



Residential Care Facilities for the Elderly, RCFE, Registered Nurses

Legislative enacted 2014 Session

Senate Bill 911 (Block) Chapter 705 effective September 28, 2014 an act to amend, repeal, and add Sections 156.616, 1569.62, and 1569.69 of, and to add Sections 1569.37, 1569.39 and 1569.696 to Health and Safety Code, relating to residential care facilities for the elderly.

The Health and Safety Code will prohibit a licensee, or officers or employee of the licensee, from discrimination or retaliating against any person receiving services of the licensee's residential care facility, on the basis, for the reasons that, the person, employee, or any other person dialed or called 911.

For a complete review of Health and Safety Code Sections described as amended, repealed and added to Residential Care Facilities for the Elderly interested parties will need to access all the code sections. Health and Safety Code contains numerous provisions specifically for the operation of RCFE facilities by the Department of Social Services.

Existing law, the California Residential Care Facilities for the Elderly Act, provides for the licensure and regulation of residential care facilities for the elderly by the State Department of Social Services. A person who violates the act is guilty of a misdemeanor and subject to civil penalty and suspension or revocation of license.

Please note that the following sections, 1569.39, 1569.69 and 1569.696 shall become operative January 1, 2016.

Sec. 2. Section 1569.39 is added to the Health and Safety Code, to read:

1569.39 (a) A residential care facility for the elderly that accept or retains residents with prohibited health conditions, as defined by the department, in Section 87615 of Title 22 of the California Code of Regulations, shall assist residents with accessing home health or hospice services, as indicated in the resident's current appraisal, to ensure that residents receive medical care as prescribed by the resident's physician and contained in the resident's service plan.

(b) A residential care facility for the elderly that accepts or retains residents with restricted health conditions, as defined by the department, shall ensure that residents receive medical care as prescribed by the resident's physician and contained in the resident's service plan by appropriately skilled professional acting within their scope of practice. An appropriately skilled professional may not be required when the resident is providing self-care, as defined by the department, and there is documentation in the resident's service plan that the resident is capable of providing self-care.

(c) An "appropriately skilled professional" means, for purposes of this section, an individual who has training and is licensed to perform the necessary medical procedures prescribed by a physician. This includes, but is not limited to, a registered nurse, licensed vocational nurse, physical therapist, occupational therapist, or respiratory therapist. These professionals may include, but are not limited to, those persons employed by a home health agency, the resident, or a facility, and who are currently licensed in this state.

(d) Failure to meet or arrange to meet the needs of those residents who require health-related services as specified in the resident's written record of care, defined pursuant to Section 1569.80, or failure to notify the physician of a resident's illness or injury that poses a danger of death or serious bodily harm is a licensing violation and subject to civil penalty pursuant to Section 1569.49.

(e) This section shall become operative on January 1, 2016.



Sec.7. Section 1569.69 of the Health and Safety Code is amended to read:

1569.69 (a) Each residential care facility for the elderly licensed under this chapter shall ensure that each employee of the facility who assists residents with the self-administration of medications meets the following training requirements:

(1) In facilities licensed to provide care for 16 or more persons, the employee shall complete 16 hours of initial training. This training shall consist of eight hours of hands-on shadowing training, which shall be completed prior to assisting with the self-administration of medications, and eight hours of other training or instruction, as described in subdivision (f), which shall be completed within the first two weeks of employment.

(2) In facilities licensed to provide care for 15 or fewer persons, the employee shall complete six hours of initial training. This training shall consist of two hours of hands-on shadowing training, which shall be completed prior to assisting with the self-administration of medications, and four hours of other training or instruction, as described in subdivision (f), which shall be completed within the first two weeks of employment.

(3) An employee shall be required to complete the training requirements for hands-on shadowing training described in this subdivision prior to assisting any resident in the self-administration of medications. The training and instruction described in this subdivision shall be completed, in their entirety, within the first two weeks of employment.

(4) The training shall cover all of the following areas:

(A) The role, responsibilities, and limitations of staff who assist residents with the self-administration of medication, including tasks limited to licensed medical professionals.

(B) An explanation of the terminology specific to medication assistance.

(C) An explanation of the different types of medication orders: prescription, over-the-counter, controlled, and other medications.

(D) An explanation of the basic rules and precautions of medication assistance.

(E) Information on medication forms and routes for medications taken by residents.

(F) A description of procedures for providing assistance with the self-administration of medications in and out of the facility, and information on the medication documentation system used in the facility.

(G) An explanation of guidelines for the proper storage, security, and documentation of centrally stored medications.

(H) A description of the processes used for medication ordering, refills, and the receipt of medications from the pharmacy.

(I) An explanation of medication side effects, adverse reactions, and errors.

(5) To complete the training requirements set forth in this subdivision, each employee shall pass an examination that tests the employee's comprehensions of, and competency in, the subjects listed in paragraph (4).

(6) Residential care facilities for the elderly shall encourage pharmacists and licensed medical professionals to use plain English when preparing labels on medications supplied to residents. As used in this section, "plain English" means that no abbreviations, symbols, or Latin medical terms shall be used in the instructions for the self-administration of medication.

(7) The training requirements of this section are not limited to replace or supplant those required of all staff members who assist residents with personal activities of daily livings as set forth in Section 1569.625.

(8) The training requirements of this section shall be repeated if either of the following occurs:

(A) An employee returns to work for the same licensee after a break of service of more than 180 consecutive calendar days.

(B) An employee goes to work for another licensee in a facility in which he or she assists residents with the self-administration of medication.

(b) Each employee who received training and passed the examination required in paragraph (5) of subdivision (a), and who continues to assist with the self-administration of medicines, shall also complete four hours of in-service training on medication-related issues in each succeeding 12-month period.

(c) The requirements set forth in subdivisions (a) and (b) do not apply to persons who are licensed medical professionals.

(d) Each residential care facility for the elderly that provides employee training under this section shall use the training material and the accompanying examination that are developed by, or in consultation with, a licensed nurse, pharmacist, or physician. The licensed residential care facility for the elderly shall maintain the following documentation for each medical consultant used to develop the training:

(1) The name, address, and telephone number of the consultant.

(2) The date when consultation was provided.



- (3) The consultant's organization affiliation, if any, and any educational and professional qualifications specific to medication management.
- (4) The training topics for which consultation was provided.
- (e) Each person who provides employee training under this section shall meet the following education and experience requirements:
- (1) A minimum of five hours of initial, or certified continuing, education or three semester units, or the equivalent, from an accredited educational institution, on topics relevant to medication management.
 - (2) The person shall meet any of the following practical experience or licensure requirements:
 - (A) Two years of full-time experience, within the last four years, as a consultant with expertise in medication management in areas covered by the training described in subdivision (a).
 - (B) Two years of full-time experience, or the equivalent, within the last four years, as an administrator for a residential care facility for the elderly, during which time the individual has acted in substantial compliance with applicable regulations.
 - (C) Two years of full-time experience, or the equivalent, within the last four years, as a direct care provider assisting with the self-administration of medications for a residential care facility for the elderly, during which time the individual has acted in substantial compliance with applicable regulations.
 - (D) Possession of a license as a medical professional.
 - (3) The licensed residential care facility for the elderly shall maintain the following documentation on each person who provides employee training under this section:
 - (A) The person's name, address, and telephone number.
 - (B) Information on the topics or subject matter covered in the training.
 - (C) The time, dates, and hours of training provided.
 - (f) Other training or instruction, as required in paragraphs (1) and (2) of subdivision (a), may be provided offsite, and may use various methods of instruction, including, but not limited to, all of the following:
 - (1) Lectures by presenters who are knowledgeable about medication management.
 - (2) Video recorded instruction, interactive material, online training, and books.
 - (3) Other written or visual materials approved by organizations or individuals with expertise in medication management.
 - (g) Residential care facilities for the elderly licensed to provide care for 16 or more persons shall maintain documentation that demonstrates that a consultant pharmacist or nurse has reviewed the facility's medication management program and procedures at least twice a year.
 - (h) Nothing in this section authorizes unlicensed personnel to directly administer medications.
 - (i) This section shall remain in effect only until January 1, 2016, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2016, deletes or extends that date.

SEC. 8

Section 1569.69 is added to the Health and Safety Code, to read:

1569.69.

- (a) Each residential care facility for the elderly licensed under this chapter shall ensure that each employee of the facility who assists residents with the self-administration of medications meets all of the following training requirements:
- (1) In facilities licensed to provide care for 16 or more persons, the employee shall complete 24 hours of initial training. This training shall consist of 16 hours of hands-on shadowing training, which shall be completed prior to assisting with the self-administration of medications, and 8 hours of other training or instruction, as described in subdivision (f), which shall be completed within the first four weeks of employment.
 - (2) In facilities licensed to provide care for 15 or fewer persons, the employee shall complete 10 hours of initial training. This training shall consist of 6 hours of hands-on shadowing training, which shall be completed prior to assisting with the self-administration of medications, and 4 hours of other training or instruction, as described in subdivision (f), which shall be completed within the first two weeks of employment.



BOARD OF REGISTERED NURSING
PO Box 944210, Sacramento, CA 94244-2100
P (916) 322-3350 F (916) 574-8637 | www.rn.ca.gov

- (3) An employee shall be required to complete the training requirements for hands-on shadowing training described in this subdivision prior to assisting any resident in the self-administration of medications. The training and instruction described in this subdivision shall be completed, in their entirety, within the first two weeks of employment.
- (4) The training shall cover all of the following areas:
- (A) The role, responsibilities, and limitations of staff who assist residents with the self-administration of medication, including tasks limited to licensed medical professionals.
 - (B) An explanation of the terminology specific to medication assistance.
 - (C) An explanation of the different types of medication orders: prescription, over-the-counter, controlled, and other medications.
 - (D) An explanation of the basic rules and precautions of medication assistance.
 - (E) Information on medication forms and routes for medication taken by residents.
 - (F) A description of procedures for providing assistance with the self-administration of medications in and out of the facility, and information on the medication documentation system used in the facility.
 - (G) An explanation of guidelines for the proper storage, security, and documentation of centrally stored medications.
 - (H) A description of the processes used for medication ordering, refills, and the receipt of medications from the pharmacy.
 - (I) An explanation of medication side effects, adverse reactions, errors, the adverse effects of psychotropic drugs for use in controlling the behavior of persons with dementia, and the increased risk of death when elderly residents with dementia are given antipsychotic medications.
- (5) To complete the training requirements set forth in this subdivision, each employee shall pass an examination that tests the employee's comprehension of, and competency in, the subjects listed in paragraph (4).
- (6) Residential care facilities for the elderly shall encourage pharmacists and licensed medical professionals to use plain English when preparing labels on medications supplied to residents. As used in this section, "plain English" means that no abbreviations, symbols, or Latin medical terms shall be used in the instructions for the self-administration of medication.
- (7) The training requirements of this section are not intended to replace or supplant those required of all staff members who assist residents with personal activities of daily living as set forth in Sections 1569.625 and 1569.696.
- (8) The training requirements of this section shall be repeated if either of the following occur:
- (A) An employee returns to work for the same licensee after a break of service of more than 180 consecutive calendar days.
 - (B) An employee goes to work for another licensee in a facility in which he or she assists residents with the self-administration of medication.
- (b) Each employee who received training and passed the examination required in paragraph (5) of subdivision (a), and who continues to assist with the self-administration of medicines, shall also complete eight hours of in-service training on medication-related issues in each succeeding 12-month period.
- (c) The requirements set forth in subdivisions (a) and (b) do not apply to persons who are licensed medical professionals.
- (d) Each residential care facility for the elderly that provides employee training under this section shall use the training material and the accompanying examination that are developed by, or in consultation with, a licensed nurse, pharmacist, or physician. The licensed residential care facility for the elderly shall maintain the following documentation for each medical consultant used to develop the training:
- (1) The name, address, and telephone number of the consultant.
 - (2) The date when consultation was provided.
 - (3) The consultant's organization affiliation, if any, and any educational and professional qualifications specific to medication management.
 - (4) The training topics for which consultation was provided.
- (e) Each person who provides employee training under this section shall meet the following education and experience requirements:
- (1) A minimum of five hours of initial, or certified continuing, education or three semester units, or the equivalent, from an accredited educational institution, on topics relevant to medication management.
 - (2) The person shall meet any of the following practical experience or licensure requirements:
 - (A) Two years of full-time experience, within the last four years, as a consultant with expertise in medication management in areas covered by the training described in subdivision (a).



BOARD OF REGISTERED NURSING
PO Box 944210, Sacramento, CA 94244-2100
P (916) 322-3350 F (916) 574-8637 | www.rn.ca.gov

- (B) Two years of full-time experience, or the equivalent, within the last four years, as an administrator for a residential care facility for the elderly, during which time the individual has acted in substantial compliance with applicable regulations.
- (C) Two years of full-time experience, or the equivalent, within the last four years, as a direct care provider assisting with the self-administration of medications for a residential care facility for the elderly, during which time the individual has acted in substantial compliance with applicable regulations.
- (D) Possession of a license as a medical professional.
- (3) The licensed residential care facility for the elderly shall maintain the following documentation on each person who provides employee training under this section:
 - (A) The person's name, address, and telephone number.
 - (B) Information on the topics or subject matter covered in the training.
 - (C) The times, dates, and hours of training provided.
- (f) Other training or instruction, as required in paragraphs (1) and (2) of subdivision (a), may be provided offsite, and may use various methods of instruction, including, but not limited to, all of the following:
 - (1) Lectures by presenters who are knowledgeable about medication management.
 - (2) Video recorded instruction, interactive material, online training, and books.
 - (3) Other written or visual materials approved by organizations or individuals with expertise in medication management.
- (g) Residential care facilities for the elderly licensed to provide care for 16 or more persons shall maintain documentation that demonstrates that a consultant pharmacist or nurse has reviewed the facility's medication management program and procedures at least twice a year.
- (h) Nothing in this section authorizes unlicensed personnel to directly administer medications.
- (i) This section shall become operative on January 1, 2016.

SEC. 9.

Section 1569.696 is added to the Health and Safety Code, to read:

1569.696.

- (a) All residential care facilities for the elderly shall provide training to direct care staff on postural supports, restricted conditions or health services, and hospice care as a component of the training requirements specified in Section 1569.625. The training shall include all of the following:
 - (1) Four hours of training on the care, supervision, and special needs of those residents, prior to providing direct care to residents. The facility may utilize various methods of instruction, including, but not limited to, preceptorship, mentoring, and other forms of observation and demonstration. The orientation time shall be exclusive of any administrative instruction.
 - (2) Four hours of training thereafter of in-service training per year on the subject of serving those residents.
- (b) This training shall be developed in consultation with individuals or organizations with specific expertise in the care of those residents described in subdivision (a). In formulating and providing this training, reference may be made to written materials and literature. This training requirement may be provided at the facility or offsite and may include a combination of observation and practical application.
- (c) This section shall become operative on January 1, 2016.