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.				
	STATE-APPROVED CERTIFIED NURSING AIDE TRAINING PROGRAM REQUIREMENTS				
1337.1 (HSC)	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: (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.				Guidance Note: Applies to a facility that has a State-approved certified nursing aide training program.

STAFF DEVELOPMENT

STATE STANDARD	REQUIREMENT	MET	NOT MET	N/A	LOCATION OF EVIDENCES
	(b) (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). The 60 classroom hours of training may be conducted within a skilled nursing or intermediate care facility or in an educational institution. (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. The 100 hours may consist of normal employment as a nurse assistant under the supervision of either the director of nurse training or a licensed nurse qualified to provide nurse assistant training who has no other assigned duties while providing the training. (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. (4) In a precertification training program subject to this subdivision, credit shall be given for the training received in an approved precertification training program adopted by another skilled nursing or intermediate care facility. (5) This subdivision shall not apply to a skilled nursing or intermediate care facility that demonstrates to the state department that it employs only nurse assistants with a valid certification.				
	(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.				

STAFF DEVELOPMENT

STATE STANDARD	REQUIREMENT	MET	NOT MET	N/A	LOCATION OF EVIDENCES
1337.1 (HSC)	(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.				
1337.3 (HSC)	(c) Notwithstanding Section 1337.1, the approved training program shall consist of at least the following: (1) A 16-hour orientation program to be given to newly employed nurse assistants prior to providing direct patient care, and consistent with federal training requirements for facilities participating in the Medicare or Medicaid programs. (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. The 60 classroom hours of training may be conducted within a skilled nursing facility, an intermediate care facility, or an educational institution. (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. The 100 hours may consist of normal employment as a nurse assistant under the supervision of either the director of staff development or a licensed nurse qualified to provide nurse assistant training who has no other assigned duties while providing the training.				
1337.4 (HSC)	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.				

DIETETIC SERVICE

STATE STANDARD	REQUIREMENT	MET	NOT MET	N/A	LOCATION OF EVIDENCES
TITLE 22	**DIETETIC SERVICE – FOOD SERVICE**				
72335	(a) The dietetic service shall provide food of the quality and quantity to meet each patient's need in accordance with the physicians' orders and to meet "The Recommended Daily Dietary Allowance," the most current edition, adopted by the Food and Nutrition Board of the National Research Council of the National Academy of Sciences, and the following: (3) 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 order. (4) 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. (5) 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.				
	(6) 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. (7) 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.				Guidance Note: The regulation refers to use of prepared food brought in by a food service company, (i.e. caterer, cafeteria, etc.) or from another separate facility on campus, (i.e. assisted living facility).

DIETETIC SERVICE

STATE STANDARD	REQUIREMENT	MET	NOT MET	N/A	LOCATION OF EVIDENCES
	(b) 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.				
	DIETETIC SERVICE – DIET MANUAL				
72337	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.				
	DIETETIC SERVICE – MENUS				
72341	(a) Menus for regular and therapeutic diets shall be written at least one week in advance, dated and posted in the kitchen at least one week in advance.				
	(b) All menus shall be approved by the dietitian.				
	(c) 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.				
	(d) 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.				
	(e) Menus shall be adjusted to include seasonal commodities.				
	(f) Menus shall be planned with consideration of cultural background and food habits of patients. (g) A copy of the menu as served shall be kept on file for at least 30 days.				

DIETETIC SERVICE

STATE STANDARD	REQUIREMENT	MET	NOT MET	N/A	LOCATION OF EVIDENCES
	(h) 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.				
	DIETETIC SERVICE – SANITATION				
72345	(b) 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.				
	(c) Plastic ware, china and glassware that cannot be sanitized or are hazardous because of chips, cracks or loss of glaze shall be discarded.				
	DIETETIC SERVICE – CLEANING & DISINFECTION OF UTENSILS				
72347	(d) After disinfection, the utensils shall be allowed to drain and dry in racks or baskets on nonabsorbent surfaces. Drying cloths shall not be used.				
	DIETETIC SERVICE – EQUIPMENT & SUPPLIES				
72349	(a) 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.				
	(b) 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.				
	(c) The dietetic service area shall be ventilated in a manner that will maintain comfortable working conditions, remove objectionable odors, fumes and prevent excessive condensation.				

DIETETIC SERVICE

STATE STANDARD	REQUIREMENT	MET	NOT MET	N/A	LOCATION OF EVIDENCES
	(d) Food supplies shall meet the following standards: (1) 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. (2) 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 cans with side seam dents, rim dents or swells shall not be retained or used. (4) 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. (5) 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.				
	DIETETIC SERVICE – STAFF				
72351	(a) 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.				Smart Tool available

DIETETIC SERVICE

STATE STANDARD	REQUIREMENT	MET	NOT MET	N/A	LOCATION OF EVIDENCES
	(b) 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.				Smart Tool available See also HSC 1265.4 further below for further instructions
	(d) Current work schedules by job titles and weekly time schedules by job titles shall be posted.				
	(e) 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.				
	(f) Employees' street clothing stored in the kitchen shall be in a closed area separate from food or items used in food services.				
	(g) Kitchen sinks shall not be used for hand washing. Separate hand washing facilities with soap, running water and individual towels shall be provided.				
	(h) 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.				
HEALTH & SAFETY CODE					

DIETETIC SERVICE

STATE STANDARD	REQUIREMENT	MET	NOT MET	N/A	LOCATION OF EVIDENCES
	(b) The dietetic services supervisor shall have completed at least one of the following educational requirements: (1) A baccalaureate degree with major studies in food and nutrition, dietetics, or food management and has one year of experience in the dietetic service of a licensed health facility. (2) A graduate of a dietetic technician training program approved by the American Dietetic Association*, accredited by the Commission on Accreditation for Dietetics Education, or currently registered by the Commission on Dietetic Registration.				Smart Tool available *Guidance Note: the Dietary Managers Association (DMA) is now called the Association of Nutrition and Foodservice Professionals (ANFP). The certification is still called Certified Dietary Manager (CDM). Also, the American Dietetic Association (ADA) is now called the Academy of Nutrition and Dietetics (AND)

DIETETIC SERVICE

STATE STANDARD	REQUIREMENT	MET	NOT MET	N/A	LOCATION OF EVIDENCES
HSC 1265.4	(3) A graduate of a dietetic assistant training program approved by the American Dietetic Association. (4) Is a graduate of a dietetic services training program approved by the Dietary Managers Association* and is a certified dietary manager credentialed by the Certifying Board of the Dietary Managers Association*, maintains this certification, and has received at least six hours of in-service training on the specific California dietary service requirements contained in Title 22 of the California Code of Regulations prior to assuming full-time duties as a dietetic services supervisor at the health facility. (5) Is a graduate of a college degree program with major studies in food and nutrition, dietetics, food management, culinary arts, or hotel and restaurant management and is a certified dietary manager credentialed by the Certifying Board of the Dietary Managers Association*, maintains this certification, and has received at least six hours of in-service training on the specific California dietary service requirements contained in Title 22 of the California Code of Regulations prior to assuming full-time duties as a dietetic services supervisor at the health facility. (6) A graduate of a state approved program that provides 90 or more hours of classroom instruction in dietetic service supervision, or 90 hours or more of combined classroom instruction and instructor led interactive Web-based instruction in dietetic service supervision. (7) Received training experience in food service supervision and management in the military equivalent in content to paragraph (2), (3), or (6).				

ACTIVITY PROGRAM

STATE STANDARD	REQUIREMENT	MET	NOT MET	N/A	LOCATION OF EVIDENCES
TITLE 22	**ACTIVITY PROGRAM – REQUIREMENTS**				
72381	(d) The activity leader, at a minimum, shall: (5) Post the activity schedule conspicuously, in large visible print, for the information of patients and staff. (6) Request and maintain equipment and supplies. (7) Develop and maintain contacts with community agencies and organizations.				
72385	**ACTIVITY PROGRAM – STAFF**				
	(b) An activity program leader shall be designated by and be responsible to the administration. An activity program leader shall meet one of the following requirements: (1) Have two years of experience in a social or recreational program within the past five years, one year of which was full-time in a patient activities program in a health care setting. (2) Be an occupational therapist, art therapist, music therapist, dance therapist, recreation therapist or occupational therapy assistant. (3) Have satisfactorily completed at least 36 hours of training in a course designed specifically for this position and approved by the Department and shall receive regular consultation from an occupational therapist, occupational therapy assistant or recreation therapist who has at least one year of experience in a health care setting.				Guidance Note: (F249) Federal regulatory language gives the option to follow the state requirements for activity program leader (the activity program leader requirement state option is listed under the section 72385(b)(3) see regulation to the left.

PATIENT RIGHTS

STATE STANDARD	REQUIREMENT	MET	NOT MET	N/A	LOCATION OF EVIDENCES
	PATIENT RIGHTS				
TITLE 22					
72527	(a) Patients have the rights enumerated in this section and the facility shall ensure that these rights are not violated. The facility shall establish and implement written policies and procedures which include these rights and shall make a copy of these policies available to the patient and to any representative of the patient. The policies shall be accessible to the public upon request. Patients shall have the right: (23) To be free from any requirement to purchase drugs or rent or purchase medical supplies or equipment in accordance with provisions of Section 1320 of the Health and Safety Code.				(See HSC 1320 further below)
	(e) Patients' rights policies and procedures established under this section concerning consent, informed consent and refusal or treatments or procedures shall include, but not be limited to the following: (1) How the facility will verify that informed consent was obtained or a treatment or procedure was refused pertaining to the administration of psychotherapeutic drugs or physical restraints or the prolonged used or a device that may lead to the inability of the patient to regain the use of a normal bodily function. (2) How the facility, in consultation with the patient's physician, will identify consistent with current statutory case law, who may serve as a patient's representative when an incapacitated patient has no conservator or attorney in fact under a valid Durable Power of Attorney for Health Care.				
HEALTH & SAFETY CODE					
442.5 (HSC)	(d) Counseling may include, but is not limited to, discussions about the outcomes for the patient and his or her family, based on the interest of the patient. Information and counseling, as described in subdivision (b), may occur over a series of meetings with the health care provider or others who may be providing the information and counseling based on the patient's needs.				

PATIENT RIGHTS					
STATE STANDARD	REQUIREMENT	MET	NOT MET	N/A	LOCATION OF EVIDENCES
	(e) The information and counseling sessions may include a discussion of treatment options in a manner that the patient and his or her family can easily understand. If the patient requests information on the costs of treatment options, including the availability of insurance and eligibility of the patient for coverage, the patient shall be referred to the appropriate entity for that information.				
	(f) The notification made pursuant to paragraph (1) of subdivision (a) shall not be required if the patient or other person authorized to make health care decisions, as defined in Section 4617 of the Probate Code, for the patient has already received the notification. (g) For purposes of this section, “health care decisions” has the meaning set forth in Section 4617 of the Probate Code. (h) This section shall not be construed to interfere with the clinical judgment of a health care provider in recommending the course of treatment.				
442.7 (HSC)	If a health care provider does not wish to comply with his or her patient’s request or, when applicable, the request of another person authorized to make health care decisions, as defined in Section 4617 of the Probate Code, for the patient for information on end-of-life options, the health care provider shall do both of the following: (a) Refer or transfer a patient to another health care provider that shall provide the requested information. (b) Provide the patient or other person authorized to make health care decisions for the patient with information on procedures to transfer to another health care provider that shall provide the requested information.				

PATIENT RIGHTS

STATE STANDARD	REQUIREMENT	MET	NOT MET	N/A	LOCATION OF EVIDENCES
1320 (HSC)	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.				
1418.9 (HSC)	(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. If the resident consents to the notice, the physician and surgeon shall make reasonable attempts, either personally or through a designee, to notify the interested family member, as designated in the medical record, within 48 hours of the prescription, order, or increase of an order.				
1599.61 (HSC)	(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. This standard agreement shall comply with all applicable state and federal laws.				
	(b) (1) No facility shall alter the standard agreement unless so directed by the department.				

PATIENT RIGHTS					
STATE STANDARD	REQUIREMENT	MET	NOT MET	N/A	LOCATION OF EVIDENCES
	(d) By January 1, 2000, the department shall consolidate and develop one comprehensive Patients' Bill of Rights that includes the provisions contained in Chapter 3.9 (commencing with Section 1599), the regulatory resident rights for skilled nursing facilities under Section 72527 of Title 22 of the California Code of Regulations, the regulatory resident rights for intermediate care facilities under Section 73523 of Title 22 of the California Code of Regulations, and the rights afforded residents under Section 483.10 et seq. of Title 42 of the Code of Federal Regulations.				
	(d) cont 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.				
	(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. It shall be the responsibility of the long-term health care facilities to duplicate and distribute the translated versions of the Patients' Bill of Rights with admissions agreements, when appropriate.				
	ADMISSION CONTRACTS				
1599.62 (HSC)	(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.				
1599.63 (HSC)	(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.				
	(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.				

PATIENT RIGHTS

STATE STANDARD	REQUIREMENT	MET	NOT MET	N/A	LOCATION OF EVIDENCES
1599.70 (HSC)	(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.				
	(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.				
1599.75 (HSC)	(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.				
	(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.				
	(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.				
1599.79 (HSC)	Every contract of admission shall meet the requirements of Section 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.				

PATIENT RIGHTS

STATE STANDARD	REQUIREMENT	MET	NOT MET	N/A	LOCATION OF EVIDENCES
PROBATE CODE					
	PATIENT RIGHTS: INFORMED CONSENT				
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	(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. (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.				
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 communicate the determination to the patient, if possible, and to a person then authorized to make health care decisions for the patient.				

PATIENT RIGHTS

STATE STANDARD	REQUIREMENT	MET	NOT MET	N/A	LOCATION OF EVIDENCES
4733	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: (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. (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.				
4734	(a) A health care provider may decline to comply with an individual health care instruction or health care decision for reasons of conscience. (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.				
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.				

PATIENT RIGHTS

STATE STANDARD	REQUIREMENT	MET	NOT MET	N/A	LOCATION OF EVIDENCES
4736	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: (a) Promptly so inform the patient, if possible, and any person then authorized to make health care decisions for the patient. (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. (c) 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.				

PHYSICAL PLANT

STATE STANDARD	REQUIREMENT	MET	NOT MET	N/A	LOCATION OF EVIDENCES
TITLE 22	**POSTING**				
72209	The license or a true copy thereof shall be conspicuously posted in a location accessible to public view within the facility.				
	NURSING SERVICE – SPACE				
72325	(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.				

PHYSICAL PLANT					
STATE STANDARD	REQUIREMENT	MET	NOT MET	N/A	LOCATION OF EVIDENCES
	(c) Each nursing station shall have a cabinet, a desk, space for records, a bulletin board, a telephone and a specifically designed and well illuminated medication storage compartment with a lockable door. If a separate medication room is maintained, it shall have a lockable door and a sink with water connections for care of equipment and for hand washing.				
	(d) If a refrigerator is provided in a nursing station, the refrigerator shall meet the following standards: (1) Be located in a clean area not subject to contamination by human waste. (2) Maintain temperatures at or below 7^0C (45^0F) for chilling. (3) Maintain the freezer at minus 18^0F (^{0}F). (4) Contain an accurate thermometer at all times. (5) If foods are retained in the refrigerator, they shall be covered and clearly identified as to contents and date initially covered.				
	PROGRAM FLEXIBILITY				
72213	(a) 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.				

PHYSICAL PLANT					
STATE STANDARD	REQUIREMENT	MET	NOT MET	N/A	LOCATION OF EVIDENCES
	(b) Any approval of the Department granted under this Section, or a true copy thereof, shall be posted immediately adjacent to the facility's license.				
	CONSUMER INFORMATION TO BE POSTED				
72503	(a) The following consumer information shall be conspicuously posted in a prominent location accessible to the public: (1) Name, license number and date of employment of the current administrator of the facility.				
	(2) A listing of all services and special programs provided in the facility and those provided through written contracts.				
	(3) The current and following week's menus for regular and therapeutic diets.				
	(4) A notice that the facility's written admission and discharge policies are available upon request.				
	(6) The names and addresses of all previous owners of the facility.				
	(7) 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.				
	(8) 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.				

PHYSICAL PLANT					
STATE STANDARD	REQUIREMENT	MET	NOT MET	N/A	LOCATION OF EVIDENCES
	(9) A notice of the name, address, and telephone number of the District Office of the L&C Division, Department of Health Services, having jurisdiction over the facility.				
	PATIENT ROOMS				
72609	(a)Each patient room shall be labeled with a number, letter or combination of the two for identification. (b) Patients' rooms shall not be kept locked when occupied except in rooms approved by the Department for seclusion of psychiatric patients. c) Only upon the written approval of the Department may any exit door, corridor door, yard enclosures or perimeter fences be locked to egress. d) 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				
	SPACE AND EQUIPMENT FOR AUTOCLAVING, STERILIZING AND DISINFECTING				

PHYSICAL PLANT					
STATE STANDARD	REQUIREMENT	MET	NOT MET	N/A	LOCATION OF EVIDENCES
72619	(a) A facility shall: (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. (b) If a facility maintains a central supply and sterilizing area, it shall include but not be limited to: (1) An autoclave or sterilizer, which shall be maintained in operating condition at all times. (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. (c) The facility shall provide for: (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.				

PHYSICAL PLANT					
STATE STANDARD	REQUIREMENT	MET	NOT MET	N/A	LOCATION OF EVIDENCES
	(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. (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.				
	LAUNDRY				
72623	(a) When a facility operates its own laundry, such laundry shall be: (1) Located in relationship to other areas so that steam, odors, lint and objectionable noises do not reach patient or personnel areas. (2) Adequate in size, well-lighted and ventilated to meet the needs of the facility. (3) Laundry equipment shall be of a suitable capacity, kept in good repair and maintained in a sanitary condition. (4) The laundry space shall be maintained in a clean and sanitary condition.				
	(b) If the facility does not maintain a laundry service, the commercial laundry utilized shall meet the standards of this section.				

PHYSICAL PLANT					
STATE STANDARD	REQUIREMENT	MET	NOT MET	N/A	LOCATION OF EVIDENCES
	(c) 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.				
	(d) Written procedures for handling, storage, transportation and processing of linens shall be posted in the laundry and shall be implemented.				

ADMINISTRATIVE SERVICE					
STATE STANDARD	REQUIREMENT	MET	NOT MET	N/A	LOCATION OF EVIDENCES
TITLE 22	REQUIRED SERVICES				
72301	(e) Arrangements shall be made for an advisory dentist to participate at least annually in the staff development program for all patient care personnel and to approve oral hygiene policies and practices for the care of patients.				
	(g) The facility shall make arrangements for a physician or physicians to be available to furnish emergency medical care if the attending physician, or designee, is unavailable. The telephone numbers of those physicians shall be posted in a conspicuous place in the facility.				
	PHYSICIAN'S SERVICES – MEDICAL DIRECTOR				
72305	(b) The medical director shall: (4) Be responsible for reviewing employees' pre-employment and annual health examination reports.				
	LICENSEE – GENERAL DUTIES				
72501	(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.				
	(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.				

ADMINISTRATIVE SERVICE

STATE STANDARD	REQUIREMENT	MET	NOT MET	N/A	LOCATION OF EVIDENCES
	(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.				
	(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.				
	(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.				
	(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.				
	(h) The licensee shall ensure that all employees serving patients or the public shall wear name and title badges unless contraindicated.				
	ADVERTISING				
72509	(a) 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.				
	(b) No skilled nursing facility shall use the words "Approved by the California Department of Health Services" or any other words conveying the same idea in any advertising material.				

ADMINISTRATIVE SERVICE					
STATE STANDARD	REQUIREMENT	MET	NOT MET	N/A	LOCATION OF EVIDENCES
	(c) The term "rehabilitation" shall not be used unless the facility has rehabilitation services which are approved by the Department.				
	USE OF OUTSIDE RESOURCES				
72511	(a) If a facility does not employ qualified personnel to render a specific service to be provided by the facility, there shall be arrangements through a written agreement with outside resources which shall meet the standards and requirements of these regulations.				
	(b) Copies of affiliation agreements, contracts or written arrangements for advice, consultation, services, training or transportation, with other facilities, organizations or individuals, public or private agencies, shall be on file in the facility's administrative office. These shall be readily available for inspection and review by the Department.				
	(c) The affiliation agreement, contracts and written arrangements shall include, but not be limited to: (1) Description of the services to be provided. (2) Financial arrangements. (3) Methods by which the services are to be provided. (4) Conditions upon which the agreement, contract or written arrangement can be terminated. (5) Time frame of the affiliation agreement, contract or written arrangement. (6) Effective date of affiliation agreement, contract or written arrangement.				

ADMINISTRATIVE SERVICE					
STATE STANDARD	REQUIREMENT	MET	NOT MET	N/A	LOCATION OF EVIDENCES
	(7) Date affiliation agreement, contract or written arrangement was signed. (8) Signatures of all parties to the written agreement.				
	(d) The outside resource, when acting as a consultant, shall apprise the administrator in writing of recommendations, plans for implementation and continuing assessment through dated and signed reports which shall document the length of the visit and shall be retained by the administrator for follow-up action and evaluation of performance. The administrator shall provide evidence of review of the recommendations.				
	ADMINISTRATOR				
72513	(a) Each skilled nursing facility shall employ or otherwise provide an administrator to carry out the policies of the licensee. The administrator shall be responsible for the administration and management of only one skilled nursing facility unless all of the following conditions are met: (1) If other skilled nursing facilities for which the administrator is responsible are in the same geographic area, and within one hour surface travel time of each other, and are operated by the same governing body. (2) The administrator shall not be responsible for more than three facilities or a total of no more than 200 beds. (3) The administrator shall designate a responsible adult who is knowledgeable in the policies and procedures of the licensee in each facility to be responsible for carrying out the policies of the licensee in the administrator's absence.				

ADMINISTRATIVE SERVICE					
STATE STANDARD	REQUIREMENT	MET	NOT MET	N/A	LOCATION OF EVIDENCES
	(e) 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.				
	(f) 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.				
	ADMISSION OF PATIENTS				
72515	The licensee shall: (b) Accept and retain only those patients for whom it can provide adequate care.				
	PATIENT TRANSFERS				
72519	(a)The licensee shall maintain written transfer agreements with other nearby facilities to make the services of those facilities accessible and to facilitate the transfer of patients. Complete and accurate patient information, in sufficient detail to provide for continuity of care shall be transferred with the patient at time of transfer.				
	ADMINISTRATIVE POLICIES & PROCEDURES				

ADMINISTRATIVE SERVICE					
STATE STANDARD	REQUIREMENT	MET	NOT MET	N/A	LOCATION OF EVIDENCES
72521	(c) Each facility shall establish at least the following: (6) Procedures for reporting of unusual occurrences.				
	(d) The facility shall have a written organizational chart showing the major programs of the facility, the person in charge of each program, the lines of authority, responsibility and communication and the staff assignments.				
	REQUIRED COMMITTEES				
72525	(a) Each facility shall have at least the following committees: patient care policy, infection control and pharmaceutical service. (b) Minutes of every committee meeting shall be maintained in the facility and indicate names of members present, date, length of meeting, subject matter discussed and action taken.				
	(c) Committee composition and function shall be as follows: (1) Patient care policy committee. (A) A patient care policy committee shall establish policies governing the following services: Physician, dental, nursing, dietetic, pharmaceutical, health records, housekeeping, activity programs and such additional services as are provided by the facility. (B) The committee shall be composed of: at least one physician, the administrator, the director of nursing service, a pharmacist, the activity leader and representatives of each required service as appropriate. (c) Committee composition and function shall be as follows: (1) Patient care policy committee.				

ADMINISTRATIVE SERVICE					
STATE STANDARD	REQUIREMENT	MET	NOT MET	N/A	LOCATION OF EVIDENCES
	(A) A patient care policy committee shall establish policies governing the following services: Physician, dental, nursing, dietetic, pharmaceutical, health records, housekeeping, activity programs and such additional services as are provided by the facility. (B) The committee shall be composed of: at least one physician, the administrator, the director of nursing service, a pharmacist, the activity leader and representatives of each required service as appropriate. (C) The committee shall meet at least annually. (D) The patient care policy committee shall have the responsibility for reviewing and approving all policies relating to patient care. Based on reports received from the facility administrator, the committee shall review the effectiveness of policy implementation and shall make recommendations for the improvement of patient care. (E) The committee shall review patient care policies annually and revise as necessary. Minutes shall list policies reviewed.				
	(2) Infection control committee. (A) An infection control committee shall be responsible for infection control in the facility. (B) The committee shall be composed of representatives from the following services; physician, nursing, administration, dietetic, pharmaceutical, activities, housekeeping, laundry and maintenance. (C) The committee shall meet at least quarterly				

ADMINISTRATIVE SERVICE					
STATE STANDARD	REQUIREMENT	MET	NOT MET	N/A	LOCATION OF EVIDENCES
	(D) The functions of the infection control committee shall include, but not be limited to: 1. Establishing, reviewing, monitoring and approving policies and procedures for investigating, controlling and preventing infections in the facility. 2. Maintaining, reviewing and reporting statistics of the number, types, sources and locations of infections within the facility.				
	(3) Pharmaceutical service committee. (A) A pharmaceutical service committee shall direct the pharmaceutical services in the facility. (B) The committee shall be composed of the following: a pharmacist, the director of nursing service, the administrator and at least one physician. (C) The committee shall meet at least quarterly. (D) The functions of the pharmaceutical service committee shall include, but not be limited to: 1. Establishing, reviewing, monitoring and approving policies and procedures for safe procurement, storage, distribution and use of drugs and biologicals. 2. Reviewing and taking appropriate action on the pharmacist's quarterly report. 3. Recommending measures for improvement of services and the selection of pharmaceutical reference materials.				

ADMINISTRATIVE SERVICE					
STATE STANDARD	REQUIREMENT	MET	NOT MET	N/A	LOCATION OF EVIDENCES
	LIABILITY FOR RENT & RETURN OF RENTAL ADVANCE				
72531	(b) 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. (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.				
	EMPLOYEE PERSONNEL RECORDS				

ADMINISTRATIVE SERVICE

STATE STANDARD	REQUIREMENT	MET	NOT MET	N/A	LOCATION OF EVIDENCES
72533	(a) Each facility shall maintain current complete and accurate personnel records for all employees. (1) The record shall include: (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.				
72533	(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.				SMART Tool Available
	(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.				

ADMINISTRATIVE SERVICE

STATE STANDARD	REQUIREMENT	MET	NOT MET	N/A	LOCATION OF EVIDENCES
	(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: (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	(a) All employees working in the facility, including the licensee, shall 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.				
	Patient Health Record				

ADMINISTRATIVE SERVICE					
STATE STANDARD	REQUIREMENT	MET	NOT MET	N/A	LOCATION OF EVIDENCES
72543	(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				
	(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.				
	(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:				
	(1) That the new licensee shall have custody of the patients' health records and that these records or copies shall be available to the former licensee, the new licensee and other authorized persons; or (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 (3) The reason for the unavailability of such records.				

ADMINISTRATIVE SERVICE

STATE STANDARD	REQUIREMENT	MET	NOT MET	N/A	LOCATION OF EVIDENCES
	(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.				
	(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.				
	(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.				
	EXTERNAL DISASTER AND MASS CASUALTY PROGRAM				
72551	(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.				
	(b) The plan shall provide procedures in event of community and widespread disasters. The written plan shall include at least the following: (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				

ADMINISTRATIVE SERVICE					
STATE STANDARD	REQUIREMENT	MET	NOT MET	N/A	LOCATION OF EVIDENCES
	(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. (10) A tag containing all pertinent personal and medical information which shall accompany each patient who is moved, transferred, discharged or evacuated. (11) Procedures for maintaining security in order to keep relatives, visitors and curious persons out of the facility during a disaster.				

ADMINISTRATIVE SERVICE					
STATE STANDARD	REQUIREMENT	MET	NOT MET	N/A	LOCATION OF EVIDENCES
	(12) Procedures for providing emergency care to incoming patients from other health facilities. (13) Assignment of public relations liaison duties to a responsible individual employed by the facility to release information to the public during a disaster.				
	FIRE & INTERNAL DISASTERS				
72553	(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. (b) The written plan shall include at least the following: (4) Priority for notification of staff including names and telephone numbers. (7) Procedures for moving patients from damaged areas of the facility to undamaged areas. (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. (10) A disaster tag containing all pertinent personal and medical information to accompany each patient who is moved, transferred, discharged or evacuated. (11) Procedures for maintaining a record of patient relocation. (12) Procedures for handling incoming or relocated patients. (13) Other provisions as dictated by circumstances.				

ADMINISTRATIVE SERVICE

STATE STANDARD	REQUIREMENT	MET	NOT MET	N/A	LOCATION OF EVIDENCES
1336.3 (HSC)	(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: (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.				
	(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 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.				
	HEALTH & SAFETY CODE				
1261 (HSC)	(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:				

ADMINISTRATIVE SERVICE

STATE STANDARD	REQUIREMENT	MET	NOT MET	N/A	LOCATION OF EVIDENCES
1261 (HSC)cont	(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. (3) The patient has indicated to health facility staff that the patient does not want this person to visit. (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. (c) For purposes of this section, "domestic partner" has the same meaning as that term is used in Section 297 of the Family Code.				
1262.7 (HSC)	(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. (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.				
	(a) A health facility, as defined in subdivision (a), (b), (c), or (f) of Section 1250, shall develop, implement, and comply with a patient safety plan for the purpose of improving the health and safety of patients and reducing preventable patient safety events. The patient safety plan shall be developed by the facility, in consultation with the facility's various health care professionals.				

ADMINISTRATIVE SERVICE					
STATE STANDARD	REQUIREMENT	MET	NOT MET	N/A	LOCATION OF EVIDENCES
1279.6 (HSC)	b) The patient safety plan required pursuant to subdivision (a) shall, at a minimum, provide for the establishment of all of the following: (1) A patient safety committee or equivalent committee in composition and function. The committee shall be composed of the facility's various health care professionals, including, but not limited to, physicians, nurses, pharmacists, and administrators. The committee shall do all of the following: (A) Review and approve the patient safety plan. (B) Receive and review reports of patient safety events as defined in subdivision (c). (C) Monitor implementation of corrective actions for patient safety events D) Make recommendations to eliminate future patient safety events. (E) Review and revise the patient safety plan, at least once a year, but more often if necessary, to evaluate and update the plan, and to incorporate advancements in patient safety practices. (2) A reporting system for patient safety events that allows anyone involved, including, but not limited to, health care practitioners, facility employees, patients, and visitors, to make a report of a patient safety event to the health facility. (3) A process for a team of facility staff to conduct analyses, including, but not limited to, root cause analyses of patient safety events. The team shall be composed of the facility's various categories of health care professionals, with the appropriate competencies to conduct the required analyses. (4) A reporting process that supports and encourages a culture of safety and reporting patient safety events.				
	(5) A process for providing ongoing patient safety training for facility personnel and health care practitioners.				

ADMINISTRATIVE SERVICE					
STATE STANDARD	REQUIREMENT	MET	NOT MET	N/A	LOCATION OF EVIDENCES
	(c) For the purposes of this section, patient safety events shall be defined by the patient safety plan and shall include, but not be limited to, all adverse events or potential adverse events as described in Section 1279.1 that are determined to be preventable, and health-care-associated infections (HAI), as defined in the federal Centers for Disease Control and Prevention's National Healthcare Safety Network, or its successor, unless the department accepts the recommendation of the Healthcare Associated Infection Advisory Committee, or its successor, that are determined to be preventable.				
1279.7 (HSC)	(a) A health facility, as defined in subdivision (a), (b), (c), or (f) of Section 1250, shall implement a facility-wide hand hygiene program.				
	(b) Beginning January 1, 2011, a health facility, as defined in subdivision (a), (b), (c), or (f) of Section 1250, is prohibited from using an intravenous connection, epidural connection, or enteral feeding connection that would fit into a connection port other than the type it was intended for, unless an emergency or urgent situation exists and the prohibition impairs the ability to provide health care.				
1279.8 (HSC)	(a) Every health facility, as defined in subdivision (c), (d), (e), (g), (h), (i), or (m) of Section 1250, shall, for the purpose of addressing issues that arise when a patient is missing from a facility, develop and comply with an absentee notification plan as part of the written plans and procedures that are required pursuant to federal or state law. The plan shall include and be limited to the following: a requirement that an administrator of the facility, or his or her designee, inform the patient's authorized representative when that patient is missing from the facility and the circumstances in which an administrator of the facility, or his or her designee, shall notify local law enforcement when a patient is missing from the facility.				
	(b) This section does not apply to state hospitals under the jurisdiction of the State Department of State Hospitals when the executive director of the state hospital, or his or her designee, determines that informing the patient's authorized representative that a patient is missing will create a risk to the safety and security of the state hospital				

ADMINISTRATIVE SERVICE					
STATE STANDARD	REQUIREMENT	MET	NOT MET	N/A	LOCATION OF EVIDENCES
	BREACHES				
	(a) A clinic, health facility, home health agency, or hospice licensed pursuant to Section 1204, 1250, 1725, or 1745 shall prevent unlawful or unauthorized access to, and use or disclosure of, patients' medical information, as defined in Section 56.05 of the Civil Code and consistent with Section 1280.18.				
1280.15 (HSC)	(a) continued . For purposes of this section, internal paper records, electronic mail, or facsimile transmissions inadvertently misdirected within the same facility or health care system within the course of coordinating care or delivering services shall not constitute unauthorized access to, or use or disclosure of, a patient's medical information. The department, after investigation, may assess an administrative penalty for a violation of this section of up to twenty-five thousand dollars ($25,000) per patient whose medical information was unlawfully or without authorization accessed, used, or disclosed, and up to seventeen thousand five hundred dollars ($17,500) per subsequent occurrence of unlawful or unauthorized access, use, or disclosure of that patient's medical information. For purposes of the investigation, the department shall consider the clinic's, health facility's, agency's, or hospice's history of compliance with this section and other related state and federal statutes and regulations, the extent to which the facility detected violations and took preventative action to immediately correct and prevent past violations from recurring, and factors outside its control that restricted the facility's ability to comply with this section. The department shall have full discretion to consider all factors when determining whether to investigate and the amount of an administrative penalty, if any, pursuant to this section				
	(b) (1) A clinic, health facility, home health agency, or hospice to which subdivision (a) applies shall report any unlawful or unauthorized access to, or use or disclosure of, a patient's medical information to the department no later than 15 business days after the unlawful or unauthorized access, use, or disclosure has been detected by the clinic, health facility, home health agency, or hospice.				

ADMINISTRATIVE SERVICE					
STATE STANDARD	REQUIREMENT	MET	NOT MET	N/A	LOCATION OF EVIDENCES
	(2) Subject to subdivision (c), a clinic, health facility, home health agency, or hospice shall also report any unlawful or unauthorized access to, or use or disclosure of, a patient's medical information to the affected patient or the patient's representative at the last known address, or by an alternative means or at an alternative location as specified by the patient or the patient's representative in writing pursuant to Section 164.522(b) of Title 45 of the Code of Federal Regulations, no later than 15 business days after the unlawful or unauthorized access, use, or disclosure has been detected by the clinic, health facility, home health agency, or hospice. Notice may be provided by email only if the patient has previously agreed in writing to electronic notice by email.				
	PATIENT PROPERTY/VALUABLES AND THEFT & LOSS PROGRAM				
1289.3 (HSC)	(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. The presumption shall be a rebuttable presumption, and the resident or the resident's representative may pursue this matter in any court of competent jurisdiction.				
1289.4 (HSC)	A theft and loss program shall be implemented by the long-term health care facilities within 90 days after January 1, 1988. The program shall include all of the following: (a) Establishment and posting of the facility's policy regarding theft and investigative procedures.				
	(b) Orientation to the policies and procedures for all employees within 90 days of employment.				

ADMINISTRATIVE SERVICE					
STATE STANDARD	REQUIREMENT	MET	NOT MET	N/A	LOCATION OF EVIDENCES
	(c) Documentation of lost and stolen patient property with a value of twenty-five dollars ($25) or more and, upon request, the documented theft and loss record for the past 12 months shall be made available to the State Department of Health Services, the county health department, or law enforcement agencies and to the office of the State Long-Term Care Ombudsman in response to a specific complaint. The documentation shall include, but not be limited to, the following: (1) A description of the article. (2) Its estimated value. (3) The date and time the theft or loss was discovered. (4) If determinable, the date and time the loss or theft occurred. (5) The action taken.				
	(d) A written patient personal property inventory is established upon admission and retained during the resident's stay in the long-term health care facility. A copy of the written inventory shall be provided to the resident or the person acting on the resident's behalf. Subsequent items brought into or removed from the facility shall be added to or deleted from the personal property inventory by the facility at the written request of the resident, the resident's family, a responsible party, or a person acting on behalf of a resident. The facility shall not be liable for items which have not been requested to be included in the inventory or for items which have been deleted from the inventory. A copy of a current inventory shall be made available upon request to the resident, responsible party, or other authorized representative. The resident, resident's family, or a responsible party may list those items which are not subject to addition or deletion from the inventory, such as personal clothing or laundry, which are subject to frequent removal from the facility.				

ADMINISTRATIVE SERVICE					
STATE STANDARD	REQUIREMENT	MET	NOT MET	N/A	LOCATION OF EVIDENCES
	(e) Inventory and surrender of the resident's personal effects and valuables upon discharge to the resident or authorized representative in exchange for a signed receipt.				
	(f) Inventory and surrender of personal effects and valuables following the death of a resident to the authorized representative in exchange for a signed receipt. Immediate notice to the public administrator of the county upon the death of a resident without known next of kin as provided in Section 7600.5 of the Probate Code.				
	(g) Documentation, at least semiannually, of the facility's efforts to control theft and loss, including the review of theft and loss documentation and investigative procedures and results of the investigation by the administrator and, when feasible, the resident council.				
	(h) Establishment of a method of marking, to the extent feasible, personal property items for identification purposes upon admission and, as added to the property inventory list, including engraving of dentures and tagging of other prosthetic devices.				
	(i) Reports to the local law enforcement agency within 36 hours when the administrator of the facility has reason to believe patient property with a then current value of one hundred dollars ($100) or more has been stolen. Copies of those reports for the preceding 12 months shall be made available to the State Department of Health Services and law enforcement agencies.				

ADMINISTRATIVE SERVICE

STATE STANDARD	REQUIREMENT	MET	NOT MET	N/A	LOCATION OF EVIDENCES
	(j) Maintenance of a secured area for patients' property which is available for safekeeping of patient property upon the request of the patient or the patient's responsible party. Provide a lock for the resident's bedside drawer or cabinet upon request of and at the expense of the resident, the resident's family, or authorized representative. The facility administrator shall have access to the locked areas upon request.				
	(k) A copy of this section and Sections 1289.3 and 1289.5 is provided by a facility to all of the residents and their responsible parties, and, available upon request, to all of the facility's prospective residents and their responsible parties.				
	(l) Notification to all current residents and all new residents, upon admission, of the facility's policies and procedures relating to the facility's theft and loss prevention program.				
1289.5 (HSC)	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.				
1318 (HSC)	(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 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.				

ADMINISTRATIVE SERVICE

STATE STANDARD	REQUIREMENT	MET	NOT MET	N/A	LOCATION OF EVIDENCES
	(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.				
	(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.				
	(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.				
	(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.				

ADMINISTRATIVE SERVICE					
STATE STANDARD	REQUIREMENT	MET	NOT MET	N/A	LOCATION OF EVIDENCES
1418.21 (HSC)	1418.21. (a) A skilled nursing facility that has been certified for purposes of Medicare or Medicaid shall post the overall facility rating information determined by the federal Centers for Medicare and Medicaid Services (CMS) in accordance with the following requirements: (1) The information shall be posted in at least the following locations, in the facility: (A) An area accessible and visible to members of the public. (B) An area used for employee breaks. (C) An area used by residents for communal functions, such as dining, resident council meetings, or activities. (2) The information shall be posted on white or light-colored paper that includes all of the following, in the following order: (A) The full name of the facility, in a clear and easily readable font of at least 28 point. (B) The full address of the facility in a clear and easily readable font of at least 20 point.				

ADMINISTRATIVE SERVICE					
STATE STANDARD	REQUIREMENT	MET	NOT MET	N/A	LOCATION OF EVIDENCES
1418.21 (HSC)	(C) The most recent overall star rating given by CMS to that facility, except that a facility shall have seven business days from the date when it receives a different rating from the CMS to include the updated rating in the posting. The star rating shall be aligned in the center of the page. The star rating shall be expressed as the number that reflects the number of stars given to the facility by the CMS. The number shall be in a clear and easily readable font of at least two inches print. (D) Directly below the star symbols shall be the following text in a clear and easily readable font of at least 28 point: "The above number is out of 5 stars." (E) Directly below the text described in subparagraph (D) shall be the following text in a clear and easily readable font of at least 14 point: "This facility is reviewed annually and has been licensed by the State of California and certified by the federal Centers for Medicare and Medicaid Services (CMS). CMS rates facilities that are certified to accept Medicare or Medicaid. CMS gave the above rating to this facility. A detailed explanation of this rating is maintained at this facility and will be made available upon request. This information can also be accessed online at the Nursing Home Compare Internet Web site at http://www.medicare.gov/NHcompare . Like any information, the Five-Star Quality Rating System has strengths and limits. The criteria upon which the rating is determined may not represent all of the aspects of care that may be important to you. You are encouraged to discuss the rating with facility staff. The Five-Star Quality Rating System was created to help consumers, their families, and caregivers compare nursing homes more easily and help identify areas about which you may want to ask questions. Nursing home ratings are assigned based on ratings given to health inspections, staffing, and quality measures. Some areas are assigned a greater weight than other areas. These ratings are combined to calculate the overall rating posted here."				

ADMINISTRATIVE SERVICE					
STATE STANDARD	REQUIREMENT	MET	NOT MET	N/A	LOCATION OF EVIDENCES
	(F) Directly below the text described in subparagraph (E), the following text shall appear in a clear and easily readable font of at least 14 point: "State licensing information on skilled nursing facilities is available on the State Department of Public Health's Internet Web site at: www.cdph.ca.gov, under Programs, Licensing and Certification, Health Facilities Consumer Information System." (3) For the purposes of this section, "a detailed explanation of this rating" shall include, but shall not be limited to, a printout of the information explaining the Five-Star Quality Rating System that is available on the CMS Nursing Home Compare Internet Web site. This information shall be maintained at the facility and shall be made available upon request. (4) The requirements of this section shall be in addition to any other posting or inspection report availability requirements.				
	(b) Violation of this section shall constitute a class B violation, as defined in subdivision (e) of Section 1424 and, notwithstanding Section 1290, shall not constitute a crime. Fines from a violation of this section shall be deposited into the State Health Facilities Citation Penalties Account, created pursuant to Section 1417.2.				
	(c) This section shall be operative on January 1, 2011.				
1418.91 (HSC)	(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 (HSC)	(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 mail, or by telephone with a written confirmation within five calendar days.				

ADMINISTRATIVE SERVICE

STATE STANDARD	REQUIREMENT	MET	NOT MET	N/A	LOCATION OF EVIDENCES
1421.1 (HSC)	(a) continued The information provided pursuant to this subdivision may not be released to the public by the department unless its release is needed to justify an action taken by the department or it otherwise becomes a matter of public record. A violation of this section is a class "B" violation.				
	(b) All of the following occurrences shall require notification pursuant to this section: (1) The licensee of a facility receives notice that a judgment lien has been levied against the facility or any of the assets of the facility or the licensee. (2) A financial institution refuses to honor a check or other instrument issued by the licensee to its employees for a regular payroll. (3) The supplies, including food items and other perishables, on hand in the facility fall below the minimum specified by any applicable statute or regulation. (4) The financial resources of the licensee fall below the amount needed to operate the facility for a period of at least 45 days based on the current occupancy of the facility. The determination that financial resources have fallen below the amount needed to operate the facility shall be based upon the current number of occupied beds in the facility multiplied by the current daily Medi-Cal reimbursement rate multiplied by 45 days. (5) The licensee fails to make timely payment of any premiums required to maintain required insurance policies or bonds in effect, or any tax lien levied by any government agency.				

ADMINISTRATIVE SERVICE					
STATE STANDARD	REQUIREMENT	MET	NOT MET	N/A	LOCATION OF EVIDENCES
1424.6 (HSC)	Failure by a developmental center to report incidents as required under subdivision (a) of Section 4427.5 of the Welfare and Institutions Code shall be deemed a class B violation if the incident occurs in a distinct part long-term health care facility, and shall be subject to the penalties specified in Section 1424.5 for distinct part skilled nursing facilities or distinct part intermediate care facilities, or Section 1424 for other distinct part long-term health care facilities.				
1429 (HSC)	a) Each class "AA" and class "A" citation specified in subdivisions (c) and (d) of Section 1424 that is issued, or a copy or copies thereof, shall be prominently posted for 120 days. The citation or copy shall be posted in a place or places in plain view of the patients or residents in the long-term health care facility, persons visiting those patients or residents, and persons who inquire about placement in the facility. (1) The citation shall be posted in at least the following locations in the facility: (A) An area accessible and visible to members of the public. (B) An area used for employee breaks. (C) An area used by residents for communal functions, such as dining, resident council meetings, or activities. (2) The citation, along with a cover sheet, shall be posted on a white or light-colored sheet of paper, at least 8 1⁄2 by 11 inches in size, that includes all of the following information: (A) The full name of the facility, in a clear and easily readable font in at least 28-point type. (B) The full address of the facility, in a clear and easily readable font in at least 20-point type.				

ADMINISTRATIVE SERVICE

STATE STANDARD	REQUIREMENT	MET	NOT MET	N/A	LOCATION OF EVIDENCES
1429 (HSC)	(3) The facility may post the plan of correction. (4) The facility may post a statement disputing the citation or a statement showing the appeal status, or both. (5) The facility may remove and discontinue the posting required by this section if the citation is withdrawn or dismissed by the department.				
	(b) Each class "B" citation specified in subdivision (e) of Section 1424 that is issued pursuant to this section and that has become final, or a copy or copies thereof, shall be retained by the licensee at the facility cited until the violation is corrected to the satisfaction of the department. Each citation shall be made promptly available by the licensee for inspection or examination by any member of the public who so requests. In addition, every licensee shall post in a place or places in plain view of the patient or resident in the long-term health care facility, persons visiting those patients or residents, and persons who inquire about placement in the facility, a prominent notice informing those persons that copies of all final uncorrected citations issued by the department to the facility will be made promptly available by the licensee for inspection by any person who so requests.				
	(c) A violation of this section shall constitute a class "B" violation, and shall be subject to a civil penalty in the amount of one thousand dollars ($1,000), as provided in subdivision (e) of Section 1424. Notwithstanding Section 1290, a violation of this section shall not constitute a crime. Fines imposed pursuant to this section shall be deposited into the State Health Facilities Citation Penalties Account, created pursuant to Section 1417.2.				
1599.64 (HSC)	(a) All abbreviated contracts of admission and contracts of admission shall be printed in black type of not less than 10-point type size, on plain white paper. The print shall appear on one side of the paper only.				

ADMINISTRATIVE SERVICE					
STATE STANDARD	REQUIREMENT	MET	NOT MET	N/A	LOCATION OF EVIDENCES
	(b) The contract shall be written in clear, coherent, and unambiguous language, using words with common and everyday meanings. It shall be appropriately divided, and each section captioned.				
	(c) The contract for a skilled nursing facility shall have an attachment that is placed before any other attachment and that shall disclose the name of the owner and licensee of the skilled nursing facility and the name and contact information of a single entity that is responsible for all aspects of patient care and the operation of the facility.				
	(d) An abbreviated contract of admission shall include a statement indicating that respite care services, as defined in Section 1418.1, provided by the skilled nursing facility or intermediate care facility is not a Medi-Cal covered service and can only be provided by the facility on a private-pay or third-party payor basis, unless the person is participating in a Medicaid waiver program pursuant to Section 1396n of Title 42 of the United States Code, or other respite care service already covered by the Medi-Cal program.				
	(e) An abbreviated contract of admission shall specify the discharge date agreed to upon admission by the skilled nursing facility or intermediate care facility and the person being admitted or his or her representative. This discharge date shall be binding as a ground for discharge in addition to any other ground for discharge pursuant to federal or state law and regulations.				
	(f) An abbreviated contract of admission shall include a statement informing the person being admitted for respite care services that the contract is designed specifically for the provision of respite care services and cannot be used for any other type of admission to the facility.				

ADMINISTRATIVE SERVICE					
STATE STANDARD	REQUIREMENT	MET	NOT MET	N/A	LOCATION OF EVIDENCES
1599.645 (HSC)	(a) Within 30 days of approval of a change of ownership by the California Department of Public Health, the skilled nursing facility shall send written notification to all current residents and patients and to the primary contacts listed in the admission agreement of each resident and patient. The notice shall disclose the name of the owner and licensee of the skilled nursing facility and the name and contact information of a single entity that is responsible for all aspects of patient care and the operation of the facility.				
	(b) The Department shall accept a copy of the written notice and a copy of the list of individuals and mailing addresses to whom the facility sent the notification as satisfactory evidence that the facility provided the required written notification.				
WELFARE & INSTITUTIONS CODE					
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.				Does not apply for Title 18 Medicare-only SNFs.

ADMINISTRATIVE SERVICE

STATE STANDARD	REQUIREMENT	MET	NOT MET	N/A	LOCATION OF EVIDENCES
14019.7 (W&I)	(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. (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. (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 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.				

ADMINISTRATIVE SERVICE

STATE STANDARD	REQUIREMENT	MET	NOT MET	N/A	LOCATION OF EVIDENCES
14110.4 (W&I)	(a) All laundry services for all apparel, linen, garments, towels, and hospital gowns shall be provided by a nursing facility or any category of intermediate care facility for the developmentally disabled at no cost to a recipient under this chapter. These laundry services shall be considered as part of the basic care provided by the facility under the daily rate provided for pursuant to this chapter. The director shall, if necessary, adjust the daily rate to provide for the costs of these services. A facility may, however, charge the patient a fee to provide special drycleaning or treatment for a garment needing this care, when the garment is owned by the patient and when the regular laundry service is not appropriate.(b) A facility shall provide a periodic hair trim as part of its care for all patients who are recipients under this chapter. This service shall be included as part of the daily rate provided for pursuant to this chapter. The director shall, if necessary, adjust the daily rate to provide for the costs of these services. A facility may, however, charge a fee for beauty shop services for patients who request special treatments or styling of their hair.				
14110.8 (W&I)	(b) 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 who have made a timely and good faith application for Medi-Cal benefits and for whom an eligibility determination has not yet been made.				

ADMINISTRATIVE SERVICE

STATE STANDARD	REQUIREMENT	MET	NOT MET	N/A	LOCATION OF EVIDENCES
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.				

OTHER APPROVED SERVICES (OPTIONAL SERVICES)

STATE STANDARD	REQUIREMENT	MET	NOT MET	N/A	LOCATION OF EVIDENCES
	PHYSICAL THERAPY SERVICE UNIT- SPACE				
72411	(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 – EQUIPMENT				
72419	(a) Necessary equipment shall be available to provide the occupational therapy services offered. The equipment shall include but not be limited to: (1) Supportive slings, supportive and assistive hand splints and the materials from which to fabricate these and other assistive devices. (2) Adaptive devices to aid in the performance of daily living skills such as eating, dressing, grooming and writing, with instructions for their use. (3) Equipment and supplies for the development of creative skills. (4) Means and supplies for adapting equipment for reeducation in activities of daily living.				
	OCCUPATIONAL THERAPY SERVICE UNIT – SPACE				
72421	(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.				

OTHER APPROVED SERVICES (OPTIONAL SERVICES)

STATE STANDARD	REQUIREMENT	MET	NOT MET	N/A	LOCATION OF EVIDENCES
72421	(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 – SERVICES				
72423	(a) "Speech pathology and/or audiology services" means those services referred or ordered by a licensed healthcare practitioner acting within the scope of his or her professional licensure or certification, for the provision of diagnostic screening and preventive and corrective therapy for persons with speech, hearing and/or language disorders.				
	(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 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. (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.				

OTHER APPROVED SERVICES (OPTIONAL SERVICES)

STATE STANDARD	REQUIREMENT	MET	NOT MET	N/A	LOCATION OF EVIDENCES
	(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.				
	SPEECH PATHOLOGY AND/OR AUDIOLOGY SERVICE UNIT – STAFF				
72427	(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.				
	SPEECH PATHOLOGY AND/OR AUDIOLOGY SERVICE UNIT – EQUIPMENT				
72429	(a) Necessary equipment shall be available to provide the speech pathology and/or audiology services offered. The equipment shall include but not be limited to: (1) A diagnostic clinical audiometer. (2) Diagnostic tests and materials.				
	SPEECH PATHOLOGY AND/OR AUDIOLOGY SERVICE UNIT – SPACE				
72431	Space free of ambient noise shall be provided by the facility to produce valid test results.				
	SOCIAL WORK SERVICE UNIT – SERVICES				

OTHER APPROVED SERVICES (OPTIONAL SERVICES)

STATE STANDARD	REQUIREMENT	MET	NOT MET	N/A	LOCATION OF EVIDENCES
72433	(b) 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 licensed healthcare practitioner acting within the scope of his or her professional licensure, 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 licensed healthcare practitioner acting within the scope of his or her professional licensure, the director of nursing service and other appropriate personnel. (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.				
	SOCIAL WORK SERVICE UNIT – EQUIPMENT AND SUPPLIES				
72439	(a) Office equipment and supplies necessary for the social work service unit shall be available.				
	SOCIAL WORK SERVICE UNIT – SPACE				
72441	Accessible space shall be provided for privacy in interviewing, telephoning, conferences, and for operation of the unit.				

OTHER APPROVED SERVICES (OPTIONAL SERVICES)

STATE STANDARD	REQUIREMENT	MET	NOT MET	N/A	LOCATION OF EVIDENCES
	SPECIAL TREATMENT PROGRAM SERVICE – SERVICES				
72445	(a) 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.				
	(c) 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.				
	(d) The facility program plan shall include provisions for accomplishing the following: (3) A minimum average of 27 hours per week of direct group or individual program service for each patient.				
HEALTH & SAFETY CODE					
	SPECIAL TREATMENT PROGRAM SERVICE – SERVICES (CONTINUED)				

OTHER APPROVED SERVICES (OPTIONAL SERVICES)

STATE STANDARD	REQUIREMENT	MET	NOT MET	N/A	LOCATION OF EVIDENCES
1262 (HSC)	(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: (1) The nature of the illness and follow up required. (2) 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.				

OTHER APPROVED SERVICES (OPTIONAL SERVICES)

STATE STANDARD	REQUIREMENT	MET	NOT MET	N/A	LOCATION OF EVIDENCES
1262 (HSC)	(3) Expected course of recovery. (4) Recommendations regarding treatment that are relevant to the patient's care. (5) Referrals to providers of medical and mental health services. (6) 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.				
1276.9 (HSC)	(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 population group of persons with mental health disorders.				

OTHER APPROVED SERVICES (OPTIONAL SERVICES)

STATE STANDARD	REQUIREMENT	MET	NOT MET	N/A	LOCATION OF EVIDENCES
1276.9 (HSC)	(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 skilled nursing and intermediate care facilities, except when the skilled nursing and intermediate care facility is licensed as a part of a state hospital (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. (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: (1) Certified nurse assistants. (2) Licensed vocational nurses. (3) Registered nurses. (4) Licensed psychiatric technicians. (5) Psychiatrists. (6) Psychologists. (7) Social workers.				

OTHER APPROVED SERVICES (OPTIONAL SERVICES)

STATE STANDARD	REQUIREMENT	MET	NOT MET	N/A	LOCATION OF EVIDENCES
	(8) Program staff who provide rehabilitation, counseling, or other therapeutic services.				
WELFARE & INSTITUTIONS CODE					
	SPECIAL TREATMENT PROGRAM SERVICE – SERVICES (CONTINUED): PATIENT LEAVE OF ABSENCES				
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. The department may approve additional days of leave on an individual basis, not to exceed 12 days per year, exclusive of days of bed hold for acute hospitalization.				

OTHER APPROVED SERVICES (OPTIONAL SERVICES)

STATE STANDARD	REQUIREMENT	MET	NOT MET	N/A	LOCATION OF EVIDENCES
14108.2 (W&I)	. 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.				

Regulation/Concern	Source	Evaluator Notes (Include Date/Time/Location